

Forrest County Agricultural High School

CHECK-OUT AUTHORIZATION/STUDENT INFO CARD **Power _____

Name: _____ Sex _____ Grade _____

Address: _____

Mother/Guardian: _____ Place of Employment _____

Mother's Home # _____ Mother's Cell # _____

Mother's Work # _____ Mother's E-mail _____

Father/Guardian: _____ Place of Employment _____

Father's Home # _____ Father's Cell # _____

Father's Work # _____ Father's E-mail _____

Other Emergency Phone# _____ Name: _____

ANYONE NOT IDENTIFIED ON THE BACK OF THIS AUTHORIZATION CARD, WILL NOT BE ALLOWED TO CHECK YOUR CHILD OUT OF SCHOOL.

Parent/Guardian Signature: _____ Date _____

Authorized persons to check child out of school:

1. _____ **Phone** _____

2. _____ **Phone** _____

3. _____ **Phone** _____

4. _____ **Phone** _____

5. _____ **Phone** _____

6. _____ **Phone** _____



Forrest County Agricultural High School

215 Old Highway 49 East
Brooklyn, MS 39425

Forrest County Agricultural High School District *Network and Internet Acceptable Use Policy Agreement*

User Agreement (Staff and/or Students)

I have read, understand, and will abide by the Acceptable Use Policy when using computers and other electronic resources owned, leased, or operated by the Forrest County Agricultural High School District. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, disciplinary action may be taken, and/or appropriate legal action may be initiated.

USERS NAME (Please Print)

USERS SIGNATURE

DATE SIGNED

Parent Agreement: (Signed by parents of all student users under the age of 18)

As parent or guardian of this student I have read the Acceptable Use Policy. I understand that this access is designed for educational purposes. Forrest County Agricultural High School District has taken responsible steps to control access to the Internet and e-mail, but cannot guarantee that all controversial information will be inaccessible to student users. I agree that I will not hold the Forrest County Agricultural High School District responsible for materials acquired on the Internet, network, or e-mail. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission for my child to use the Internet, network, and/or e-mail resources that are available through Forrest County Agricultural High School District.

PARENT NAME (Please Print)

PARENT SIGNATURE

DATE SIGNED

NOTE: This agreement does not have to be signed to assign responsibility to staff and students for the policies contained in the AUP. The use of any and/or all electronic media documents shows the acceptance of responsibility for the AUP policies.

Forrest County Agricultural High School District Web Site Consent Form

Forrest County Agricultural High School requests your permission to use your child's picture, name, and/or schoolwork, either edited or in full, on Forrest County Agricultural High School's official website. Personal information such as home address, phone number, or names of family members will not be used. Any information that indicates the physical location of a student at a given time other than attendance at a particular school and participation in school activities/classes will not be used. Schoolwork may include, but is not limited to art, written papers, class projects, and computer projects.

Please place check mark on one option from each section below:

Forrest County Agricultural High School may use my child's picture on the school web site without liability.

Forrest County Agricultural High School may **NOT** use my child's picture on the school web site.

Forrest County Agricultural High School may use my child's name on the school web site without liability.

Forrest County Agricultural High School may **NOT** use my child's on the school web site.

Forrest County Agricultural High School may use my child's schoolwork on the school web site without.

Forrest County Agricultural High School may **NOT** use my child's schoolwork on the school web site.

School Name Forrest County Agricultural High School

Student Name _____

Parent(s) or Guardian Signature _____

Date Signed _____

RETURN THIS SIGNED FORM TO Forrest County Agricultural High School.

INTERNET NETWORK ACCESS AGREEMENT

I, _____, accept and agree to abide by the following rules.

I agree to abide by all rules which are listed in the Forrest County AHS District Acceptable Use Computer Policy.

I realize the primary purpose of the computer network is educational, and that as such, educational purpose take precedence over all others.

I realize that the use of Internet and the computer network is a privilege, not a right. I accept that inappropriate behavior may lead to penalties including revoking of my account, disciplinary action, and/or legal action.

I agree not to participate in the transfer of inappropriate or illegal materials through the Forrest County AHS District Internet connection. I realize that in some cases, transfer of such material may result in legal action against me.

I agree not to participate in the transfer of material which may be considered treasonous or subversive via the Forrest County AHS Internet connection.

I agree not to allow other individuals to use my account for Internet activities nor will I give anyone my password.

I release the Forrest County AHS District System and all other organizations related to the Forrest County AHS District Internet connection. In addition, I will accept full responsibility and liability for the results of my actions with regards to the use of Internet. I release the school and related organizations from any liability relating to consequences resulting from use of the Internet.

Signed _____ Date: _____

The following section must be sign by the parent/guardian of the student.

I, _____ the parent/guardian of the above, give permission for my son/daughter to use the Internet services provided by the Forrest County AHS District, and agree to accept all financial and legal liabilities which may result from my son/daughter's use of the Forrest County AHS Internet connection.

Signed _____ Date: _____

VERIFICATION OF HAVING READ AND DISCUSSED THE HANDBOOK WITH MY CHILD

Please sign the statement below as documentation that you and your child have received and reviewed the handbook. I have read or will read the handbook with my child today. By signature indicates that I have done or will the following:

1. READ THE STUDENT-PARENT HANDBOOK.
2. KNOW THAT I CAN CALL THE SCHOOL REGARDING AND QUESTIONS THAT I MAY HAVE CONCERNING THE HANDBOOK.
3. UNDERSTAND THAT MY CHILD WILL BE EXPECTED TO FOLLOW THE RULES AND REGULATIONS AS SET FORTH IN THE HANDBOOK.
4. UNDERSTAND THAT MY SIGNATURE ALONG WITH MY CHILD'S WILL BE FILED TO SERVE AS DOCUMENTATION THAT I HAVE BEEN INFORMED OF THE SCHOOL'S POLICIES, PROCEDURES, DISCIPLINARY PROCESS AND OTHER REGULATIONS AS SET FORTH IN THE STUDENT-PARENT HANDBOOK.

PARENT/GUARDIAN SIGNATURE

STUDENT'S SIGNATURE

DATE

MEDICAL INFORMATION

STUDENT _____

FIRST

MIDDLE

LAST

GRADE _____

HOME PHONE _____

Please provide the following information and have your child returned this form to his/her first period teacher.

1. Does your child have any medical problems of which the school officials or teachers need to be Informed? Yes _____ No _____
If so, please give a description of the problem and any action that is to be taken if there is a Problem related to this while your child is at school.
2. Does your child take medication on a regular basis? Yes _____ No _____
If so, will your child be taking this medication during the school day? Yes _____ No _____
If so, please give the name of the medication and the times at which your child will be taking this medicine.
3. Does your child have a vision or hearing problem that requires any special arrangements to be made in the class room? Yes _____ No _____ If so, please describe the problem and any action that needs to be taken so that your child does not suffer in the classroom due to this problem.

Please sign below indicating that you have provided the information requested.

PARENT/GUARDIAN

DATE

THIS FORM WILL BE KEPT ON FILE

FORREST COUNTY AGRICULTURAL HIGH SCHOOL DISTRICT

Student Data From

This agreement must be signed in order for the student to be enrolled

According to Senate Bill 3349, school districts are NOT required to grant admission or enrollment to any student who was expelled or was party to expulsion proceeding an act involving violence, weapons, alcohol, illegal drugs or other activity that may have resulted in expulsion, for one calendar year after the expulsion.

To complete this student's enrollment at Forrest County AHS, your signature certifying that he/she is not currently under expulsion is required. Should investigation prove that this form has been falsely signed, the student will be unenrolled immediately and the Mississippi Department of Education notified.

Yours in Education

James L. Raborn, Principal * Dr. Jill Miller, Assistant Principal * Kimberly Cruthirds, Counselor

I, the parent/guardian of _____ certify that he/she is currently NOT under expulsion for any of the above reasons from another school district. I further understand that falsely signing certification of my child's status in regards to expulsion will result in appropriate action being taken by Forrest County AHS School District.

Signature of Parent/Guardian

Date

DIRECTORY INFORMATION REGARDING STUDENTS

At Forrest County A H S, students have multiple opportunities to be involved in campus activities. Many of these opportunities give our students experiences that will follow them throughout future endeavors. We, at FCAHS, would like to capture these moments and share them with our school, colleges, and communities. We believe that public awareness of our fine establishment and its accomplishments should be recognized.

The following information will be released by the school and or published in programs, brochures, internet, news articles, pamphlets, ect...for various events such as athletics, students name, weigh, grade verification, GPA, ACT/Standardized test scores, and extracurricular involvement. This information is requested for enrollment and scholarship purposes.

Forrest County AHS adheres to the federal guidelines set forth by the Family Educational Rights and Privacy Act (FERPA). This section shall serve as our annual notification to parents/guardians regarding their rights to review records, amend records and determine nondisclosure of records.

I, _____ (Please Print) Do _____ /Do not _____
want my child _____ to be photographed for the
purpose of school public relations (brochures, internet, news articles, pamphlets, ect...).

Parent/Guardian Signature _____

Date: _____

WE MUST HAVE A PARENT OR GUARDIAN SIGNATURE.

**FORREST COUNTY AGRICULTURAL HIGH SCHOOL
HOME LIVING ARRANGEMENT SURVEY**

NAME: _____

ADDRESS: _____

GENDER: _____ AGE: _____ GRADE: _____

NAME OF PARENT OR GUARDIAN; _____

QUESTION	Check the answer that applies to you.	
	Yes	No
Do you sleep at the above address more than four nights a week?		
Do you live with your grandparents ?		
Do you live with a relative other than your parents?		
Do you live with Foster Parents?		
Are you living in a FEMA Trailer?		
Do you live in a hotel, camp ground, or trailer park?		
Do you live in a shelter?		
Do you live with only one parent?		
<i>Check the items listed below that you need</i>		
School Supplies such as pencils, paper, notebooks, etc.		
Shoes		
School Uniforms		
Dues for clubs or classes		
Uniform Jacket		
Tutoring for academic classes		
Counseling services		
Assistance with homework		

STUDENT SECTION

Parent/Guardian: _____

Street Address: _____ Mailing Address: _____

City: _____ County: _____ State: _____ ZIP: _____ + _____

Home Phone Number: _____ Advisor: _____ Sex: _____

Student's Birthday: _____ Race: _____

Student Name: _____ Student Nickname: _____

Student Social Security Number: _____ Current Grade Level: _____

Birth State: _____ Birth County: _____ Birth City: _____ Birth Cert. No.: _____

Immunization Certification of Compliance Date: _____

PARENT/GUARDIAN SECTION

Father's First Name: _____ Father's Last Name: _____

Father's Employer: _____ Work Phone: _____ Ext. _____

Mother's First Name: _____ Mother's Last Name: _____

Mother's Employer: _____ Work Phone: _____ Ext. _____

Guardian's First Name: _____ Guardian's Last Name: _____

Guardian's Employer: _____ Work Phone: _____ Ext. _____

Guardian's Mailing Address: _____

City: _____ State: _____ Zip: _____ + _____

EMERGENCY INFORMATION

Emergency Contact First Name: _____ Last Name: _____

Relation to Student: _____

Emergency Contact Street Address: _____

Emergency Contact Mailing Address: _____

City: _____ State: _____ Zip: _____ + _____

Emergency Contact Home Phone: _____

Emergency Contact Employer: _____ Work Phone: _____ Ext. _____

SCHOOL INFORMATION

Previous School _____ Phone: _____

Previous School Address _____

Forrest County Agricultural High School

Health and Counseling Information

2009-2010

Dear Parent/Guardian,

We would like to ask your cooperation by supplying the needed health information about your child so that we might provide the best possible care should your child become ill, have emotional concerns, or should an accident/emergency arise while your child is at school. It is very important for us to be aware of past and present health conditions such as chickenpox, heart problems, diabetes, asthma, anxiety seizure, etc. and/or if your child takes medications. Please complete the student health history form and return it to school as soon as possible. All information is confidential. Please make sure I have the correct phone numbers and address so that I can reach you should an emergency occur.

I have obtained standing orders by a physician to administer common over-the-counter medications for routine illnesses. The standing orders include such medicines as Tylenol, Ibuprofen, Claritin, Benadryl, Pepto-Bismol, antacids, topical analgesics, Orajel, etc. and will only be given when absolutely necessary. Parental consent must also be given (see bottom of the student health history form). A copy of the standing orders is available in the nurse's office if you would like to review them. If your child has to take medication prescribed by a physician while at school, the nurse will be able to administer the medicine after the Student Medication Administration Form, along with the doctor's orders have been completed. This form is located in the nurse's office and can be picked up when needed.

We believe that disease prevention is the first step toward wellness. There are some common health related problems that arise throughout the school year that can be passed from student to student. These are not medical emergencies, but can become expensive, time consuming, and frustrating to all involved. Please help me by checking your child at home for signs and symptoms of the following health conditions so together we can prevent a potential problem.

1. Fever – **DO NOT SEND YOUR CHILD TO SCHOOL IF HE/SHE HAS HAD FEVER GREATER THAN 100 DEGREES IN THE PREVIOUS 24 HOURS.**
2. Vomiting and/or Diarrhea – **DO NOT SEND YOUR CHILD TO SCHOOL IF HE/SHE HAS VOMITED OR HAD DIARRHEA IN THE PREVIOUS 24 HOURS.**
3. Head Lice – Excessive scratching of the head, white egg (nit) on hair that will not flick off, or tiny black or brownish-red insects.
4. Impetigo – Small blisters on the skin, which later becomes honey-colored, crusted, and contains pus. Treatment consists of cleaning sores with soap and water, and applying antibiotic ointment, and covering with bandage. Antibiotics prescribed by your child's doctor are necessary for healing. Once treatment is started, your child can return to school.
5. Ringworm of:
 - a. Body – flat, spreading, scaly, ring shaped spots, the outer edges are usually reddish and elevated. Treatment consists of antifungal cream or lotion applied twice daily.
 - b. Scalp – flat, spreading, scaly, ring shaped spots on head. Treatment consists of medication taken by mouth prescribed by your child's doctor. Once treatment has been started, your child can return to school along with a note from the doctor indicating treatment has been given.
6. Pinkeye – Red eyes, discharge from eyes, crusted eye lids. Symptoms usually begin in one eye and spreads to the other eye. Treatment consists of antibiotic eye drops provided by your child's doctor. Once treatment is started, your child can return to school with a note from the doctor indicating treatment has been given.

Thank you for your cooperation. Please call me at 601-582-4741 ext 206, if I can be of any assistance.



Susan Cooper, RN

FCAHS School Nurse

(see Student Health Record on back)

FAMILY APPLICATION FOR FREE AND REDUCED PRICE MEALS 2009-2010

Part 1. Children (Use a separate application for each foster child)

Names of all students/children (Last, First, Middle Initial)	School or Center Name or DCH Provider Name	Grade	SNAP/TANF/FDPIR case # (if any). Skip to Part 5 if you list SNAP or TANF case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 3. Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) (Last, First, Middle Initial) <i>(Example)</i> <i>Smith, Jane E.</i>	2. Last month's gross income and how often it was received (First and second jobs) <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income Sources	
<i>Smith, Jane E.</i>	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school/center will get Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:
 Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American Other

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer.

Don't fill out this part. This is for school/organization use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

If your household gets Supplemental Nutrition Assistance Program (SNAP) OR TANF OR FDPIR, follow these instructions:

- Part 1: List child(ren)'s name, name of school/center or DCH provider, grade, and a SNAP or TANF or FDPIR case number.
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to.

If the child you are applying for is HOMELESS, MIGRANT, or RUNAWAY, check the appropriate box and contact [your school, homeless liaison, migrant coordinator]. Fill out the application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Use a separate application for each foster child. List the child's name, name of school/center or DCH provider, and grade.
- Part 2: Skip this part.
- Part 3: Check the box and list the child's personal use monthly income, if any.
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: List child(ren)'s name, name of school/center or DCH provider, and grade.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Follow these instructions to report total household income from last month.

Column 1—Name: List the last and first name of each person living in your household, related or not (such as grandparents, other relatives, or friends), whether they get income or not. You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 —List gross income for last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, Earnings from work: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). If you are in the Military Housing Privatization Initiative do not include this housing allowance. All other income: List the amount each person got last month from other sources.

Earnings from Work Wages/Salaries/Tips Strike Benefits Unemployment Compensation Workers Compensation Net Income from Self-owned Business or Farm Net Royalties/Annuities/Net Rental Income	Welfare/Child Support/Alimony Public Assistance Payments Welfare Payments Alimony/Child Support Payments	INCOME TO REPORT Pensions/Retirement/Social Security Pensions Supplemental Security Income (SSI) Retirement Income Veterans (VA) Benefits Social Security	Other Income Sources Disability Benefits Cash Withdrawn from Savings Interest/Dividends Income from Estates/Trusts/Investments Regular Contributions from Persons not Living in the Household Any Other Income
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Column 3—Check if no income: If the person does not have any income, check the box.

- Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6: Answer this question if you choose to.

LETTER TO HOUSEHOLDS (MULTI-CHILD MEALS) (PRICING PROGRAM)

Dear Parent/Guardian:

FCACHS [Name of School/Center] offers healthy meals every school day. Lunch costs \$2.00, breakfast costs _____. Your children may qualify for free meals or for reduced price meals. Reduced price is .40 for lunch and _____ for breakfast. All meals served must meet patterns established by the U. S. Department of Agriculture. However, if a child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular school meal, this school/center will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please get in touch with us for further information. The amount of reimbursement received by the school/center is determined by the income of the household or whether your child qualifies as categorically eligible.

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one Family Application for Free and Reduced Price Meals for all students/children in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Forrest County AHS [name], 215 Old Highway 49 East, Brooklyn, MS 39425 [address]. If you need help, call this number: 601-582-4102.
2. Who can get free meals? Children in households getting SNAP or TANF or FDPIR and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
3. Can homeless, runaway and migrant children get free meals? Please call _____ [school, homeless liaison or migrant coordinator] to see if your child(ren) qualify, if you have not been informed that they will get free meals.
4. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you got carefully and follow the instructions. Call the school at _____ [phone number] if you have questions.
6. I got WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
7. Will the information I give be checked? Yes, we may ask you to send written proof.
8. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting SNAP, TANF, FDPIR, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
9. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: FCACHS [name], 582-4102 [phone number], 215 Old Hwy 49 E Brooklyn MS [address].
10. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
11. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
12. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

Your child(ren) may qualify for free or reduced price meals if your household income falls within the limits in this chart.

FEDERAL INCOME CHART For School Year 2009-2010

Household Size	Yearly	Monthly	Twice Per Month	Every 2 Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional person added:	+6,919	+577	+289	+267	+134

If you have other questions or need help, call 601-582-4102

Si necesita ayuda, por favor llame al telefono _____

Si vous voudriez d'aide, contactez nous au numero _____

Sincerely,
[signature]

Elizabeth Yankay
Dr. Yankay