

Department of Defense Education Activity Dependent Student Registration Form 700 Guidance for Parents

Overall Guidance: Completion of the DoDEA Consent and Authorizations, DoDEA Form 700 (December 2014) is an integral part of the enrollment of students in the DoDEA School system.

Sponsors/parents/guardians must complete and sign the form before students can begin attending classes or receive any services. Failure to complete the form and provide the requested consent or authorization will delay the student's enrollment in a DoDEA School.

For students in grades PK-8, the form only needs to be completed upon initial enrollment and it remains in the student's cumulative file through grade 8, as the parents may amend it from time to time. Upon entering grades 9-12, parents of each student must execute a new form that, together with any parental amendments, will remain in the cumulative file through graduation, withdrawal, or transfer.

Schools will continually remind parents that they have the responsibility to make changes to (amend) the form when information changes or they change their minds about an authorization contained in the form.

The following is a discussion of the function of each section of the form, and guidance to schools to implement the authorizations that parents elect on the DoDEA Form 700.

SECTION I: PARENTAL AUTHORIZATION OPTIONS FOR STUDENTS ENROLLED IN DODEA SCHOOLS

1. Authorization to Attend Study Trips: The trips for which this section is concerned are curricular trips that meet specific learning objectives and classroom instruction.

Effects of Authorizations:

- If **AUTHORIZE ALL** is selected, the student is authorized to participate in all curricular activity day trips away from the school campus. Schools will provide parents with information about the trip in advance of each trip.
- If **INDIVIDUAL** is selected, the parent reserves the authorization for the student to participate until the parent grants specific approval in advance of each trip. Electing to reserve the right to consent before each trip may jeopardize the space availability of transportation to and from the event, because transportation must often be arranged significantly in advance of each trip, before the school has provided parents with information about the specific trip.

2. Authorization to Disclose Directory Information to Various Media: This section describes and provides parental authority for the release of student information (student name, and/or ID, school, grade level, student e-mail address, image, major field of study, participation in officially recognized activities and sports, weight and height if student is a member of a school athletic team, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, and/or student work products) to DoD and public news media, DoD-sponsored print and/or electronic media, including, for example, DoD news networks; student newspapers, yearbooks, and similar student's school publications; DoD or DoDEA-sponsored or approved websites or web services (including social media); DoD or DoDEA brochures, booklets, and video/audio productions.

Effects of Authorizations:

- If **AUTHORIZE** is selected, the school may release student information to media sources.
- If **DECLINE to AUTHORIZE** is selected, the student information will not be released to media sources. This will also prevent the student from inclusion in the school yearbook.
- If **YEARBOOK ONLY** is selected, the student will be included in the yearbook only.

3. Authorization to Disclose School Records to Other Schools: This allows DoDEA to transfer official school records to another school upon the request of that school when the student is transferring/transferred to or is enrolled in the requesting school.

Effects of Authorizations:

- If **AUTHORIZE** is selected, DoDEA schools are authorized to transfer official school records to the school gaining a former DoDEA student, upon receipt of that school's request for a student's records. This is the common practice of stateside public schools, and is the DoDEA practice under the Department of Defense implementation of the Interstate Compact on Educational Opportunity for Military Children, intended to facilitate the transitions between schools of students of military parents. Records are only transferred after receiving a request from the gaining school.
- If **DECLINE to AUTHORIZE** is selected, DoDEA schools will not release the student records to the gaining school until the DoDEA school receives parent/guardian consent. The delay in sending school records to a school receiving a transferring student may delay the delivery of the educational services to the transferring student, and impair his or her educational success.

4. Authorization to Disclose Student Directory Information to Military Recruiters: This section of the form authorizes DoDEA to release a student's name, address, and phone number to Military Recruiters, if the student is age 17 and older or in grades 11 and 12.

Effects of Authorizations:

- Unless parents **DECLINE to AUTHORIZE**, schools will provide the information to Military Service Recruiting Programs. If the parents decline participation, students will not receive information about military options to consider upon graduation from high school.

5. Authorization to Participate in Authorized Surveys: This section provides the authorization for a student to participate in any DoDEA surveys. DoDEA authorizes surveys only after a committee of DoDEA educators has determined that the survey will produce high quality data of use to DoDEA that is not generally available through another means, and that the surveys will not collect data about student's or their family's health, medical status, mental or psychological condition, or personality.

Effects of Declination:

- Unless parents **DECLINE PARTICIPATION**, the student is authorized to participate in any DoDEA survey.

6. Authorization to Obtain Post Graduate Student Data: DoDEA employs a service that tracks student enrollments and reports student progress for a period of six years following the student's graduation. DoDEA uses the Information gathered from this data to refine its academic programs to improve student post-graduation success. DoDEA does not disclose data about a student gathered through this post graduate data collection process

- Unless parents **DECLINE TO AUTHORIZE**, the student will be contacted to ascertain his/her enrollment status for a period of no more than 6 years following graduation from a DoD school.

7. Authorization to Disclose Electronic Directory Information: DoDEA, like other public schools, relies on electronic systems, including computers, software, and web-based services, as critical elements of optional school programs. These systems are vital to student learning and to school operations. These systems require certain student basic electronic directory information (student name, student ID, school, grade level, and student email address), to be functional. DoDEA often employs contractors to supply necessary services or to operate these systems. DoDEA discloses student electronic directory information to the operators and service providers of these systems to same extent and for the same purposes as public schools in the United States routinely disclose such data. Furthermore, DoDEA's contracts and/or license agreements with these providers require the provider to adhere to the same DoD Privacy Act rules that govern DoDEA protection of student information. Examples of the technology systems DoDEA employs include, but are not limited to those that: provide an interface with web-based curricular materials; provide courses that include computer technology, provide eligibility status to the school food authority and ascertain student eligibility for the DoD Student Meal Program; administer optional electronic student tests; provide student email and other web-based DoDEA-approved educational programs. Some of these services may be accessed from computers located at the school and at other locations. Failure to provide this data would impair or preclude student participation and impair the quality of the student's education and post graduate success.

Students who have optional access to certain educational services and programs that may be accessed from school and/or from other computers not located at the school may access and use these services under the authority and direction of their parents. These services may seek additional information from the student that collect and track student performance or use of these services. DoDEA does not authorize or require students to access these sites and does not encourage students to provide more information to them than the basic electronic directory information provided by DoDEA. Accordingly, parents are solely responsible for any additional personally identifiable information that the student may disclose.

Section II: SPONSOR/PARENT/GUARDIAN ACKNOWLEDGEMENTS

1. DISCLOSURE OF STUDENT INFORMATION BY EMAILS TO THE PARENT: DoDEA may communicate information about a student to the parent using email. DoDEA staff exercise care to limit the inclusion of personal student information in such emails, but it cannot guarantee that such communication will not always avoid the inclusion of student personalized information, such as about the student's health, discipline, or other student educational information. Parents who object to the use of email communication concerning their student must inform the principal in writing of their desire to receive such communications by alternate means. In such cases, DoDEA will endeavor to communicate only orally or in writing (to include mailing by fax or use of the postal service or hand delivery).

2. USE OF DODEA INTERNET AND INFORMATION TECHNOLOGY RESOURCES: DoDEA relies on a wide arrangement of information technology devices, programs, and materials as well as access to the internet for the day to day instruction of students and for school operations, including for certain required testing that is accomplished electronically. Access to the internet is not an option in DoD schools, it is a

necessary part of the education of students. Schools will instruct students in the proper use of information technology equipment and services.

- The schools will exercise reasonable care to prevent the students from accessing undesirable information or sites on DoDEA computers. However, the schools may not be able to prevent the students' misuse of DoDEA computers. If a student violates the conditions of use, he or she may lose all access to DoDEA technology resources and face possible student disciplinary actions.
- The schools will ask students, grade 4 through 12, to sign the DoDEA Form 700A, "Internet Agreement and Consent to Use Information Technology Resources – Terms and Conditions for DoDEA Students." Parents will be required to sign the DoDEA Form 700A for students in grades PK-3. The form is available at the schools or online. This differs from the DoDEA Form 700 in that the form seeks permission from parents to afford students optional use of information technology. The DoDEA Form 700A concerns all use of information technology, including critical access to curricular and other software and technology not considered optional to a child's education.

3. SPONSOR/PARENT/GUARDIAN RESPONSIBILITY FOR DEBTS: Sponsors/parents/guardians are responsible for debts incurred by their students under circumstances of neglect, such as for property damage to government equipment (computers, buses, desks, etc.), lost government accountable items (e.g. text books, library books, musical instruments, calculators, laptops), and for debts incurred with student meals. Parents will be notified by school authorities when it asserts a claim and will be given the opportunity to see all evidence supporting the school's assertion of the parents' liability. Parents will be afforded the opportunity to present argument and evidence challenging their liability to appropriate authority as prescribed in DoDEA rules and regulations, and that upon a preliminary determination by school authorities of the liability, parents can appeal that decision. However, once the parents have exhausted their rights under DoDEA regulations, without eliminating the determination of their financial liability, the parents must promptly make payment in full of the amounts due in accordance with DoDEA rules concerning payments. Failure to make prompt payments may result in the denial of access by the students or parents to school-provided resources, such as computers and electronic equipment, software or textbooks, or school meals, and the school may decline to photocopy the student's academic records or transcripts. The fact of the parents' nonpayment may be reported to his/her command.

Section III. EMERGENCY HEALTH CARE NOTICE AND ACKNOWLEDGEMENT

This outlines the responsibility of DoDEA for the emergency health care of students, both on campus and while traveling in a school related event.

Section IV. Signature Block

This must be signed and dated. If not signed and dated, students cannot be enrolled.

NURSE'S FORM / PACKET
1 COPY REQUIRED PER STUDENT

FOR OFFICE PERSONNEL ONLY

GRADE _____ SY _____

TEACHER _____

SCHOOL HEALTH RECORD

STUDENT'S NAME _____ M F BIRTHDATE _____
(LAST) (FIRST) (MIDDLE) (GENDER) (day) (mo) (yr)

SPONSOR'S NAME _____ RANK _____ SSN#(last 4 digits) _____

BOX # ADDRESS _____ HOME PHONE _____

SPONSOR'S UNIT _____ APO _____ DUTY PHONE _____

SPOUSE'S WORK PHONE _____

SPOUSE'S CELL PHONE _____

LOCAL EMERGENCY CONTACT NAME _____ & PHONE _____

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT HEALTH HISTORY

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. sections 2164 and 20 U.S.C. sections 921-932.
PRINCIPAL PURPOSE: To obtain health information about a student enrolling in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and to promote a safe school environment.
ROUTINE USES: DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b)(2-12), and the "Blanket Routine Uses," published at <http://www.defenseink.mil/privacy/notice/osp>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.
DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary, but failure to provide all requested information may result in the delay or denial of student services.

NAME (Last, First, Middle Initial)

Check: Female Male
 Date of Birth: (mm / dd / yyyy)

MEDICAL HISTORY: CHECK (✓) ALL THAT APPLY AND EXPLAIN BELOW OR ATTACH ADDITIONAL PAGE(S).

VISION	RESPIRATORY	ASTHMA	ALLERGIES (A SHSG Form H-3-7 should be completed.)
<input type="checkbox"/> Wears glasses for reading	<input type="checkbox"/> Bronchitis	Date of Diagnosis:	<input type="checkbox"/> Bee sting
<input type="checkbox"/> Wears glasses full time	<input type="checkbox"/> Cystic fibrosis		<input type="checkbox"/> Wasp sting
<input type="checkbox"/> Wears contacts	<input type="checkbox"/> Sinusitis	Inhaler needed:	<input type="checkbox"/> Other insects
<input type="checkbox"/> Color deficiency	<input type="checkbox"/> Other	@ school * YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Other	CARDIOVASCULAR	@ home YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Environmental
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Sickle cell disorder	PSYCHIATRY	<input type="checkbox"/> Food
<input type="checkbox"/> Ear tubes	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Lactose intolerance
<input type="checkbox"/> Insertion date:	<input type="checkbox"/> Hemophilia/Other	<input type="checkbox"/> Bulimia	(The school will need a letter from the doctor stating that the student is lactose intolerant.)
Are tubes currently in place:	<input type="checkbox"/> Bleeding disorders	<input type="checkbox"/> Autism	PROCEDURES: (A SHSG Form H-4-9 should be completed.)
Right? YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> My child will/may require special health care procedures during the school day. (See page 2.)
Left? YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> Depression	RESTRICTIONS
<input type="checkbox"/> Hearing loss: Right <input type="checkbox"/>	<input type="checkbox"/> Rheumatoid heart disease		<input type="checkbox"/> My child has a condition that warrants restriction of activities during school hours. (See page 2)
<input type="checkbox"/> Left <input type="checkbox"/>		<input type="checkbox"/> Substance abuse history	<input type="checkbox"/> My child takes daily medication at home.
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Suicidal	<input type="checkbox"/> My child will need medications during school hours. (* See page 2.)
ENDOCRINE	MUSCULOSKELETAL	NEUROLOGICAL	<input type="checkbox"/> My child may need emergency medications during school hours. (* See page 2.)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muscular Dystrophy		
<input type="checkbox"/> Other	<input type="checkbox"/> Scoliosis		
DERMATOLOGY	<input type="checkbox"/> Other		
<input type="checkbox"/> Eczema	GASTROINTESTINAL	<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Other	<input type="checkbox"/> Hernia	<input type="checkbox"/> Frequent headaches	
GENITOURINARY	<input type="checkbox"/> Other	<input type="checkbox"/> Migraines	
<input type="checkbox"/> Bladder control problems	DENTAL	<input type="checkbox"/> Spina Bifida	
<input type="checkbox"/> Urinary track infections	<input type="checkbox"/> Braces	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Sleep disorder	
		<input type="checkbox"/> Other	

*** MEDICATIONS DURING SCHOOL HOURS:** SHSG: H-3-2, 3-3 and/or 3-8 forms must be signed by the physician and a parent, and must accompany prescribed medications that are to be given during school hours. The medication will be in the original container properly labeled by the physician or pharmacy. All medications will remain at school for the duration of the prescription.

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY**

Explain any of the above here or attach additional pages.

Identify any special health care procedures that your child may require during the school day:

Identify any condition that warrants a restriction of student activity, specify the nature and duration of the limitation and any other information that would help the school assist your child:

Identify any condition that warrants daily and/or emergency administration of medicine for your child and list those medications:

Parent/Sponsor's Signature:	Primary phone #:	Date:

DEROS:

Today's Date:

TO: Vicenza Student Transportation Office Unit 31401, Box 11, APO AE 09630

School Year 2015-2016

DATE SERVICE DESIRED (Day/Month/Year)

PLEASE PRINT CLEARLY: STUDENT INFORMATION

STUDENT'S NAME

SCHOOL GRADE (PUT X IN APPROPRIATE BLOCK)

LAST	FIRST	MI	Gender	DOB	Age	pt	ss	KN	1	2	3	4	5	6	7	8	9	10	11	12	

SPONSOR'S NAME

LAST	FIRST	MI	RANK	DUTY #	HOME PHONE#

SPOUSE Last:	First	MOTHER'S CELL PHONE #

LOCAL QUARTERS ADDRESS (Street Name & #)	CITY/TOWN	FATHER'S CELL PHONE #

CMR	PO BOX	APO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSIGNED TO: (UNIT/ACTIVITY/SECTION)	E-Mail ADDRESS

IN ACCEPTING TRANSPORTATION FOR MY DEPENDENTS ON DoDDS SCHOOL BUSES, I ACCEPT THE RESPONSIBILITY FOR THEIR CONDUCT AND ACTIONS WHILE THEY ARE PASSENGERS ON OR NEAR THE SCHOOL BUS. I FURTHER UNDERSTAND THAT EVIDENCE OF FAILURE TO COMPLY WITH THE RULES OF CONDUCT OUTLINED IN THE STUDENT/PARENT HANDBOOK AND ON THE ATTACHED SHEET OR WITH ANY INSTRUCTIONS OF DoDDS OFFICIALS, DRIVERS OR SAFETY ATTENDANTS COULD RESULT IN SUSPENSION OR TERMINATION OF SCHOOL BUS RIDING PRIVILEGES FOR MY DEPENDENTS.

SIGNATURE OF PARENT OR SPONSOR

REMARKS: This section filled in by School Bus Office personnel:::

ASSIGNED AM ROUTE/STOP: _____ ASSIGNED PM ROUTE/STOP: _____

Special considerations: _____ Seat Assignment: _____

SPONSORS OF STUDENTS GRADES KINDERGARTEN THROUGH 3RD MAY DESIGNATE RESPONSIBLE ADULTS TO ESCORT THEIR CHILD TO/FROM SCHOOL BUS STOP.

FULL NAME	PHONE NUMBER(S)

PROMPTLY REPORT ANY CHANGE OF ADDRESS OR TELEPHONE NUMBER BY TELEPHONING THE STUDENT TRANSPORTATION OFFICE

**MEMORANDUM FOR STUDENT TRANSPORTATION OFFICE,
UNIT 31401, BOX 11, APO AE 09630**

SUBJECT: Reference DoDEA Regulation 2051.1 Review of School Bus Rules and Table of Consequences Acknowledgement of Receipt of Understanding

I acknowledge that I have received a copy of the School Bus Rules and Table of Consequences for students while on DoDDS school buses.

I have explained these rules and table of consequences to my child (ren) and I expect these rules to be followed by my child (ren). I understand the consequences for misbehavior, which could include suspension or loss of school bus riding privileges.

Printed Name of Parent/Guardian

Signature

Date Signed

CERTIFICATE

Reference: DoD Regulation 4500.36.R. paragraph 6-10.a. (4) "Each incoming sponsor is required to certify in writing that he/she has been advised by the Installation or Community Commander (or representative) regarding the school bus commuting area, and understands that if family housing is obtained outside the bus commuting zone, transportation of any dependant student between residence and an existing school bus stop within the commuting area is the sponsor's responsibility". This will be filed in the Housing Referral Office for the length of the sponsor's tour and any extensions thereof.

THEREFORE

I certify that I understand the limits of the Vicenza/Verona School Bus Commuting Zone. If I change quarters to an area outside of this zone, I fully understand that I will not be authorized transportation services unless I transport my dependent(s) student to an established stop within the commuting zone.

Printed Name of Parent/Guardian

Signature

Date Signed

Free / Reduced School Lunch Program

Please go in person to the Parent Central Services, Office 42, Army Community Services, Building 108 – Davis Hall to see if you qualify for the free/reduced school lunch program. Office hours are Mondays thru Fridays 8:30 to 16:30.

DROP OFF YOUR COMPLETED APPLICATION FORM, ALONG WITH A COPY OF YOUR LATEST AND PROOF OF OTHER FAMILY INCOME FOR ELIGIBILITY DETERMINATION. YOU WILL BE NOTIFIED, VIA EMAIL, ALONG WITH AAFES, YOUR ELIGIBILITY DETERMINATION FOR **SCHOOL YEAR 15-16**. FULL PRICE ELEMENTARY SCHOOL LUNCH IS \$2.40 MIDDLE/HIGH SCHOOL IS \$2.55 – REDUCED 40CENTS

FAMILIES MUST REAPPLY FOR REDUCED LUNCH PROGRAM EVERY SCHOOL YEAR

UNCLASSIFIED/FOR OFFICIAL USE ONLY (when filled in)

CONFIDENTIAL APPLICATION FOR FREE AND REDUCED-PRICE MEALS AND FREE MILK (AE Reg 352-1)

Privacy Act Statement

Authority: The National School Lunch Act (42 USC 1751) as amended by Public Law 91-248 (1970), DOD Directive 1015.5, DOD Student Meal and Reduced-Price Meals and Free Milk Program, and AE Regulation 352-1.

Principal purpose(s): To determine eligibility for free or reduced-price meals under the National School Lunch Act and DOD Student Meal and Reduced-Price Meals and Free Milk Program.

Routine use(s): This form will be used solely for the principal purpose(s) described above.

Mandatory or voluntary disclosure and effect on individual not providing information: Voluntary. However, the social security number is required under the provision of the National School Lunch Act before your child may receive free or reduced-priced lunch meals.

Please read instructions on page 2 before completing this form.

Do not fill out this part (For Official Use Only)

Total income		Per					Household size
		<input type="checkbox"/> Week	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Month	<input type="checkbox"/> Year	
School year (YYYY)	Processed by	Date (YYYYMMDD)	Eligibility category			Reason denied	
			<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Denied		

I. Family Information

1. Sponsor's name (last, first, middle initial)		2. Sponsor's SSN (last 4 digits)		3. Grade		4. Organization	
5. Duty telephone		6. PSC or CMR		7. Box		8. APO AE	
9. Home telephone							
10. DEROs (YYYYMMDD)		11. E-mail address (work)			12. E-mail address (home)		

13. Total household members				
Name of all household members (Last, first, middle initial)	Name of school for each child (or indicate "NA" if child is not in school)	Grade	Age	Check if no income
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

II. Household Total Gross Monthly Income (before taxes)

Note: Only the portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Do NOT include overseas housing allowance, cost of living allowance, or combat pay as income.

14. Name (First middle initial last) (List only household members with income)	Gross income and how often it was received				
	Earnings from work before deductions Base Pay + BAS Include special duty pay:	Welfare, child support, alimony	Pension, retirement, social security, SSI, VA benefits	All other income	Income retained by deployed household member downrange
Example: Jane Smith	\$199.99/weekly	\$149.99/bi-monthly	\$99.99/monthly	\$50.00/monthly	NA/

III. Certification Statement (Read and initial each statement and sign below.)

Statement	Initial
15. This application is made in connection with the receipt of federal funds. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable Federal Statutes (UCMJ) or other regulations.	<input type="checkbox"/>
16. Meals covered in the free/reduced lunch program are for one (1) USDA approved tray lunch per day (excludes lunch plus and double lunch).	<input type="checkbox"/>
17. A la carte food items are not covered under the free/reduced lunch program and will incur a charge to the student's account at the posted price.	<input type="checkbox"/>
18. I understand that eligibility is only valid for the current school year and that another application must be submitted to determine eligibility for each new School Year.	<input type="checkbox"/>
19. I certify that all of the above information is true and correct to the best of my knowledge.	<input type="checkbox"/>

20. Signature of sponsor/head of household	21. Date (YYYYMMDD)

UNCLASSIFIED/FOR OFFICIAL USE ONLY(when filled in)

Instructions

To enroll in the Free and Reduced-Price Meal Program, please complete the application on page 1 and submit it to your garrison school office or parent central services office.

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 (SSN) of the sponsor. The last four digits of the SSN is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the sponsor does not have a SSN. 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, if available, 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.

Part I: Provide All Information Requested

Complete sections 1-13 and ensure you provide only the last four digits of the sponsors SSN. List all household members in section 13, including the name of school for each child. Check the "no income" box for any person, including children, with no income.

Part II: Follow These Instructions To Report Total Household Income From This Month Or Last Month.

Complete section 14. For each household member, list each type of income received for the month. List how often the money is received—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income. Gross income is the amount earned before taxes and other deductions.

Include the following:

- Base pay
- Basic allowance for subsistence
- Support/alimony
- Retirement/pension
- Special duty pay
- Spouse income [For irregular employment (for example, babysitting, substitute teaching, seasonal or temp hire) provide average monthly income.]
- Other income (net rental income, annuities, net royalties, interest, income from estates, trusts, investments, regular contributions from persons not living in the household)

Do not include Overseas Housing Allowance, Cost of Living Allowance, or Combat Pay in calculation.

Part III: Read, Initial, and Sign Certification Statement

Complete sections 15-20. Read and initial 15-19, sign at block 20. Your signature on the application certifies that all of the information provided on the application is true and correct to the best of your knowledge. If fraudulent information is provided, it may result in prosecution under UCMJ or Federal Law and dismissal from the program.

If you need more information please contact your garrison school liaison office or parent central services office at:

Parents are to take this form to PX Customer Service

*Note- There is a free or reduced cost program for school lunches at Davis Hall Bld. 108 – Rm 42. You must go to their office in person to see if you are eligible and qualify for the program. Office Hours are Mondays thru Fridays 08:30 to 16:30. Applications for this program must be submitted prior to going to the PX to obtain a 4 digit PIN #. Once you have opened an account with PX we encourage you to monitor your child(ren)'s account to make sure there is a sufficient amount of money to cover lunches. Thank you.

AAFES Lunch Account Application

STUDENT'S INFORMATION

First Name: _____

Last Name: _____

Grade: _____

School, Check one: H.S. 929 or Villagio 930

SPONSOR'S INFORMATION

First Name: _____

Last Name: _____

Unit and APO Address: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

FOOD AND MEAL INFORMATION

May the student purchase food items in addition to those served on the advertised menu? (**THESE ITEMS ARE FULL PRICE REGARDLESS OF FREE/REDUCED STATUS.**)

YES NO

If yes, would you like to limit the amount your child can spend each day?

YES NO

If yes, please list the daily spending limit: (Calculate, Reduced \$.40 or Elementary \$2.40 or Middle/High school \$2.55, plus A La-Carte items).....\$ _____

FOR USE BY AAFES

Date Processed: _____ Processed By: _____ Student PIN Number:

(4 DIGIT #)
