



Lind-Ritzville Cooperative Schools

"Achieving success together"



507 North E Street
Lind WA 99341

209 E Wellsandt Ave
Ritzville WA 99169

Welcome to the Lind-Ritzville Cooperative Schools, we are very excited for you to join us. Please help us serve you better by using this Registration Checklist below as you collect the information and documents necessary to enroll your child in the Lind-Ritzville Cooperative Schools!

Registration Checklist

Registration Forms - please complete all information on the following pages and don't forget to sign the forms.

- ☐ LRCS Registration Forms
- ☐ Consent for Release of Information
- ☐ Ethnicity & Race Data Collection Form
- ☐ Home Language Survey
- ☐ Health Information Form
- ☐ Student Housing Questionnaire
- ☐ Completed Certificate of Immunization Status (CIS)
- ☐ Free and Reduced Meal Application (optional)

Parents/Guardian must provide documentation of proof of age/legal name. Examples include: certified birth certificate, adoption records, or any other documents permitted by law.

Buildings will have additional documents and forms for you to complete. Please return all completed forms to your child's school.

If you have additional questions, please contact your students' school office.

Lind Elementary School Secretary Tammy Doyle tdoyle@lrschools.org 509-677-3481

Ritzville Grade School Secretary Stephanie Stokoe sstokoe@lrschools.org 509-659-0232

Lind-Ritzville Middle School Secretary Karissa Labes klabes@lrschools.org 509-677-3408

Lind-Ritzville High School Secretary Michelle Balfe mbalfe@lrschools.org 509-659-1720



Lind-Ritzville Cooperative Schools

New Student Registration Form

SCHOOL: _____

TODAY'S DATE: _____

START DATE: _____

STUDENT INFORMATION

Last Name		First Name		Middle Name	
Gender	M F	Birth Date	Place of Birth		Current Grade
Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Agency <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other: _____					
Are there legal situations regarding the student of which the school should be aware? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____					

PRIMARY FAMILY INFORMATION (WHERE STUDENT RESIDES)

Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Parent/Guardian #1 Last Name		Parent/Guardian #2 Last Name	
First Name		First Name	
Primary () Cell () Work () Other Phone		Second () Cell () Work () Other Phone	
Third () Cell () Work () Other Phone		Relationship To Student	
Parent/Guardian #1 E-mail Address		Parent/Guardian #2 E-mail Address	

FAMILY #2 INFORMATION (WHERE STUDENT DOES NOT RESIDE) (if applicable)

Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Parent/Guardian #1 Last Name		Parent/Guardian #2 Last Name	
First Name		First Name	
Primary () Cell () Work () Other Phone		Second () Cell () Work () Other Phone	
Third () Cell () Work () Other Phone		Relationship To Student	
Parent/Guardian #1 E-mail Address		Parent/Guardian #2 E-mail Address	

PREVIOUS SCHOOL INFORMATION

Has the student attended Lind-Ritzville schools?
☐ No ☐ Yes If yes, please list:
Name of School(s): _____

SIBLING INFORMATION

Does the student have siblings enrolled in the Lind-Ritzville School District? ☐ No ☐ Yes If yes, please list:

Sibling Name: _____	School: _____
Sibling Name: _____	School: _____
Sibling Name: _____	School: _____

HEALTH ALERT INFORMATION

Does the student have any current health concerns of which the school should be made aware? ☐ No ☐ Yes If yes, please indicate on the **Student Health Form**.

HOME LANGUAGE INFORMATION

SEE HOME LANGUAGE SURVEY FOR THIS INFORMATION

EMERGENCY CONTACT AUTHORIZATION

The following individuals may pick up the student from school with written permission from the legal parent/guardian **OR** when contacted by school personnel in an emergency. In the event of an accident or illness, every effort will be made to contact the student's legal parent/guardian first.

Parent/Guardian Initials: _____

#1 EMERGENCY CONTACT INFORMATION
 (Other than Parent/Guardian)

Last
Name

First
Name

Primary ()Cell ()Work ()Other
Phone

Second ()Cell ()Work ()Other
Phone

Third ()Cell ()Work ()Other
Phone

Relationship
To Student

#2 EMERGENCY CONTACT INFORMATION
 (Other than Parent/Guardian)

Last
Name

First
Name

Primary ()Cell ()Work ()Other
Phone

Second ()Cell ()Work ()Other
Phone

Third ()Cell ()Work ()Other
Phone

Relationship
To Student

#3 EMERGENCY CONTACT INFORMATION
 (Other than Parent/Guardian)

Last
Name

First
Name

Primary ()Cell ()Work ()Other
Phone

Second ()Cell ()Work ()Other
Phone

Third ()Cell ()Work ()Other
Phone

Relationship
To Student

SPECIAL PROGRAMS/SERVICES

Has the student received special classes/special education services within the last year? ☐ No ☐ Yes If yes, please mark all that apply below:

☐ ESL/ELL ☐ Gifted ☐ OT/PT ☐ Self-Contained ☐ Special Ed. Resource Room ☐ Speech ☐ Title I Math ☐ Title I Reading ☐ 504 Care Plan
☐ Other: _____

PHOTO RELEASE AUTHORIZATION

The student's photo may be taken for inclusion in: District publications, District websites, and/or other District-related websites; local newspaper articles, magazine articles, and/or letters relating to school activities. Please choose one of the following options:

☐ Yes, I give my permission for photos to be used. ☐ No, I do not give permission for photos to be used.

STUDENT DISCIPLINE INFORMATION

Has the student been suspended or expelled from school in the past 12 months? ☐ No ☐ Yes If yes, please explain below:

Date(s): _____ Reason(s): _____

MILITARY FAMILY INFORMATION (Please mark appropriate box)

- ☐ Student has parent/guardian who is a member of active duty U.S. Armed Forces (A)
☐ Student has parent/guardian who is a member of the Reserves of the U.S. Armed Forces (R)
☐ Student has parent/guardian who is a member of the Washington National Guard (G)
☐ Student has more than one parent/guardian who is a member of any of the above (M)
☐ No affiliation (N) ☐ No Response/Refuse to State (Z)

PARENTAR/GUARDIAN SIGNATURE

Signature: _____

Today's Date: _____

OFFICE USE ONLY

☐ Proof of Birth Date on file ☐ Immunizations on file

Updated 6/7/2022



Lind-Ritzville Cooperative Schools



CONSENT FOR MUTUAL RELEASE AND/OR EXCHANGE OF INFORMATION

Today's Date: _____

Student's Name: _____ Date of Birth: _____ Grade: _____

INFORMATION ABOUT LAST SCHOOL ATTENDED

Previous School District: _____ School: _____

Street Address: _____ City: _____ State: _____

Phone Number: _____ Withdraw Date from Last School: _____

In accordance with the Family Educational Rights and Privacy Act, and Washington State Law, I hereby authorize the release of all records regarding the above student(s). I understand that I have a right to receive a copy of my own expense, if requested, and have an opportunity for a hearing to change the content of the records. I understand 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: _____

Please send all pertinent information/records for the student, including:

- ☐ Transcript of Grades and Credits
- ☐ Withdrawal Grades
- ☐ Health Records/Immunizations
- ☐ Discipline Records
- ☐ Birth Certificate
- ☐ Behavior Records
- ☐ Attendance
- ☐ Special Education Records
- ☐ All of the Above Listed Items

Please Send Records to the School Indicated Below

☐ Lind Elementary School (K-5)
PO Box 340
Lind, WA 99341
(509) 677-3481 fax (509) 677-3463
Attn: Tammy Doyle
Email: tdoyle@lrschools.org

☐ Lind-Ritzville High School (9-12)
209 E Wellsandt Ave
Ritzville, WA 99169
(509) 659-1720 fax (888) 974-3546
Attn: Michelle Balfe
Email: mbalfe@lrschools.org

☐ Ritzville Grade School (K-5)
401 E 6th Ave
Ritzville, WA 99169
(509) 659-0232 fax (888) 974-3546
Attn: Stephanie Stokoe
Email: sstokoe@lrschools.org

☐ Lind-Ritzville Academy
209 E Wellsandt Ave
Ritzville, WA 99169
(509) 660-9059 fax (888) 974-3546
Attn: Paul McAnally
Email: pmcanally@lrschools.org

☐ Lind-Ritzville Middle School (6-8)
PO Box 340
Lind, WA 99341
(509) 677-3408 fax (509) 677-3420
Attn: Karissa Labes
Email: klabes@lrschools.org

Student Name: _____

Lind-Ritzville Cooperative Schools Race/Ethnicity Collection Form

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES: Please complete Part 1 and Part 2

Part 1: HISPANIC OR LATINO Is your student of Hispanic or Latino origin? ☐ yes ☐ no (If "yes" please check all that apply)

- | | | | | | | |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Chilean | <input type="checkbox"/> Cuban | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Honduran | <input type="checkbox"/> Native | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Mexican | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Venezuelan | |
| <input type="checkbox"/> Hispanic or Latino Write in: _____ | | | | | | |

****Please also complete Part 2 (Race Category)**

Please note: These race and ethnicity categories are provided by the State of Washington and the Lind-Ritzville Cooperative Schools is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable State and Federal laws.

Part 2: What race(s) do you consider your student? You may check categories and/or use write-in - Check all that apply

AMERICAN INDIAN or ALASKAN NATIVE

☐ American Indian/Alaskan Native

☐ American Indian (Write in): _____

☐ Alaska Native (Write in): _____

Washington State Tribes:

- | | |
|--|---|
| <input type="checkbox"/> Chinook Tribe | <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation |
| <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | <input type="checkbox"/> Quileute Tribe of the Quileute Reservation |
| <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | <input type="checkbox"/> Quinault Indian Nation |
| <input type="checkbox"/> Confederated Tribes of the Colville Reservation | <input type="checkbox"/> Samish Indian Nation |
| <input type="checkbox"/> Cowlitz Indian Tribe | <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington |
| <input type="checkbox"/> Duwamish Tribe | <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian |
| <input type="checkbox"/> Hoh Indian Tribe | <input type="checkbox"/> Reservation Skokomish Indian Tribe |
| <input type="checkbox"/> Jamestown S'Klallam Tribe | <input type="checkbox"/> Snohomish Tribe |
| <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | <input type="checkbox"/> Snoqualmie Indian Tribe |
| <input type="checkbox"/> Kikiallus Indian Nation | <input type="checkbox"/> Snoqualmoo Tribe |
| <input type="checkbox"/> Lower Elwha Tribal Community | <input type="checkbox"/> Spokane Tribe of the Spokane Reservation |
| <input type="checkbox"/> Lummi Tribe of the Lummi Reservation | <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation |
| <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | <input type="checkbox"/> Steilacoom Tribe |
| <input type="checkbox"/> Marietta Band of the Nooksack Tribe | <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| <input type="checkbox"/> Muckleshoot Indian Tribe | <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation |
| <input type="checkbox"/> Nisqually Indian Tribe | <input type="checkbox"/> Swinomish Indian Tribal Community |
| <input type="checkbox"/> Nooksack Indian Tribe of Washington | <input type="checkbox"/> Tulalip Tribes of Washington |
| <input type="checkbox"/> Port Gamble S'Klallam Tribe | |

ASIAN

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Mien |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Burmese/Myanmar | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Cham | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Lao | |

☐ Asian Write in: _____

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

- | | |
|---|---|
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> Carolinian | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Papuan |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Pohpeian |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> i-Kiribati / Gilbertese | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> Kosraean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tuvaluan |
| <input type="checkbox"/> Ni-Vanuatu | <input type="checkbox"/> Yapese |

☐ Pacific Islander Write in: _____

Lind-Ritzville Cooperative Schools Race/Ethnicity Collection Form

Part 2 Continued - What race(s) do you consider your student?

You may check categories and/or use write-in -- Check all that apply

Black or African American

- ☐ Black/ African American
- ☐ African American
- ☐ African Canadian

Caribbean

- ☐ Anguillian
- ☐ Antiguan
- ☐ Bahamian
- ☐ Barbadian
- ☐ Barthélemois/Barthélemoises (Saint Barthélemy)
- ☐ British Virgin Islander
- ☐ Caymanian (Cayman Island)
- ☐ Cuba Dominican
- ☐ Dominican (Dominican Republic)
- ☐ Dutch Antillean (Netherlands Antilles)
- ☐ Grenadian
- ☐ Guadeloupian
- ☐ Haitian
- ☐ Jamaican
- ☐ Martiniquais/Martiniquaise
- ☐ Montserratian
- ☐ Puerto Rican
- ☐ Caribbean Write in: _____

☐ Black (Write in): _____

Central African

- ☐ Angolan
- ☐ Cameroonian
- ☐ Central African (Central African Republic)
- ☐ Chadian
- ☐ Congolese (Republic of the Congo)
- ☐ Congolese (Democratic Republic of the Congo)
- ☐ Equatorial Guinean
- ☐ Gabononese
- ☐ São Toméan
- ☐ Principe
- ☐ Central African Write in: _____

South African

- ☐ Botswanan
- ☐ Mosotho (Lesotho)
- ☐ Namibian
- ☐ South African
- ☐ Swazi
- ☐ South African Write in: _____

East African

- ☐ Burundian
- ☐ Comoran
- ☐ Djiboutian
- ☐ Eritrean
- ☐ Ethiopian
- ☐ Kenyan
- ☐ Malagasy (Madagascar)
- ☐ Malawian
- ☐ Mauritian (Mauritius)
- ☐ Mahoran (Mayotte)
- ☐ Mozambican
- ☐ Reunionese
- ☐ Rwandan
- ☐ Seychellois/Seychelloise
- ☐ Somali
- ☐ South Sudanese
- ☐ Sudanese
- ☐ Ugandan
- ☐ Tanzanian (United Republic of Tanzania)
- ☐ Zambian
- ☐ Zimbabwean
- ☐ East African Write in: _____

Latin American

- ☐ Argentine
- ☐ Belizean
- ☐ Bolivian
- ☐ Brazilian
- ☐ Chilean
- ☐ Colombian
- ☐ Costa Rican
- ☐ Ecuadorian
- ☐ El Salvadoran
- ☐ Falkland Islander
- ☐ French Guianese
- ☐ Guatemalan
- ☐ Guyanese
- ☐ Honduran
- ☐ Mexican
- ☐ Nicaraguan
- ☐ Panamanian
- ☐ Paraguayan
- ☐ Peruvian
- ☐ South Georgia and the South Sandwich Islands
- ☐ Surinamese
- ☐ Uruguayan
- ☐ Venezuelan
- ☐ Latin American (Write in): _____

West African

- ☐ Beninese
- ☐ Bissau-Guinean
- ☐ Burkinabé (Burkina Faso)
- ☐ Cabo Verdean
- ☐ Ivorian (Cote d'Ivoire)
- ☐ Gambian
- ☐ Ghanaian
- ☐ Liberian
- ☐ Malian
- ☐ Mauritanian
- ☐ Nigerien (Niger)
- ☐ Nigerian (Nigeria)
- ☐ Saint Helenian
- ☐ Senegalese
- ☐ Sierra Leonean
- ☐ Togolese
- ☐ West African Write in: _____

WHITE

☐ White

Eastern European

- ☐ Bosnian
- ☐ Herzegovinian
- ☐ Polish
- ☐ Romanian
- ☐ Russian
- ☐ Ukrainian
- ☐ Eastern European Write in: _____

☐ White (Write in): _____

Middle Eastern and North African

- ☐ Algerian
- ☐ Amazigh or Berber
- ☐ Arab or Arabic
- ☐ Assyrian
- ☐ Bahraini
- ☐ Bedouin
- ☐ Chaldean
- ☐ Copt
- ☐ Druze
- ☐ Egyptian
- ☐ Emirati
- ☐ Iranian
- ☐ Iraqi
- ☐ Israeli
- ☐ Jordanian
- ☐ Kurdish Kuwaiti
- ☐ Lebanese
- ☐ Libyan
- ☐ Moroccan
- ☐ Omani
- ☐ Palestinian
- ☐ Qatari
- ☐ Saudi Arabian
- ☐ Syrian
- ☐ Tunisian
- ☐ Yemeni

☐ Middle Eastern Write in: _____

☐ North African Write in: _____

By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. In what language(s) would your family prefer to communicate with the school? _____		
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>		
Prior Education Your responses about your child's birth country and previous education: <ul style="list-style-type: none">• Give us information about the knowledge and skills your child is bringing to school.• May enable the school district to receive additional federal funding to provide support to your child. <i>This form is not used to identify students' immigration status.</i>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th grade) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Number of months: _____ Language of instruction: _____ 8. When did your child first attend a school in the United States? (Kindergarten – 12 th grade) _____ Month Day Year		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



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2023-2024
Lind-Ritzville Cooperative Schools
Student Health & Annual Update

Nurse initial _____

504 _____ ECP _____

**This form must be completed for each new school year.*

Name: _____ Birthdate: _____ Gender: _____
Last First

School: _____ Grade: _____

Doctor: _____ Clinic: _____

Student Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Mother & Stepfather ☐ Father & Stepmother
☐ Agency ☐ Legal Guardian ☐ Self ☐ Other: _____

Father's Name: _____ Mother's Name: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Emergency Contact: _____

Name

Relationship to Child

Phone

___ Yes, my child has a life-threatening health condition - Please complete Section 1 and 2

___ No, my child does not have a life-threatening health condition - Please skip to Section 2

Section 1 – LIFE-THREATENING HEALTH CONDITIONS

☐ **Asthma** and requires rescue inhaler at school: (Only Grade 6-12) has permission to self-carry ☐ Yes ☐ No

What triggers the asthma: ☐ Exercise ☐ Illness ☐ Allergies ☐ Other: _____

☐ **Anaphylaxis (Life-Threatening Allergy)** and requiring emergency medication: ☐ EpiPen: ☐ Yes ☐ No

(Only Grade 6-12) Student has permission to self-carry EpiPen ☐ Yes ☐ No

What causes the allergic reaction? ☐ Bee sting ☐ Food: _____ ☐ Other: _____

☐ **Diabetes:** Age of diagnosis: _____ ☐ Type I ☐ Type II ☐ Uses Insulin ☐ Oral Medication

☐ **Seizure disorder:** Type _____ Date of last seizure: _____ ☐ Uses seizure medication

☐ **V/P Shunt (in brain)** ☐ Cardiac arrhythmia or other cardiac problems which require activity restrictions?

☐ **Hemophilia/Other blood disorder** _____

☐ **Other Life-Threatening Health Condition:** _____

For students with life threatening health conditions, RCW 28A.210.320, requires that a licensed health care provider (LHP) order, medication and a nursing care plan be in place before the student attends school.

Please complete the back

Section 2 - NON-LIFE-THREATENING HEALTH CONDITIONS

- ☐ Vision concerns? ☐ Glasses ☐ Contacts ☐ Other: _____
- ☐ Hearing concerns? ☐ Wears hearing aids
- ☐ History of Concussion(s): Age(s) ____ Was a doctor seen? _____ Lasting Effects: _____
- ☐ Other _____

Please list any other significant health concerns that the school nurse should know about (allergies, surgeries, hospitalizations, disorders, mental health disorders such as ADHD, autism, depression, anxiety, etc.)

MEDICATION (Prescription or Non-Prescription)

- Does your child take any medication? ☐ No ☐ Yes, name of medication: _____
- Will medication be needed at school? ☐ No ☐ *Yes, name of medication: _____

***If your child needs medication at school, a "Medication Authorization" form is required every year before any medication may be given. This form is available from the school office or on the district website at www.lrschools.org**

AUTHORIZATION FOR SHARING HEALTH INFORMATION/ACCESSING MEDICAL CARE

I understand that the information given above may be shared with appropriate school staff to provide for the health and safety of my child. I authorize Lind-Ritzville Cooperative Schools staff to contact health care professionals, including 911, if necessary and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital or clinic at my expense. I understand that Lind-Ritzville Cooperative Schools, its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor. I give permission to my child's school to add immunization information into the Immunization Information System to help the school maintain my child's record.

***IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR. ***

Date

Parent or legal guardian signature



Lind-Ritzville Cooperative Schools

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).

In a motel A car, park, campsite, or similar location In a shelter Transitional Housing

Moving from place to place/couch surfing Other _____ In someone else's house or apartment with another family

In a residence with inadequate facilities (no water, heat, electricity, etc.)

Name of School: _____

Name of Student: _____
First Middle Last

Grade: _____ Birthdate (Month/Day/Year): _____ Age: _____

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:

Annie Trunkle-Smart
Lind-Ritzville School District Liaison
atrunklesmart@lrschools.org 509-677-3408

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:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



Lind-Ritzville Cooperative Schools

Lind-Ritzville GRIT



507 North E Street
Lind WA 99341

209 E Wellsandt Ave
Ritzville WA 99169

Immunization Record Requirements

Your child cannot attend school until you provide these records.

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned into schools or child care centers are required by state law to be medically verified. **Immunization records must be turned into the school on or before the first day of attendance.** This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. **Your child cannot attend school until you provide these records.**

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren't sure, or if you have any questions, please contact me.

Sincerely,

Aimee Schell BSN RN
Ritzville School Nurse
aschell@lrschools.org
509-660-0400

Superintendent: Don Vanderholm

Lind School District Phone: 509-677-3499; FAX: 509-677-3463 | Ritzville School District Phone: 509-659-1660; FAX: 888-974-3546

Parents– Are Your Kids Ready for School?

Required Immunizations for School Year 2023-2024



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps, rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2023	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/Transitional Kindergarten 4 years of age or older on 09/01/2023	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 10th	5 doses DTaP* <i>Plus</i> Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
11th through 12th	5 doses DTaP* <i>Plus</i> Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 348-295 Dec. 2022



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? ☐ Yes ☐ 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):
<div><div><div>X</div><div>Parent/Guardian Signature</div></div><div><div>Date</div><div>X</div></div></div>			
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.			

Parent/Guardian Signature Required if Starting in Conditional Status				Date
MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry				
▲ Required for School	● Required Child Care/Preschool			
● 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 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: waisrecords@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	Fluclavax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTTTTER	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	Pprevnar	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).

Lind-Ritzville Cooperative Schools
CONSENT TO SHARE PROGRAM ELIGIBILITY
INFORMATION FOR OTHER SCHOOL PROGRAMS
2023-24 School Year

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Lind or Ritzville Athletic Departments	To determine free or reduced price sports participation fees (All Sports), Summer Camp Fees, (within District) Uniform Fees, ect.
<input type="checkbox"/>	Lind or Ritzville School District Associated Student Body	Free or reduced price ASB fees (FFA, FBLA, FCCLA, etc) attendance fees for other school related activities (i.e. dances)
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Print Student Name(s) here:

_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian: _____ Date: _____

Email Address: _____ Phone: _____

This institution is an equal opportunity provider.

National School Lunch Program/School Breakfast Program 2023-24 Letter to Households (Public Schools)

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast and lunch will be served at no cost to those children who qualify for free and reduced-price meals in grades K-12. All other students will be charged the rates shown below.

REGULAR			
Grade Level	Breakfast	Lunch	Snack
K-6	0.00	0.00	N/A
7-12	\$ 2.00	\$ 3.50	N/A
	\$	\$	\$
	\$	\$	\$

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to your school office.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact Mary at 509-677-3408.

USDA Child Nutrition Program Income Guidelines Effective July 1, 2023–June 30, 2024					
Household Size	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 add'l family member, add:	\$9,509	\$793	\$397	\$366	\$183

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1, 2, 3, 4, and 5*; *Part 6* is optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1 and 5*; *Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

**National School Lunch Program/School Breakfast Program
2023-24 Letter to Households (Public Schools)**

What must be on the application? *continued*

C. For a family getting Basic Food/TANF/FDPIR:

- List all student names
- Enter a case number
- Adult household member's signature

Complete *Parts 1, 2, 4, and 5. Part 6 is optional.*

Last 4 digits of SSN are not required for C.

D. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for **"A. For households not getting any assistance:"** and include the foster child's personal use income.

What if I'm not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

Do my children automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to <https://www.dshs.wa.gov/esa/community-services-offices/basic-food>.

We are in the military. Do we report our income differently?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

My child's application was approved last year. Do I need to fill out a new one?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

What if some household members have no income to report?

Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

Health Coverage

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?

If your child needs special foods, contact the school/district food service office.

Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Tina Schuler, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number [509-677-3499](tel:509-677-3499).

Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

**National School Lunch Program/School Breakfast Program
2023-24 Letter to Households (Public Schools)**

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, audiotape, 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/ad-3027.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.

2023-24 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS
LIND-RITZVILLE COOPERATIVE SCHOOLS

Complete, sign, and return this application to: **YOUR SCHOOL OFFICE**
Check here if you received meal benefits last year: ☐

☐ Homeless ☐ Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	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"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

☐ Basic Food ☐ TANF ☐ Food Distribution Program on Indian Reservations (FDIPR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	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"/>	\$	<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"/>

4. Total Household Members (include all people living in your household): _____

Last Four Digits of Social Security Number (SSN) of _____

(total listed must equal number of household members listed above)

Primary Wage Earner or Other Household Member

5. Contact Information & Signature – Complete, sign, and return this application to: Your school office.

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.

Printed Name of Adult Household Member _____

Adult Household Member Signature _____

E-mail Address _____

Mailing Address _____

City, State & Zip Code _____

Daytime Phone _____

Date _____

6. **Children's Racial and Ethnic Identities (Optional)** – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.

Mark one or more racial identities:

- ☐ American Indian or Alaska Native
☐ Black, or African American
☐ White

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

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 (Basic Food), 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, 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, audiotape, 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:

mail:

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

fax:

(833) 256-1665 or (202) 690-7442; or

email:

program.intake@usda.gov

This institution is an equal opportunity provider.

Lind-Ritzville Cooperative School District's Non-Discrimination Statement

The Lind-Ritzville Cooperative complies with all state and federal rules and regulations and does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of trained dog guide or service animal, and provides equal access to the Boy Scouts of America and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to Lind-Ritzville Cooperative Schools Title IX RCW 28A.640 Officer, Don Walker, 209 E Wellsandt Ave., Ritzville, WA 99169 or 509-659-1660. Title IX/Chapter 28A.640 RCW Officer: Mr. Don Walker, Principal 209 E Wellsandt Ave Ritzville WA 99169 Phone: 509-659-1660 or Mr. Don Walker, Principal PO Box 340 Lind WA 99341 Phone: 509-677-3481

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).

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

Total Household Size Total Household Income \$

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

APPLICATION APPROVED FOR: ☐ Free Meals ☐ Reduced-Price Meals

APPLICATION DENIED BECAUSE: ☐ Income Over Allowed Amount ☐ Other:

☐ Incomplete/Missing Information

Date Notice Sent Signature of Approving Official Date