



**DOLORES COUNTY**  
**SCHOOL DISTRICT RE-2(J)**  
PO Box 459, Dove Creek, CO 81324  
[www.dc2j.org](http://www.dc2j.org)

## 7th Street Elementary

**"We envision every student thinking, learning, achieving and caring."**

### **New Student Enrollment Packet School Year 2022-2023**

Welcome to 7th Street Elementary, home of the Dove Creek Bullpups!  
Enclosed is our current enrollment packet. Please return the following forms:

- Enrollment Form
- Request for Student Records
- Student Health History (2 pages)
- EZ School Message Broadcast
- Emergency Medical Auth. Form
- Walking Permission Slip
- ChromeBook and Email Notification
- Use of Internet and Electronic Communication (2 Pages)
- Opt-Out Form (ONLY if you Opt-Out)
- Handbook Acknowledgement
- Free and Reduced Lunch Info and Application

We will also need copies of the following (we can make copies for you):

- Student's Birth Certificate
  - Current immunization records.
  - Proof of Residency in Dolores County
- \*\* Non-Residents must schedule an appointment for an admittance meeting\*\***

We look forward to welcoming your student and family into our school! Please feel free to contact us with any questions or concerns.

Enrollment Form for Seventh Street Elementary			
First Name:	Middle:	Last Name:	Gender:
Preferred Name:	Grade:	Birth place:	DOB:
Hispanic/Latina? Yes No (Circle one)	Race:	Home Language:	
Access Internet? Yes No (Circle one)	SSN:	Email:	
<b>Primary Household (Student Resides At)</b>			
Do you have your own place of residence Yes or No		Do you live with family or friends Yes or No	
Mailing:		Street:	
City:	State:	Zip:	
<b>Information for adults living at the above address:</b>			
Name:	Relationship:	Phone:	
Employer:	Work #:	Email:	Cell#:
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No		POL account:	
Name:	Relationship:	Phone:	
Employer:	Work #:	Email:	Cell#:
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No		POL account:	
<b>Alternate Household (Non Custodial)</b>			
Name:	Relationship:	Phone:	
Mailing:		Street:	
City:	State:	Zip:	
Employer:	Work #:	Cell #:	
Name:	Relationship:	Phone:	
Mailing:		Street:	
Employer:	Work #:	Cell #:	
<b>Emergency Contacts: Enter Additional contacts not listed above:</b>			
Name:		Relationship:	
Home #:	Work #:	Cell #:	
Name:		Relationship:	
Home #:	Work #:	Cell #:	
Name:		Relationship:	
Home #:	Work #:	Cell #:	
Person(s) not allowed to pick up child:			
<b>Medical Information:</b>			
Medical Notes:			
Any Known Allergies:			
Child's Doctor:	Dentist:	Hospital of Choice:	
<b>Daycare Information: (if applicable)</b>			
Provider:		Phone:	
<b>Siblings (other students attending school in Dolores County School District)</b>			
First Name:	Last Name:	Date of Birth:	Grade:
Enrollment in this school is conditional upon receiving and approval of records, including discipline records, from schools previously attended.			

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Request for Student Records - 7th Street Elementary***

Date of Request: \_\_\_\_\_

Request sent via: \_\_\_\_\_

Name of Previous School or Agency: \_\_\_\_\_

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

Contact Name / Phone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Contact Email \_\_\_\_\_

**Student's Info:**

Legal Name:

Last

First

Middle

Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_

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

**The following records are hereby requested:**

- |  |  |
|--|--|
| <input type="checkbox"/> Transcripts or report cards                       | <input type="checkbox"/> Discipline records            |
| <input type="checkbox"/> Test data / standardized test scores              | <input type="checkbox"/> Immunization records          |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / Medical records      |
| <input type="checkbox"/> List of courses and grades at time of withdrawal  | <input type="checkbox"/> Sports Physical Documentation |
| <input type="checkbox"/> Attendance records                                | <input type="checkbox"/> Psychological records         |
| <input type="checkbox"/> Individual Literacy plan (if applicable)          | <input type="checkbox"/> Sociological Records          |
| <input type="checkbox"/> 504 Plan (if applicable)                          | <input type="checkbox"/> Copy of birth certificate     |
| <input type="checkbox"/> IEP or AEP (if applicable)                        | <input type="checkbox"/> Other: _____                  |

(Individual Education Plan or Advanced Education Plan)

**Signature of Requesting School Representative**

Administrative Assistant

Signature

Title

Date

**PLEASE SEND TO:**

7th Street Elementary Attn: Christine K  
PO Box 459  
Dove Creek, CO 81324  
Email: ckricheldorf@dc2j.org  
Phone: (970) 677-2296  
Fax: (970) 677-2356

**Please Mail All Special Education Requests to:**

San Juan Board of Cooperative Services  
Attn: Lorie Sutter  
201 East 12th Street  
Durango, CO 81301  
Phone (970) 247-3261  
Fax: (970) 385-9546

*The Family Educational and Privacy Rights Act (20 U.S.C. § 1232g., 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.*

Dolores County School District RE-2J  
Health History Form 2022-2023

Dear Parents/Guardians:

We would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please complete this form and sign at the bottom. Every student attending school will need to have this form completed each school year.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Medical History

Family Physician: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Environmental Allergies : \_\_\_\_\_

Animals, Insects, etc: \_\_\_\_\_

Does your child require use of an Epi Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain if yes: \_\_\_\_\_

Mark what applies to your child:

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	ADD/ADHD
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy/ Seizures
<input type="checkbox"/>	Dental Problems	<input type="checkbox"/>	Ear Infections
<input type="checkbox"/>	Vision Concerns/ glasses or contacts	<input type="checkbox"/>	Hearing Concerns/ hearing aides

Explain if other: \_\_\_\_\_  
\_\_\_\_\_

List all prescription, over-the-counter (OTC), or herbal supplements that your child takes. Including name, dosage, frequency and reason: \_\_\_\_\_  
\_\_\_\_\_

Explain if any medication is to be given at school: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any restrictions with activity: \_\_\_\_\_  
\_\_\_\_\_

Please explain anything else about your child's health that you think is important that the school staff should be aware of. Use an additional page if necessary. \_\_\_\_\_  
\_\_\_\_\_

According to the C.R.S. 22-1-116, the sight and hearing of all children in the Kindergarten, first, second, third, fifth, seventh and ninth grades, will be tested. All attempts are made to screen every student in the district. Please indicate below:



YES, Please screen my child.



NO, Please do not screen my child.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your child has a diagnosis that requires a care plan and a medication to be administered by school staff, please refer to Dove Creek's School Website for further instruction or contact the school nurse.

Lacey Larimore, RN  
Elementary 970-677-2296 Ext. 304  
MS/HS 970-677-2237 Ext. 209

All medications (prescription and over the counter) administered by staff at school on field trips and at sponsored school events must have a medication authorization form (if no care plan is present) signed by physician with prescribing authority and signed by parent or guardian. Please plan ahead with field trips and school sponsored events and have this documentation in place.

I attest that the information above regarding my child is true and accurate to the best of my knowledge. I authorize this health information to be shared with school staff members who may need it for the benefit of my child at any time during the school year. I hereby authorize the school nurse to discuss my child's health concerns and/or exchange relevant information with the health care providers listed on this form.

I authorize my students' school to share my child's immunization records with the Colorado Immunization InformationSystem (CIIS), the state's secure, confidential immunization registry, as a way to track and update my child's immunization records.

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

School Nurse Review Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EZ School Message Broadcast

This form is to be filled out in order to receive text messages via School Messenger.

Parent/Guardian's Name: \_\_\_\_\_

Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____

Please provide a phone number(s) we can send text messages to. Be advised these messages will be sent via text from the District, the HS/MS, the Elementary school or from all 3. You will not be able to respond to these messages. Some messages may not be relevant to your student(s), however we do ask you review them as to not miss any important notices.

Any phone numbers you provide will receive messages sent by the above mentioned groups based on your student's class.

Contact Name: _____
Contact Number: (     ) _____
Contact Name: _____
Contact Number: (     ) _____
Contact Name: _____
Contact Number: (     ) _____
Contact Name: _____
Contact Number: (     ) _____

You must contact your student's school office to stop receiving messages.

The district is not responsible or liable for any charges you may receive from your current cellular carrier due to texts received from SchoolMessenger.



**Student Emergency Medical Authorization**  
**7th Street Elementary**  
713 North Main, Dove Creek, CO 81324

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

Teacher: \_\_\_\_\_

School Year: **2022 - 2023**

I, \_\_\_\_\_, \_\_\_\_\_  
Parent/Guardian's Printed Name Relationship

of, \_\_\_\_\_  
Student's Name Age

of \_\_\_\_\_  
Complete Home Address, including zip code

**hearby authorize, in advance, any necessary medical treatment required for my son/daughter.**

Is this student presently under medical care: ☐ YES ☐ NO If yes, explain: \_\_\_\_\_

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

My student has the following allergies: \_\_\_\_\_

\_\_\_\_\_

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

Guardian's Phone: \_\_\_\_\_

Medical Insurance Co. Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_



# 7th Street Elementary

"We envision every student thinking, learning, achieving and caring."

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7th Street Elementary Enrollment Packet  
Walking Field Trip Permission Slip  
**\*\*Return to School with Signature**

## Walking Field Trip Permission Slip

Dear Parents/Guardians,

All of us at 7th Street Elementary are excited to start this year! In order to better socially distance our classes, we are making some changes to our recess and movement breaks. Your student's class may leave the school grounds to take a supervised walk around the block.

This letter is to inform you of our intentions and to ask for your permission to walk outside of school property. As always, your children will be supervised and taught in a safe manner.

This permission form is for short walks off the school grounds. If your student is going on a field trip for the day another permission slip will be sent home to notify parents/guardians and to receive permission.

Yes, my child \_\_\_\_\_, has permission to walk off school grounds and into the surrounding community with a supervising teacher/para.

This is for the current school year.

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Parent Signature

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Date



To Parents or Guardians,

7th Street Elementary is excited to be expanding our ChromeBook use in the classroom. As we expand our digital use and provide a new curriculum that is 21st Century Technology Friendly, we have found the iPads are not keeping up with the digital needs of the classroom or the curriculum.

To ensure our students are allowed access to all the resources the staff are using, we are slowly moving to ChromeBooks at the elementary school. These devices will allow the teachers to better manage the student's access to the internet and what resources are necessary for their student's digital education. With that in mind, the students will need a Google for Education Gmail account to use a ChromeBook.

The gmail for elementary students is heavily restricted to communicate only with the Dolores County School District's Domain. This means they cannot email anybody that does not have an @dc2j.org account. This also means they cannot receive any emails from a source that is not part of the @dc2j.org account. The student would be able to use the email on personal devices but it is not preferred as we do filter accounts associated with our domain of @dc2j.org 24/7.

If you have any questions about this please contact 7th Street Elementary at 970-677-2296.

Please sign below to indicate you have read and understand this policy.

Childs Name:

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Parents Name

---

Parent/Guardian Signature

Date

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## **Student Use of the Internet and Electronic Communications**

(Annual Acceptable Use Agreement)

### **Student**

I have read, understand and will abide by the district's policy on Student Use of the Internet and Electronic Communication. Should I commit any violation or in any way misuse my access to the school district's computers or computer system, including use of the internet and electronic communications, I understand and agree that my access privileges may be revoked and disciplinary and/or legal action may be taken.

If I am 18 years or older, I hereby release the school district from all costs, claims, damages or losses resulting from my use of district computers and computer systems, including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

*Your signature on this Acceptable use Agreement is binding and indicates you have read the school district's policy on Student Use of the Internet and Electronic Communications and understand it's significance.*

\_\_\_\_\_  
Student's Name (printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### **Parent or Guardian**

*If the user is under 18 years of age, a parent or legal guardian must also sign this agreement.*

As the parent or legal guardian of this student, I have read the district's policy on Student Use of the Internet and Electronic Communications. I understand that access to the internet and electronic communications is designed for educational purposes and that the school district has taken reasonable steps to block or filter material and information that is obscene, child pornography or otherwise harmful to minors, as defined by the Board. I also recognize, however, that it is impossible for the school district to prevent access to all materials or information I might find harmful or controversial and I agree not to hold the district responsible for any such materials and information accessed by my child. Further, I accept full responsibility for supervision if and when my child's internet or electronic communications use is not in a school setting.

## **Student Use of the Internet and Electronic Communications**

(Annual Acceptable Use Agreement)

**\*\*\*Continued from last page\*\*\***

I hereby release the school district from all costs, claims, damages or losses resulting from my child's use of district computers and computer systems, including use of the internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

I hereby give permission to issue an internet and electronic communications account for my child and certify that the information contained on this form is true and correct.

*Your signature on this Acceptable use Agreement is binding and indicates you have read the district's policy on Student Use of the Internet and Electronic Communications carefully and understand its significance.*

\_\_\_\_\_  
Parent/Guardian's Name (printed)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

### **OPT-OUT Form for Student Image Publishing**

Classroom activities and school events are sometimes photographed or videotaped by the school or media groups (newspaper, television, university, district public relations, etc.). In addition, the district or school may want to post articles, video or photography on district or school websites.

The form applies to classroom activities and school events that are not open to the public. Public events such as sporting events, theater productions, etc. are open to the public and are not covered by this form.

If you DO NOT want your child's photography, video and/or electronic images to be published for news media or school publicity purposes please complete this form and return to 7th Street Elementary by August 30, 2021 (or with your new registration packet).

- ☐ I DO NOT wish to have my child photographed or videotaped for purposes of news coverage for the school district publicity.

Signature of parent or guardian: \_\_\_\_\_

Printed name of parent or guardian: \_\_\_\_\_

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

Student's Current Grade: \_\_\_\_\_

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

**This form applies to the current school year only.**

**7th Street Elementary - Student/Parent Success Manual Acknowledgement**

A digital copy of the Success Manual is available at: [www.dc2j.org](http://www.dc2j.org)

The signature below acknowledges that I have access to and reviewed the 7th Street Elementary Student Success Manual for the current school year.

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

\_\_\_\_\_  
Date

I am aware it is my responsibility to furnish the school with a telephone number or other means of contacting me throughout the day. I am also aware that if this information changes it is my responsibility to contact the school and give them the new information so I may be contacted for general information or in the case of an emergency.

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

\_\_\_\_\_  
Date



# DOLORES COUNTY SCHOOL DISTRICT RE-2(J)

PO Box 459, Dove Creek, CO 81324  
www.dc2j.org

## Information about Applying for Free or Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **Dolores County School District RE-2J** offers healthy meals every school day. Breakfast costs **\$1.35 for 7<sup>th</sup> Street Elementary students and \$1.60 for Dove Creek HS/MS students.** Lunch costs **\$1.60 for 7<sup>th</sup> Street Elementary students and \$1.85 for Dove Creek HS/MS students.** **Your children may qualify for free or reduced-price school meals.** Students in all grades that qualify for free or reduced-price meals will receive breakfast and lunch at no charge.

This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. You can also find applications at the school or district offices or on our website [dc2j.org](http://dc2j.org). An application can be sent to you by calling the district office, (970) 677-2522.

Below are common questions and answers to help you with the application process.

1. WHO CAN RECEIVE FREE OR REDUCED-PRICE MEALS?
  - a. All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Needy Family (TANF/Colorado Works – Basic Cash Assistance or State Diversion), are eligible for free meals.
  - b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Foster children may be added as a household member of the foster family if the foster family chooses to apply. Including foster children as household members may help other children qualify for benefits. If the foster family is not eligible, it does not prevent a foster child from receiving benefits.
  - c. Children who qualify for their districts Head Start program are eligible for free meals.
  - d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
  - e. Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2022 – 2023			
Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	\$33,874	\$2,823	\$652
3	\$42,606	\$3,551	\$820
4	\$51,338	\$4,279	\$988
5	\$60,070	\$5,006	\$1,156
6	\$68,802	\$5,734	\$1,324
7	\$77,534	\$6,462	\$1,492
8	\$86,266	\$7,189	\$1,659
Each additional person:	\$8,732	\$728	\$168

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or

household? If you believe children in your household meet these descriptions and have not already been notified that your children will receive free meals, please call or e-mail **Roxie Guynes, [rguynes@dc2j.org](mailto:rguynes@dc2j.org)**.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Dolores County School District, ATT: Roxie Guynes, PO Box 459, Dove Creek, CO 81324 – [rguynes@dc2j.org](mailto:rguynes@dc2j.org) – 970-677-2522.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household are missing from your eligibility notification, contact **Roxie Guynes, PO Box 459, Dove Creek, CO 81324 – [rguynes@dc2j.org](mailto:rguynes@dc2j.org) – 970-677-2522** immediately.
5. CAN I APPLY ONLINE? No. At this time, we do not have online applications available.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only valid for that school year and for the first 30 days of this school year. You must send in a new application unless the school notified you that your child is eligible for the new school year.
7. I RECEIVE WIC. CAN MY CHILDREN RECEIVE FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in a completed free and reduced-price school meal application.
8. WILL THE INFORMATION I GIVE BE CHECKED? You may be selected to provide written proof of the household income you report on the application.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Ty Gray, PO Box 459, Dove Creek, CO 81324 – [tgray@dc2j.org](mailto:tgray@dc2j.org) – 970-677-2522.**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Immigration, migrant, citizenship or refugee status is not required to be provided during the application process, and families should continue to apply for free or reduced-price school meals. The application does require the last four numbers of a Social Security number or an indication that there is no Social Security number. Social Security number information is not reported to any organization outside of **Dolores County School District RE-2J.**
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income. The last four digits of the Social Security Number of an adult household member (or an indication of "none") is required to process a complete income application.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so. The last four digits of the Social Security Number of an adult household member (or an indication of "none") is required to process a complete income application.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Roxie Guynes, PO Box 459, Dove Creek, CO 81324** – [rguynes@dc2j.org](mailto:rguynes@dc2j.org) – **970-677-2522** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for other assistance benefits, contact your local assistance office. Colorado PEAK is an online service to screen and apply for medical, food and cash assistance programs. It can be accessed at <http://coloradopeak.force.com/>.

If you have other questions or need help, contact **Roxie Guynes, PO Box 459, Dove Creek, CO 81324** – [rguynes@dc2j.org](mailto:rguynes@dc2j.org) – **970-677-2522**

Sincerely,

**Roxie Guynes**  
Business Manager

#### **Non-discrimination Statement:**

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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

<b>High School/Middle School</b> Shane Baughman Principal / Athletic Director sbaughman@dc2j.org (970) 677-2237	<b>District Office</b> Ty Gray Superintendent tgray@dc2j.org (970) 677-2522	<b>Elementary</b> Charlotte Forst Principal cforst@dc2j.org (970) 677-2296
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# Dolores County School District RE-2(J) 2022-2023 Household Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a black or blue pen (not a pencil).

## STEP 1 List ALL Students' attending Dolores County School District RE-2(J) (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	Birth Date						Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
			M	M	D	D	Y	Y						

Check all that apply. Read **How to Apply for Free and Reduced-Price School Meals** for more information.

## STEP 2 If any household members (including you) currently receive assistance from any of the following programs: SNAP, TANF or FDPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

SNAP Case Number						TANF Case Number						FDPIR Case Number			

## STEP 3 Report income for ALL household members (skip this step if you provided a case number in STEP 2)

### A. Student Income

Please include the **TOTAL** income, if any, received by all students listed above.

Student Income	How Often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Annually
\$					

### B. All Other Household Members (including yourself)

In the spaces below list all other household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report **TOTAL GROSS INCOME (BEFORE TAXES AND OTHER DEDUCTIONS)** for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Names of All Other Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/ Child Support/Alimony	How Often?					Pensions/Retirement/ All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					

### Total Household Members

(Students' and Adults from Steps 1 and 3)

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Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed.

XXX-XX-

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Check box if no SSN ☐

## STEP 4 Contact information and adult signature. Mail signed and completed application to: PO Box 459, Dove Creek, CO 81324

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

			CO				
Mailing Address or PO Box	Apt. # or Lot #	City	State	Zip Code	Email Address		
Home or Cell Phone Number		SIGNATURE of Adult Household Member (Required)		Printed First and Last Name of Signer		Today's Date	

## STEP 5 Release of Information

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. If your students are eligible to receive free or reduced-price meals this information may be shared with the school/district for purposes of waiving school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals. **Your information WILL be shared unless you check one of the boxes below.**

<input type="checkbox"/> Do NOT share my information with any programs	<input type="checkbox"/> Do NOT share my information with the programs I have checked:	<input type="checkbox"/> Medicaid/SCHIP	<input type="checkbox"/> Advanced Placement (AP) Exam and/or (AP) Book Fees	<input type="checkbox"/> Accelerate College Opportunity Exam and/or Book Fees	<input type="checkbox"/> Student Fees	<input type="checkbox"/>
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See back of application ➡

## OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner. If the applicant declines to self-identify, identification of his or her race and ethnicity will be made using district records or visual identification and recorded in the data system.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

**NEED HELP BUYING GROCERIES?**

- Receive one-on-one assistance with applying for **food stamps**
- Referrals to **food pantries** and free meals
- Get information on child and senior **nutrition programs**

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**Food Resource Hotline**

**CALL US TODAY!** STATEWIDE, TOLL-FREE **855-855-4626**  
METRO DENVER **720-382-2920**

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**¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?**

- Reciba ayuda personalizada para solicitar las **estampillas de comida**
- Derivaciones a **bancos de comida** y comidas gratis
- Obtenga información sobre **programas de nutrición** para niños y ancianos

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**Línea Directa de Recursos de Comidas**

**¡LLÁMENOS HOY!** LÍNEA ESTATAL **855-855-4626**  
METRO DENVER **720-382-2920**

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**HUNGER FREE COLORADO** **HungerFreeColorado.org**



Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs.

Visit [coloradopeak.force.com](http://coloradopeak.force.com) to learn more.

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 submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition 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.

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Application Type:

☐ Total Household Income: \$\_\_\_\_\_ Household Size: \_\_\_\_\_  
Household Income Frequency - ☐ Weekly ☐ Bi-Weekly ☐ 2x/Month ☐ Monthly ☐ Annually

☐ Categorical Eligibility - ☐ SNAP ☐ FDPIR ☐ TANF ☐ Foster  
☐ Homeless/Migrant/Runaway/Head Start

Application Status:

Approved - ☐ Free ☐ Reduced

Denied - ☐ Over Income Guidelines ☐ Incomplete/Missing: \_\_\_\_\_

Notes: \_\_\_\_\_

Determining Official Signature:

Approval/Denial Date:

Notification Sent:

# **K-12 Student Accident Insurance** **Enroll Online**



**www.studentinsurance-kk.com**

Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help.

## **K-12 Accident Plans available through your school:**

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

## **How to Enroll Online**

Enrolling online is easy and should take only a few minutes. Go to **www.studentinsurance-kk.com** and click the **"Enroll Now"** button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to **www.studentinsurance-kk.com**. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo.

## **Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:**

- *Sólo accidentes en la escuela*
- *Sólo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

## **Cómo inscribirse en línea**

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite **www.studentinsurance-kk.com** y haga clic en el botón **"Enroll Now"** ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte **www.studentinsurance-kk.com**. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.