

**NORTH ATTLEBORO LOW INCOME
KINDERGARTEN REGISTRATION APPLICATION**

School Year 2019-2020

PART 1. STUDENT and SIBLING MEMBERS: List all children including children in school and children not in school who are living in the home.			
Name of Student Registering (First, Middle Initial, Last)	Check if you receive MA SNAP or MA TAFDC (You do not need to fill in Income Section below)	CHECK IF A FOSTER CHILD (LEGAL RESPONSIBILITY OF WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 3	CHECK IF HOMELESS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you checked off you receive SNAP: Please write the Agency ID here		Agency ID: Do not Provide EBT card Number	
Total Number of family members in your household:			
NAME OF ALL SIBLINGS (First, Middle Initial, Last)			
First, Middle Initial, Last	Age	First, Middle Initial, Last	Age

PART 2. 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. DO NOT INCLUDE MONEY RECEIVED FROM MA SNAP OR MA TAFDC.																
1. NAME (LIST ALL ADULTS AND THEIR INCOME. LIST CHILDREN WITH ANY 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	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (you must indicate how much and how often)
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>(Example) Jane Smith</i>	\$200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0
	\$	<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"/>	\$
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PART 3. SIGNATURE AND ADDRESS (ADULT MUST SIGN)
 A parent or caretaker adult must sign the application (see Use of Information Statement on the back of this page). I certify (promise) that all information on this application is true and that all income is reported. An adult household member must sign the application.

Sign here: _____ Print Name: _____ Date: _____

PLEASE NOTE, ALONG WITH THIS APPLICATION, YOU MUST PROVIDE THE FOLLOWING:

- 4 of your household's most recent pay stubs
- A copy of the first page of your household's most recent income tax return

*****This application does not qualify as a Free and Reduced Lunch Application*****