Application for Enrollment

Application for School Year 2019 -2020

Student's Last Name: _____ First Name: _____ Middle Initial: _____

Entering Grade Level: _____ Year Student Entered 9th Grade: _____

Father/Guardian Name: _____

Mother/Guardian Name: _____

Home Address: _____ _____ _____ Zip Code: _____
House # Street Apt. # City State

Home Phone_____ Cell Phone_____

Father's e-mail: _____ Mother's e-mail: _____

Student's email: _____

Signature of Student _____ Date _____

Signature of Parent or Guardian_____ Date_____
(If student is under 18 years of age)

After completing the application, please bring all required documents (see the Enrollment Packet Check List on the following page) to our office at:
4800 Magnolia Ave, Lovekin L5
Riverside, CA 92506

You can also scan and email completed documents to: Gateway@rcc.edu

Call 951-222-8934 or 951-222-8931 if you need additional directions.

The random public drawing (lottery), <u>if necessary</u>, will take place at the school site location, 4800 Magnolia Avenue, Lovekin L8, Riverside, CA 92506 on August 4th at 5:00 p.m., and all are welcome to attend.

A RIVERSIDE COUNTY CHARTER HIGH SCHOOL
GATEWAY
COLLEGE & CAREER ACADEMY

GATEWAY to COLLEGE
PARTNER PROGRAM

Student Name: _____

The attached packet must be completed and signed by parent/guardian, and or student if 18 years of age or over. The completed packet must be submitted prior to your reserved placement session by walk in, mailed, or emailed to: Gateway@rcc.edu

- ☐ Application
- ☐ Enrollment Packet Check List
  - ❑ Enrollment Packet
  - ❑ Emergency Card and Emergency Release Information
  - ❑ Mandatory Parent Notification Receipt
  - ❑ School/Parent Approval Form
  - ❑ LCFF Form
- ☐ Current Transcript(s)
- ☐ Verification of Immunizations
- ☐ SPED: Copy of IEP/504 (if applicable) Please note: if the applicant has/had an IEP/504 we request that you submit all documents including a copy of the IEP/504 prior to scheduling your placement meeting so proper accommodations can be provided.

Gateway College & Career Academy

Enrollment Packet

Please read the entire application form carefully before completing. Use a black or blue ink pen.
PRINT CLEARLY. ONLY COMPLETED FORMS WILL BE CONSIDERED.

I. Student Information: Date: _____/_____/_____

Student's Full Legal Name: _____
Last First Middle

Phone: ( ) _____-_____ E-mail:_____@_____

Gateway uses an automated calling system for attendance and other notifications; please indicate the number you wish these calls to go to: ( ) _____-_____

Birth place: _____ ☐ Female ☐ Male ☐ Transgender ☐ Write-in _____
City State Country

Birth date: _____ Current Age: _____ Year you turn 22 _____
MM/DD/YY

Current Home Address: _____
Street Address City State Zip

Mailing Address (If different): _____
Street Address City State Zip

If your mailing address is other than a P.O. Box, please explain why your mailing address is different than your home address: _____

Is your home address considered:

- ❑ Permanent Housing
- ❑ Temporary Shelter
- ❑ Foster Family Home or Kinship Placement
- ❑ Temporarily Unsheltered
- ❑ Hotel/Motel
- ❑ Temporarily Doubled Up
- ❑ Licensed Children's Institution
- ❑ Health Institution
- ❑ Residential School/Dormitory
- ❑ Incarceration Institution
- ❑ Development Center
- ❑ State Hospital
- ❑ Other
- ❑ Unknown

II. Primary Language Information

A. Which language did this student learn when he/she first began to talk? _____

B. Which language does this student most frequently use at home? _____

C. Which language does the parent/guardian use most frequently to speak to this student? _____

D. Which language is most often used by the adults at home? _____

E. Has this student received any formal English language instruction (listening, speaking, reading, or writing)?
☐ No ☐ Yes

III. ACADEMIC SUPPORT:

Does this student require a special program? ☐ No ☐ Yes

If yes, which program(s)? ☐ Special Education ☐ 504 ☐ ELL (English Language Learners)

If Special Education, which program(s)? ☐ RSP ☐ SDC ☐ Speech ☐ Other: _____

If ELL (English Language Learner), what is your current status? ☐ EL ☐ IFEP ☐ RFEP

IV. CALPADS Student Information:

Military Households: Is one or more of the student's Parents/Guardians active military? ☐ Yes ☐ No

Ethnicity: Is this student Hispanic or Latino (Select only one):

☐ No, not Hispanic or Latino
☐ Yes, Hispanic or Latino

Race I:

Select the one group most closely describing the student's race.

☐

Race II & III:

If applicable, mark all other groups describing this student:

☐ ☐

Code	Description	Code	Description
100	American Indian or Alaskan Native	301	Hawaiian
201	Chinese	302	Guamanian
202	Japanese	303	Samoan
203	Korean	304	Tahitian
204	Vietnamese	399	Other Pacific Islander
205	Asian Indian	400	Filipino
206	Laotian	500	Hispanic or Latino
207	Cambodian	600	Black or African American (not Hispanic)
299	Other Asian	700	White (not Hispanic)

Birth Country: Please write in the student's birth country and the year the student started attending school in the U.S.

Birth Place: _____ US School Entry Year: _____
City State Country

Parent Educational Level: Please indicate the educational level of the student's most highly educated parent:

☐ Not a High School Graduate
☐ High School Graduate
☐ Some College Units
☐ College Graduate
☐ Graduate School/Post Graduate Training
☐ Declined to State

V. Signatures:

Student: _____ Date Signed: _____

Parent/Guardian: _____ Date Signed: _____
(If student is under 18 years of age)

RCC
RIVERSIDE CITY COLLEGE

Dear Parent/Legal Guardian of Minor Student:

Riverside City College Health Services provides first aid, emergency treatment medical, and psychological services to students enrolled in classes.

If a student is under 18 years of age, Health Services needs a **"Permission to Treat a Minor" form signed signature is valid, a copy of the parent/legal guardian's driver's license is required.** For emergency purposes, we are requesting an emergency contact number, as well as a list of any allergies, serious medical conditions and/or medications taken by the student.

Please fill out and sign the attached form along with a copy of your driver's license. Feel free to contact Health Services if you have any questions or concerns. Our phone number is (951) 222-8151.

Sincerely,

Renee Martin-Thornton Ph.D., MSN/MBA, RN

Director Student Health & Psychological Services

4800 Magnolia Avenue • Riverside, CA 92506
(951) 222-8000 • www.rcc.edu

RCC
RIVERSIDE CITY COLLEGE

Riverside Community College District
Health Services

PERMISSION TO TREAT A MINOR/EMERGENCY INFORMATION

I (parent/legal guardian) grant permission and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of the physician/nurse practitioner/registered nurse/counselor at Riverside Community College District's Health Services.

_____

Student Printed Name **Student ID Number**

_____

Printed Name of Parent/Legal Guardian **Signature of Parent/Legal Guardian** **Date**

_____

Address **Street** **City** **Zip Code**

EMERGENCY INFORMATION:
In case of emergency please contact:

_____

Name **Relationship**

_____

Phone Home **Work** **Cell**

Allergies: _____

Serious Medical Conditions: (i.e. Diabetes, Epilepsy)_____

Medications:_____

All medical information and records are subject to guidelines of the Health Insurance Portability and Accountability Act (HIPPA).

Gateway College & Career Academy
School Information for Parents

Mandatory Parent Notification Receipt

School: Gateway College & Career Academy_____ Date_____

Student's Name: _____ Date of Birth: _____/_____/_____
Last First M.I.

Continuing Medication - Ed Code 49480 requires parents to inform the school if their child is on continuing medication. I hereby consent for a school nurse employed by the school or college to communicate with the physician listed below and to advise school personnel about the effects of medication/s on my student's physical, intellectual and social behavior and to also advise school personnel of any possible symptoms of adverse effects, omissions or overdose.

Physician's Name:_____ Phone Number:(_____)_____-_____

Medication(s): _____ Dosage_____

_____ Dosage_____

- ❑ **Yes, I give** permission for the school nurse to contact doctor and advise school personnel as stated above.
- ❑ **No, I do not give** permission for the school nurse to contact doctor and advise school personnel as stated above.
- ❑ **N/A, No continuing medication**

Media/Photo Release - Student work and photos may be published and used in the school's newsletter, website, and/or social media as well as outside media publications with the consent of the student and (if the student is under 18) parent/guardian.

- ❑ **Yes, I give** permission
- ❑ **No, I do not give** permission

Acceptable Use Agreement - As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the school or college responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

- ❑ **I/We hereby agree** to comply with the Acceptable Use Policy.
- ❑ **I/We hereby do not agree** to comply with the Acceptable Use Policy.

Internet and Social Media Policy Agreement - I understand and agree that my students is responsible for anything he/she displays or posts on the Internet through social networking sites, such as Facebook, Twitter, LinkedIn, YouTube and MySpace, etc., and that and that his/her online actions can have serious real-life repercussions. As such, I agree that my student should use good judgment and common sense in all online activities and my student must follow school internet and social media policies and guidelines. Students are responsible and may be held accountable for negative or hostile comments, insults, and/or harassment on social networking sites or through other electronic acts. If a student or employee is harassed online, causing the student or employee to feel uncomfortable at Gateway College & Career Academy, Gateway College & Career Academy has the right to take disciplinary action to safeguard the wellbeing of its students and employees. An "electronic act" means the transmission of a communication, including, but not limited to, a message, text, sound, or image by means of an electronic device, including, but not limited to, a telephone, wireless telephone or other wireless communication device, computer, or pager.

- ❑ **I/We hereby agree** to comply with the Social Media Policy Agreement.
- ❑ **I/We hereby do not agree** to comply with the Social Media Policy Agreement.

Participation of Family Life Education Program - In accordance with state law, Gateway College & Career Academy Science and Health courses of study include instruction in human reproduction and family life education. The California Education Code, Section 51550, requires that any written or audio-visual material pertaining to human reproduction be available for inspection by the parent/guardian prior to its use with students.

- ❑ **Yes, I grant permission** to participate in the family life education program.
- ❑ **No, I do not grant permission** to participate in the family life education program

By signing I acknowledge that I have reviewed and answered all appropriate questions.

Student Signature: Date:

Parent/Guardian Signature:
(If student is under 18 years of age) Date:

Gateway College & Career Academy

School/Parent Approval Form

2019-20 School Year
Fall 19
Winter 20
Spring 20
Summer 20

Name: _____ _____ _____ _____
(Please print) Last First M.I. RCC ID# (if applicable)

Address: _____ _____ _____ _____
Number & Street City State Zip

Phone:(_____) _____-_____ **Date of Birth:** _____/_____/_____ **Age:** _____
MM/DD/YY

For Student: I affirm that I attend high school classes for at least a minimum day, have availed myself of all opportunities to take these classes at my school and can benefit from college level courses.

Student's Signature: _____Date: _____

For Student (if under 18 years of age**)**: The Family Education Rights & Privacy Act (FERPA) guarantees your right to privacy as it applies to your RCC records. If you choose to give us permission to release your information to your parents or guardians, please sign here.

Student's Signature: _____Date: _____

For Parent/Guardian (if student is under 18 years of age)

I give my permission for emergency first aid and treatment for my minor child/legal ward. I also give my permission for him/her to be treated by a nurse, physician and/or mental health counselor in the Wellness/Health Centers of the Riverside Community College District.

*I understand that my child intends to register in public college classes that are **not** specifically designed for students under age 18, and that Riverside Community College District accepts no responsibility for any extraordinary supervision of students less than 18 years of age.(*refer to *High School Concurrent Admissions Policies and Procedures). Further, I accept responsibility for my child's behavior while he/she is attending a Riverside Community College District class. I acknowledge that my child will actually be creating a permanent college academic record at RCC, even though he/she is concurrently enrolled in the high school.*

Parent/Guardian Name: _____ (Please print)

Signature: _____Date: _____

STOP! Do not write below this line, staff use only!

For Principal or designee:

I certify this student has the ability to benefit from taking advanced scholastic or vocational work. If applying for RCC's summer session I certify that this student has demonstrated adequate preparation in the discipline to be studied and has exhausted all opportunities to enroll in an equivalent course at his/her school of attendance. I further certify that for summer session I will recommend no more than 5% of the total number of pupils who completed that grade immediately prior to the time of recommendation. I understand that it is the responsibility of the K-12 district to ensure that the 5% limitation on summer school enrollments is honored. CA Ed Code 48800.

Name: Miguel Contreras Title: Principal, Gateway College & Career Academy
(Principal or designee – Designees must be on file in RCC Admissions)

Principal's Signature: _____ Date: _____

School Year 2019-2020

California Department of Education
Pricing Letter to Household & Instructions, Revised February 2017

Dear Parent/Guardian/Student:

The Gateway College & Career Academy participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for $3.50. Eligible students may receive meals free of charge or at the reduced-price rate of $0.40 for lunch. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application.

LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

QUALIFICATION: Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

Effective July 1, 2019–June 30, 2020

Reduced-price Eligibility Scale for Breakfast and Lunch

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	$23,107	$1,926	$963	$889	$445
2	$31,284	$2,607	$1,304	$1,204	$602
3	$39,461	$3,289	$1,645	$1,518	$759
4	$47,638	$3,970	$1,985	$1,833	$917
5	$55,815	$4,652	$2,326	$2,147	$1,074
6	$63,992	$5,333	$2,667	$2,462	$1,231
7	$72,169	$6,015	$3,008	$2,776	$1,388
8	$80,346	$6,696	$3,348	$3,091	$1,546
For each additional family member add	$8,177	$682	$341	$315	$158

APPLYING FOR BENEFITS: An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

DIRECT CERTIFICATION: An application is not required if the household receives a notification letter indicating all children are automatically certified for free meals. If you did not receive a letter, please complete an application.

VERIFICATION: School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

WIC PARTICIPANTS: Households that receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, may be eligible for free or reduced-price meals by completing an application.

HOMELESS, MIGRANT, RUNAWAY & HEAD START: Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance at 951-222-8934.

FOSTER CHILD: The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

FAIR HEARING: If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing the following: Miguel Contreras 4800 Magnolia Ave Riverside, CA 92506 951-222-8934.

ELIGIBILITY CARRYOVER: Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for meals, unless the household receives a notification letter for free or reduced-price meals. School officials are not required to send reminder or expired eligibility notices.

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or
(3) E-mail: program.intake@usda.gov.

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE OR REDUCED-PRICE MEALS – Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

You can also apply online at https://mealapp.lunchtimesoftware.net/

STEP 1: STUDENT INFORMATION – Include ALL STUDENTS who attend Gateway College & Career Academy Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the "Foster" box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable "Homeless, Migrant, or Runaway" box and complete all STEPS of the application.

STEP 2: ASSISTANCE PROGRAMS – If ANY household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS – Must report GROSS income (before deductions) from ALL household members (children and adults) in whole dollars. Enter "0" for any household member that does not receive income.

A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and non-foster children on the same application.
B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.
C) Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.
D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the "NO SSN" box.

STEP 4: CONTACT INFORMATION & ADULT SIGNATURE – The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES – This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals. Please check the appropriate boxes.

INFORMATION STATEMENT: 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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you list a CalFresh, CalWORKs, or 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.

QUESTIONS/NEED ASSISTANCE: Please contact Samantha Di Salvio at 951-222-8916.

SUBMIT: Please submit a complete application online or to your child's school or the nutrition office at Attention Gateway 4800 Magnolia Ave Riverside, CA 92506. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,
Samantha Di Salvio

2019-2020 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Application Available at: https://mealapp.lunchtimesoftware.net/

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes	Student? No	Foster Child	Homeless, Migrant, Runaway
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3. **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN ☐

STEP 4 Contact information and adult signature.

Gateway College & Career Academy ATTN: Registrar 4800 Magnolia Avenue Riverside, CA 92506

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) | Apt # | City | State | Zip | Daytime Phone and Email (optional)

Printed name of adult signing the form | Signature of adult | Today's date

INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

Household Size

Categorical Eligibility ☐

Eligibility: Free ○ Reduced ○ Denied ○

Determining Official's Signature **Date** **Confirming Official's Signature** **Date** **Verifying Official's Signature** **Date**

Revisado en febrero de 2017

Año escolar [2019-2020] Gateway College & Career Academy Solicitud para comidas gratis y a precio reducido

Llene una solicitud por hogar. Lea las instrucciones sobre cómo llenar la solicitud. Escriba claramente con tinta. También puede hacer su solicitud en línea en https://mealapp.lunchtimesoftware.net/

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Sección 49557(a) del *Código de Educación* de California: Las solicitudes para comidas gratis y a precio reducido pueden presentarse en cualquier momento durante el día de clases. A los niños que participan en el Programa Nacional de Almuerzos Escolares federal no se les identificará abiertamente con el uso de fichas especiales, boletos especiales, filas de servicio especiales, entradas separadas, comedores separados o por cualquier otro medio.

PASO 1 – INFORMACIÓN DE LOS ESTUDIANTES

Los niños **bajo cuidado adoptivo temporal** y los niños que cumplen con la definición de **sin hogar, migrante** o **fugado del hogar** reúnen los requisitos para recibir comidas gratis.

Anote el nombre de **CADA ESTUDIANTE** (Primer nombre, inicial del segundo nombre, apellido)	Anote el **nombre de la escuela** y el **grado escolar**		Anote **la fecha de nacimiento del estudiante**	Marque la casilla pertinente si el estudiante está **bajo cuidado adoptivo temporal, sin hogar** o es **migrante** o **fugado del hogar.**			
				Bajo cuidado adoptivo temporal	Sin hogar	Migrante	Fugado del hogar
EJEMPLO: Joseph P Adams	**Lincoln Elementary**	**1º**	**12-15-2010**				
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

PASO 2 – PROGRAMAS DE ASISTENCIA: CalFresh, CalWORKs o FDPIR

¿ALGÚN miembro del hogar (niño o adulto) participa actualmente en CalFresh, CalWORKs o FDPIR?

Si contestó NO, sáltese el PASO 2 y vaya al PASO 3.

Si contestó SÍ, marque la casilla del programa pertinente, sáltese el PASO 3 y vaya al PASO 4. ☐ **CalFresh** ☐ **CalWORKs** ☐ **FDPIR**	**Anote el número de caso:**

PASO 3 – DECLARE LOS INGRESOS DE TODOS LOS MIEMBROS DEL HOGAR (Sáltese este paso si contestó 'SÍ' en el PASO 2)

A. INGRESOS DE LOS ESTUDIANTES: En ocasiones, los estudiantes del hogar tienen ingresos. Anote los ingresos **BRUTOS TOTALES** (antes de deducciones) en números enteros de los estudiantes que se enumeraron en el PASO 1.
Anote el período de pago correspondiente en la casilla de "Frecuencia": S = Semanal, 2S = Cada dos semanas, 2M = Dos veces al mes, M = Mensual, A = Anual

Ingresos totales de los estudiantes				**Frecuencia**
$				

B. TODOS LOS DEMÁS MIEMBROS DEL HOGAR (incluido usted): Anote a **TODOS** los miembros del hogar que no anotó en el PASO 1, **incluso si no reciben ingresos**. Para cada miembro del hogar, anote sus ingresos **BRUTOS TOTALES** (antes de deducciones) en números enteros para cada fuente. Si el miembro del hogar no recibe ingresos de ninguna fuente, anote "0". Si anota "0" o deja cualquier campo en blanco, está certificando (prometiendo) que no hay ingresos que declarar.
Anote el período de pago correspondiente en la casilla de "Frecuencia": S = Semanal, 2S = Cada dos semanas, 2M = Dos veces al mes, M = Mensual, A = Anual

Anote el nombre de **TODOS LOS DEMÁS** miembros del hogar (Apellido y nombre)	Ingresos del trabajo				**Frecuencia**	Asistencia pública/SSI/ manutención de menores/pensión alimenticia				**Frecuencia**	Pensiones/retiro/jubilación otros ingresos				**Frecuencia**
	$					$					$				
	$					$					$				
	$					$					$				
	$					$					$				

C. Total de miembros del hogar (Niños y adultos)			**D. Anote los últimos cuatro dígitos del número de Seguro Social (SSN) de la persona que recibe más ingresos o de otro miembro adulto del hogar**				**Marque la casilla si NO tiene SSN** ☐

PASO 4 – INFORMACIÓN DE CONTACTO Y FIRMA DE UN ADULTO

Certificación: Certifico (prometo) que toda la información en esta solicitud es verdadera y que se declararon todos los ingresos. Entiendo que proporciono esta información en relación con la recepción de fondos federales y que los funcionarios de la escuela podrían verificar (revisar) la información. Soy consciente de que si proporciono deliberadamente información falsa, mis hijos podrían perder la asistencia para las comidas y se me podría procesar conforme a las leyes estatales y federales aplicables.

Firma del adulto que llenó esta solicitud:	Nombre en letra de molde:	Fecha:
Dirección:		
Correo electrónico:	Teléfono:	

OPCIONAL – IDENTIDAD ÉTNICA Y RACIAL DE LOS NIÑOS

Estamos obligados a pedir información acerca de la raza y origen étnico de sus hijos. Esta información es importante y nos ayuda a servir plenamente a nuestra comunidad. Responder a esta sección es opcional y no afecta la elegibilidad de sus hijos para recibir comidas gratis o a precio reducido.

Origen étnico (marque uno): ☐ Hispano o latino ☐ No hispano o latino

Raza (marque una o más): ☐ Indígena americano o nativo de Alaska ☐ Asiático ☐ Negro o afroestadounidense ☐ Nativo de Hawái u otro isla del Pacífico ☐ Blanco

DO NOT COMPLETE. SCHOOL USE ONLY (PARA USO DE LA ESCUELA SOLAMENTE)		
How Often? ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Yearly Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12		Total Household Income $
Total Household Size	Eligibility Status: ☐ Free ☐ Reduced-price ☐ Paid (Denied)	☐ Categorical
	Verified as: ☐ Homeless ☐ Migrant ☐ Runaway	☐ Error Prone
Determining Official's Signature:		**Date:**
Confirming Official's Signature:		**Date:**
Verifying Official's Signature:		**Date:**