

GIRLS BASKETBALL TRYOUTS

JAN. 5-8

Kenyon Woods Middle School Basketball Guidelines

It is our intention to provide students the opportunity to participate and experience basketball in an environment that is safe, fair, educational and enjoyable to all participants. Keeping this in mind, we have established some general guidelines that should make all of the above possible. Be sure to review the pages of the Kenyon Woods Middle School Student Handbook that pertains to athletics. Please review this information with your athletes.

Before you participate

All potential basketball players must complete and turn the packet along with your physical to Ms. Balk or Mr. Carlson. These items must be turned into **THE COACH BEFORE** a potential player may participate in any activities. **DO NOT TURN FORMS INTO THE OFFICE.**

The district charges a \$80.00 participation fee for each sport. This fee will not be collected until after your student has made the team. The coaches will collect physicals, waivers, and fees. An athlete may not participate in any game until this fee is paid.

Equipment needs

For tryouts, please wear a white t-shirt with your name written on the back. It is not required but recommended to have "court" shoes that are to only be used when playing basketball. All athletes will need a pair of basketball shorts and a T-shirt to wear to practice.

Practice

Basketball players must be present and participate in practice **from 7:00 a.m. to 8:30 a.m. (7th grade) and 3:30 p.m. to 5:00 P.M. (8th grade)**. Players need to be on time to practice and picked up on time. Failure to attend practice, or participate in activities, will endanger an individual's playing time and possibly eligibility to be part of the team. We believe that teamwork is the responsibility of all players and coaches throughout the season. Players displaying the highest levels of **EFFORT, SKILL, and TEAMWORK** will be considered first for playing time in game situations. The roster will be limited to 15 players.

Players who are absent from practice for any reason must notify their coaches. A physician must document any injury or illness that prevents a player from participating in practice or a game. The coaching staff must be made aware of all physical limitations present within each player.

Games

The KWMS 7th & 8th grade basketball teams will compete against other middle schools basketball teams in U-46. The 7th grade game begins at 4:15. The 8th grade game usually begins around 5:15-5:30. Coaches will accompany players on the bus and insure that all players arrive back at school. Most games require players to stay later than 5:15, so the activity bus will not be available to the players. Most games will end by 6:30-7:00 p.m. The responsibility for prompt transportation is the responsibility of the players and their family. In case of a miscommunication, the office phones will be available. *If a player's transportation is consistently late, it will endanger an individual's playing time and possibly his eligibility to be part of the team.*

Respect

Respect for ourselves, our teammates, the coaches, the officials, and our opponents are of primary concern in all athletic contests. We will not tolerate any disrespectful communication or action toward these people or institutions. Any behavior of this type by any participant may be grounds for suspension or dismissal from the program as described in the student handbook.

Eligibility

Any player failing one class will not be eligible for one week. The teachers fill out eligibility for each week. *If a player is ineligible due to academics or suspended from school they may not participate in basketball practices or games.*

Finally

In order to achieve our goal of a safe, educational, enjoyable, and fair basketball program, we need full cooperation from both players and parents/guardians. Please do not hesitate to contact us at school with any questions or concerns; we may be reached by our school email, lescarlson@u-46.org or kathrynbaik@u-46.org.

Best regards,

Coach Balk
Coach Carlson

**Remember a current physical and all
Waivers, MUST be completed and turned
In by FRIDAY,
DECEMBER 17TH.**

SCHOOL DISTRICT U-46 ELIGIBILITY GUIDELINES FOR NON-CREDIT ACTIVITIES

1. Any student-athlete to participate in an athletic contest must be in attendance at least five periods on the day of the contest unless the absence is approved by the principal.
2. In conjunction with academic policy a student-athlete may also be ruled ineligible by the principal or his designee if that student fails to demonstrate the desire and ability to conform with the practices of good attendance and good citizenship.
3. Any act of unsportsmanlike or inappropriate behavior which takes place while a student-athlete is representing the team/school may result in a suspension or dismissal from the program.
4. Any student-athlete who fails to comply with any additional school guidelines established for an athletic program will be suspended or dismissed from the team. The coach will notify the student and his/her parents when a student is dropped from the team.
5. Any student-athlete will have two years of eligibility to participate in middle school athletics, one at each grade level.
6. Eligibility will be checked weekly for both grade levels beginning with the week prior to the first athletic contest.
7. A Student-athlete will be considered ineligible for one week if he/she is failing more than one class. The grade a student receives would be the grade... "if on any date the student would transfer to another school..." For example: if the first week of a 9-week period, the student receives an average of an "A", and the second week an average of an "E", then the student would receive a "C" for the average of the two weeks, and therefore be eligible for the week. The teacher could give the student a "U" and write a comment in order to let the coach know that the student is eligible but there are some academic/effort problems. Each 9 weeks is a separate entity – eligibility starts over again.
8. Exceptions to any of the above policies or conditions may be considered by the appropriate middle school principal before a final determination is made.

STUDENT _____

PARENT _____

COACH/ADVISOR _____

DISTRITO ESCOLAR U-46
GUÍA PARA LA ELEGIBILIDAD DE ACTIVIDADES
EXTRACURRICULARES

1. Cualquier alumno-atleta que participe en una competencia deportiva, deberá asistir a por lo menos cinco periodos el día de la competencia, a menos que la ausencia sea aprobada por el director.
2. En conformidad con el reglamento académico, un alumno/a-atleta podría ser declarado/a, no elegible por el director o alguien nombrado en su lugar si el alumno/a no demuestra el deseo y habilidad de obedecer las reglas de buena asistencia y buen comportamiento.
3. Cualquier despliegue de comportamiento inapropiado mientras el alumno/a-atleta esta representando al equipo de la escuela, puede ser motivo para ser suspendido/a o despedido/a del programa.
4. Cualquier alumno/a-atleta que no obedezca cualquier otro reglamento de la escuela, establecido por el programa deportivo será suspendido o despedido/a del equipo. El entrenador dará aviso al alumno y a los padres cuando se despida a un alumno/a del equipo.
5. Cada alumno/a-atleta tendrá la oportunidad de participar en las actividades deportivas de la escuela por dos años, uno por cada año escolar.
6. Se estará supervisando la elegibilidad de cada alumno/a semanalmente en los dos grados, comenzando con la semana previa a la primera competencia deportiva.
7. Un alumno/a-atleta se considera inelegible por una semana si el/ella esta reprobando mas de una clase. La calificación que el alumno/a reciba será su calificación... "Si en cualquier fecha el alumno/a se transfiriere a otra escuela"... Por ejemplo: si en la primera semana de un periodo de calificaciones de nueve semanas el alumno recibe una "A" y en la segunda semana recibe una "E", entonces el alumno/a recibiria una "C" como promedio por las dos semanas, y por lo tanto esto lo haria elegible para la semana. El maestro/a le podría dar una "U" y anotar un comentario para avisar al entrenador que el alumno/a es elegible, pero que existen algunos problemas de esfuerzo académico. Cada periodo de calificaciones de 9 semanas es una entidad separada. - la elegibilidad comienza de nuevo.
8. Excepciones a cualquiera de las reglas o condiciones arriba mencionadas pueden ser consideradas por el director/a de la escuela secundaria antes de tomar una determinación final.

ALUMNO/A _____

PADRE/MADRE/TUTOR _____

ENTRENADOR / CONSEJERO _____

MIDDLE SCHOOL CONSENT TO PARTICIPATE

_____ has permission to participate in the Middle School Athletic Program and I/we acknowledge that I/we have read, understand, and agree to support the Middle School Athletic Policies as outlined.

My son/daughter has no physical condition that would cause him/her to be endangered by participation in the Middle School Interscholastic Athletic Program except as noted here. Exception _____

_____ Date

_____ Signature of Parent or Guardian

WAIVER OF INSURANCE

We the undersigned are aware that School District U46 provides student accident insurance with the premiums payable by the parent. We are aware that the school district recommends that each student participating in interscholastic activities secure insurance coverage and that the school district limits participation of students in these activities to those who have either secured such insurance or have executed a waiver of such insurance.

We hereby state that we either already have school insurance or do not wish to secure the above mentioned school insurance. In doing so, we agree that we will hold harmless School District U46 for any expense that may accrue as a result of an injury to our child while participating in the school district's athletic program and further realize that we must secure our own hospitalization and medical coverage if we desire such protection.

No statements contrary to those contained herein relating to insurance coverage have been made to any of the undersigned.

Parent Signature _____

Student Signature _____

Date _____

Please have your athlete return the signed acknowledgment form and the Waiver of Insurance form to the coach prior to the first practice.

CONCUSSION INFORMATION:

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

Headaches

"Pressure in head"

Nausea or vomiting

Neck pain

Balance problems or dizziness

Blurred, double, or fuzzy vision

Sensitivity to light or noise

Feeling sluggish or slowed down

Feeling foggy or groggy

Drowsiness

Change in sleep patterns

Amnesia

"Don't feel right"

Fatigue or low energy

Sadness

Nervousness or anxiety

Irritability

More emotional

Confusion

Concentration or memory problems

(forgetting game plays)

Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

Appears dazed

Vacant facial expression

Confused about assignment

Forgets plays

Is unsure of game, score, or opponent

Moves clumsily or displays incoordination

Answers questions slowly

Slurred speech

Shows behavior or personality changes

Can't recall events prior to hit

Can't recall events after hit

Seizures or convulsions

Any change in typical behavior or personality

Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon? Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion: Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to

return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

****Please sign below stating that you have read/reviewed the information regarding concussions****

10) Student-athlete Name Printed Student-athlete Signature Date

11) Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date

ATHLETIC TEAM INFORMATION

NAME _____ BIRTHDATE _____
Last First m d y

ADDRESS _____

HOME PHONE _____ OTHER PHONE _____

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

EMERGENCY PHONE NUMBER _____

EMERGENCY CONTACT PERSON _____

MEDICAL CONCERNS THAT WOULD AFFECT YOUR PARTICIPATION: _____

DO YOU CARRY AN INHALER? _____ YOU MUST HAVE A DOCTOR'S NOTE
ON FILE WITH THE SCHOOL NURSE IF YOU CARRY AN INHALER. NO NOTE, NO
PRACTICE.

TEACHERS: _____

LAST PERIOD CLASS TEACHER: _____ ROOM NUMBER: _____

To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____

Signature of parent/guardian _____

Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

EXAMINATION		Gender		Vision		Corrected	
Height	Weight	Male	Female	R	L	Y	N
BP	Pulse	Vision R 20/		L 20/		Corrected	
MEDICAL				NORMAL		ABNORMAL FINDINGS	
Appearance							
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)							
Eyes/ears/nose/throat							
• Pupils equal							
• Hearing							
Lymph nodes							
Heart *							
• Murmurs (auscultation standing, supine, +/- Valsalva)							
• Location of point of maximal impulse (PMI)							
Pulses							
• Simultaneous femoral and radial pulses							
Lungs							
Abdomen							
Genitourinary (males only) ^b							
Skin							
• HSV, lesions suggestive of MRSA, tinea corporis							
Neurologic ^c							
MUSCULOSKELETAL							
Neck							
Back							
Shoulder/arm							
Elbow/forearm							
Wrist/hand/fingers							
Hip/thigh							
Knee							
Leg/Ankle							
Foot/toes							
Functional							
• Duck-walk, single leg hop							

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____

Physician's Assistant Signature* _____

Advanced Nurse Practitioner's Signature* _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

IHSA Steroid Testing Policy Consent to Random Testing

(This section for high school students only)
 2012-2013 school term

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at
http://www.IHSA.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf

Signature of student-athlete _____

Date _____

Signature of parent-guardian _____

Date _____



FEE WAIVER FORM 2021-2022 HOUSEHOLD AND INCOME FORM

To determine eligibility for additional U-46 benefits (per Board policy 4:140) that your child(ren) may qualify for, please complete, sign and return this application to your child's school or by email to shellycastillo@u-46.org.

1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	SCHOOL NAME (for student only)	GRADE (for student only)	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.										Check if NO Income	Check if Foster Child*	

2. Homeless, Migrant, Runaway, or Head Start

* A foster child is the legal responsibility of a welfare agency or court.

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
			C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information

Work Telephone Number (Include Area Code)

Home Telephone Number (Include Area Code)

Home Address (Number, Street, City, State, Zip Code)

SCHOOL USE ONLY

Convert income only if different frequencies of pay are reported

INITIAL DETERMINATION

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$	Per:	<input type="checkbox"/> Week	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Month	<input type="checkbox"/> Year	NUMBER IN HOUSEHOLD: _____	CHANGE IN STATUS: _____	Date: _____
-----------------	------	-------------------------------	--	--	--------------------------------	-------------------------------	----------------------------	-------------------------	-------------

Currently receive benefits based on:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> homeless | <input type="checkbox"/> SNAP or TANF |
| <input type="checkbox"/> migrant | <input type="checkbox"/> foster child |
| <input type="checkbox"/> runaway | <input type="checkbox"/> household's income |
| <input type="checkbox"/> Head Start | |

Date Withdrawn

Signature of Determining Official

Date:

Privacy Act Statement: The Illinois State Board of Education is requesting schools to collect the information on this form to assist schools in reporting student's eligibility for state and federal benefits programs. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal 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.

Non-discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215)656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 1:** List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

If some of the children in the household are foster children are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- Box 1—Name:** List all household members with income.
 - Box 2 —Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- Box 1—Name:** List all household members with income.
 - Box 2 —Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.



FORMULARIO DE EXENCION DE CUOTAS 2021-2022 FORMULARIO DE INGRESOS Y HOGAR

Para determinar la elegibilidad de los beneficios adicionales del distrito U-46 (según la política de la Junta directiva 4:140) para los que su hijo(a) puede calificar, complete, firme y devuelva esta solicitud a la oficina principal de la escuela de su hijo(a) o por correo electrónico a shellycastillo@u-46.org

1. Todos los miembros del hogar

NOMBRES DE TODOS LOS MIEMBROS DEL HOGAR Nombre, inicial de segundo nombre, apellido	(Solamente para el estudiante) Nombre de la escuela	(Solamente para el estudiante) Grado	NÚMERO DE CASO SNAP O TANF (si alguno, para cada miembro del hogar) Salte a la Parte 4 si lista un número de caso SNAP o TANF.												Marque si NO tiene ingresos	Marque si es niño acogido
			1	2	3	4	5	6	7	8	9	10	11	12		

2. Sin hogar, migrante, huido o en Head Start

☐ Sin hogar ☐ Migrante ☐ Huido ☐ En Head Start

3. Ingresos brutos totales del hogar (antes de las deducciones) Debe decirnos cuánto y con qué frecuencia.

A. NOMBRES (LISTE TODOS LOS MIEMBROS DEL HOGAR CON INGRESOS)	INGRESOS BRUTOS Y CON QUÉ FRECUENCIA ES RECIBIDO (EJEMPLO: \$100/MES; \$100/DOS VECES AL MES; \$100/CADA DOS SEMANAS; \$100/SEMANA)							
	B. Sueldo del trabajo (antes de las deducciones)		C. Asistencia social, manutención para menores, pensión alimenticia		D. Pensiones, jubilación, seguro social		E. Compensación para trabajadores, subsidio de desempleo, seguridad de ingreso suplementario, etc. (Cualquier otro ingreso)	
	Cantidad	¿Con qué frecuencia?	Cantidad	¿Con qué frecuencia?	Cantidad	¿Con qué frecuencia?	Cantidad	¿Con qué frecuencia?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Firma

Fecha

Nombre en imprenta de un miembro adulto del hogar

Firma de un miembro adulto del hogar

5. Datos

Número de teléfono laboral (incluya el código de área) Número de teléfono de casa (incluya el código de área) Dirección particular (Número, calle, ciudad, estado, código postal)

SOLAMENTE PARA USO DE LA ESCUELA

Convert income only if different frequencies of pay are reported *

INITIAL DETERMINATION

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: CHANGE IN STATUS: Date

Currently receive benefits based on:

- ☐ homeless ☐ SNAP or TANF
☐ migrant ☐ foster child
☐ runaway ☐ household's income
☐ Head Start

Signature of Determining Official

Date Withdrawn

Date:

Declaración respecto a la Ley de Privacidad: La Junta Educativa del Estado de Illinois está solicitando a las escuelas recolectar la información en este formulario para asistir a las escuelas a informar sobre la elegibilidad del estudiante para programas estatales y federales. Usted no tiene que dar esta información pero, si no lo hace, no podemos determinar la elegibilidad de su hijo para beneficios adicionales bajo programas estatales y federales. Nosotros guardaremos la información que usted nos brinda como privada y confidencial en la medida en que la ley lo permita. Sin embargo, compartiremos su estado socioeconómico con varios programas estatales y federales para ayudarlos a evaluar, financiar o determinar beneficios para sus programas, auditores para revisiones de programas y oficiales del orden público para ayudarlos a investigar violaciones de las reglas del programa.

Declaración de No Discriminación: De acuerdo a la Ley Federal y la política del Departamento de Educación de EEUU, esta institución está prohibida de discriminar en base a la raza, color, origen nacional, sex, edad o discapacidad. Para presentar un reclamo de discriminación, escriba al Departamento de Educación de EEUU, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 o llame al (215)656-8541 (Voz). Individuos con discapacidad auditiva o con discapacidades del habla pueden contactar al Departamento de Educación de EEUU a través del Servicio de Retransmisión Federal al (800)877-8339; o (800) 845-6136 (Español). El Departamento de Educación de EEUU es un proveedor y empleador que ofrece igualdad de oportunidades.

INSTRUCCIONES PARA SOLICITAR-LLENE UNA SOLICITUD POR HOGAR POR DISTRITO ESCOLAR

SI SU HOGAR RECIBE BENEFICIOS SNAP O TANF, SIGA ESTAS INSTRUCCIONES Y DEVUELVA ESTE FORMULARIO COMPLETO A SU ESCUELA:

Parte 1: Liste todos los miembros del hogar, escuela y grada para cada estudiante, y un número de caso SNAP o TANF para cualquier miembro del hogar, incluyendo adultos, que reciba tales beneficios. (Adjunte otra hoja si es necesario.)

Parte 2: Salte esta parte.

Parte 3: Salte esta parte.

Parte 4: Proporcione la firma de un miembro adulto del hogar.

Parte 5: Proporcione los datos del miembro adulto del hogar que firme este formulario.

SI NADIE EN SU HOGAR RECIBE BENEFICIOS SNAP O TANF Y SI ALGUNO DE LOS NIÑOS DE SU HOGAR ES SIN TECHO, UN MIGRANTE O HA HUIDO, O ESTÁ EN HEAD START/EVEN START, SIGA ESTAS INSTRUCCIONES Y DEVUELVA EL FORMULARIO COMPLETADO A SU ESCUELA:

Parte 1: Liste todos los miembros del hogar y el nombre de la escuela de cada niño.

Parte 2: Si cualquier niño para el cual está solicitando es sin hogar, migrante o ha huido, marque la casilla apropiada y llame a la escuela.

Parte 3: Llene solo si un niño es su hogar no es elegible bajo la Parte 2. Vea instrucciones para Todos los otros hogares.

Parte 4: Proporcione la firma de un miembro adulto del hogar.

Parte 5: Proporcione los datos del miembro adulto del hogar que firma este formulario.

SI ESTÁ SOLICITANDO PARA UN NIÑO DE ACOGIDA, SIGA ESTAS INSTRUCCIONES Y DEVUELVA EL FORMULARIO COMPLETADO A SU ESCUELA:

Si todos los niños de su hogar son niños de acogida que son la responsabilidad legal de una agencia o corte de cuidado de acogida:

Parte 1: Liste todos los niños de acogida y el nombre de la escuela para cada niño. Marque la casilla "Niño de acogida" para cada niño de acogida.

Parte 2: Salte esta parte.

Parte 3: Salte esta parte.

Parte 4: Proporcione la firma de un miembro adulto del hogar.

Parte 5: Proporcione los datos del miembro adulto del hogar que firma este formulario.

Si algunos de los niños de este hogar son niños de acogida que son la responsabilidad legal de una agencia o corte de cuidado de acogida:

Parte 1: Liste todos los miembros del hogar y el nombre de la escuela de cada niño. Para cualquier persona, incluyendo niños, sin ingresos, debe marcar la casilla "NO tiene ingresos." Marque la casilla "Niño de acogida" para cada niño de acogida.

Parte 2: Si cualquier niño para el cual está solicitando es sin hogar, migrante o ha huido, marque la casilla apropiada y llame a la escuela.

Parte 3: Siga estas instrucciones para reportar el ingreso total del hogar de este mes o del mes pasado.

- **Casilla 1-Nombre:** Liste todos los miembros del hogar con ingresos.
- **Casilla 2-Ingresos brutos y con qué frecuencia se recibieron:** Para cada miembro del hogar, liste cada tipo de ingreso recibido para el mes. Debe decirnos con qué frecuencia se recibió el dinero-semanal, cada dos semanas, dos veces al mes o mensual. Para el sueldo, asegúrese de listar el ingreso bruto, no el sueldo neto. El ingreso bruto es la cantidad que se gana antes de impuestos y otras deducciones. Puede encontrarlo en su recibo de pago o su jefe se lo puede decir. Para otros ingresos, liste la cantidad que cada persona recibió para el mes de asistencia social, manutención de menores, pensión alimenticia, pensiones, jubilaciones, seguro social, seguridad de ingreso suplementario (SSI), beneficios para veteranos (beneficios VA) y beneficios para discapacitados. Bajo Cualquier otro ingreso, liste la compensación para trabajadores, beneficios de desempleo o huelga, contribuciones regulares de personas que no viven en su hogar y cualquier otro ingreso. No incluya ingresos de SNAP, FDIPIR, WIC, beneficios educativos federales y pagos de acogida recibidos por la familia de parte de la agencia de acogida. SOLO para los independientes, bajo Sueldo del trabajo, reporte el ingreso después de gastos. Esto es para su negocio, granja o propiedad de alquiler. Si está en la Iniciativa de Vivienda Privatizada Militar o recibe paga por combate, no incluya estas prestaciones como ingresos.

Parte 4: Proporcione la firma de un miembro adulto del hogar.

Parte 5: Proporcione los datos del miembro adulto del hogar que firma este formulario.

TODOS LOS OTROS HOGARES, INCLUYENDO LOS HOGARES WIC, SIGAN ESTAS INSTRUCCIONES:

Parte 1: Liste todos los miembros del hogar y el nombre de la escuela de cada niño. Para cualquier persona, incluyendo niños, sin ingresos, debe marcar la casilla "NO tiene ingresos."

Parte 2: Si cualquier niño para el cual está solicitando es sin hogar, migrante o ha huido, marque la casilla apropiada y llame a la escuela.

Parte 3: Siga estas instrucciones y reporte el ingreso total del hogar de este mes o del mes pasado.

- **Casilla 1-Nombre:** Liste todos los miembros del hogar con ingresos.
- **Casilla 2-Ingresos brutos y con qué frecuencia se recibieron:** Para cada miembro del hogar, liste cada tipo de ingreso recibido para el mes. Debe decirnos con qué frecuencia se recibió el dinero-semanal, cada dos semanas, dos veces al mes o mensual. Para el sueldo, asegúrese de listar el ingreso bruto, no el sueldo neto. El ingreso bruto es la cantidad que se gana antes de impuestos y otras deducciones. Puede encontrarlo en su recibo de pago o su jefe se lo puede decir. Para otros ingresos, liste la cantidad que cada persona recibió para el mes de asistencia social, manutención de menores, pensión alimenticia, pensiones, jubilaciones, seguro social, seguridad de ingreso suplementario (SSI), beneficios para veteranos (beneficios VA) y beneficios para discapacitados. Bajo Cualquier otro ingreso, liste la compensación para trabajadores, beneficios de desempleo o huelga, contribuciones regulares de personas que no viven en su hogar y cualquier otro ingreso. No incluya ingresos de SNAP, FDIPIR, WIC, beneficios educativos federales y pagos de acogida recibidos por la familia de parte de la agencia de acogida. SOLO para los independientes, bajo Sueldo del trabajo, reporte el ingreso después de gastos. Esto es para su negocio, granja o propiedad de alquiler. Si está en la Iniciativa de Vivienda Privatizada Militar o recibe paga por combate, no incluya estas prestaciones como ingresos.

Parte 4: Proporcione la firma de un miembro adulto del hogar.

Parte 5: Proporcione los datos de un miembro adulto del hogar que firme este formulario.