REV. 6/16

CREC Reggio Magnet School of the Arts
Application for Sliding Scale After Care Eligibility 2017/2018 School Year

Parents/Guardians: ***Complete only one application for each household***. **Return the application to Mollie Rusczyk in the school office.**

1. (Print) Student Information: (Make sure you list each child below **AND** in section 5a.)

Name	Grade	Name of School	Is this child a foster child (legal ward of the state)? (circle)	If yes, provide personal use income **and frequency**. Put "0" if the child has none.
			yes / no	$ /
			yes / no	$ /
			yes / no	$ /
			yes / no	$ /

2. Household Members and Monthly Income:

a. **Name** (List **everyone** in household (HH) including all children in Section 1, including foster children if desired, and HH members in Section 2.)	b. Check if person listed has no income	c. **Gross income and how often it was received** (Indicate if income was received monthly, two times a month, every two weeks or weekly by placing the **amount of income** in the appropriate frequency box.) You MUST place the income in the appropriate frequency box.											
		Earnings from work (before deductions)				**Welfare, child support, alimony**				**Pensions, retirement, Social Security, Other**			
Names		Weekly	Every two Weeks	2 X Month	Monthly	Weekly	Every two Weeks	2 X Month	Monthly	Weekly	Every two Weeks	2 X Month	Monthly
(Example) Jane Smith		$200					$150						$300
1.													
2.													
3.													
4.													
5.													
6.													

6. RACIAL AND ETHNIC IDENTITY: You are not required to complete Section 6. This section is optional.

Ethnicity: ☐ Hispanic/ Latino ☐ Not Hispanic/Latino | Choose one or more (Regardless of Ethnicity): ☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Native Hawaiian or other Pacific Islander ☐ Black or African American

7. Signature and Social Security Number: 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.

X _____ X _____ (List the last four digits *only*) OR ☐ I don't have a social security number
Signature of Adult Household Member Social Security Number

Home Telephone No. _____ Work Telephone No. _____ Printed Name _____

Street/Apt. No. _____ City/State/Zip _____ Date_____

For School Use Only – Do Not Write Below This Line

Check all that apply.

Determining Officials for the Local Education Agency MUST complete this section.
Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12
(Only convert to annual income if there are different frequencies of income listed in the columns under Section 5c.)

☐ Income Household: Total household income: _____ per _____ Household Size: _____

Application approved for: ☐ Free After Care ☐ Reduced After Care: $ _____/month/child ☐ Application denied

Date Notice Sent: _____ Signature of Determining Official: _____ Date: _____