



LUMMI NATION K-12 SCHOOL

2334 LUMMI VIEW DRIVE
BELLINGHAM, WASHINGTON 98226
PHONE: 360-758-4300, FAX: 360-758-4466



NEW STUDENT APPLICATION

Student Name: _____ Grade: _____

Contact Person: _____ Phone: _____

_____ Registration packet complete and signed

_____ **Birth Certificate**

Alternative documents could include, but are not limited to: a religious, hospital, or physician's certificate showing date of birth; an entry in a family bible; an adoption record; an affidavit from a parent; previously verified school records; or any other documents permitted by law.

_____ **CDIB (Certificate of Degree of Indian Blood)**

_____ **Immunizations**

_____ **Court Orders in Effect? If so, attach copy.**

Please note: Registration is considered INCOMPLETE if any above items are missing.

COMPLETED PAPERWORK TO:

- LNS MAIN OFFICE
- EMAILED TO: Nicole.phair@lummi-k12.org
- Or FAXED TO: 360-758-4466

_____ ***OFFICE USE ONLY (below)*** _____

Signature / Date

1. **Registrar:** Complete packet received _____

2. **Registrar:** Collection of school records _____

3. **Nurse:** Medical/Health check _____

4. **Sp. Ed. Dir:** SPED Check/Acceptance _____

5. **Principal:** Acceptance _____

6. **Registrar:** Activate in system _____

7. **Counselor:** Create schedule _____

Lummi Nation School



2334 Lummi View Drive
Bellingham, WA 98226

Student Legal Last Name		Legal First Name		Legal Middle Name		Also known as (Preferred name):	
Birthplace: City		State		Grade		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
						Pref. Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female	
Date of Birth (Month/Day/Year)							
Ethnicity and Race Information: Please see additional page		If your child was born outside the United States: Date of enrollment in US Public School: _____ Number of months of K-12 schooling outside US: _____		Primary Language at Home: _____ If you are not proficient in English you can take a home language survey so that we may communicate with you properly.			
Is Child Enrolled in a Federally Recognized Tribe? YES NO Tribe Name: _____ Enrollment Number: _____				Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Stepmother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Other _____			
Military Survey - Does your child have a parent or guardian who is: <input type="checkbox"/> U.S. Armed Forces active duty <input type="checkbox"/> U.S. Armed Forces reserves <input type="checkbox"/> More than one member of Armed Forces/National Guard <input type="checkbox"/> National Guard member <input type="checkbox"/> No affiliation							
Is Your Child in Special Education? (IEP/504 plan) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SCHOOL DISTRICT: _____							
Photo/Video Release: <input type="checkbox"/> Yes, my child may be photographed for school or media release. <input type="checkbox"/> No, my child may not be photographed.							
PRIMARY HOUSEHOLD INFO							
Primary Guardian First/Last Name Relationship to student:				Primary Guardian First/Last Name Relationship to student:			
Primary Household Physical Address				City & Zip Code		Mailing Address (if different)	
E-mail Address		Primary Phone		Work Phone		Cell Phone	
				Work Phone		Cell Phone	
SECONDARY HOUSEHOLD INFO (IF ANY)							
Household 2 Guardian First/Last Name Relationship to student:				Household 2 Guardian First/Last Name Relationship to student:			
Secondary Physical Address				City & Zip Code		Mailing Address (if different)	
E-mail Address		Primary Phone		Work Phone		Cell Phone	
				Work Phone		Cell Phone	
**Emergency Contacts: If I cannot be reached or am unable to pick up my child, I give permission to release my child to:							
Emergency Contact Name:				Relationship to student:			
Home Phone:		Cell Phone:		Work Phone:			
Emergency Contact Name:				Relationship to student:			
Home Phone:		Cell Phone:		Work Phone:			
Doctor Name				Clinic Name		Clinic Phone Number	
Guardian Signature				Date		School Year: 2023-2024	



Please list any people you may want to have authorization to pick up your child from school, as your child will be released only to those people listed in writing below. To ensure your child's safety, phone calls will not be accepted.

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PARENT PERMISSION FOR STUDENT TRAVEL:

- I give my permission for the below named student to participate in classroom/school field trips. I understand that students are expected to remain with the group unless written permission is given by me to do otherwise.

HOLD HARMLESS:

- In consideration of this student being allowed to participate in any school activity, I agree to hold the school harmless from any claim by or against it arising out of any negligent or wrongful action by the student.
- I give permission for the school to seek the services of a licensed medical person in case of accident or illness requiring medical aid for this student.

In the space provided below, please give any special instructions such as: medication being taken, allergies to food or drugs, special diets, or other medical problems we need to be aware of:

LNS NATIVE LANGUAGE LEARNER

- We offer *Xwlemi'chosen (Lummi Language)* as a part of the student daily academics.
- Please sign to acknowledge/permit for your student to continue our goal of teaching the language to every student.

I have read and agree to:

☐ Student Travel permission

☐ Native Language Learner

Student Name

Parent Signature

Date



PARENT RELEASE/REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

Please Send All Information To:

2334 Lummi View Drive Bellingham, WA 98226

Nicole Phair, LNS Registrar K-12

Phone: 360-758-4331 **Fax:** 360-758-4466

The following student has enrolled at Lummi Nation School (K-12). Please send the students cumulative records (student cum/placement file), complete with withdraw grades, current transcript, attendance records and behavioral report. School records should include all test scores, general health information and special education records and/or psychological records.

Records Requesting:

- | | | |
|---|--|---|
| <input type="checkbox"/> Withdraw Grades | <input type="checkbox"/> Attendance | <input type="checkbox"/> Special Education Records/Assessment |
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Behavioral Report | <input type="checkbox"/> Assessments/State testing |
| <input type="checkbox"/> Letter of Pending District Fines | <input type="checkbox"/> Court Orders | <input type="checkbox"/> Health Concerns and Immunizations |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Tribal Enrollment | <input type="checkbox"/> Other: _____ |

Student Information:

Student Name: _____ **DOB:** _____ **Grade:** _____

School Information:

Previous School Attended: _____

Dates Attended: _____ **Grade Levels:** _____

Address: _____

Phone: _____ **Fax Number:** _____

I acknowledge notification of the transfer of records as requested by the Family Educational Rights and Privacy Act of 1974 (FERPA). I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian Signature

Date

BUREAU OF INDIAN AFFAIRS

Please fill in all blanks as completely as possible. Use first, last and middle names. If Parents or Grandparents are **Non-Native American**, indicate "N/I" after tribe.

School District: **LUMMI NATION SCHOOL**

Student's Name: _____ DOB: _____ Grade: _____
(Last) (First) (Middle)

Tribe: _____ Enrollment No. _____

FATHER'S FATHER:

LAST FIRST MIDDLE

TRIBE MEMBERSHIP NO.

BIRTHDATE

STUDENT'S FATHER'S NAME (Last, First, Middle)

TRIBE, MEMBERSHIP NO. & BLOOD DEGREE

BIRTHDATE

FATHER'S MOTHER:

LAST FIRST MIDDLE

TRIBE MEMBERSHIP NO.

BIRTHDATE

MOTHER'S FATHER:

LAST FIRST MIDDLE

TRIBE MEMBERSHIP NO.

BIRTHDATE

STUDENT'S MOTHER'S NAME (Last, First, Middle)

TRIBE, MEMBERSHIP NO. & BLOOD DEGREE

BIRTHDATE

MOTHER'S MOTHER:

LAST FIRST MIDDLE

TRIBE MEMBERSHIP NO.

BIRTHDATE

----- DO NOT WRITE BELOW THIS LINE – FOR BIA USE ONLY -----

_____ Student is $\frac{1}{4}$ Degree or More

_____ Student is Not $\frac{1}{4}$ but is enrolled

_____ Insufficient information provided

_____ Student is less than $\frac{1}{4}$ Degree and NOT enrolled

_____ Other: _____

Signature of Certifying Officer: _____ Date: _____

Student Name: _____ Grade: _____ School: _____

Send Copy to EL Coordinator if Applicable

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)			
	Hispanic	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07) <input type="checkbox"/> Costa Rican (H08)	<input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorian (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15) <input type="checkbox"/> Mexican (H16)	<input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23)
RACE-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	Native Hawaiian/Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)		
	Pacific Islander	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17)
RACE-BLACK/AFRICAN-AMERICAN	Black/African	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> _____ Black Write In (C02)		
	Caribbean	<input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07) <input type="checkbox"/> British Virgin Islander (B08)	<input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)	<input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupean (B14) <input type="checkbox"/> Haitian (B15)
	Central African	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Rep.) (B23) <input type="checkbox"/> Chadian (B24)	<input type="checkbox"/> Congolese (Rep. of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28)	<input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19)
	East African	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)	<input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> São Toméan (B29) <input type="checkbox"/> Príncipe (B30)
	Latin American	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Congolese (Rep. of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28)	<input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20)
	South African	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)	<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)	<input type="checkbox"/> Pacific Islander Write In (P21)
	West African	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87) <input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88)	<input type="checkbox"/> Ecuadorean (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74)

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RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00) <input type="checkbox"/> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Alaska Native Write In (N36) American Indian Write In (N37) </div>			
	Washington State Tribes	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18) </div> <div style="width: 50%;"> <input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35) </div> </div>			
RACE-ASIAN	Asian	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07) </div> <div style="width: 33%;"> <input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15) </div> <div style="width: 33%;"> <input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23) </div> <div style="width: 33%;"> <input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> _____ Asian Write In (A27) </div> </div>			
RACE-WHITE	White	<input type="checkbox"/> White (W00) <input type="checkbox"/> _____ White Write In (W36)			
	Eastern European	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02) </div> <div style="width: 33%;"> <input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04) </div> <div style="width: 33%;"> <input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06) </div> <div style="width: 33%;"> <input type="checkbox"/> _____ Eastern European Write In (W07) </div> </div>			
	Middle Eastern and North African	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15) </div> <div style="width: 33%;"> <input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish Kuwaiti (W23) </div> <div style="width: 33%;"> <input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31) </div> <div style="width: 33%;"> <input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> _____ Middle Eastern Write In (W34) </div> </div>			

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ Date _____

2023-24 LNS ANNUAL STUDENT HEALTH CONCERNS DOCUMENT

Student Name: _____ School Year: _____ Grade: _____ Birthdate: _____

If student needs medication during the school day, an *Authorization for Administration of Medication at School Form* is required. Forms must be completed by your Health Care Provider **YEARLY before** medication can be given.

****Does your child have a health condition?** ☐ Yes ☐ No (* If YES - Must contact nurse*)

My child is up to date on immunizations* ☐ Yes ☐ No

LIFE-THREATENING CONDITIONS: Must contact school nurse! A healthcare plan with physician signature, current exam and all medications must be in place **every year** with the school before the student can attend school. (See policy 4350).

- ☐ Life Threatening condition requiring epinephrine auto injector (EPI-PEN):
Life Threatening Allergen(s): _____
- ☐ Asthma: *Inhaler/medications needed at school? ☐ Yes ☐ No (Yearly order required- see instructions above)
List symptoms and/or Triggers: _____
- ☐ Diabetes Type _____ My child has: ☐ insulin pump ☐ insulin pen ☐ insulin vial/syringe ☐ oral medication
- ☐ Seizure Disorder Meds used to control seizures: _____ Last seizure on: _____
- ☐ Other life-threatening condition(s): _____

SPECIAL HEALTH CARE PLANNING: Check appropriate boxes and contact your school nurse for a health care plan. Treatment order from the doctor is required for most special health care needs other than mobility aids.

- ☐ Food Intolerance (non-life threatening) _____
- ☐ Special Health Care Planning- *Treatment order required* Please describe: _____
- ☐ Mobility Aids- My child requires special mobility aids such as a wheelchair, walker: _____

HEALTH CONDITIONS: Check any of these conditions which your child has or has had:

- | | |
|--|---|
| <input type="checkbox"/> Heart Problems <i>Please contact nurse</i> | <input type="checkbox"/> Cancer <i>Please contact nurse</i> |
| <input type="checkbox"/> Neuro / Brain Injury <i>Please contact nurse</i> | <input type="checkbox"/> Blood Disorder: _____ |
| <input type="checkbox"/> Hearing: _____ | <input type="checkbox"/> Muscles/Bones: _____ |
| <input type="checkbox"/> Vision: _____ | <input type="checkbox"/> Developmental Condition: _____ |
| <input type="checkbox"/> ADD / ADHD: *Medication at school? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other: (please explain) _____ |

Immunizations: (Per Policy 4340 students will be excluded until current vaccination or exemption paperwork is provided.)

Authorization for Emergency Procedure If the guardians named on the registration record cannot be reached at the time of an emergency, and the illness, injury or impairment is determined to be urgent by school authorities/school nurse, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

The above health concerns may be shared with school personnel on a "need to know" basis:

Guardian Signature: _____ **Date:** _____

COVID-19 Pediatric Testing Form for Lummi Nation School

Student Name: _____

Date of Birth: _____

I give permission for Lummi Nation School to test my child for COVID-19 if there is any concern for COVID exposure or infection during the time period of August 30, 2023 – August 30, 2024.

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent for my child to be tested for COVID-19 infection by Lummi Nation School staff or Lummi Tribal Health personnel.
- I understand that collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.
- I consent that the school may notify my child of the test results.
- I understand that my child may be tested multiple times.
- I understand that this consent form will be valid through August 30, 2024, unless I notify the designated contact person at Lummi Nation School that I revoke my consent, but that any revocation will not affect information previously released.
- I understand that school staff performing the test are not acting as my child's medical provider and that testing does not replace treatment by a medical provider.
- I understand that my child's test results and other information may be disclosed to Lummi Nation School staff, Lummi Tribal Health Center, and as otherwise permitted by law.

Signature of Parent/Guardian

Print Name

Date

If you have any questions or concerns, please contact the Lummi Nation School nurse.

K-12 Nurse

Lummi Nation School

Office: 360-758-4369



Certificate of Immunization Status (CIS)

Reviewed by:	Date:
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X Parent/Guardian Signature		X Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib (<i>Haemophilus influenzae type b</i>)							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ OPV (Polio)							
●▲ MMR (Measles, Mumps, Rubella)							
● PCV/PPSV (Pneumococcal)							
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
---	---

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 June 2021

Lummi Tribal Health Center School-Based Health Center

Dear Parents/Guardians:

Did you know that your student can get health care at school? Lummi Tribal Health Center has a school-based health center that provides services to Lummi Nation School students. Services include medical, dental, and mental health care.

To use the school-based health center, please complete and sign the following forms in this packet.

***Students must attend LNS and have an active medical chart at Lummi Tribal Health Center in order to receive services at the school-based clinic. If your child does not have a chart, please call 360-384-0464 to set one up.*

To schedule an appointment at the school-based health center:
-call Lummi Tribal Health Center at 360-384-0464
-call LNS school nurses at 360-758-4369
-schedule through MyChart

Medical Care	
Services provided: <ul style="list-style-type: none">Well child exams and sports physicalsTreatment for illness and injuryMedication administration and managementImmunizationsBasic lab services (ex. strep, flu, COVID testing)	<ul style="list-style-type: none">Health educationReproductive health servicesMental health careReferrals for imaging or specialty services if needed

Dental Care	
Services provided: Preventative dental services: <ul style="list-style-type: none">Dental exam/ X-raysDental sealantsFluoride VarnishCleaningSilver Diamine Fluoride-this will stop ACTIVE cavities while also turning it BLACKSport guards	Restorative dental services: <ul style="list-style-type: none">Silver crowns and dental fillingsExtractionsLocal anesthesia **Parent/ guardian will be contacted before restorative (filling) services

Consent for Health Services

Please fully complete this form to help us provide your child with quality care.

Patient Information		
Patient's name:	Date of birth:	Grade:
Parent/guardian's name(s):		
Relationship to patient:		
Preferred phone:	Secondary phone:	

Health History		
Primary care doctor/clinic:		
Primary dental provider/clinic:		
Other specialty doctors:		
Does your child have any health problems or health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list:		
Does your child take any medications?		
Medication:	Dose:	Reason:
Does your child have any medication or other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list:		
Has your child ever stayed in a hospital or had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		
Does your child have school/learning needs or concerns? <input type="checkbox"/> Attendance problems <input type="checkbox"/> Poor grades <input type="checkbox"/> Special education <input type="checkbox"/> Other:		
Do you have other concerns about your child's wellbeing?		

**Lummi Tribal Health Center
School-Based Health Center**

Consent and Signature

SBHC staff encourage family involvement in the care they provide to students. However, if I am unable to be present, authorization is given for my child to receive services in my absence. Consent is also given for referral of care and, if needed, emergency transportation to other physicians, health care professionals, hospitals, clinics, or health care agencies as deemed necessary by the Lummi Tribal Health Center SBHC staff. This authorization does not allow services to be rendered without the student's consent, unless she/he is unable to consent. Lummi Tribal Health Center is committed to creating a health care home and encouraging long-term relationships between patients and providers that includes medical, dental and mental health care.

In accordance with state and/or federal law, when consent is provided for care, health care information is kept confidential. A few exceptions exist. For example:

1. Permission is given by the patient or parent/guardian through a signed release of information form.
2. The patient indicates risk of imminent harm to self or others.
3. The patient has a life-threatening health problem and is under the age of 18.
4. There is reason to suspect abuse or neglect.
5. Certain communicable diseases must be reported to public health authorities.

Consent is given to share necessary information with the health care providers at the SBHC, including exchange of information between the medical or dental provider, mental health counselor, and the school nurse, for the purpose of providing the best care for the above-named student. To facilitate coordination of care, the student's SBHC medical record will be accessible to Lummi Tribal Health Center staff at the SBHC.

Consent is granted for the school nurse to administer over-the-counter medications (for example, Ibuprofen, Tylenol, Tums, etc.) as prescribed by the medical provider of the SBHC.

Students may also receive health services independently at Lummi Tribal Health Center's medical or dental clinic.

Consent is authorized for services provided by Lummi Tribal Health Center during the length of time the student is enrolled in a school with a Lummi Tribal Health Center SBHC or for the length of time services are provided at the Lummi Tribal Health Center. Withdrawal of this consent can be done at any time by writing to the SBHC.

Check to provide consent:

- ☐ **I consent for my child to receive MEDICAL CARE** through the School-Based Health Center
- ☐ **I consent for my child to receive DENTAL CARE** through the School-Based Health Center

Student Signature (13 and older): _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Guardian Name (Print): _____ Relationship: _____



Lummi Nation School
2334 Lummi View Drive
Bellingham, WA 98226

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____
☐ Student is unaccompanied (not living with a parent or legal guardian)
☐ Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return completed form to:

_____	_____	_____
District Liaison	Phone Number	Location

For School Personnel Only: For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<http://naehcy.org/educational-resources/naehcy-publications>

<http://www.schoolhouseconnection.org/>

LUMMI NATION SCHOOL NONDISCRIMINATION STATEMENT

Notice that the Lummi Nation School does not discriminate based on race, color, national origin, sex, sexual orientation, gender identity, gender expression, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability.

Notice that the Lummi Nation School provides equal access to the Boy Scouts and other designated youth groups.

Contact information for each compliance coordinator is listed below.

Kevin Villars: Civil Rights Coordinator and Title IX Officer phone: 360-758-4318 | email: Kevin.Villars@lummi-k12.org

Willetta George: 504 Coordinator phone: 360-758-4319 | email: Willetta.George@lummi-k12.org

School Year 2023-24 Family Income Survey

Complete one income survey per household

Return this form to: LUMMI NATION SCHOOL

OR

Apply Online:

To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey.

Step 1: List **all students** living with you that are attending school.

Student's Last Name	Student's First Name	Middle Initial	Date of Birth	School	Grade

Step 2: Are any of the listed **students**: ☐ In Foster Care ☐ Experiencing Homelessness ☐ Receiving Migrant Education Services

Step 3: Do any household members participate in: ☐ Basic Food ☐ TANF ☐ Food Distribution on Indian Reservation (FDPIR)

Step 4: Household Income: List all household members even if they do not receive income. For each household member listed, report total gross income (before taxes and deductions)

Names of ALL other household members (do not include students listed above)	Earnings from work (before any deductions)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Public Assistance/ Child Support/ Alimony	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Pensions/ Retirement/ Social Security (SSI)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Any Other Income Not Already Listed	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid 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"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 5: Contact Information & Signature

I promise that the information on this income survey is true and that all income is reported. I understand that my child's school may qualify for additional state and federal funds based on the information I give. I understand that school officials may check the information. I understand my child's income status may be shared with other programs or agencies to support my child's education as allowed by law.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address

City, State, & Zip Code

Daytime Phone

Date

LUMMI NATION SCHOOL

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.

(Do **NOT** convert to annual income unless household reports multiple pay frequencies).

APPROVAL: ☐ Basic Food/TANF/FDPIR/Foster ☐ Income Household

Total Household Size _____ Total Household Income \$ _____

Weekly ☐ Bi-Weekly ☐ 2x per Month ☐ Monthly ☐ Annual ☐

Family Income Survey qualifies for household at or below the income eligibility guidelines listed below: ☐ Yes ☐ No

Date Notice Sent

Signature of Approving Official

Date

Income Eligibility Guidelines Effective from July 1, 2023, through June 30, 2024

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional household member, add:	\$9,509	\$793	\$397	\$366	\$183