

REGISTRATION PROCEDURE

WHO IS ELIGIBLE TO ATTEND:

In accordance with the Middleton-Cross Plains Area School District's Admission Policy, any child who physically resides in the District for a purpose other than school attendance may be considered a resident student and may be eligible for tuition-free admission to the District's schools. Students will be assigned to the attendance school, based on address and the attendance boundaries defined by the district. However, the district reserves the right to assign students outside of the attendance boundary based on enrollment, class size or program needs if necessary.

WHAT IS NEEDED TO REGISTER:

A parent or guardian is required to provide to the Registrar's office the following information:

- Proof of Residency (a copy of **one** of the following):
 - Current Lease Agreement - (name, address, effective date and all parties signatures, both landlord and tenant)
 - Accepted Purchase Agreement – for a newly purchased home (name, address, occupancy or closing date and signatures) followed by MG&E or Alliant statement after move in
 - Building Contract & Building permit - (including name, address, projected completion date, and all signatures) followed by an occupancy permit upon move in
 - Current Utility (Gas, Water or Electric statements only- name, date, service address)
- Proof of student's age (please be prepared to present one of the following for verification of legal name, date of birth and place of birth):
 - Birth Certificate
 - ❖ For information on how to request a Birth Certificate, please go to: <http://dhs.wisconsin.gov/vitalrecords/birth.htm> or call Wisconsin Department of Health Services at (608) 266-1371.
- Immunization Record: The Wisconsin Immunization Registry (WIR) is a computerized internet database application that was developed to record and track immunization dates of Wisconsin children and adults. <https://www.dhs.wisconsin.gov/immunization/wir.htm> or your personal records.

FORMS:

The family will be asked to complete and return the following forms:

- Student Enrollment Form
- Transfer of Records Request (previous school contact information needed to complete), *if applicable*.
- Free and Reduced Meal Application, *if applicable*
- Resident Status Verification (If family has not established residency in their own name), *if applicable*.

Forms available to download from our Web site: <http://www.mcpasd.k12.wi.us/our-district/registrar-office/registration-forms>

WHERE DO YOU REGISTER:

Registrar's Office
 Middleton-Cross Plains Area School District
 District Administrative Center
 7106 South Avenue
 Middleton, WI 53562
 Phone: (608) 829-9031 Email: reg@mcpasd.k12.wi.us
 Fax: (608) 836-1536

Registration hours: Monday – Thursday (7:30am – 4:00pm)
 Fridays by appointment

Non English Speaking families: By appointment only if an interpreter is necessary.

BUILDING ENROLLMENT:

<p>ELM LAWN ELEMENTARY SCHOOL 6701 Woodgate Rd Middleton, WI 53562 FAX: (608) 831-4470 Phone: (608) 829-9070</p>	<p>NORTHSIDE ELEMENTARY SCHOOL 3620 High Rd Middleton, WI 53562 FAX: (608) 831-1355 Phone: (608) 829-9130</p>	<p>PARK ELEMENTARY SCHOOL 1209 Park St Cross Plains, WI 53528 FAX: (608) 798-4943 Phone: (608) 829-9250</p>
<p>SAUK TRAIL ELEMENTARY SCHOOL 2205 Branch St Middleton, WI 53562 FAX: (608) 828-1678 Phone: (608) 829-9190</p>	<p>SUNSET RIDGE ELEMENTARY SCHOOL 8686 Airport Rd Middleton, WI 53562 FAX: (608) 827-1805 Phone: (608) 829-9300</p>	<p>WEST MIDDLETON ELEMENTARY 7627 W. Mineral Point Rd Verona, WI 53593 FAX: (608) 829-1147 Phone: (608) 829-9360</p>
<p>GLACIER CREEK MIDDLE SCHOOL Guidance Department 2800 Military Rd Cross Plains, WI 53528 FAX: (608) 798-5425 Phone: (608) 829-9420 Ext 9428</p>	<p>KROMREY MIDDLE SCHOOL Guidance Department 7009 Donna Dr Middleton, WI 53562 FAX: (608) 831-8388 Phone: (608) 829-9530 Ext 9538</p>	<p>MIDDLETON HIGH SCHOOL Guidance Department 2100 Bristol St Middleton, WI 53562 FAX: (608) 831-1995 Phone: (608) 829-9917</p>
<p>CLARK STREET COMMUNITY SCHOOL 2429 Clark St Middleton, WI 53562 FAX: (608) 831-5160 Phone: (608) 829-9659</p>	<p>21st CENTURY eSCHOOL 2429 Clark St Middleton, WI 53562 FAX: (608) 831-5160 Phone: (608) 829-9648</p>	<p>MCPASD- 4K PROGRAM 7106 South Ave Middleton, WI 53562 FAX: (608) 836-1536 Phone: (608) 829-9067</p>

After registration has been completed and all necessary documentation submitted by the Parent/Legal Guardian, we ask families to call the building after 48 hours to set up an appointment to complete the building enrollment process.

STUDENT ENROLLMENT FORM

Registrar's Office Information – To be filled out by school official only

Student ID#-	Proof of Residency-			Proof of Age-		Staff Initials-
	Utility	Lease	Home Purchase	Birth Certificate	Passport	

STUDENT INFORMATION – To be filled out by parent or legal guardian:

Last Name (<i>legal</i>)		First Name (<i>legal</i>)		Middle Name (<i>legal</i>)		Suffix
Birth Date	Gender	Age	Nickname		Student Cell Phone (<i>if applicable</i>)	
Birth City		Birth County		Birth State		Birth Country (<i>if outside of US</i>)

STUDENT ENROLLMENT INFORMATION

Start Date	School Name	Grade	School Year
Last School Attended (<i>name of school, city, state, zip</i>)			First Date in US Schools (<i>if attended school in another country</i>)

PRIMARY GUARDIAN HOUSEHOLD INFORMATION

Household Address		Apt	City		State	ZIP
Household Phone		Tax/Municipality (<i>if known</i>)		District Boundary Schools (<i>if known</i>)		
Temporary/Interim Address (<i>if applicable</i>)			City	State, Zip		End Date
Adult Guardian Last Name		Adult Guardian First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		
*Adult Last Name		Adult First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		*If not legal guardian, to be used as Emergency Contact? YES <input type="radio"/> NO <input type="radio"/>
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date	Grade	Gender	
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date	Grade	Gender	
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date	Grade	Gender	

SECONDARY GUARDIAN HOUSEHOLD INFORMATION (*If Applicable, only fill out if other guardian lives outside of the Primary Home*)

Household Address		Apt	City		State	ZIP
Household Phone		Household Email Address				
Adult Guardian Last Name		Adult Guardian First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		
*Adult Last Name		Adult First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		*If not legal guardian, to be used as Emergency Contact? <input type="radio"/> YES or NO <input type="radio"/>

STUDENT ENROLLMENT FORM

ADDITIONAL CONTACTS					
Local Contact Last Name	Local Contact First Name	Home Phone	Work Phone	Cell Phone	Relationship
Doctor's Last Name	Doctor's First Name	Clinic	Clinic Phone	Hospital	
MILITARY CONNECTIONS					
			YES	NO	COMMENTS
1.	Is either parent or guardian on active duty in the military? WHO: _____				
2.	Is either parent or guardian a traditional member of the Guard or Reserve? WHO: _____				
3.	Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? WHO: _____				
SPECIAL NEEDS					
			YES	NO	COMMENTS
1.	Does the student currently receive "special education" services?				
2.	Has the student been evaluated for "special education" services?				
3.	Does the student currently receive "504 accommodations"?				
4.	Does the student current receive any other special services?				
HEALTH CONCERNS					
			YES	NO	COMMENTS/EXPLANATION
1.	Does the student have vision difficulty? (If yes, explain.)				
2.	Does the student have hearing difficulty? (If yes, explain.)				
3.	Does the student have asthma? (If yes, explain.)				
4.	Does the student have an inhaler at school? (If yes, explain.)				
5.	Does the student self-carry an inhaler?				
6.	Does the student have allergies? (If yes, explain.)				
7.	Is an epi-pen prescribed?				
8.	Does the student have diabetes, type 1?				
9.	Does the student have diabetes, type 2?				
10.	Has the student ever had a seizure? (If yes, explain.)				
11.	Is there medication to be required at school? (If yes, explain.)				
12.	Are there other health concerns the school should be aware of? (If yes, explain.)				
PRIVACY/TECHNOLOGY					
			YES	NO	COMMENTS
1.	May student and household information be published in the student directory? (See explanation under DISCLOSURE on p. 3.) This release includes school Year Book				
2.	May the student's name and other directory data be released in accordance with School Board policy 347 (A) 4? (See explanation under DISCLOSURE on p 3.)				
3.	May the student appear on the District Educational Channel and any Middleton Cross Plains School District produced media (ex. video, web, classroom video, etc.)? This release includes school Year Book				
4.	May the student's photo and/or name (when appropriate) be published on the District-sponsored Web Page?				
5.	May the student's information be shared with Military Recruiters/Higher Education? (<u>Grades 9-12 only</u> . See explanation under DISCLOSURE on p. 3.)				
6.	May the student receive e-mails announcing local, part-time job openings? (<u>Grades 9-12 only</u> .)				

MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT
REGISTRATION OFFICE – 7106 SOUTH AVENUE, MIDDLETON, WI 53562 PHONE 608.829.9031 FAX 608.836.1536
STUDENT ENROLLMENT FORM

RACE AND ETHNICITY DATA

The school district is required by state & federal law to ask the following two questions concerning race and ethnicity. Please answer the following questions.

❖❖ Is this student Hispanic or Latino? **(you must select at least one)**

Yes, Hispanic or Latino No, neither Hispanic nor Latino

❖❖ Select **one or more** of the following categories that apply to this person **(you must select at least one):**

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Asian Black or African American White

STUDENT ACCIDENT INSURANCE WAIVER

The Middleton-Cross Plains Area School District does **NOT** provide accident insurance coverage for student injuries incurred at school or from participation in school affiliated activities, (i.e.: athletics or clubs). The school district recommends that you review your current health and accident insurance to determine if coverage is adequate for your student. If you do not have insurance coverage, or you wish to supplement the insurance coverage you currently have for your student, the school district offers a voluntary (parent/guardian paid) student accident insurance plan.

For more information regarding the voluntary student accident insurance plan or to obtain an application form, please go to the following link: www.1stagency.com/voluntaryaccidentcoverage.htm and then follow directions by choosing STATE (Wisconsin) and SCHOOL DISTRICT (Middleton-Cross Plains Area School District).

Please initial the waiver statement below if you are not interested in the voluntary student accident insurance plan for your student.

_____/we have adequate insurance coverage for our student in the event of an accident or injury that would occur while our student is at
(Parent/Guardian initials)
 School or from participation in school affiliated activities.

DISCLOSURE

Student Directory: (#1 under Privacy/Technology Questions) Student directories are published and distributed to families to facilitate communication between students, parents and staff. Any other use is prohibited. This information is publishable unless notified in writing by the Parent/Legal Guardian within fourteen (14) days of registration. **This release includes school Year Book**

Student Directory Data: (#2 under Privacy/Technology Questions) "Directory data" means those student records that include the student's name, address, telephone listing, photograph, date of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, year in school, dates of attendance, degrees and awards received, and the name of the school most recently previously attended by the student. This release includes the student's school yearbook.

Student Directory Data is considered public information and may be released to persons and the media unless otherwise notified in writing by Parent/Legal Guardian within fourteen (14) days of registration (Wis. Stats. 118.125). Objections to the release of records should be filed with the building principal.

Requests from Military Recruiters/Higher Education: (#6 under Privacy/Technology Questions) The Family Education Rights and Privacy Act (FERPA), a Federal Law, requires school districts to comply with requests of military recruiters or institutions of higher education for secondary students' names, addresses and telephone numbers. This information is publishable unless notified in writing by the Parent/Legal Guardian within (14) days of registration.

Technology Acceptable Use Agreement: The use of computer technology in the schools must be consistent with the educational objective of the school district. Deliberate transmission of any material in violation of any U.S. or state regulation is prohibited. The District retains the right to monitor all data stored on hard drives and servers for compliance. Permission is assumed unless notified in writing by the Parent/Legal Guardian within fourteen (14) days of registration.

Health Information: Your signature grants permission for health information to be shared with the contacts listed, if needed, to remove your child from school if needed for illness or injury. You may also give permission on day of incident for others to remove child.

Expulsions: I hereby certify that the child listed above has not been expelled from and is not the subject of any pending expulsion proceeding in another school district.

I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of enrolling my child. I understand that incomplete or inaccurate information may delay, prevent or invalidate my child's enrollment in school. I agree I will promptly inform the school district of any changes in this information, including any changes in my address or the residency of my child.

SIGNATURE REQUIRED:

SIGNATURE OF PARENT/LEGAL GUARDIAN: >>	DATE SIGNED
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TRANSFER OF RECORDS REQUEST

{Wis. State Statute 118.125(4)}

MCPASD STUDENT INFORMATION:		
STUDENT LAST NAME:	STUDENT FIRST NAME:	DATE OF BIRTH:
ADDRESS:	CITY, STATE, ZIP:	OCCUPANCY DATE:
DATE OF ENROLLMENT IN MCPASD:	SCHOOL OF ATTENDANCE IN MCPASD:	GRADE / SCHOOL YEAR:

PREVIOUS SCHOOL TO OBTAIN RECORDS FROM:	
SCHOOL NAME:	SCHOOL DISTRICT:
SCHOOL ADDRESS:	SCHOOL CITY, STATE, ZIP
SCHOOL PHONE NUMBER:	SCHOOL FAX NUMBER:

RECORDS REQUESTING FROM PREVIOUS SCHOOL	
<input checked="" type="checkbox"/> BEHAVIORAL RECORDS {118.125(1)(a)}	<input checked="" type="checkbox"/> PROGRESS RECORDS {118.125(1)(cm)}
<input checked="" type="checkbox"/> PROGRESS RECORDS {118.125(1)(c)}	<input checked="" type="checkbox"/> HEALTH RECORDS AND IMMUNIZATIONS

ADDITIONAL RECORDS REQUESTED, IF APPLICABLE	
<input checked="" type="checkbox"/> GRADES IN PROGRESS	<input checked="" type="checkbox"/> CREDITS REQUIRED FOR GRADUATION
<input checked="" type="checkbox"/> GRADING SCALE USED	<input checked="" type="checkbox"/> WIAA ATHLETIC PERMIT CARD
<input checked="" type="checkbox"/> CURRENT IEP, LAST EVALUATION, CONSENT FOR EVALUATION AND CONSENT FOR PLACEMENT	<input checked="" type="checkbox"/> WIAA ELIGIBILITY VERIFICATION

SIGNATURE OF PARENT/GUARDIAN (not required)	
Signature of Parent / Legal Guardian: ➤	Date Signed:

SIGNATURE OF MIDDLETON-CROSS PLAINS EMPLOYEE REQUESTING RECORDS	
Signature: ➤	Date Signed:

SEND RECORDS TO (CHECK ONE):

<input type="checkbox"/> ELM LAWN ELEMENTARY SCHOOL 6701 Woodgate Road Middleton, WI 53562 FAX: (608) 831-4470 Phone: (608) 829-9070 Attn: Building Secretary	<input type="checkbox"/> NORTHSIDE ELEMENTARY SCHOOL 3620 High Road Middleton, WI 53562 FAX: (608) 831-1355 Phone: (608) 829-9130 Attn: Building Secretary	<input type="checkbox"/> PARK ELEMENTARY SCHOOL 1209 Park Street Cross Plains, WI 53528 FAX: (608) 798-4943 Phone: (608) 829-9250 Attn: Building Secretary	<input type="checkbox"/> SAUK TRAIL ELEMENTARY SCHOOL 2205 Branch Street Middleton, WI 53562 FAX: (608) 828-1678 Phone: (608) 829-9190 Attn: Building Secretary
<input type="checkbox"/> SUNSET RIDGE ELEMENTARY SCHOOL 8686 Airport Road Middleton, WI 53562 FAX: (608) 827-1805 Phone: (608) 829-9300 Attn: Building Secretary	<input type="checkbox"/> WEST MIDDLETON ELEMENTARY 7627 W. Mineral Point Rd Verona, WI 53593 FAX: (608) 829-1147 Phone: (608) 829-9360 Attn: Building Secretary	<input type="checkbox"/> GLACIER CREEK MIDDLE SCHOOL 2800 Military Road Cross Plains, WI 53528 FAX: (608) 798-5425 Phone: (608) 829-9420 Ext 9428 Attn: Guidance Office	<input type="checkbox"/> KROMREY MIDDLE SCHOOL 7009 Donna Drive Middleton, WI 53562 FAX: (608) 831-8388 Phone: (608) 829-9530 Attn: Guidance Office
<input type="checkbox"/> MIDDLETON HIGH SCHOOL 2100 Bristol Street Middleton, WI 53562 FAX: (608) 831-1995 Phone: (608) 829-9917 Attn: Guidance Office	<input type="checkbox"/> CLARK STREET COMMUNITY SCHOOL 2429 Clark Street Middleton, WI 53562 FAX: (608) 831-5160 Phone: (608) 829-9659	<input type="checkbox"/> 21ST CENTURY eSCHOOL 2429 Clark Street Middleton, WI 53562 FAX: (608) 836-1536 Phone: (608) 829-9648	<input type="checkbox"/> 4K-MCPASD 7106 South Ave Middleton, WI 53562 FAX: (608) 836-1536 Phone: (608) 829-9067

Student Information			
Student Name		Grade	

Purpose of the Home Language Survey

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Section 1

1. Was the first language used by this student English?

- Yes: Go to Question 2
- No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Go to Question 4
- No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

3. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 4

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 5

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 6

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 7

7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

- Yes: Go to Question 8
- No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner?

- Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook. Otherwise, student's ELP should be carried over from the sending district.
- No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

Section 2

Languages other than English used by the student, if identified: _____

Parent/Guardian preference for languages used for school communications (may be multiple):			
Parent/Guardian Name			
Oral		Written	
Parent/Guardian Name			
Oral		Written	

Parent/Guardian Signature: _____

Date: __/__/__

Parent/Guardian Signature: _____

Date: __/__/__

Section 3 (FOR OFFICE USE ONLY)

HLS Result: Screen / Do not Screen (circle one)

HLS administered by: _____, position: _____.

Date of Administration: __/__/__

CC: One printed copy in student cumulative file
One scanned copy to Bilingual Services (Only if HLS indicates English Language Proficiency screening is required) with records request

Family Name: _____

McKinney-Vento Homeless Assistance Act Eligibility Form

(Please complete one form per family)

Please check the line(s) below that best describes the *student's* living situation. The purpose of this form is to provide information to help make a determination of eligibility for rights and services under the McKinney-Vento Homeless Assistance Act.

Is the student(s) living in any of the following situations (check all that apply)?

- Sharing housing with others due to loss of housing, economic hardship or similar reason
- Staying in a shelter (family, domestic violence or youth shelter)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodation
- Living in transitional housing (case management *and* subsidy *and* time limited)
 Name and number of case manager _____
- Living in other situations that are not fixed, regular or adequate for nighttime residence.
- Children/youth living in a homeless situation who are also not under the care of a parent and/or legal guardian
- Migratory children who live in any of the circumstances as described above
- Although now permanently housed, my family was identified under McKinney-Vento during the current school year. If yes, which district: _____

If you checked any of the above please complete the remainder of this form and submit to school personnel. If you did not check any of the above, you do not need to complete or submit this form.

Please list all children in the household (up to age 21):

Name	Date of Birth	School

This form will be shared with MCPASD Transitional Education Program Social Worker Chris Mand. Chris will follow-up with you regarding eligibility for services. Completing this form will not automatically result in services under the McKinney-Vento Homeless Assistance Act. Please contact Transitional Education Program Social Worker, **Chris Mand, at (608) 826-7766**, for more information and/or questions.

MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT
Assistance for Fees and Technology Resources
2018-19 School Year
(Please check all that apply)

Yes, I release my free/reduced status to **Nutrition Services/Social Workers** for possible school fee reduction/waiver including

- | | | | |
|-----------------|--------------------------|-------------|-------------------|
| * Textbook fees | * Student athletic fees | * Club fees | * Planners |
| * Field Trips | * Instrument rental fees | * Locks | * Activity Passes |

Yes, I release my free/reduced status to authorized **Technology personnel** to access technology resources such as Google Chromebooks and graphing calculators (applies only to middle and high school)

No, I do not wish to be considered for possible school fee reduction or waiver

Student Name: _____ **School:** _____
(Please print) _____

Parent/Guardian Signature: _____ **Date** _____

Please return form to:

Lunch Express % Amy Gundeck
2130 Pinehurst Drive
Middleton, WI 53562

Questions??? Please contact
Amy Gundeck at (608) 829-2344
or agundeck@mcpasd.k12.wi.us

In addition, please contact your school social worker for possible school fee relief opportunities including but not limited to:

- School supplies
- Scholarships (yearbooks, book fair, testing)
- Snacks
- Information about community resources

Social Workers

Paley Nordlof	Northside	829-7649
Chris Mand	Elm Lawn	829-9022
Emily Stockbridge	West Middleton	829-7669
Kirsten Haag	Sauk Trail	829-9207
Susan Sims Mormino	Park/Sunset Ridge	829-7662
Brittany Copeland	Glacier Creek	829-9278
Nichole Carlisle	Kromrey	829-9544
Sara Estrella	Clark St	829-9645
Claire Staley (White Spruce)	MHS	829-9432
Kristin Wilson (Red Maple)	MHS	829-9793

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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

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

This institution is an equal opportunity provider.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS FOR SCHOOL YEAR 2018-19

Dear Parent/Guardian:

Children need healthy meals to learn. The Middleton-Cross Plains Area School District offers healthy meals every school day. Breakfast costs \$1.50/\$1.80/\$2.05; lunch costs \$2.55/\$2.85/\$3.10. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.00 for breakfast and \$0.00 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR)], or W-2 cash benefits are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may qualify to receive free or reduced price meals if your household’s income is at or below the limits on the Federal Income Eligibility Guidelines.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2018-2019			
Household size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

- 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 been told your children will get free meals, please call or e-mail Chris Mand at (608)829-9022 or cmand1@mcpsd.k12.wi.us.
- 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: MCPASD, Attn: Amy G., 2130 Pinehurst Drive, Middleton, WI 53562, 608-829-2344, or agundeck@mcpsd.k12.wi.us
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS?** Please read the letter you received carefully and follow the instructions. If your letter indicated you qualify for free meals, then no application is needed. If any children in your household were missing from your eligibility notification, contact Amy Gundeck, 2130 Pinehurst Drive, Middleton, WI 53562, 608-829-2344, agundeck@mcpsd.k12.wi.us immediately. If your household was notified it qualified for reduced price meals, we encourage you to complete an application to potentially qualify for free meals based on household size and income.
- 5. MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child’s application is only good for that school year and for the first few days of this school year, through October 16, 2018. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new

application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals, but it is based on income. Please send in an application.
7. MY CHILD(REN) QUALIFIES FOR BADGERCARE PLUS OR MEDICAID. CAN MY CHILD GET FREE MEALS? Children with BadgerCare Plus, Medicaid, or subsidized insurance may be eligible for free or reduced price meals, but it is based on income. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
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: Lori Ames, 7106 South Avenue, Middleton, WI 53562.
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.
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.
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.
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, 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. Do not include any combat pay resulting from deployment as income.
15. WHAT IF THERE IS NOT 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.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for FoodShare or other assistance benefits, contact your local assistance office or call 1-800-362-3002.

If you have other questions or need help, call Amy at 608-829-2344.

Sincerely,

Amy Gundeck

Financial Specialist

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS for 2018-19 School Year

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Middleton-Cross Plains Area School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order. If at any time you are not sure what to do next, please contact Amy Gundeck at agundeck@mcpasd.k12.wi.us or 608-829-2344.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income; and
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth, or enrolled in a Head Start program.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Enter the grade and the name of the school the child attends or mark n/a if not in school. Enter the grade level of the student in the 'Grade' column.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the children's names. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, runaway or enrolled in a Head Start program? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway or Head Start" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FoodShare, W-2 Cash Benefits OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or FoodShare.
- Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits.
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above assistance programs:

- Write a case number and name of the assistance program you or any member of the household participates for FoodShare, W-2 Cash Benefits, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your case worker. Medicaid and BadgerCare case numbers do NOT qualify for free meals.
- Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Children" and "Sources of Income for Adults," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes. Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s personal income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

List adult household members’ names.

- Print the name of each household member in the boxes marked “Name of Adult Household Members (First and Last).” When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, children and students already listed in **STEP 1.**

C) Report earnings from work. Report all total gross income (before taxes) from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony.

Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from pensions/retirement/all other income.

Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

F) Fluctuating Income. For seasonal workers and others whose income fluctuates and usually earn more money in some months than others. In these situations, project the annual rate of income and report that. This includes workers with annual employment contracts but may choose to have salaries paid over a shorter period of time; for example, school employees.

G) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

H) Provide the last four digits of your Social Security Number (SSN). An adult household member must enter the last four digits of their SSN in the space provided. You are eligible to apply for benefits even if you do not have a SSN. If no adult household members have a SSN, leave this space blank and mark the box to the right labeled “Check box if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

An adult member of the household must sign the application. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print or sign your name. The adult filling out the application must print or sign their name in the signature box.

C) Return completed form to: MCPASD, Attn: Amy G. 2130 Pinehurst Drive, Middleton, WI 53562

D) Share children’s racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

2018-2019 Household Application for Free and Reduced Price School Meals

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

STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members If more spaces are required for additional names, attach another sheet of paper.

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	MI	Child's Last Name	Grade	School the child attends or NA if not in school	<table border="1" style="font-size: 8px;"> <tr> <td style="width: 5%;">Foster Child</td> <td style="width: 5%;">Homeless, Migrant, Runaway</td> <td style="width: 5%;">Head Start</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Foster Child	Homeless, Migrant, Runaway	Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Child	Homeless, Migrant, Runaway	Head Start									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDPIR? Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number	Program Name (Required)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Write only one case number in this space. Medicaid & Badger Care does not qualify

STEP 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to STEP 2) Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children and students up to and including grade 12 listed in STEP 1 here.

	How often?
Child income	Weekly Bi-Weekly 2x Month Monthly
\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

B. All Adult Household Members (including yourself)

List all 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) for each source in whole dollars only (no cents). If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.

Name of Adult Household Members (First and Last Name)	C. Earnings from Work				D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefit				E. Pensions/Retirement/ Social Security, Other Income				\$
	How often?				How often?				How often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

G. Total Household Members (Children and Adults)—REQUIRED

H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member—REQUIRED or check box if no SSN

Check box if no SSN

STEP 4 Contact information and adult signature Return completed form to your school. Insert your school district mailing address here

"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."

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
--	--

Printed Name OR Signature of Adult Completing this Application—REQUIRED

Today's Date *Mo./Day/Yr.*

INSTRUCTIONS

Source of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Gross earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability payments - Survivor's benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross salary, wages, cash bonuses - Net income from self-employment (farm or business); FARM —refer to line 18 of the 1040 or line 34 from Schedule F; BUSINESS —refer to line 12 of 1040 or line 31 from Schedule C. If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

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.

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

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW Washington, D.C. 20250-9410
 Fax: (202) 690-7442; or
 Email: program.intake@usda.gov

This institution is an equal opportunity provider.

The above address is for discrimination complaint purposes only. Please return this complete application to your school, not to USDA.

Do not fill out

For School Use Only

Annual Income Conversion: Weekly x 52, Bi-weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?					Household Size	Categorical Eligibility	Eligibility			Date Denied	Reason for Denial or Withdrawal
	Weekly	Bi-Weekly	2x Month	Monthly	Yearly			Free	Reduced	Denied		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Determining Official's Signature	Date Mo./Day/Yr.		Confirming Official's Signature		Date Mo./Day/Yr.		Verifying Official's Signature		Date Mo./Day/Yr.			
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
			Required for Verification process only				Required for Verification process only					