### PATRICK SPRINGS PRIMARY SCHOOL



75 ELEMENTARY LANE
PATRICK SPRINGS, VA 24133
PH. (276) 694-3396 FAX (276) 694-5806
Mrs. Jeannie T. King, PRINCIPAL

July 1, 2017

Dear Parents/Guardians and Students:

I hope that you have been enjoying the summer. As we prepare for the opening of school, I want you to know how much I am looking forward to working with you and your child this year as the principal. Our main goal is that your child gets a valuable education. Your input, thoughts, and ideas about your child's learning will be most helpful to me as we plan the 2017-2018 school year. Please take the time to complete the enclosed forms about your child. Any additional comments you care to make will be most welcome.

Registration for the 2017-2018 school year will be held at Patrick Springs Primary School on:

### Tuesday, July 25, 2017 from 8:00 A.M. Until 7:00 P.M.

Enclosed you will find a **free and reduced lunch application**. If you would like to apply, please complete **ONE** form per family and bring it to registration. This will allow time to process information prior to the first day of school.

Enclosed you will also find a **School Information Sheet**. **Please bring these completed sheets with you on registration day (front & back)**. It is extremely important that you include an emergency contact and phone number of someone other than yourself in which we can contact in the event of an emergency. Thank you in advance for keeping the office informed of any changes during the year as well. **If you did not fill out a transportation sheet before school ended, you will need to do so at registration**.

Finally, we have planned a:

### Back to school Night for Tuesday, August 8, 2017 We have two sessions to choose from:

### Session One is at 6:00pm and Session Two is at 6:45pm

This will be a great time for parents and students to ask questions concerning the upcoming school year. At this time, parents and students will have the opportunity to meet with the teacher, visit the classroom, bring school supplies (so the students will not have to bring so much with them the first day of school), talk about daily schedules, review bus/car transportation procedures, discuss snack/lunch money collection, grade level expectations and hear other important information needed for a successful year. If possible, please make plans to attend. I look forward to meeting and working with you this year.

Sincerely.

Jeannie T. King, Principal

2017-2018		TEACHER	Grade:
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## Patrick County Public Schools STUDENT INFORMATION AND EMERGENCY SHEET

AME:	TELEPHONE: ()				
ELL PHONE NUMBERS:					
BIRTHDATE:					
MAILING ADDRESS:	CITY/STATE:	ZIP:			
11 ADDRESS:					
MAIL ADDRESS:					
OIRECTIONS FOR FINDING YOUR HOME:  A.M. BUS#: P.M. BUS#: ROAD #:					
GENDER: Male Female		ga.			
MOTHER'S NAME:	PHONE#:	_ EDUCATION:			
MAILING ADDRESS:					
ADDRESS:Employer's Name & Phone:	_CITY/STATE:	ZIP:			
FATHER'S NAME:	PHONE#:	EDUCATION:			
MAILING ADDRESS:	CITY/STATE:	ZIP:			
911 ADDRESS:	CITY/STATE:	ZIP:			
Employer's Name & Phone:					
Employer s reame & mone.					
Brothers/Sisters:	Grade:	DOB:			
Brothers/Sisters:	Grade:	DOB:			
Brothers/Sisters:	Grade:	DOB:			
CHILD LIVES WITH:MOTHERFATHER	OTHER/SPECIFY				
EMERGENCY TREA	TMENT AUTHORIZAT	ION			
Emergency Treatment Procedure: In case of serious illness of ent or guardian. If these persons cannot be located, the child thorize the above procedure:  (Signature of parent/guardian)	will receive medical care at	the closest facility.			
DOCTOR'S NAME:	Policy #:				
Insurance Company.					
A Harrison Medications Currently	v Taking On Regular Basi	s:			

### Patrick County Public Schools

### Individual Authorized to Pick Up Student

I,	, as parent or legal guar	rdian of
(Parent or Guardian's Name		
(Child's Name)	, hereby give permission	on for the following
individuals to pick up my child at any t	ime necessary (including regular or	early dismissals).
<u>Name</u>	Phone #	Relationship
1.		
2.		d = 1.94
3.		
4. <u> </u>	4	
5.		
6.		
7.		
8.		
(Parent/Guardian's Signature		(Date)

### 2017-2018 LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

Children need healthy meals to learn. Patrick County Elementary Schools offer healthy meals every school day. Student breakfast is free and lunch costs \$ 1.85. Your children may qualify for free or reduced price lunch meals. Reduced price lunch costs \$.40.

All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions <u>prescribed</u> by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact <u>Darlene Rogers</u>, <u>Food Service Coordinator</u> at <u>276-694-3836</u> for further information.

All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid may also be eligible for free or reduced price meals based on the household's income. Children who are members of households participating in WIC may also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals or reduced price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year. YOU MUST SEND IN A NEW HOUSEHOLD APPLICATION FOR EACH SCHOOL YEAR.

**FEDERAL INCOME GUIDELINES:** Your child(ren) may be eligible for free meals or reduced price meals if your household income is within the limits on the Federal Income Eligibility Guidelines chart shown below.

INCOME CHART For Free or Reduced Price Meals				
Effective	e July 1, 20	17 to June 3	30, 2018	
Household Size	Yearly	Monthly	Weekly	
1	22,311	1,860	430	
2	30,044	2,504	578	
3	37,777	3,149	727	
4	45,510	3,793	876	
5	53,243	4,437	1,024	
6	60,976	5,082	1,173	
7	68,709	5,726	1,322	
8	76,442	6,371	1,471	
For Each Additional Family Member Add	\$7,733	\$645	\$149	

**HOW TO APPLY** 

Households that are receiving SNAP or TANF for their children as of July 1 may not have to fill out an application. School officials will notify you in writing of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits. If you are not notified by 07/24/2017, you must submit an application. The application must contain the names of all students in the household, the SNAP or TANF case number, and the signature of an adult household member.

If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the school division. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of all other household members, the amount of income each person received last month, and how often the income was received. An adult household member must sign the application and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

If you are applying for a foster child, who is the legal responsibility of a welfare agency or court, an

# Transportation Department P.O. Box 846 Stuart, VA 24171 276-694-3268

New	Change		x :		Start i	Date		
Please fill in the below address.	information on	a student t	hat intënds	to ride	the bus	or that h	es a ch	lange of
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Parent/Guardian Name	To the state of th			-			diamananan	
Daytime Phone #:	Cell Phone #:							
911 Home Address:								
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AM Address (gets on bi	us)	Perfective and the second						
PM Address (gets off b								
If the student gets on ar								the sitter:
Sitter's Name:	,			Sitte	r's Phon	e#:		
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Parent/Guardian Signati	ure					Date		A BARTON III
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PM Driver's Name	e (s)		Bus #	(s) (	Transfer	Location	1)	Time

application may not be required. Contact *Darlene Rogers* at *276-694-3836* for more information. If you are applying for a homeless, migrant, or runaway child, an application may not be necessary. Contact *Amanda Holt* at *276-694-3163* for more information.

An application that is not complete cannot be approved. An application that is not signed is not complete. You must send in a new application each school year.

OTHER BENEFITS: Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free or reduced price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced price meals. If you do not want your information shared, please check the appropriate box in Section 6 of the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

**CONFIDENTIALITY AND NOTICE OF DISCLOSURE:** School officials use the information on the application to determine if your child is eligible to receive free or reduced price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

**VERIFICATION:** School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced price meals.

**FAIR HEARING:** If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with officials in the school nutrition office at the telephone number below. If you wish to review the final decision on your application you also have the right to a fair hearing. You can request a hearing by calling or writing the following official:

Phone: 276-694-3163

Hearing Official Name: Mr. Dean Gilbert, Assistant Superintendent

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EASE CONTACT THE	THE SCHOOL YOUR ne complete, signed
If you have questi	ions or need help, call:
Telephone #:	276-694-3836
Telephone #:	276-694-3836
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To apply for free or reduced price meals, complete one application for ALL children in the household who are in school using the following instructions. Sign the application and return to (insert address) Patrick County Public Schools P. O. Box 345, Stuart, VA 2417.1, To apply for free or reduced price meals, complete one application for ALL children in the household who are in school justing the following instructions. Sign the application and return to (insert address) Patrick County Public Schools P. O. Box 345, Stuart, VA 2417.1, To apply for free or reduced price meals, complete one application for ALL children in the household who are in school justing the following instructions. Sign the application and return to (insert address) Patrick County Public Schools P. O. Box 345, Stuart, VA 2417.1, To apply for free or reduced price meals, complete one application for ALL children in the household who are in school justing the following instructions. Sign the application and return to (insert address) Patrick County Public Schools P. O. Box 345, Stuart, VA 2417.1, and the first public schools provide the first public school provide and the first public schools provide the first public schools provide the first public school public schools provide the first public school provide the first public school public schools provide the first public schools provided the first public schools public schools public schools provided the first public school public schools provided the first public schools public schools public schools public schools provided the first public schools pu

IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS.

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

Part 2: List the name and case number for any household member (including adults) receiving SNAP or TANF benefits.

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS: Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school

Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator Part 4: Complete this part. See instructions for All Other Households, Part 4, below.

Part 7. An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one) Parts 5 & 6. Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

# IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS.

Part 1: List all foster children in school. Include the school, grade, and the student's school identification (ID) number. Check the box for each child indicating the child is a foster child

Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

If one or more children in the household are foster children and other children in the household are not foster child are not foster child who is in school. Check the "Foster Child" box for each child who is a foster child.

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school. Check the "Foster Child" box for each child who is a foster child.

Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month Columns 4-8: Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For Columns 1-3: Name: List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write '0' in the box. However, if left blank that will also be counted as "0'. Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's from SNAP. WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses for your business or farm. If you are in the Military and Veteran's benefits (VA benefits). Under All Officer Income, list disability benefits, cash withdrawn from savings, regular combibutions from people who do not live in your household, income from your rental property and any other income. Do not include income

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals. your housing is part of the Privabzed Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one)

# ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child in the household who is in school.

Part 4: Follow these instructions to report total household income from this month or last month. Columns 1-3: Name: List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0". earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can led you. Also list the amount you receive for Worker's Columns 4-8: Gross Income and How Often It Was Received: For each household member, ist each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, allmony, pensions, retirement, Social Security, Supplemental Security income (SSI), and from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work report income after expenses for your business or farm. If you are in the Military and Veteran's benefits (VA benefits). Under All Offier Income, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income Veteran's benefits (VA benefits). Under All Offier Income, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income

your housing is part of the Privatized Housing initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

The Richard 6. 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 mosts. You must include the last four digits of the social security number are not required when you apply on behalf of a foster child or you us a Supplemental Number and sustained Program (SNAP). Temporary Assistance for Needly Families (Alla P) and the social security number are not credited when you apply on behalf of a foster child or you us a Supplemental Number and sustained Program (SNAP). Temporary Assistance for Needly Families (Alla P) and the social security number and the social security number. We will use your information who program (SNAP) and the social security number, the program of the social security number of the education of the social security number and the social security number and the social security number and the social security number of the education of the social security number of the programs. All the social security numbers of the programs and the social security number of the social security number of the education numbers of the social security number of the education of the social security number of the education numbers of the social security number of the education numbers of the social security number of the education numbers of the program (SNAP). The social security number of the social security number of the education numbers of the social security numbers of the social security numbers of the education of the social security numbers of the education numbers of the educ

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Verification Results
Reason for Change TransferredWithdrawn Date:
VERSTICATION SUMMARY: Date Selected TOTAL INCOMERNOW OF TEN: \$ Part 7 Last four digits of Social Security Number of Adult Signing Application Mailing Address Part 6b. Part 5 Part 5 -XXX-XXX Co Not Complete Part 4 if all students are toster children or if you tisted a SNAP or TANF case number in Part 2. EXAMPLE Part 4. ALL OTHER HOUSEHOLDS. List all household members: include the children in school listed above. List gross income (before any deductions) and tell us how often II was received Part 3. If the child you are applying for is homeless, a migrant, or a runaway, check the box and call your school to talk with the homeless, migrant or runaway coordinator.

Complete Parts 1,4,5,6, and 7. Part 2. SNAP or TANF: If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5. If the students you are applying for is a FOSTER CHILD, who is the legal responsibility of a meltian agency or the court, check the box above and go to Part 5. If there are other students in the household who are not loster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TARF 2017-2018 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

Part 1. CHILDREN IN SCHOOL: List All children in school who live in the fourehold.

Part 1. CHILDREN IN SCHOOL: List All children in school who live in the fourehold. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question.

CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question.

Enric Identities: Choose one of the following leads identifies: in addition to effective.

CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question.

Enric Identities: Choose one of the following.

Annual Identities: Choose one of the following.

Annual Identities: Choose one of the following.

CHILDREN'S INCOME.

CHILD SIGNATURE & SOCIAL SECURITY NUMBER. As a saligned system of the system o Jane Doe Names of all Household Members include the children in school above. □Na Change □Free to Reduced □Income □Household Size HOUSEHOLD SIZE

☐Approved Reduced
☐Income Too High ventying Official's Signature ZIP Code:

Work Phone:
Yesty Income Conversion for Approving Official When Different Income Frequencies are Reported, Weethy X.57 Every 2 Wests X.26 Twice a Month X.24. ransferred To: ☐ incomplete Application 32 Age Reverser's Initials

Data Ventication Re □Reduced to Free □SNAP/TANF Eigibiay List Gross Income before any deductions. Write in how often income is received Use the following (W) = Weekty (2Wk) = Every 2 Weekts. (2M) = Twice a Month Entire Income Solaries. Type: Sinks Benefits. Unemployment Companisation, Worker's Child Support, Allingury Participants of Farm

Job 1 Set Connection, Not house Farm
Job 2 Farment, Allingury Child Support, Allingury Persons, Supplements Source Solaries Solaries (Solar Solaries) Sequences Solaries (Solar Solaries) Sequences (Solar Solaries) Solaries (Solaries) Solaries (Solari \$ 1,800 FIRST NAME Data Approval/Denial Notice Sent To Household: SNAP or TANE Case Number (Ou not use 16 digit EBT card number) Reduced to Paid Home Phone: 2 Genfirmation Result \$0 GRADE Signature of Adult Household Member 30 SCHOOL Signature of Approving Officia Monthly Y 12 w \$0 Case number is 7-12 digits) STUDENT ID# (optional) Charlends Income from Estavolitases: The Enterest Step is combined to the party of the the business of the Rockless Schools of the Kenter booms. Any Other Income. All Other Income (M) = Monthi Amountition Office FOSTER CHILD\*\* Charle Day Or Care