

# EPHESUS JUNIOR ACADEMY

**A Seventh-day Adventist Christian  
Elementary and Middle School**

2760 West Edgewood Avenue

Jacksonville, FL 32209

Phone: 904-765-3225

Fax: 904-924-2045

[www.ephesusjunioracademy.org](http://www.ephesusjunioracademy.org)

## **ADMISSIONS APPLICATION**

# **2022 – 2023**

- Please complete and return ALL forms in this application package
- \$100 of the Registration Fee
- If the balance of the Registration Fee is paid by August 10, 2022, ten percent will be deducted from the August tuition

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Student's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_ School Year 2022 – 2023

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PARENT'S OR GUARDIAN'S e-mail address (e-mail address is REQUIRED)

**Ephesus Junior Academy  
of Seventh-day Adventist**  
2760 W. Edgewood Avenue Jacksonville, FL 32209  
Phone: 904-765-3225 - Fax: 904-924-2045  
[www.ephesusjunioracademy.org](http://www.ephesusjunioracademy.org)

## **REGISTRATION CHECKLIST**

\_\_\_\_\_ 1. APPLICATION

\_\_\_\_\_ 2. PRE-RESTRATION FEE

\_\_\_\_\_ 3. APPLICATION FEE

\_\_\_\_\_ 4. BIRTH CERTIFICATION

\_\_\_\_\_ 5. SOCIAL SECURITY CARD

\_\_\_\_\_ 6. HEALTH RECORDS:

- Form DH 680 - Immunization Record 7<sup>th</sup> Grade Immunization Requirement
- Form 3040 – Physical Examination

\_\_\_\_\_ 7. REPORT CARDS (previous year grades)

\_\_\_\_\_ 8. TRANSFER REQUEST FORM

\_\_\_\_\_ 9. CHARACTER REFERENCE FORM FROM TWO OF THE  
FOLLOW THREE:

- a. Principal            b. Teacher            c. Pastor

\_\_\_\_\_ 10. ADMINISTRATOR'S INTERVIEW

\* \_\_\_\_\_ 11. PARENT'S E-MAIL ADDRESS ON APPLICATION COVER

(Please print in Ink) School \_\_\_\_\_

Pupil's Legal Name \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_  
Last First Middle Nickname

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State

Verification of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address (and change of address)

1. \_\_\_\_\_ Tel. \_\_\_\_\_  
No. Street City State Zip Code Home Cell  
2. \_\_\_\_\_ Tel. \_\_\_\_\_  
3. \_\_\_\_\_ Tel. \_\_\_\_\_

Family Information	Father	Mother	Guardian	Grade Placement	Age	Grade
Legal Name				Date Enrolled	Yr. Mo.	
Check One	Natural ___ Step ___ Foster ___	Natural ___ Step ___ Foster ___	Relation to Child	Mo. Da. Yr.		
Home Address if Different from above						
Home Telephone						
Occupation						
U.S. Citizen	Yes [ ] No [ ] Other [ ]	Yes [ ] No [ ] Other [ ]	Yes [ ] No [ ] Other [ ]			
SDA Member	Yes [ ] No [ ] Other [ ]	Yes [ ] No [ ] Other [ ]	Yes [ ] No [ ] Other [ ]			
Marital Status	Married [ ] Divorced [ ] Other [ ]	Married [ ] Divorced [ ] Other [ ]	Married [ ] Divorced [ ] Other [ ]			

Other persons living with family \_\_\_\_\_ Relation to Child \_\_\_\_\_

Church child attends \_\_\_\_\_ Denomination \_\_\_\_\_

Baptism \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Check any of the following diseases: give dated of immunizations the student has had:

Mumps \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Chorea \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Injury \_\_\_\_\_  
Diphtheria \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Rheumatism \_\_\_\_\_ Operation \_\_\_\_\_ Measles \_\_\_\_\_  
Typhoid \_\_\_\_\_ Smallpox \_\_\_\_\_ Pneumonia \_\_\_\_\_ Polio Shots \_\_\_\_\_ Influenza \_\_\_\_\_  
Scarlet Fever \_\_\_\_\_ Small Vaccination \_\_\_\_\_ Immunized against Diphtheria \_\_\_\_\_

Date of last Physical Exam \_\_\_\_\_ Current physical exam forms brought for Grades (K or 1) \_\_\_\_\_: (4) \_\_\_\_\_: (7) \_\_\_\_\_

Person to notify in emergency: 1. \_\_\_\_\_ Tel. \_\_\_\_\_  
2. \_\_\_\_\_ Tel. \_\_\_\_\_

Physician to call in emergency: \_\_\_\_\_ Tel. \_\_\_\_\_

If this Physician is not available, does school have your permission to call another? \_\_\_\_\_

My child will go to and from school: Walk \_\_\_\_\_: bicycle \_\_\_\_\_: family car \_\_\_\_\_: car pool \_\_\_\_\_: school bus \_\_\_\_\_: public transportation \_\_\_\_\_:

Where child is to go regularly after school \_\_\_\_\_ (Parent's request or note needed for any change.)

If applicable during year, date of withdrawal: \_\_\_\_\_ Reason: \_\_\_\_\_

Has Student ever been suspended or expelled from any school.? \_\_\_\_\_ If so, explain on back.

Eighth Grade Diploma Date: \_\_\_\_\_ Eighth Grade Certificate Date: \_\_\_\_\_

We understand the requirements and regulation of the school and pledge our full cooperation.

Signed \_\_\_\_\_  
Pupil Parent/Guardian Date

**Southeastern Conference of Seventh-day Adventists  
Office of Education – Ephesus Junior Academy  
School / Academy Media Release Form**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

School/Academy Name: \_\_\_\_\_

\_\_\_\_\_ School/Academy and Southeastern Conference offices of Education has my permission to photograph record and reproduce any media piece that specifically identifies the above-named student through printed, audio, visual, or electronic means including, but not limited to photographs, films, slides, video/audio recordings made of the above-named student during the school/academy's school year. I understand that any photographs, films, slides, video/audio or other recordings relating to the above named student will be respectfully done and are being produced for educational purposes that may be used for the following:

- Classroom use
- School and community brochures and posters
- Ambassador Newsletter
- Yearbook
- Broadcast on local television and /or radio
- Press releases to newspapers
- Displays on Ephesus Junior Academy (Jacksonville), Southeastern Conference, Southern Union, North American Division (NAD) website(s) and at other conference.
- Presentations to stakeholders and agencies having influence over funding allocations for schools
- School Face Book
- School Website

I \_\_\_\_\_ authorize \_\_\_\_\_ School/  
Academy and the Southeastern Conference Office of Education the right to print,  
photograph, record, and edit as desired, the biographical information, name, image,  
likeness, and / or voice of the above named student on audio, video, film, slide, or any  
other electronic and printed formats currently of later developed (known as  
“recordings”) for the purposes stated or related to the above. I understand and agree  
that use of such recordings will be without any compensation to the above-named  
student or to me.

I understand and agree that \_\_\_\_\_ School/Academy  
and the Southeastern Conference Office of Education have the unlimited right to use  
the pictures and/or recordings for any purposes stated or related to above.

I hereby release and hold harmless \_\_\_\_\_ School/Academy  
and the Southeastern Conference Office of Education from any and all actions,  
claims, damages, costs, or expenses, including attorney’s fees, brought by the above-  
names student and/or by me which relate to or arise out of any use of these pictures and/or  
recordings as specified above.

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**Southeastern Conference Office of Education Media Release**

**Parent/Guardian’s Signature:**

My signature below shows that I have read and fully understand this  
Southeastern Conference Media Release Form and that I agree to its provisions.

Student’s Name \_\_\_\_\_

Parent/Guardian’s Name (PLEASE PRINT): \_\_\_\_\_

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

Principal’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Ephesus Junior Academy

2760 W. Edgewood Avenue, Jacksonville, FL 32209

Office: 904-765-3225; Fax: 904-924-2045

## REGISTRATION CONTRACT

Date: \_\_\_\_\_

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Student's Last Name	First Name & Middle Initial	Current/Entering Grade
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Parent/Guardian's Names	Contact Daytime Telephone Number
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SDA Church Member: [  ]Ephesus SDA Church: [  ]Breath of Life SDA Church [  ]SDA Church

Other Church Affiliation: \_\_\_\_\_

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Ephesus Junior Academy is committed to providing the highest quality of Christian education possible within the context of the financial resources available. We recognize there is nothing more precious to a parent than his/her child/children. Consequently, when we accept responsibility of providing a Christian education for your children, we consider it both a high privilege and a sacred trust. In many ways we enter into a partnership with you in taking on the awesome responsibility of educating your children. Unfortunately one of the necessary ingredients of operating a quality program is to have sufficient financial resources. These resources come substantially from three areas:

- Southeastern Conference of Seventh-day Adventists
- Constituents of Seventh-day Adventist churches in Jacksonville, Florida
- You, the parent/guardian

If requires the faithful support of all three areas for the school program to continue in existence. Consequently, we are counting on you, as your partner, to faithfully need the monthly tuition obligations of your child/children. We pledge that we will do our utmost to provide the highest quality Christian education possible. In return for our pledge to you, by signing the contract, we ask you to pledge to us the prompt payment of your account. Your signature also indicates your willingness to withdraw your child or children from our school should it become impossible for you to meet your financial obligation. In the case of highly unusual circumstances, your child or children may be allowed to continue classes when your account is not current, if **PRIOR** approval has been made obtained from the finance committee of the school board.

In appropriately signing and returning this contract to the Admission Office, as the parent or guardians of the above named student, we acknowledge and agree to the following payment terms:

1. Tuition Payment Plan (Please select one):

[  ] Ten equal monthly payments due August 2022 through May 2023.

[  ] Two semester payments due the first week of August 2022 and January 2023.  
a 2.5% discount is given for those selecting this plan.

[  ] Payment in full with contract—a 5% discount is given if paid by August 10, 2022. A 10% discount is given for the second sibling, and a 15% discount for the third sibling.

2. Deposits, Registration Fees, and Computer Fees are not refundable. Tuition must be paid to the date to the date of withdrawal. Outstanding balances must be paid in full before the school will release any grades, transcripts, or records.
3. Students whose accounts have not received any payment for 30 days will be suspended until their bill is made current.
4. The principal reserves the right to terminate the contract at any time (conduct, non-payment, etc.)
5. The following documents are required when the student registers. Students will not be allowed to begin school without these documents on file in the Registrar's office.

- ✓ **Registered Birth Certificates**
- ✓ **Social Security Card**
- ✓ **Student Physical Examination (HRS-H-Form 3040) completed by a physician within the previous year for any new student and with the last three years for returning students.**
- ✓ **Florida Certification of Immunization (Form DH 680)**

6. Payments are due on the first of the month.
7. A \$20 late fee will be applied to any unpaid balance when payment is not received by the tenth day of the month.
8. Returned checks will be charged a \$35.00 fee or the amount of the current bank charge. Subsequent payments **MUST BE PAID IN CASH, BY MONEY ORDER OR CERTIFIED CHECK.**

I hereby certify that I understand and agree to the terms set forth in this contract. I also accept financial responsibility for the above named student at the rate shown below. My tuition responsibility will be \$ \_\_\_\_\_ for the entire school year at a rate of \$ \_\_\_\_\_ per month.

Parent/Guardian's Signature	Parent/Guardian's Printed Name	Date
Additional Responsible Party's Signature	Additional Responsible Party's Signature	Date
Signature of School Personnel	School Personnel's Printed Name & Title	Date

# Ephesus Junior Academy

## Continuing Consent to Treat

We, the undersigned parents or guardians of (Name of Student) \_\_\_\_\_, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of (Name of Physician) \_\_\_\_\_ M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Ephesus Junior Academy or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

**Allergic to: Medications:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

The above named student  is;  is not covered by health insurance.

**Company Name** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
Signed Parent/Legal Guardian      Daytime Phone      Cellular Phone      Work Phone

\_\_\_\_\_  
Other Emergency Contact      Daytime Phone      Cellular Phone      Work Phone

\_\_\_\_\_  
Witness      Date (must be dated)

### STUDENT TRANSPORTATION AUTHORIZATION

I will be picking up my child from school. I can be reached at the following telephone number(s):

\_\_\_\_\_  
(Daytime)      (After school hours)      (Cell phone)

My child will be riding with: \_\_\_\_\_ Phone after school hrs. \_\_\_\_\_

\_\_\_\_\_  
Phone after school hrs. \_\_\_\_\_

\_\_\_\_\_  
Phone after school hrs. \_\_\_\_\_

\_\_\_\_\_  
Signed: Father/Mother/Legal Guardian

\_\_\_\_\_  
Date Signed



**PLEASE NOTE:** Florida Statute, Section 232.46 **MANDATES** that school staff must follow specific guidelines when administering medication at school. **THERE ARE NO EXCEPTIONS.**

## EPHESUS JUNIOR ACADEMY

### Parent Permission for the Administration of Nonprescription Medication (Over-the-Counter Medication)

Student \_\_\_\_\_ DOB \_\_\_\_\_ Teacher \_\_\_\_\_

I request that my child/legal ward \_\_\_\_\_ be given external and/or internal medication identified below during school hours. If I provide medication, it will be in its original container. I understand that such medication will be given **ONLY** according to the following directions:

Medications \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

#### Medication to be discontinued

(Directions from the parent should not exceed the medication instructions on the label)

Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**PLEASE NOTE:** Florida Statute, Section 232.46 **MANDATES** that school staff must follow specific guidelines when administering medication at school. **THERE ARE NO EXCEPTIONS.**

## EPHESUS JUNIOR ACADEMY

### Parent Permission for the Administration of prescription Medication

Student \_\_\_\_\_ DOB \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_ Doctor \_\_\_\_\_

Prescription Number \_\_\_\_\_ Date of Prescription \_\_\_\_\_ Quantity \_\_\_\_\_

I, \_\_\_\_\_, grant permission for the principal or principal's designee to assist in the administration of prescribed medication for my child/legal ward (Student's Name) \_\_\_\_\_. **ALL** medications must be properly labeled with patient's name and current prescription number. I certify that the prescribed medication is in its original container and that it is necessary, according to my doctor's instructions, for this medication to be provided during the school day—including when my child is away from property on official school business. I understand that this medication will be given only according to directions on the label as prescribed by the doctor. I further understand that at the end of the school year, it will be my responsibility to pick-up any unused medication within 30 days.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Parent/Legal Guardian

(Revised 01/31/2019)

Ephesus Junior Academy  
PHYSICAL EDUCATION

PERMISSION SLIP

School Year \_\_\_\_\_

- My child is allowed to go to P.E. at the Y.M.C.A. for this school year.
- My child is NOT allowed to go to P.E. at the Y.M.C.A. for this school Year.

**(NOTE:** the YMCA is funded through your Registration Fee. Failure to pay your Registration Fee in full the end of December for the current school year will result in your child's removal from the Physical Education Program until the balance is paid in full.)

Child's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# **Ephesus Junior Academy**

2760 West Edgewood Avenue

Jacksonville, FL 32209

Phone: 904-765-3225

## **Permanent Field Trip Note**

School Year: \_\_\_\_\_

\_\_\_\_\_ I hereby give permission for my child to go on all field trips planned by the school or by the classroom teacher.

\_\_\_\_\_ I hereby give permission for my child to go on all library trips planned by the teacher and will send a note for any other trips planned.

\_\_\_\_\_ I will send a note for any field trip that I want my Child to go on.

Child's name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# EPHESUS JUNIOR ACADEMY

Of Seventh-day Adventists  
2760 West Edgewood Avenue; Jacksonville, FL 32209

## Request for Records and Principal/Teacher Recommendation

### INSTRUCTIONS TO PARENTS:

Please complete items 1-8. Ephesus Junior Academy will forward the form to the principal or other authorized officer at your child's former school.

1. Student's Name \_\_\_\_\_

2. Grade: \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_

4. Name of School: \_\_\_\_\_

5. Address of School (include city, state, and zip code: \_\_\_\_\_  
\_\_\_\_\_

6. Phone: \_\_\_\_\_ 7. Fax: \_\_\_\_\_

My son/daughter is applying for admission to Ephesus Junior Academy. I authorize the release of my child's records and evaluative data to Ephesus Junior Academy.

8. Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS TO SCHOOL:

The above named pupil is enrolled in our school. To aid in assigning the pupil, in providing classroom instruction, and in meeting personal needs, it is important to have as much information as possible about each student. If you have records for the above named pupil, please forward them to our school. The records that we receive will be available for review by parents, guardians, and students over eighteen years of age. Please review the contents of the records with this in mind, and have the appropriate school personnel complete the requested sections. Forward this completed form along with the student's transcripts including: **Cumulative Record – Report Cards – Immunization Record – Test Data** to:

**EPHESUS JUNIOR ACADEMY**  
**2760 W. EDGEWOOD AVENUE**  
**JACKSONVILLE, FL 32209**

**Fax Number: 904-924-2045**  
**Telephone Number: 904-765-3225**

### PRINCIPAL'S SECTION:

Name of Principal: \_\_\_\_\_ Length of time this student was in your school \_\_\_\_\_

Has this student been sent to the office for disciplinary problems: often seldom never

Has the student been suspended? yes no. How many times? \_\_\_\_\_

Has the student ever been expelled? yes no. How many times? \_\_\_\_\_

Is the student eligible to return to your school next year? yes no

Comments:

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

# Reference – Character

Student: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
 Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: This student is seeking admission to *Ephesus Junior Academy*. The student may not be admitted until this confidential information has been reviewed by our administration.

( ) Please check here if you wish to discuss this student personally rather than complete this form. Sign the form at the bottom and note your telephone number.

Quality	Excellent	Good	Average	Fair	Poor	Unknown
Responsible/Reliable						
Personal Integrity						
Mental Ability						
Initiative and Originality						
Orderliness						
Cooperation						
Leadership						
Respect for Authority						
Honest						
Humility						
Attitude						
Appearance / Cleanliness						
Emotional Stability						
Reading Level						
Activity in Christian Service						

Do you know of any specific problem the student has that would hinder learning?

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What do you consider the applicant's strong points?

What do you consider the applicant's weak points?

In what capacity have you known this student?

How long?

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**Return this form to:**

**Ephesus Junior Academy**

**Fax: (904) 924-2045**

# Reference – Character

Student: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
 Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: This student is seeking admission to *Ephesus Junior Academy*. The student may not be admitted until this confidential information has been reviewed by our administration.

( ) Please check here if you wish to discuss this student personally rather than complete this form. Sign the form at the bottom and note your telephone number.

Quality	Excellent	Good	Average	Fair	Poor	Unknown
Responsible/Reliable						
Personal Integrity						
Mental Ability						
Initiative and Originality						
Orderliness						
Cooperation						
Leadership						
Respect for Authority						
Honest						
Humility						
Attitude						
Appearance / Cleanliness						
Emotional Stability						
Reading Level						
Activity in Christian Service						

Do you know of any specific problem the student has that would hinder learning?

---

What do you consider the applicant's strong points?

What do you consider the applicant's weak points?

In what capacity have you known this student?

How long?

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**Return this form to:**

**Ephesus Junior Academy**

**Fax: (904) 924-2045**

# 2022 - 2023

## FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

<b>PART 1. ALL HOUSEHOLD MEMBERS** RETURN THIS APPLICATION TO YOUR CHILD'S SCHOOL**</b>							
Names of <u>all</u> household members (First, Middle Initial, Last)	Student ID	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if <b>NO</b> income
		Foster	Homeless	Migrant	Runaway	Head Start	

**PART 2. BENEFITS**  
 IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP], [FDPIR] OR [State TANF Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.  
 NAME: \_\_\_\_\_ PROGRAM NAME \_\_\_\_\_ CASE NUMBER: (NOT EBT CARD NUMBER) \_\_\_\_\_

**PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS).** List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	X				\$150					\$0					\$0				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**  
 An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)  
 I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.  
 Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of Social Security Number: \*\*\* - \* \* - \_ \_ \_ \_  I do not have a Social Security Number

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs  No  Yes Child(ren) may also qualify for free or low-cost health and dental insurance with Florida KidCare. Apply at [floridakidcare.org](http://floridakidcare.org) or call 1-888-540-5437.

**PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Reason for denial or withdrawal: \_\_\_\_\_  Check if Error Prone Application

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

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Date of Contact	Staff Initials	Name of Household Member Contacted	Detailed Information Received