

**Point Arena Joint Union High School District  
STUDENT EMERGENCY INFORMATION**

<b>PLEASE PRINT – STUDENT’S LEGAL NAME:</b> _____		<b>Birthdate</b> (month/Day/Year):	
Student E-Mail/ cell #:		<b>Gender:</b>	
<b>Likes to be called (nickname):</b>		<b>Grade:</b>	
<b>Primary Telephone:</b>	<b>Other #/cell:</b>	<b>Parent/guardian email address:</b>	
<b>How does your child get to/from school? Please mark all that apply.</b> <input type="checkbox"/> Walks <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Rides the School Bus <b>BUS ROUTES:</b> <input type="checkbox"/> Point Arena/Manchester AM/PM <input type="checkbox"/> Ridge AM/PM <input type="checkbox"/> Coast AM/PM <input type="checkbox"/> Sea Ranch/Annapolis <b>PLEASE LIST YOUR CHILD'S BUS STOP(S):</b>  			
<b>Mailing Address</b> (P.O Box or house/apt # & street name)		<b>State</b>	<b>Zip</b>
<b>Residence Address</b> (house/apt # & street)		<b>City</b>	<b>State      Zip</b>
<b>Residence</b> – where is your child/family currently living? (federally mandated by NCLB) – <b>Please check appropriate box:</b> <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> In a motel/hotel (09) <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) <input type="checkbox"/> Unsheltered (car/campsite) (12) <input type="checkbox"/> In a shelter or transitional housing program (10) <input type="checkbox"/> Other (15) (please specify)			
<b>PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:</b> <input type="checkbox"/> Father <input type="checkbox"/> Step Father/Guardian (check one)			
<b>Full Name:</b> _____		<b>Alt. Phone#</b> _____	
<b>Employer:</b> _____		<b>Work Phone #</b> _____	
<b>Active Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Mother <input type="checkbox"/> Step Mother/Guardian (check one)			
<b>Full Name:</b> _____		<b>Alt. Phone #</b> _____	
<b>Employer:</b> _____		<b>Work Phone #</b> _____	
<b>Active Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Is the above (checked) person (s) the student’s LEGAL guardian?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, please complete a “Caregiver Affidavit”</b> <b>If there is a legal custody agreement regarding this student, please check one:</b> <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian			
<b>Emergency Contacts if parent/guardian(s) are not available:</b> <b>Name:</b> _____ <b>Phone #:</b> _____ <b>Name:</b> _____ <b>Phone #:</b> _____ <b>Name:</b> _____ <b>Phone #:</b> _____			
<b>In which language do you wish to receive written communications from the school?</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <b>DUPLICATE MAILING</b> – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent Please include their name, address, and phone number: <b>Name:</b> _____ <b>Phone #:</b> _____			
<b>Mailing Address</b> (P.O Box or house/apt # & street name)		<b>City</b>	<b>State      Zip</b>

**POINT ARENA JOINT UNION HIGH SCHOOL DISTRICT  
STUDENT HEALTH INFORMATION**

**STUDENT NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

Does your child have any health concerns and/or contions? YES NO If yes, please describe below

- Allergies: Bee stings/insect bites Food Medication Other Allergies Please describe:  
Asthma Autism Attention Deficit Disorder Physical Handicap Deafness Vision Wears glasses  
Diabetes Epilepsy Seizures Other: \_\_\_\_\_

List any medication your child uses for the above condition(s): \_\_\_\_\_

**PHYSICIAN / DENTIST INFORMATION & HEALTH INSURANCE COVERAGE**

Family Physician: \_\_\_\_\_ Dentist: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Health Insurance and ID#: \_\_\_\_\_

**ANAPHYLACTIC (ALLERGIC) CONSENT**

\*California Education Code 49414: In the event that my child experiences a severe, life threatening anaphylactic (allergic) reaction during school or during school related activities, I/we  Give my/our consent or  Do not give my/our consent for trained designated school staff to administer the epiphrine auto-injector (Epi-pen) emergency treatment, under the indirect supervision of the school nurse.

**EMERGENCY AUTHORIZATION & TREATMENT**

If emergency treatment is required, and the parents/legal guardian cannot be reached, your signature in the space provided below empowers school authorities to exercise their own judgment in calling the physician indicated above, or if not avilable, to transport the child to a hospital emergency room. Likewise, our signature below is not sufficient for the release of confidential information protected by Federal law.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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



# **PLEASE RETURN THESE FORMS**

Point Arena School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived age, ancestry, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, immigration status, marital status, medical information, national origin, parental status, pregnancy status, race, religion, sex, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics).



## P.A.H.S. Policy Acknowledgements

STUDENT NAME: \_\_\_\_\_

○ **Acceptable Use Contract for Students:**

I, the undersigned parent/guardian, have received and signed the *Acceptable use Contract for Student Users of Technology*.

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

○ **Student Attendance Policy:**

We, the undersigned, have reviewed the **Attendance Policy** and understand the consequences of class cutting and unexcused and excessive absences.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

○ **Student Injuries and Insurance:**

I have been notified and understand that my child's school does not provide medical insurance coverage for school activities. Parents are responsible for medical bills if a child gets hurt during school activities. Information has been provided regarding health coverage for qualifying families.

○ **Family Life Education:**

\_\_\_\_\_ I do give permission for my child to participate in Family Life Education Classes. I understand I may review all educational materials prior to their presentation.

\_\_\_\_\_ I DO NOT give permission for my child to attend Family Life Education Classes.

Please check one.

○ **California Healthy Kids Survey:**

\_\_\_\_\_ I do give permission for my child to participate in this survey and I understand that the survey is confidential and will be scored and evaluated by West Ed.

\_\_\_\_\_ I DO NOT give permission for my child to participate in this survey.

Please check one.

I acknowledge that I have read, understood and indicated my choices of the above matters.

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

○ **Point Arena High School Handbook**

Initial: \_\_\_\_\_ I understand a copy of the PAHS handbook will be available on Parent Square and at the high school office.

◦ STUDENT NAME: \_\_\_\_\_

◦ **Notice of Release of Personal Information:**

A release for your student's DIRECTORY INFORMATION has been made under the provisions of Section 9258 of the NO CHILD LEFT BEHIND ACT OF 2001. The information requested consists of your student's full name, mailing address, telephone number, and date of birth. This information is routinely used by graduation apparel companies, scholarship organizations, vocational and career counseling offices of Colleges and Technical Schools, local media for new stories, and members of the Armed Forces.

**IMPORTANT:** Point Arena Schools hereby gives notice that the above directory information will be provided as requested unless permission to release this information is denied in writing (USING THE FORM BELOW) by the parents or legal guardians of students under the age of 18, or by the students who are 18 years or older by September 15th of each school year.

◦ **Graduation Apparel Companies**

- \_\_\_\_\_I hereby DENY RELEASE of my student's directory information

◦ **Scholarship Organizations**

- \_\_\_\_\_I hereby DENY RELEASE of my student's directory information

◦ **US Armed Forces**

- \_\_\_\_\_I hereby DENY RELEASE of my student's directory information

◦ **Local Media**

- \_\_\_\_\_I hereby DENY RELEASE of my student's directory information

◦ **Colleges/Universities/Technical Schools/CCGI/CALGrant**

- \_\_\_\_\_I hereby DENY RELEASE of my student's directory information

I acknowledge that I have read, understood, and indicated my choices regarding the above matters.

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

Student Name and Grade: \_\_\_\_\_

**Point Arena Joint Union High School District**  
**Laptop Use Consent Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Laptop Serial/ID Number: \_\_\_\_\_

Estimated Dollar Value: **\$350** Accessories: \_\_\_ Power Cord \_\_\_ Other: \_\_\_\_\_

Condition of Equipment Upon Loan (note any defects): \_\_\_\_\_

Condition of Equipment Upon Return: \_\_\_\_\_

Date Checked Out: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Parents/guardians will receive information on optional insurance for the laptop.

**If the computer is not returned at the end of the school year, there will be a \$350 charge.**

By signing this consent form, I, \_\_\_\_\_ (“Student”), and I, parent/guardian of Student, agree to:

1. Assume responsibility for the loss or damage of the equipment. Immediately report any damage or problems to the Tech Coordinator.
2. Secure the equipment and supervise proper use.
3. At Point Arena Joint Union High School District’s (“District”) request the equipment will be returned to the District in a timely matter. At the end of the school year, upon the District’s request, the equipment shall be returned to the District.
4. Upon signing out from the District, return the equipment immediately if the student moves out of the District or transfers to another school.
5. Make the equipment immediately available upon District request for inspection and review of its usage.
6. Comply with District policies for acceptable use of the equipment and other technology.
7. Indemnify the District from any and all losses, claims, actions, damages, expenses, or liabilities including reasonable attorneys’ fees to which District may become subject in connection with my use of equipment and/or negligence.
8. Pay the District any repair costs or estimated dollar value of the equipment if it is damaged, lost, or destroyed. The equipment will not be modified or repaired without District approval.
9. Keep the equipment in my care, custody, and control and not loan it to other individuals or take it to locations unrelated to the equipment’s use as an educational tool.
10. Maintain the equipment in its original condition unless otherwise directed or authorized by the District in writing. No stickers or decals will be affixed to the laptop. No stickers or decals currently on the equipment will be removed or defaced.
11. Acknowledge that the equipment was purchased for District use and the District retains ownership of the equipment.

I understand that I have no privacy rights with regard to the use of this equipment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Student Name

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

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

Parent/Guardian Telephone: \_\_\_\_\_

**ACCEPTABLE USE AGREEMENT AND RELEASE OF DISTRICT FROM LIABILITY (STUDENTS)**

The Point Arena Schools District authorizes students to use technology owned or otherwise provided by the district as necessary for instructional purposes. The use of district technology is a privilege permitted at the district's discretion and is subject to the conditions and restrictions set forth in applicable Board policies, administrative regulations, and this Acceptable Use Agreement. The district reserves the right to suspend access at any time, without notice, for any reason.

The district expects all students to use technology responsibly in order to avoid potential problems and liability. The district may place reasonable restrictions on the sites, material, and/or information that students may access through the system.

Each student who is authorized to use district technology and his/her parent/guardian shall sign this Acceptable Use Agreement as an indication that they have read and understand the agreement.

**Definitions**

District technology includes, but is not limited to, computers, the district's computer network including servers and wireless computer networking technology (wi-fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, MP3 players, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through district-owned or personally owned equipment or devices.

**Student Obligations and Responsibilities**

Students are expected to use district technology safely, responsibly, and for educational purposes only. The student in whose name district technology is issued is responsible for its proper use at all times. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned.

Students are prohibited from using district technology for improper purposes, including, but not limited to, use of district technology to:

1. Access, post, display, or otherwise use material that is discriminatory, libellous, defamatory, obscene, sexually explicit, or disruptive
2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyberbullying")
3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person
4. Infringe on copyright, license, trademark, patent, or other intellectual property rights
5. Intentionally disrupt or harm district technology or other district operations (such as destroying district equipment, placing a virus on district computers, adding or removing a computer program without permission from a teacher or other district personnel, changing settings on shared computers)
6. Install unauthorized software
7. "Hack" into the system to manipulate data of the district or other users
8. Engage in or promote any practice that is unethical or violates any law or Board policy, administrative regulation, or district practice

**Privacy**

Since the use of district technology is intended for educational purposes, students shall not have any expectation of privacy in any use of district technology.

The district reserves the right to monitor and record all use of district technology, including, but not limited to, access to the Internet or social media, communications sent or received from district technology, or other uses. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Students should be aware that, in most instances, their use of district technology (such as web searches and emails) cannot be erased or deleted.

All passwords created for or used on any district technology are the sole property of the district. The creation or use of a password by a student on district technology does not create a reasonable expectation of privacy.

**Personally Owned Devices**

If a student uses a personally owned device to access district technology, he/she shall abide by all applicable Board policies, administrative regulations, and this Acceptable Use Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request.

*Students who wish to access the school network, through a personal laptop or other personal electronic devices must register the devices with the school. Each student is limited to one (1) registered device per year.*

**Reporting**

If a student becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of district technology, he/she shall immediately report such information to the teacher or other district personnel.

**Consequences for Violation**

Violations of the law, Board policy, or this agreement may result in revocation of a student's access to district technology and/or discipline, up to and including suspension or expulsion. In addition, violations of the law, Board policy, or this agreement may be reported to law enforcement agencies as appropriate.

**Student Acknowledgment**

I have received, read, understand, and agree to abide by this Acceptable Use Agreement and other applicable laws and district policies and regulations governing the use of district technology. I understand that there is no expectation of privacy when using district technology. I further understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please print)

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

**Parent or Legal Guardian Acknowledgment**

If the student is under 18 years of age, a parent/guardian must also read and sign the agreement.

As the parent/guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the Acceptable Use Agreement. By signing this Agreement, I give permission for my child to use district technology and/or to access the school's computer network and the Internet. I understand that, despite the district's best efforts, it is impossible for the school to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless the school, district, and district personnel against all claims, damages, and costs that may result from my child's use of district technology or the failure of any technology protection measures used by the district. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

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

Point Arena School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived age, ancestry, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, immigration status, marital status, medical information, national origin, parental status, pregnancy status, race, religion, sex, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics..) For questions or complaints, contact: Title IX Coordinator: Dunnell Daleuski (707)882-2803 or ddaleuski@pauhs.org, 504 Coordinator: Michelle Egger or megger@aesfamily.org , Title II Coordinator: Warren Galletti (707)882-2803 or wgalletti@mcn.org

**ACKNOWLEDGEMENT OF PARENT OR GUARDIAN OF ANNUAL RIGHTS NOTIFICATION**

***Detach, sign, and return this page to your child's school indicating that you have been notified of the specified activities and whether you have a child on continuing medication.***

This annual notification is also available in an electronic format and can be provided to you upon request. If the notice is provided in an electronic format, the parent or guardian shall submit to the school this signed acknowledgement of receipt of the notice.

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

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

I hereby acknowledge receipt of information regarding my rights, responsibilities, and protections.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:**

1. Student is on a continuing medication program as prescribed by a physician: (Please check one) YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, you have my permission to contact student's physician:

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

2. If you do not wish directory information released, please sign where indicated below and ensure receipt of this form by the school office **within the next 30 days**. Note that this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do NOT release directory information regarding \_\_\_\_\_  
(Pupil's Name) (Date of Birth)

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

Check if an exception may be made to include student information and photos in the yearbook.

Signature of Parent or Guardian: \_\_\_\_\_  
(Date)

3. By signing below, you give the district **permission to have photographs of your student in the yearbook** and other school related publications.

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

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

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Policy 5112.5: Open/Closed Campus**

ADOPTED

Original Adopted Date: 12/01/1987 | Last Revised Date: 06/23/2021

Board Policy Manual  
Point Arena Schools

In order to give students an opportunity to demonstrate responsibility, independent judgment, and positive citizenship, the Point Arena High School District Governing Board establishes an open campus at Point Arena High School in which students have the privilege of leaving campus during lunch.

The district shall send written notification to parents/guardians about the open campus policy at the beginning of the school year along with the parental notification required by Education Code 48980. Such notification shall include the language prescribed by Education Code 44808.5.

Students shall not leave school grounds at any other time during the school day without express permission of school authorities. Students who leave school without authorization shall be considered to have an unexcused absence and be subject to disciplinary action.

The principal or designee may revoke the open campus privilege for individual students for reasons for disciplinary, attendance, or by written parent request.

Student handbooks shall fully explain all rules and disciplinary procedures involved in the maintenance of the closed campus.

The district, Governing Board members and district employees shall not be liable for the conduct and safety of students who leave school grounds during the lunch period (Education Code 44808.5)

The principal of Point Arena High School shall be responsible for the annual preparation, implementation, and evaluation of the school's open campus program.

The principal may revoke the open campus privilege to any or all students at any time. The principal shall submit a report to the Superintendent or designee indicating the nature and scope of the problem and procedure for reviewing and resolving the problem.

The Superintendent shall notify the Board of any campus closure.

Student: With my signature below I acknowledge that I have read the Open/Closed Campus policy (BP/AR 5112.5) and understand that I am accountable to all aspects of the policy rules and procedures.

---

Student Name (please print)

Student Signature

Date

Parent: With my signature below I acknowledge that I have read the Open/Closed Campus policy (BP/AR 5112.5) and understand that I am accountable to all aspects of the policy rules and procedures, and give consent for my student to be granted off-campus privileges.

---

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

**Point Arena Joint Union High School District  
STUDENT RESIDENCY SURVEY/AFFIDAVIT**

This document is intended to address the McKinney-Vento Assistance Act 42 U.S. C. 11435.  
Your answers to this residency information will help determine services the student may be eligible to receive.

Student: \_\_\_\_\_ (Male\_\_ Female\_\_ Nonbinary\_\_)

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

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **YES\_\_ NO\_\_**  
*(If you answered, "YES", you may stop here.*  
*If you answered "NO", please complete the remainder of the survey.*

2. Do you and the student live in:

<input type="checkbox"/> In a shelter	<input type="checkbox"/> at a campsite
<input type="checkbox"/> In a motel/hotel	<input type="checkbox"/> transitional housing (moving from place
<input type="checkbox"/> Doubled Up, more than one family in a house, mobile home, or apartment	to place)
<input type="checkbox"/> in a car or RV	<input type="checkbox"/> other location _____

3. The student lives with:

<input type="checkbox"/> one parent	<input type="checkbox"/> friend(s)
<input type="checkbox"/> two parents	<input type="checkbox"/> an adult that is not the legal guardian
<input type="checkbox"/> a qualified relative	<input type="checkbox"/> alone with no adult(s)

4. I am:

the parent/legal guardian of the above-named student

a qualified adult relative of the above-named student  
(Relationship: \_\_\_\_\_)

***I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.***

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

Print Your Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
Street City Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

## Universal Benefits Application 2025-2026 School Year

Point Arena High School/South Coast Continuation High School/Point Arena Schools District

This application may qualify your child for benefits such as Summer EBT/SUN Bucks, internet access, school transportation, and more. Inquire with your child's school district to learn what benefits may be available to them. Completing this application will not impact your student's ability to receive school meals at no cost.

The U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services do not consider health, food, and housing services as part of the public charge determination. Therefore, submitting this application will not hurt an individual's immigration status.

Note: A non-household member may be designated as the authorized representative for application processing purposes if they have difficulty completing the application process.

**Complete, sign, and return this application to: Point Arena High School  
ATTN: School Office  
P.O. Box 7  
Point Arena, CA 95468**

**1. List all students living with you that are attending school** using the exact spelling as listed in their school records. If the student is in foster care, experiencing homelessness, receiving migrant education services, or meets the definition of runaway, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Homeless	Migrant	Runaway	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- CalFresh
  CalWORKs/ Temporary Assistance for Needy Families (TANF)  
 Food Distribution Program on Indian Reservations (FDPIR)
 **Assistance Program Case Number:** \_\_\_\_\_

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

*Report Income: Earnings from Work (before any deductions) and Public Assistance/Child Support/Alimony*

Names of all other household members (do not include students listed above)	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Report Income Continued: Pensions/Retirement/Social Security (SSI) and Any Other Income Not Already Listed*

Names of all other household members (Continued From Above)	Pensions/Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Total Household Members** (include all people living in your household): \_\_\_\_\_

(Total entered must equal number of household members listed above, a second application may be required if number of household members exceeds empty fields)

**Optional:** (processing of this form is not dependent upon the inclusion of SSN) - **Last Four Digits of Social Security Number**

(SSN) of Primary Wage Earner or Other Household Member: \_\_\_\_\_

Check if no Social Security Number:

**5. Contact Information & Signature – Complete, sign, and return this application to Arena Elementary School Office:**

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable).

I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information.

I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

\_\_\_\_\_  
Printed Name of Adult Household Member

\_\_\_\_\_  
Adult Household Member Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date

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

**Mark one or more racial identities:**  American Indian or Alaska Native.  Asian.  Black, or African American.  
 Native Hawaiian or Other Pacific Islander  White

**Mark one ethnic identity:**  Hispanic or Latino  Not Hispanic or Latino

**School Use Only – Do Not Write Below This Line**

**Annual Income Conversion: Weekly x 52/Bi-Weekly x 26/Twice per month x 24** (Do not convert to annual income unless household reports multiple pay frequencies).

Local Education Agency Approval:  CalFresh/CalWORKS/FDPIR  Foster/Migrant/Homeless/Runaway  Income Household

Total Household Size: \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_

Weekly  Bi-Weekly  Twice Per Month  Monthly  Annual

Application Approved For:  Free Eligible  Reduced-Priced Eligible

Application Denied:  Income Over Allowed Amount  Incomplete/Missing information  Other: \_\_\_\_\_

Date Notice Sent: \_\_\_\_\_

Signature of Approving Official: \_\_\_\_\_

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

**Child Nutrition Eligibility:**

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 determine eligibility for benefits through the Richard B. Russel National School Lunch Act.

The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms.

We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for benefits without an application. Please contact your State or ITO to get benefits for a foster child, and children who are homeless, migrant, or runaway.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

**To file a program discrimination complaint**, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint web page at https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights,  
1400 Independence Avenue, SW,  
Washington, D.C. 20250-9410;  
**fax:** (202) 690-7442; or  
**email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Point Arena Schools District  
School District's Non-Discrimination Statement**

Point Arena School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived age, ancestry, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, immigration status, marital status, medical information, national origin, parental status, pregnancy status, race, religion, sex, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics.)

**For questions or complaints, contact:**

Title IX Coordinator: Marc Feliz 707-882-2134; Michelle Egger 707-882-2131  
504 Coordinator: Site Principal 707-882-2131  
Title II Coordinator: Warren Galletti 707-882-2803