



Anser Charter School  
Enrollment Forms 2020-2021

Received by: \_\_\_\_\_

**Student Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: M / F      Date of Birth: \_\_\_\_\_      Grade in 2020-2021: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Previous School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Last Math Class Completed (if applicable): \_\_\_\_\_

**Custody Information:** If a student does not live in the primary household with both parents, please complete:

Custody\*: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Parent: \_\_\_\_\_ Guardian: \_\_\_\_\_ Joint: \_\_\_\_\_

\*If there is a custody agreement in place for this student, please provide a copy.

Does the non custodial parent have permission to (if applicable): Pick up student: \_\_\_\_\_ Visit at School: \_\_\_\_\_  
Receive School Information: \_\_\_\_\_

Is there a no contact order in force? Yes \_\_\_\_\_ No \_\_\_\_\_

**Household Information:**

Parent/Guardian Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Parent/Guardian Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Additional Household:**

Parent/Guardian Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Parent/Guardian Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Military Connected Students:**

School Districts in the United States are required to identify students of military families, beginning with the 2017-2018 school year. The purpose of collecting this data is to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents.

**Is this student a dependent of an active duty member of any of the following?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- The United States Military (Army, Navy, Air Force, Marines, Coast Guard)
- Active Duty National Guard
- Active Duty Reserve Force of the United States Military
- Transitioning out of Active Duty to National Guard or Reserves

**Relationship of active duty member to student:** \_\_\_\_\_

### **Statewide Home Language Survey:**

Anser Charter School along with the Idaho State Department of Education and the Office for Civil Rights require that all students' primary home language(s) are identified. The surveys' purpose is to determine whether your student is potentially eligible for language services.

What language(s) is spoken in the home? \_\_\_\_\_

What language(s) did your student learn first? \_\_\_\_\_

What language(s) does your student speak most often? \_\_\_\_\_

Which language(s) does your student speak with you? \_\_\_\_\_

Which language(s) do you use when speaking with your child? \_\_\_\_\_

Which language do you want phone calls and letters? \_\_\_\_\_

**Race and Ethnicity:** (Optional) if you choose to answer, please answer both part A and part B. If you choose to not complete this section, we will either use the existing information contained in your file, or a designated school staff person(s) will observe and select a racial and ethnic category on your behalf, as required by the Federal Government for aggregate reporting.

#### **Part A\*:**

**Is this student Hispanic/Latino? (Choose only one)**

- NO, not Hispanic/Latino**
- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

\*Part A above is a question about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider yourself to be.

#### **Part B: What is your race? (Choose one or more)**

- American Indian or Alaskan Native** (A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**Parent/Guardian**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Anser Charter School reserves the right at any time to revoke enrollment for any of the following:  
poor attendance; excessive tardiness; non-compliance with school rules; misrepresentation or falsification,  
or omission of any information on any Anser Charter School form(s)



# Anser Charter School

## Exceptional Child Services Form

Anser will deliver accommodations, special education and/or related services that meet the requirements of the Individuals with Disabilities Education Act (IDEA) and the Americans with Disabilities Act (ADA).

Student Name: \_\_\_\_\_

### **504 Plan:**

Does your Student currently have a 504 plan?

- YES  
 NO

### **Intervention Services/Response to Intervention (RTI)/Extra Support:**

Is your student is currently receiving extra academic or behavior support?

- YES  
 NO

If yes, please explain the support your child currently receives: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Special Education Services:**

Is your student currently receiving special education services on an Individual Education Plan (IEP)?

- YES  
 NO

If yes, what services does your child currently receive: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **GATE (Gifted and Talented Education) Services:**

Is your student currently qualified to receive GATE Services?

- YES  
 NO

If yes, please explain the current GATE services: \_\_\_\_\_

\_\_\_\_\_

### **English Language Learner (ELL) Services**

Is your student currently receiving English Language Learner (ELL) Services on an ELL Plan?

- YES  
 NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If you received notification this school year that your child(ren) is approved for free meals - do NOT complete this form.**

**2020-2021 Application for Free and Reduced Price School Meals**  
 Complete one application per household. Please use a pen (not a pencil). **INCOMPLETE APPLICATIONS WILL BE DENIED.**

**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)

Child's First Name	MI	Child's Last Name	School & District	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
					Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

**STEP 2** Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDIPIR

If NO CASE NUMBER > Go to STEP 3. If CASE NUMBER > Write one case number here, then go to STEP 4 (Do not complete STEP 3)

**STEP 3** Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2)

**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: Weekly  2x Monthly  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?		Public Assistance/Child Support/Alimony		How often?		Pensions/Retirement/All Other Income		How often?	
	Weekly	2x Monthly	Weekly	2x Monthly	Weekly	2x Monthly	Weekly	2x Monthly	Weekly	2x Monthly	Weekly	2x 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"/>	<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"/>	<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"/>
\$ _____	<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"/>

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

Check if no SSN

**STEP 4** Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household)

Street Address (if available) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone and Email (optional) \_\_\_\_\_

Signature of adult \_\_\_\_\_ Today's date \_\_\_\_\_

Printed name of adult signing the form \_\_\_\_\_

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.

**PROVIDE COMPLETED FORM TO THE SCHOOL**

**INSTRUCTIONS Sources of Income**

**Sources of Income for Children**

**Sources of Child Income**

- Earnings from work
- Social Security
  - Disability Payments
  - Survivor's Benefits
- Income from person outside the household
- Income from any other source

**Example(s)**

- A child has a regular full or part-time job where they earn a salary or wages
- 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
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

**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  Black or African American  Native Hawaiian or Other Pacific Islander  White

Race (check one or more):  American Indian or Alaskan Native  Asian

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.

**Do not fill out FOR OFFICIAL USE ONLY**

Categorically Eligible

How often?

Weekly Bi-weekly 2x/Month Monthly

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Household Size

Eligibility:

Free Reduced Denied

Results:  No Change  F → R  R → F

Ineligible — Reason:

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

**Sources of Income for Adults**

**Public Assistance / Alimony / Child Support**

- 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

**Pensions / Retirement / All Other Income**

- 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

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](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](mailto:program.intake@usda.gov)  
This institution is an equal opportunity provider.

Date 1<sup>st</sup> Notice Sent:  Date 2<sup>nd</sup> Notice Sent:

(Annual Income Conversion: Weekly x 52, Bi-weekly x 26, Twice a Month x 24, Monthly x 12)