

**NORTH ATTLEBORO LOW INCOME
KINDERGARTEN REGISTRATION APPLICATION**

School Year 2020-2021

PART 1. REGISTERING STUDENT and SIBLINGS: List all children who are living in the home as part of the household.

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 receive SNAP: Please write the **Agency ID #** (not your EBT card #): _____

****You must provide proof that you currently receive MA SNAP Benefits. With your permission, if available, information may be shared by the School Nutrition Department. (circle one):** YES / NO **Your signature:** _____

Total Number of family members in your household:			
NAMES OF ALL SIBLINGS			
First, Middle Initial, Last Name	Age	First, Middle Initial, Last Name	Age

PART 2. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS).

List all income with each person who receives it. Check the appropriate box for how often the income is received.

1. LIST ALL ADULTS AND THEIR INCOME EVEN IF IT IS ZERO INCOME. ALSO, LIST CHILDREN WITH ANY INCOME (SSI, SSDI, etc).	2. GROSS INCOME AND HOW OFTEN IT IS 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) (ie: rental income)
		<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"/>	\$800 / month
	\$	<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

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.

Signature: _____ Address: _____ Date: _____

ALONG WITH THIS APPLICATION, YOU MUST PROVIDE THE FOLLOWING:

- **4 recent pay stubs or unemployment benefits for each person within the household.**
- **Proof for other types of income received.**
- **The pages of your most recent income tax return showing total gross income. If you filed separately, please provide individual returns for all adult household members.**
- **Current letter or proof that you receive MA SNAP Benefits ****if applicable******

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