



New Student Enrollment Packet for 2017-18 Admission

Thank you for choosing Inkster Preparatory Academy and allowing us the opportunity to serve your family. To enroll in our school, we must first receive the following documentation for your child:

Student Name: _____ Student Grade: _____

Required for All Students:

- Enrollment Packet Forms (19 Pages)
- MI Household Information Survey
- Copy of child's birth certificate
- Copy of child's immunization records or exemption waiver
- Copy of parent's photo ID
- Copy of proof of residency (see below)

Required for Grades 1-4 Only (please provide what you have on file and we will obtain the rest through a formal Records Request with your child's previous school):

- Most recent report card/transcripts
- Most recent standardized assessment results

Required Only If Applicable:

- Transportation Application
- Legal Custody Papers
- Individual Education Plan (IEP) or other learning plan
- Behavior Intervention Plan (504)
- Kindergarten Waiver of Eligibility Requirement
- Medical Authorization Forms

ACCEPTABLE FORMS OF PROOF OF RESIDENCY

1) When the student lives with the legal guardian and the proof of residency documentation is in the legal guardian's name:

Dated within 90 days of submitting the enrollment application:

- Utility Bill (electric, gas, water, or sewer); Resident name and property address must appear on the bill
- Pay Stub; Resident name and address must appear on the stub
- Mortgage Statement; Resident name and property address must appear on the statement
- Rent Receipt; must be dated and include names and signatures of the lessee and the lessor

Other:

- Lease or Rental Agreement that specifies start and end date of the agreement; must be dated and include names and signatures of the lessee and the lessor
- Original Mortgage/Closing Paperwork such as the Housing & Urban Development (HUD) Statement; Resident name and property address must appear on the statement
- Property Tax Bill; must be dated and include resident name and property address
- Voter Registration Card
- Bank Statement
- County or County Court Documents (Jobs & Family Services Department or Child Support)

2) When the dependent student (younger than 18) lives in a residence other than with the legal guardian, OR When the dependent student (younger than 18) and legal guardian reside with a friend or relative, OR When the independent student (age 18+) resides with a friend or relative:

An *Affidavit of Residency Form* must be completed in the presence of a Notary Public. The Notary Public must sign and seal the affidavit within 30 days of the enrollment application being submitted, and the original, hardcopy form must be



submitted to the school office. The *Affidavit of Residency Form* requires that the Lessor/Property Owner also provide proof of residence—see form for details. You may obtain an *Affidavit of Residency Form* template from the school office or download one from the Admissions page on the school website.



STUDENT & FAMILY BACKGROUND

STUDENT INFORMATION

Write student's name as it appears on the birth certificate:

Legal First Name: _____ Legal Middle Name: _____

Legal Last Name: _____ Suffix (Jr, II, etc): _____ Student's SSN: _____

Student Cell Number(if applicable): _____

Grade Level for 2017-18: K 1 2 3 4

Is the child a twin, triplet or other multiple birth? No Yes

If yes, what is the child's birth order? 1 2 3 4 5 6 7 8

Mother's Maiden Name: _____ City/Town of Child's Birth: _____

Military Question: Does the student have a parent/guardian who is an active duty member of the Armed Forces or on full-time National Guard duty? Yes No

Student Date of Birth (mm/dd/yyyy): _____

Did your family immigrate to the United States within the past three years? No Yes

If yes, which year did you immigrate to the United States? 2014 2015 2016 2017

Using numbers, code each ethnicity that pertains to the child in descending order. If the child is only one race, enter 1 next to that race. If the child is of mixed race, enter 1 for the primary race, enter 2 for the secondary race, etc.

____ American Indian/Alaska Native

____ Asian

____ Black

____ Native Hawaiian/Pacific Islander

____ White

____ Hispanic/Latino

Student Address (residence) Street Address: _____

Mailing Address (only if different) Street Address: _____

Parent Custody Child lives with (check one only):
 Both Biological Parents One Biological Parent Only Legal Guardian
 Both Biological Parents Alternately (if Both Parents Alternately, please indicate Custodial Parent below)
Custodial Parent's Name: _____ Home Telephone: _____
 Non-custodial Parent does not reside locally
 Non-custodial Parent is legally prohibited from contact (legal documentation must be provided for school records)

PRIMARY PARENT/GUARDIAN CONTACT

First Name: _____ Last Name: _____ Cell Phone: _____

Preferred Email Address: _____

Home Phone: _____ Day/Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Student: _____

Highest Level of Education:

Some High School High School Diploma/GED Some College College Degree (BA, BS) Graduate Degree or Higher

Decline to State/Unknown

Employer: _____



SECONDARY PARENT/GUARDIAN CONTACT

First Name: _____ Last Name: _____ Cell Phone: _____

Preferred Email Address: _____

Home Phone: _____ Day/Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Student: _____

Highest Level of Education:

- Some High School High School Diploma/GED Some College College Degree (BA, BS) Graduate Degree or Higher
 Decline to State/Unknown

Employer: _____

Check any/all that apply: May Pick-Up Student from School Needs to Receive Mailings May Access Records

OPTIONAL THIRD PARENT/GUARDIAN CONTACT *(Step parent, caretaker, etc.)*

First Name: _____ Last Name: _____ Cell Phone: _____

Preferred Email Address: _____

Home Phone: _____ Day/Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Student: _____

Highest Level of Education:

- Some High School High School Diploma/GED Some College College Degree (BA, BS) Graduate Degree or Higher
 Decline to State/Unknown

Employer: _____

Check any/all that apply: May Pick-Up Student from School Needs to Receive Mailings May Access Records

OPTIONAL FOURTH PARENT/GUARDIAN CONTACT *(Step parent, caretaker, etc.)*

First Name: _____ Last Name: _____ Cell Phone: _____

Preferred Email Address: _____

Home Phone: _____ Day/Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Student: _____

Highest Level of Education:

- Some High School High School Diploma/GED Some College College Degree (BA, BS) Graduate Degree or Higher
 Decline to State/Unknown

Employer: _____

Check any/all that apply: May Pick-Up Student from School Needs to Receive Mailings May Access Records



ETHNICITY & RACE IDENTIFICATION

Please complete Part 1 AND Part 2 of this federally required form.

Part 1 of 2: Ethnicity Designation - Directions: Read the definition below and check the box that indicates this student’s ethnicity.

Is this student Hispanic or Latino? (Select one answer)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

Part 2 of 2: Race Designation - Directions: Read the descriptions below and check the box(es) that indicate the student’s race. You must select at least ONE race, regardless of ethnicity designation. More than one response can be selected.

Indicate this student’s race (can select more than one):

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Name of Enrolled or Principal Tribe: _____
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including 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.
- Other Race:** _____

Sign the line below to indicate that you either identify or refuse to re-identify. If refusal to identify or re-identify, determination will be made by the school principal.

- I **verify** that the information on this form is accurate OR I **refuse** to re-identify the race and ethnicity of this student.

_____ / ____ / ____
Legal Guardian Name *Legal Guardian Signature* *Date*

<u>FOR OFFICE USE ONLY</u>		
I am the observer who completed this form due to parent/guardian refusal to re-identify.		
_____ / ____ / ____		
<i>Observer Name</i>	<i>Observer Signature</i>	<i>Date</i>



HOME LANGUAGE SURVEY

Federal rules and regulations require that school districts be aware of students who speak or understand a language other than English. Responses to the following questions will be used to determine whether your student will be assessed for English language proficiency.

-
1. What is the student's first language? _____
 2. What language is spoken at home? _____
 3. Does the student speak and/or understand a language other than English? YES NO
 4. Has your child ever been enrolled in an English as a Second Language (ESL) Program? YES NO
(If "YES," where and when: _____)

School Name	Dates of Service	# of Years in Program
-------------	------------------	-----------------------

(If "YES," did your child ever EXIT the ESL Program? YES NO Date of exit: _____)

Month/Year
 5. Can the student read in a language other than English? YES NO
 6. Can the student write in a language other than English? YES NO
-

Note that federal law also requires that:

- A. If you list a language other than English, your child will be tested for ESL services, unless one of the following documents can be provided:
 - a. Proof of previous English as a Second Language (ESL) testing from a former school/district
 - b. Documentation of EXIT status from a former school/district
 - c. A Fluent English Proficient (FEP) score on a valid state test
- B. If testing is required and your child qualifies for ESL services, and you do not want your child in an ESL program, it is your right to deny this service.

By signing below, I verify that the information on this form is accurate and up-to-date.

Legal Guardian Name _____ Legal Guardian Signature _____ Date ____/____/____



STUDENT RESIDENCY QUESTIONNAIRE (McKinney-Vento)

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

- 1. Is your current address a temporary living arrangement? (such as shelter, etc.) YES NO
- 2. Is this temporary living arrangement due to loss of housing or economic hardship? YES NO
- 3. Are you a youth currently living on your own or with a friend, neighbor, or relative? YES NO

*If you answered YES to **any** of the above questions, please **complete the remainder of this form.***

*If you answered NO to **all** the above questions, you may **Skip to STUDENT EDUCATION HISTORY***

Presently, where is the student living? (Check one of the below)

- In a shelter
- With more than one family in a house or apartment (*other* family owns or rents the house or apartment)
- With friends or family members (*other* than parent/guardian)
- In a place not designated for ordinary sleeping accommodations (i.e. car, park, or campsite)
- In another location that is not appropriate for people (e.g. an abandoned building)
- In a motel/hotel
- Out of home placement including foster care
- In an arrangement that is not fixed, regular, and adequate and is not described by the other choices

The student lives with: (Check one of the below)

- 2 parents an adult that is not the parent or the legal guardian
- 1 parent and another adult relative, friend(s) or other adult(s)
- 1 parent along with no adults

I, _____ declare as follows:
(print full name)

I am the parent or legal guardian of the above student who is of school age and our family has not had a permanent residence since _____.
(date)

Signature of Parent/LegalGuardian: _____

FOR OFFICE USE ONLY: I certify that the above-named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____ McKinney-Vento Liaison Signature: _____



STUDENT EDUCATION HISTORY

Legal School District of Residence: _____ County of Residence: _____

Name of Current School: _____

Address of Current School: _____

Type of School: Public Private Homeschool Charter Online Daycare N/A

Has your child ever been retained in any grade? Yes; Which grade? _____ No

Has your child been permanently excluded from school attendance by another school district? No Yes

Has your child ever been suspended or expelled from school? No Yes If Yes, please explain detail here: _____

Was your child receiving Gifted and Talented Services? No Yes

Was your child receiving Special Education Services? No Yes

Does your child have an Individualized Education Plan (IEP)? No Yes – please attach copy

Does your child have a 504 Behavior Intervention Plan? No Yes – please attach copy

HEALTH HISTORY

Has your child ever been diagnosed with or treated for any of the following? Please check all that are applicable:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Bowel/Bladder Issues | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Neuromuscular Disorder |
| <input type="checkbox"/> Allergies/Hay Fever | <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing/Ear Disorder | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Asthma/Wheezing | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Behavior Concerns | <input type="checkbox"/> Depression | <input type="checkbox"/> Juvenile Arthritis | <input type="checkbox"/> Speech Issues |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Developmental Concerns | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Bone/Muscle/Joint Issues | <input type="checkbox"/> Earaches/Ear Infections | <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Vision (Glasses, Contacts, Other) |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Meningitis/Encephalitis | |

Other not mentioned above: _____

Additional Information about above-mentioned health conditions: _____

MEDICAL ALERTS

1) Does your child have any allergies? YES NO

Food: _____

Seasonal/Environmental: ____

Insects: _____

Other: _____

Drug: _____

EPI PEN Needed

2) Does your child take any routine medications (including those taken at home)? YES NO

If yes, please list the medications your child takes on a routine basis.

Name of Medication**	Taken For	Activity Restrictions



REQUEST FOR MEDICAL AUTHORIZATION FORMS

The purpose of this form is to determine if your child requires additional medical authorization forms and medications to be kept on file at the school.

- 1) Does your child require an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms? No Yes. *Authorization for Student Possession & Use of an Asthma Inhaler* form required.
- 2) Does your child require an epinephrine autoinjector to treat anaphylaxis in school? No Yes. *Authorization for Student Possession & Use of Epinephrine Autoinjector* form required.
- 3) Does your child require diabetes management at school? No Yes. *Parent Consent & Authorized Health Care Provider Authorization for Management of Diabetes at School* form required.
- 4) Does your child have any food allergies? No Yes. *Food Allergy & Anaphylaxis Emergency Care Plan* form required.
- 5) Does your child require medication during school hours? No Yes. *Request to Administer Prescribed Medication to a Student During School Hours* form required.
- 6) Will your child need to self-administer non-prescription medication in school? No Yes. *Request to Self-Administer Non-Prescribed Medication During School Hours* form required.



CONSENT FOR EMERGENCY MEDICAL TREATMENT

STUDENT INFORMATION

Write student's name as it appears on the birth certificate:

Legal First Name: _____ Legal Middle Name: _____

Legal LastName: _____

GRANT TO CONSENT

In case of an emergency involving my child, and I cannot be reached, I hereby give consent to contact and/or transport my child to the following medical care providers and hospital, and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary.

The following medical care providers to be called:

Student's Doctor #1	Doctor #1's Primary Phone Number	Doctor #1's Secondary Phone Number
Student's Doctor #2	Doctor #2's Primary Phone Number	Doctor #2's Secondary Phone Number
Student's Medical Specialist	Medical Specialist's Primary Phone Number	Medical Specialist's Secondary Phone Number

If the administration of any treatment is deemed necessary by above named medical care providers or hospital, or if for any reason the above listed medical care providers or hospital cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital, or medical facility. This authorization does not cover major surgery unless two other licensed doctors/dentists concur to the need. Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

This Consent for Emergency Medical Treatment shall continue in full force and effect until the School is advised in writing and/or via this electronic application of any change desired by the undersigned.

REFUSAL TO CONSENT

I do not give consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities:

to take no action, or

to: _____

This Refusal of Consent for Emergency Medical Treatment shall continue in full force and effect until the School is advised in writing and/or via this electronic application of any change desired by the undersigned.

_____/_____/_____
Parent/Legal Guardian Name Parent/Legal Guardian Signature Date



EMERGENCY CONTACT INFORMATION

STUDENT INFORMATION

Write student's name as it appears on the birth certificate:

Legal First Name: _____ Legal Middle Name: _____
Legal LastName: _____

I understand that providing current emergency contact information is critical to the safety and well-being of my child. My signature on this packet certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information for myself, and my emergency contacts, within 24 hours of any change, to the school office and my child's classroom teacher. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, and health personnel including student nurses.

LOCAL EMERGENCY CONTACTS (Adults, 18 years or older, who may be contacted in the event of an emergency **in addition** to the student's primary and secondary parent/guardians that were entered on the *Student & Family Contact Form* earlier in this packet):

Emergency Contact #1 (following parents/guardians)

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number

Emergency Contact #2

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number

Emergency Contact #3

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number



STUDENT DROP-OFF & PICK-UP (2017-18)

STUDENT INFORMATION

Write student's name as it appears on the birth certificate:

Legal First Name: _____ Legal Middle Name: _____
 Legal LastName: _____

BUS TRANSPORTATION

Bus transportation is available to and from our school and is provided by the local school district(s). In order to participate you must meet certain requirements and fill out a separate Bus Transportation Application Form.

Would you like to request a Bus Transportation Application Form? YES NO

STUDENT DROP-OFF & PICK-UP

AM Schedule: Drop-Off to School. How will your child be transported to school?	
<input type="checkbox"/> Parent/Guardian Driver <input type="checkbox"/> Parent/Guardian Walker <input type="checkbox"/> Walk <input type="checkbox"/> City Bus <input type="checkbox"/> Carpool. Please name the participants that you authorize to pick up your child(ren) via carpool below.	<input type="checkbox"/> School Bus Service (requested above) <input type="checkbox"/> Day Care Van: _____ <input type="checkbox"/> Other. Please explain: _____ _____ _____

PM Schedule: Pick-Up from School. How will your child be picked up from school?	
<input type="checkbox"/> Parent/Guardian Driver <input type="checkbox"/> Parent/Guardian Walker <input type="checkbox"/> Walk <input type="checkbox"/> City Bus <input type="checkbox"/> Carpool. Please name the participant drivers that you authorize to pick up your child(ren) via carpool below.	<input type="checkbox"/> School Bus Service (requested above) <input type="checkbox"/> Day Care Van: _____ <input type="checkbox"/> Other. Please explain: _____ _____ _____

Do these transportation preferences vary by day of week? If so, please provide more information about your schedule: _____

Carpool Driver First & Last Name	Phone Number



AUTHORIZED PICK-UPS

In the event I am unable to pick-up my child, I hereby give permission for my child to be picked up from school by any of the following persons. Proof of identification in the form of a picture ID is required when picking up child(ren). Please keep this information up-to-date by contacting the school office.

First & Last Name	Phone Number	Secondary Phone Number
1)		
2)		
3)		
Additional? Enter Here:		



**STUDENT RECORDS REQUEST
FOR ADMISSION TO THE 2017-18 SCHOOL YEAR**

Child's Full Legal Name _____
(as written on birth certificate) First Name Middle Name Last Name

Today's Date ____/____/____ Student's Current Grade: _____ Student's Date of Birth ____/____/____

Name of Last School Attended _____

School Phone Number _____ School Fax Number _____

Start Date (first day the student is scheduled to begin attending our school) ____/____/____

I give permission for the release of my child's student records to Inkster Preparatory Academy for the purpose of enrollment in the 2017- 18 school year and to aid in present and future educational decisions.

Please include all relevant records including:

- State ID Number
- Attendance & Truancy Records
- Immunization/Medical Records
- Birth Certificate
- Custody Papers (if applicable)
- Official Transcripts/Report Cards/Grades (Sealed for Grades 9-12)
- Individualized Education Plan (IEP), Multifactorial Evaluation (MFE), and Behavior Intervention Plan (504)
- Pupil Personnel & Special Services
- Permanent/Cumulative Records
- Standardized Test Scores
- Academic or Disciplinary Intervention
- ESL/ELL Reports
- Directory Information
- Suspension and/or Expulsion Reports

Please send all records to:

Admission Department c/o
Inkster Preparatory Academy
27355 Woodsfield St
Inkster, MI 48141
(313) 278.3825 phone
info@inksterprep.org

Student Name (if 18 or older) *Student Signature* *Date*

Legal Guardian (of student under 18 years of age) *Legal Guardian Signature* *Date*



UNIVERSAL CONSENT FORM

STUDENT INFORMATION

Write student's name as it appears on the birth certificate:

Legal First Name: _____ Legal Middle Name: _____
Legal LastName: _____

PERMISSION FOR RELEASE OF DIRECTORY INFORMATION

I give consent for my student's school to release Directory information (student's name, address, parent's/guardian's name, telephone number, date and place of birth, participation in officially recognized activities and sports, weights and heights of members of athletic teams, dates of attendance, and degrees and awards received). I understand that if I initially give my consent, I can choose to withdraw it at any time by updating my child's records at the school.

- I give my consent I give my consent only to PTO & Booster Groups supporting school-sponsored activities
 I deny giving consent

PERMISSION FOR NEWS STORIES

I give consent for quoted statements given by my student, or photographs, audio, video or electronic images of my student, with possible identification by full name, to be used for the purpose of news stories or interviews about the school or educational experiences by our area news media. I understand that if I initially give my consent, I can choose to withdraw it at any time by updating my child's records at the school.

- I give my consent I deny giving consent

MEDIA RELEASE

I/We understand that as part of our child's/my attendance at the School; photos, videos, and quotations may be taken for use in publications and reports about the program. I/We further understand that members of the news media invited to cover the program may take photos, videos and quotations.

I/We grant permission to the School and its Board Members, Management Company, employees, agents and representatives to use such materials for the promotion of the program and to use this student's name, photographic likeness, alone or in a group, in any publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to, newspapers, magazines or TV stations for publicity and/or recognition purposes and/or to use this student's name and/or photographic likeness, alone or in a group, on the official web site of the School and/or Management Company.

I agree that I and/or my child shall have no right, title, or interest in any photo or videotape covered by this agreement and waive any right to compensation for such use. I release the School, its Board members, the Management Company, employees, agents, representatives and all organizations and individuals related to the School from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness as described above.

- Parent/Guardian Agrees Student Agrees
 Parent/Guardian Does Not Agree Student Does Not Agree

PERMISSION TO DISPLAY STUDENT'S WORK

I give consent for original written materials, artwork or other work created by my student during the course of instruction to be used by the school for exhibition, public display, publication, publicity material, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, or other digital format. I understand that my student's full name may be used with such display except that only my student's first name will be used on the website. If consent is denied, such denial shall not apply where the student's material is incorporated into a greater or larger body of work (such as a student's voice in a choral recording). I understand that if I initially give my consent, I can choose to withdraw it at any time by updating my child's records at the school.

- I give my consent I deny giving consent





27355 Woodsfield Street
 Inkster, MI 48141
 313-278-3825

HOUSEHOLD INFORMATION SURVEY

Inkster Preparatory Academy will participate in the Community Eligibility Option (CEO) provision under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign, and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

INCOME GUIDELINES – 185%
Guidelines to be effective from July 1, 2017 through June 30, 2018

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$22,311	\$1,860	\$930	\$859	\$430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each additional member add	+7,733	+645	+32.	+298	+149

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps), provide the name and 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____ 10-digit Case Number: _____

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the following address: Inkster Preparatory Academy, 27355 Woodsfield St, Inkster, MI 48141.

The following selections must be completed by the Head of Household or Designee:

1. **SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: _____

2. **STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M=Migrant R=Runaway F=Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

3. **TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children.

If you have reported a case number above, please do not complete this section. Proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

4. **SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date _____

Last Four (4) Digits of Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address		City	Zip Code
Home Phone	Work Phone	Email Address	
<small>By providing your email address, you may be contact via email by the district.</small>			

For Internal Office Use Only: Please circle one option.	
QUALIFIES	DOES NOT QUALIFY