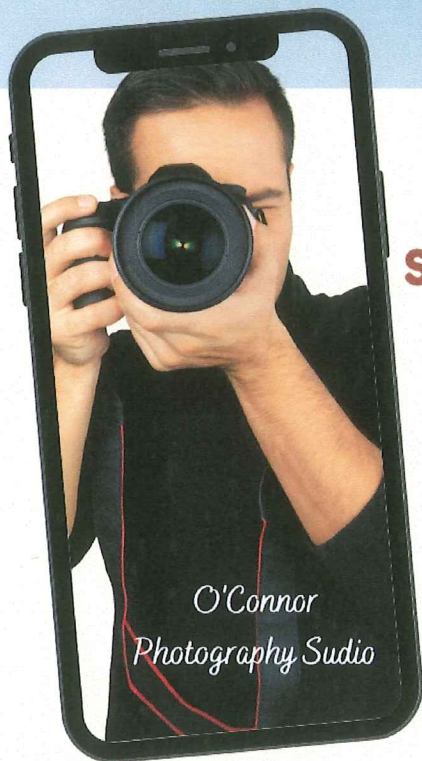


# WELCOME BACK TIGERS 2024-2025

## Counselors:

10th & 12th Grade - Ms. Tanya Everson: [teverson@gfalls.wednet.edu](mailto:teverson@gfalls.wednet.edu)

9th & 11th Grade - Ms. Wendy Hartley: [whartley@gfalls.wednet.edu](mailto:whartley@gfalls.wednet.edu)



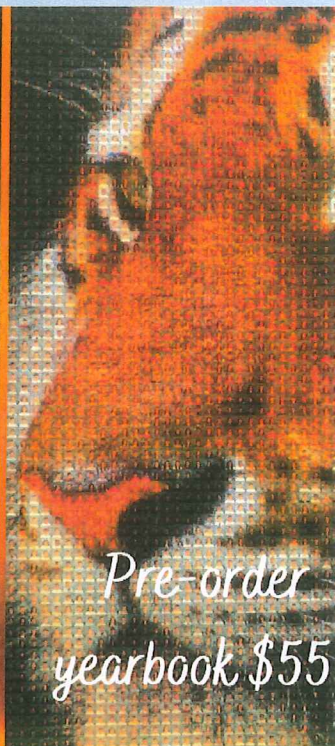
**SENIORS/JUNIORS  
AUGUST 26TH**

**SOPHOMORES/FRESHMAN  
AUGUST 27TH**

**FROM 8-11AM & 12-2PM**

- BUY ASB CARD \$50
- PRE-ORDER YEARBOOKS \$65
- SCHOOL PICTURES
- PICKUP SCHEDULES
  - see counselor for schedule changes
- HEALTH SCREENING - 9th GRADE

**YEAR OF THE TIGER**



Freshman & new  
student health  
screening for vision &  
hearing (if you wear  
glasses please bring  
them)



**High School Office Re-opens  
August 19th 7am-3:30pm  
360.691.7713**

**New Student Registration starts  
August 20th 8-11am & 12-2pm**

**E** 1  
**F P** 2  
**T O Z** 3

*Back  
to  
School*

**Freshman  
Link Day**



**September 4th**





- **Picture Day with O'Connor Photography Studio:**

[www.oconnorphotographystudio.com](http://www.oconnorphotographystudio.com)

Click on order online 2024-2025

- August 26th & 27th 8am-11am & 12pm-2pm

- Return any outstanding textbooks & library books from 23-24 school year. The High School Office will be open starting August 19th from 7am-3:30pm.
- Please make sure to update yearly student information through Family Access in Skyward.

#### **Electronic Policy:**



There is an electronic policy for the 24-25 school year. No phones/electronics out during class time unless approved by the teacher.

#### **Absences:**

If your student is going to be missing a day from school, please call to excuse them, 360.691.7713 or 360.283.4400. If you go the doctor, dentist or any medical appointment please bring in a copy of documentation to excuse student's absences. You may also excuse your students' absences through Skyward in family access.

#### **Health Room:**



Friendly reminder if you are not feeling well, please stay home. If you have any questions or concerns, please call the high school and talk with Ms. Hampton in the Health Room at 360.283.4402 or 360.691.7713 EXT 7009.

#### **Expectations For Dress – Dress For Success**

Granite Falls High School is committed to providing a respectful learning environment for all students and staff. Students may express their individuality in their dress as long as their appearance does not cause a disruption to the educational process for themselves, other students, or staff. Students' choice in matters of dress and appearance shall be regulated when the sensibilities of others are impacted, in the judgment of school officials. The following expectations apply: Shorts and skirts must be mid-thigh or longer, shirts and tank tops must cover the stomach, back, and chest. Uncovered tube tops, spaghetti straps, halter tops, and tops with only one shoulder strap are not appropriate for school. Undergarments or clothing worn as undergarments must not be showing – this includes tank tops that are intended as undergarments. Clothing should not be "see-through". Clothing and accessories depicting the following should not be worn at school: promotion of drugs, alcohol, violence, racism, sexism, tobacco, use of profanity or associated innuendos, or displaying symbols or exhibiting behavior representing gang membership or affiliation. Students are encouraged to wear spirit clothing (black, orange, and white) every Friday. Students found to be in violation of the above policy, will be sent to the office and:

1. Be required to change clothing or go home (with guardian).
2. Subsequent offenses will be regarded as insubordination and will be handled according to guidelines in the policy handbook.



### **School Fees:**

Students are encouraged to purchase an ASB Card. The money derived from the sale of ASB Cards helps fund student activities, such as athletics, clubs, and special events. An ASB Card entitles the purchaser to free admission to all home athletic events, and discounts to some activities (an ASB Card is required for all students participating in athletics and activities as well as qualify for campus parking).

- FFA Dues \$40.00 (includes t-shirt)
- FBLA Dues \$30.00
- FCCLA Dues \$30.00
- Skill USA Dues \$10.00
- ASB Card \$50.00
- Art Class \$25.00 per semester
- Ceramics \$25.00 per semester
- Yearbook \$65.00
- Senior Parking Spot Painting Fee \$25
- PE (t-shirt) \$10.00

### **Athletic Fees:**

- Participation fees (\$75) must be paid after the selection of the teams and before the first contest.
- Refunds will be provided if an athlete quits due to illness or injury prior to the first interscholastic contest (medical documentation must be presented) or an athletic quits due to the family moving prior to the first interscholastic contest.
- No refunds will be approved for athletics who are dropped for athletic code violations or who do not meet grade requirements or who quit after the first interscholastic contest.
- Fees will not be prorated for students that join the season late.
- Fees or a request for a waiver for free/reduced lunch must be turned into the athletic office.
- Scholarships are available. Contact the school principal for more information.

### **Sports Fees      Child 1 + additional child + 2 additional children**

First sports fee	\$75	\$75	No fee
Second sports fee	\$60	\$40	No fee
Third sports fee	No fee	No fee	No fee
Max cost per child	\$135	\$115	No Fee
Max cost per family	\$250	\$250	\$250

Reduced/ free lunch students may play sports at no cost with approval or fee waiver





## **News from the ASB/Athletic Office**

**360.283.4401**

**Football Registration Only Aug 20th 9-2pm**

**Soccer, Volleyball & Cross-Country Registration: Aug 22nd & Aug 23rd 9am-2:00pm. Skyward is open for online Athletic Registration starting 7/15/2024**

**Practice starts:**

**Football 8/21/24 - Cross Country 8/26/24**

**Girls Soccer 8/26/24 Volleyball 8/26/24**

**STUDENTS MUST BE CLEARED THE DAY BEFORE PRACTICE TO ALLOW TIME FOR THE ATHLETIC OFFICE TO PROCESS PAPERWORK FOR THE COACHES.**

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### **ONLINE ATHLETIC REGISTRATION FORMS ON SKYWARD FAMILY ACCESS ONLINE REGISTRATION OPENS 7/15/2024**

Link to Family Access can be found at our website [www.gfalls.wednet.edu](http://www.gfalls.wednet.edu)

Notes about the forms:

- The name on the tab is called "Online Forms"
- You must have our Family Access login and password
- Forms will not work through mobile version
- Online forms are available now
- Only family one has access to the forms
- Forms only need to be completed one time per school year
- Information is from the school's database to save you time
- No computer?? No problem, we will have computers available at the school for sign-ups
- Need step by step directions for the forms? They are available on the district website at: [www.gfalls.wednet.edu](http://www.gfalls.wednet.edu) - Click on department/programs/athletics & academics





# **High School Sports Schedules:**

## **All High School Sports Schedules can be found at:**

### **[www.granitefallsathletics.com](http://www.granitefallsathletics.com)**

#### **How to get cleared to play sports:**

- All forms done online through the parent's side (Family 1) of Skyward Family Access (no paper forms. accepted). Online Registration opens 7/15/24
- Current physical exam (good for 2 years and cannot expire during the season).
- ASB Card \$50 (can be paid online in Skyward in Fee Management)
- All fines must be paid
- Get your name on the list at the Athletic Office
- Participation Fee (\$75) paid after the selection of the team and before the first contest
- Athletes must be covered with adequate health insurance or purchase school insurance.
- Athletes must be passing five full time subjects
- For non-traditional HS students additional form needed - Academic Eligibility Stands Contract (see Athletic Office)
- Any Athlete who does not live with his/her own parent/guardian in the Granite Falls School District must get the Athletic Directors signature before he/she is permitted to turn out for any team. No exceptions. (You may be required to complete student eligibility packet)
- New Students must meet with the Athletic Director to determine eligibility



#### **Paying online with Credit Cards**

**In Family Access the "Fee Management" tab you will be able to pay online through RevTrak. Items you can pay for: ASB Card, Yearbook, dues, fee's and any fines your student may have.**

**Questions, please call the Athletic Secretary @ 360.283.4401  
or email Mr. Bianchini Principal/Athletic Director @ [dbianchini@gfalls.wednet.edu](mailto:dbianchini@gfalls.wednet.edu)**





# FOOTBALL SCHEDULE

sports\_granitefallsathletics.com

<u>DATE</u>	<u>TIME</u>	<u>JV/V</u>	<u>LOCATION</u>	<u>OPPONENT</u>
9/06/24	7:00pm	Varsity	Home	East Jefferson
9/09/24	5:30pm	JV	Away	Kings
9/13/24	7:00pm	Varsity	Away	Sultan
9/20/24	7:00pm	Varsity	Away	Coupeville
9/27/24	7:00pm	Varsity	Home	Blaine
10/4/24	7:00pm	Varsity	Away	Bellingham
10/7/24	7:00pm	JV	Home	Kings
10/11/24	7:00pm	Varsity	Away	Friday Harbor
10/18/24	7:00pm	Varsity	Home	South Whidbey
10/25/24	7:00pm	Varsity	Home	Cedar Park Christian
11/01/24	7:00pm	Varsity	Away	Kings
11/04/24	5:30pm	JV	Home	Kings





## **SOCCER SCHEDULE**

**sports\_granitefallsathletics.com**

<b>DATE</b>	<b>TIME</b>	<b>JV/V</b>	<b>LOCATION</b>	<b>OPPONENT</b>
9/07/24	12/2pm	JV/V	Home	Marysville
9/10/24	4:00pm	Varsity	Away	Kings
9/12/24	5:30/7:30pm	JV/V	Away	Sultan
9/14/24	12/2pm	JV/V	Home	Lynnwood
9/17/24	4/6pm	JV/V	Home	Bush
9/19/24	4/6pm	JV/V	Home	South Whidbey
9/21/24	12:00pm	Varsity	Home	Nooksack Valley
9/24/24	4/6pm	JV/V	Home	Bear Creek
9/26/24	4/6pm	JV/V	Home	Kings
10/01/24	4:00pm	Varsity	Home	Sultan
10/08/24	6:00pm	Varsity	Home	Overlake
10/10/24	3:30pm	Varsity	Home	University Prep
10/15/24	4/6pm	JV/V	Home	Cedar Park Christian
10/16/24	3:45pm	Varsity	Away	Eastside Prep
10/22/24	3:30pm	Varsity	Away	Northwest



## VOLLEYBALL SCHEDULE

<u>DATE</u>	<u>TIME</u>	<u>JV/V</u>	<u>LOCATION</u>	<u>OPPONENT</u>
9/07/24	8:00am	Varsity	Away	Everett
9/10/24	4/5:30pm	JV/V	Away	Friday Harbor
9/16/24	4-7pm	C/JV/V	Away	Bush
9/18/24	4/5:30pm	JV/V	Home	Northwest
9/21/24	12/1:45pm	JV/V	Home	Marysville
9/24/24	5:15/6:45pm	JV/V	Home	Bear Creek
9/25/24	4/5:30	JV/V	Away	University Prep
9/30/24	4/5:30	C/JV/V	Home	Bear Creek
10/01/24	4/5:45pm	JV/V	Away	Summit Sierra
10/09/24	5/6:30pm	JV/V	Home	Bush
10/14/24	5/6:30pm	JV/V	Home	University Prep
10/16/24	4-6:45pm	C/JV/V	Away	Northwest
10/19/24	1/2:45pm	JV/V	Home	Orcas
10/28/24	5/6:45pm	JV/V	Home	South Whidbey
10/30/24	5/6:30pm	JV/V	Home	Summit Sierra

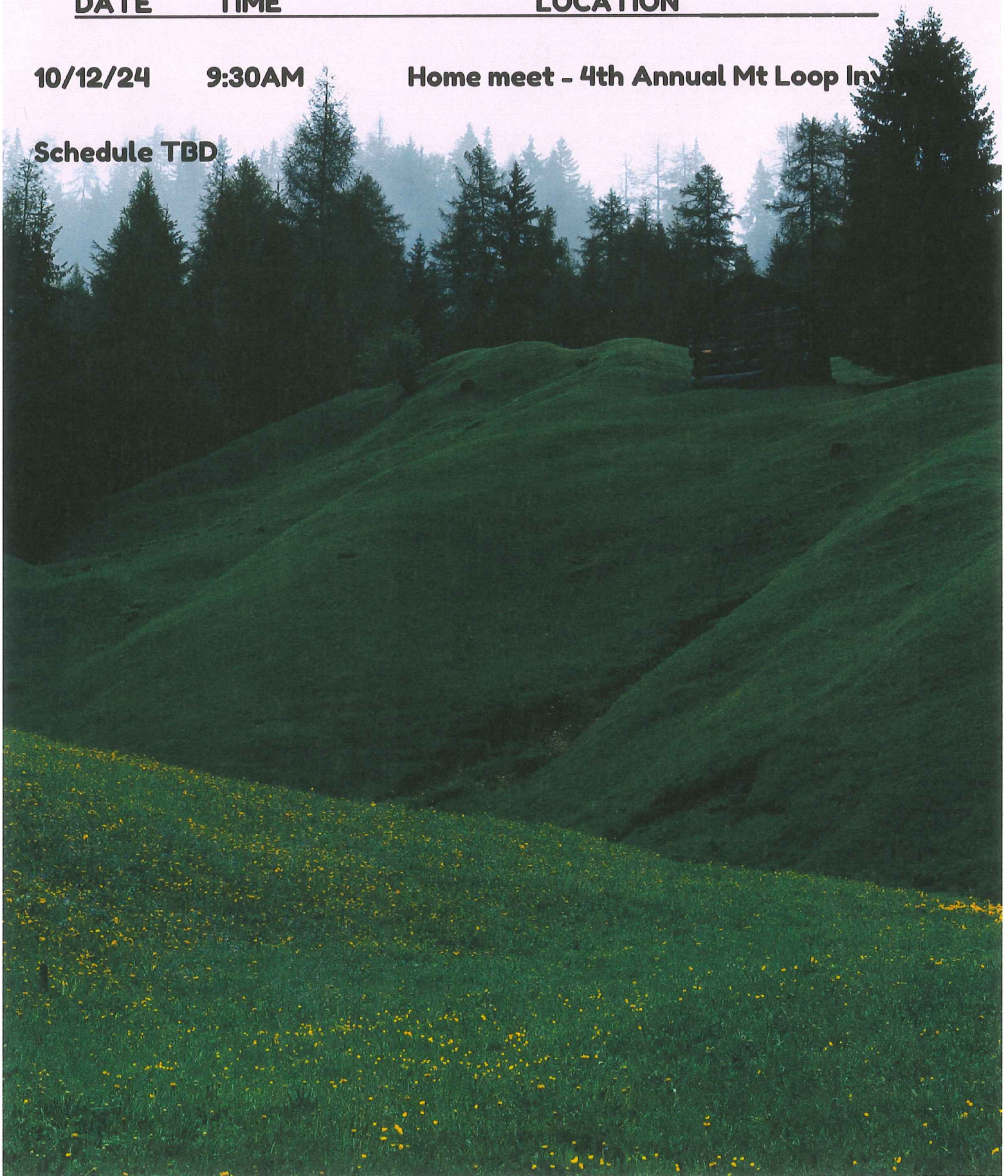


# CROSS COUNTRY SCHEDULE

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
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10/12/24	9:30AM	Home meet - 4th Annual Mt Loop Inv
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Schedule TBD





Granite Falls School District

**Student Health Registration Form**

*This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

**MEDICAL**

Does your child have a doctor or nurse practitioner? Yes \_\_\_ No \_\_\_

Name of child's doctor or nurse practitioner \_\_\_\_\_ phone number \_\_\_\_\_

In the past 12 months, did you have problems obtaining medical care for your child? Yes \_\_\_ No \_\_\_

**DENTAL**

Does your child have a dentist? Yes \_\_\_ No \_\_\_ Name of child's dentist \_\_\_\_\_ phone number \_\_\_\_\_

Did your child receive a dental exam in the last 12 months? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

Describe the condition of your child's teeth? Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Don't know \_\_\_

In the past 12 months, did you have problems obtaining dental care for your child? Yes \_\_\_ No \_\_\_

**INSURANCE**

Does your child have medical insurance coverage? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Name of provider \_\_\_\_\_

Does your child have dental insurance coverage? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Name of provider \_\_\_\_\_

Does Medicaid insure him/her? (Apple Health for kids) Yes \_\_\_ No \_\_\_ Don't know \_\_\_

**MEDICAL HISTORY**

*Have you ever been told by a physician or health care professional that your child has:*

___ Asthma	___ Seizure disorder	___ Bleeding disorder	___ ADD/ADHD
___ Diabetes	___ Bone/muscle disease	___ Skin condition	___ Learning disability
___ Heart condition	___ Mental health condition (i.e., depression, anxiety, eating disorder)	___ Other _____	

*Does your child experience any of the following?*

___ Nose bleeds	___ Frequent ear aches	___ Overweight for age	___ Physical disability
___ Poor appetite	___ Frequent stomach aches	___ Frequent headaches	___ Fainting spells
___ Tires easily	___ Emotional concerns	___ Underweight for age	___ Other _____

Do any of the above condition(s) limit/effect your child at school? \_\_\_\_\_

**LIFE-THREATENING CONDITIONS**

Does your child have a life-threatening health condition? Yes \* \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

**\*If yes, a meeting with the school nurse is required. Washington State Law requires medication or treatment orders and a health care plan be in place prior to starting school.**

**ALLERGIES**

Plants \_\_\_ Animals \_\_\_ Food \_\_\_ Molds \_\_\_ Drugs \_\_\_ Bees \_\_\_ Other \_\_\_\_\_

Please describe the allergic reaction and the treatment for each checked allergy \_\_\_\_\_

Do you plan for your child to receive school prepared meals? Yes \* \_\_\_ No \_\_\_

\*an additional form must be completed for food allergies

**MEDICATION**

Does your child take any medication? Yes \_\_\_ No \_\_\_ If yes, name of medication: \_\_\_\_\_

Purpose \_\_\_\_\_ Will medication be needed at school? Yes\* \_\_\_ No \_\_\_

**\*If your child needs to take medication at school, please contact the office for the necessary authorization form. This form must be completed prior to any medication being brought to school.**

**HEARING/VISION**

Do you have concerns about your child's hearing? Yes \_\_\_ No \_\_\_ Does your child wear hearing aides? Yes \_\_\_ No \_\_\_

Do you have concerns about your child's vision? Yes \_\_\_ No \_\_\_ Does your child wear glasses or contacts? Yes \_\_\_ No \_\_\_

**SPEECH/LANGUAGE**

Do you have concerns about your child's speech and/or language? Yes \_\_\_ No \_\_\_ Do others have difficulty understanding your child?

Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

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



# GFHS VEHICLE REGISTRATION

**Permit #**

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Year/Make of Vehicle & Model License Plate # Color**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**You must have an ASB Card, valid Driver's License and insurance.**

**Cars parked illegally (no parking zone, fire lane, blocking other cars, using more than one space.**

**Staff parking area is off limits (student's cars may be towed).**

**Your parking permit can and will be revoked for reckless endangerment, reckless driving and or speeding.**

**Only cars with passes will be allowed in the student parking lot. Passes cannot be transferred.**

**I, \_\_\_\_\_, being a member of the Associated Student Body of Granite Falls, High School, acknowledge that I have a valid Driver's License and adequate car insurance and have read the above rules and regulations regarding motor vehicle use while at school.**

**I realize that failure to abide by these rules may result in loss of my driving privileges for a specified length of time.**

**Signed:** \_\_\_\_\_



## National School Lunch Program/School Breakfast Program 2024–25 Letter to Households (Public Schools)

Dear Parent/Guardian:

Completing the Child Nutrition Eligibility & Education Benefit Application may qualify you for: free or reduced-price meals, Summer EBT benefits, reduced fees for other programs and activities, and help secure funding for your school district. The cost of school meals is shown below.

Breakfast and lunch will be served at no cost to those children who qualify for free and reduced-price meals in grades K-12. All other students will be charged the rates shown below.

Grade Level	Breakfast	Lunch
1-5	Free	Free
6-8	Free	Free
GFHS	\$2.25	\$ 3.75
CR/OD	Free	Free

### Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application **YOUR YOUNGEST CHILDS SCHOOL OFFICE OR KITCHEN.**

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

### What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at [360.283.4310](tel:360.283.4310).

USDA Child Nutrition Program Income Guidelines Effective July 1, 2024–June 30, 2025					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each add'l family member, add:	\$9,953	\$830	\$415	\$383	\$192

**HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

**HOUSEHOLD INCOME** is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

### What must be on the application?

#### A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1, 2, 3, 4, and 5*; *Part 6* is optional.

#### B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1 and 5*; *Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

**Last 4 digits of SSN are not required for B.**



**National School Lunch Program/School Breakfast Program  
2024–25 Letter to Households (Public Schools)**

**What must be on the application? *continued***

**C. For a family getting Basic Food/TANF/FDPIR:**

- List all student names
  - Enter a case number
  - Adult household member's signature
- Complete *Parts 1, 2, 4, and 5. Part 6 is optional.*  
**Last 4 digits of SSN are not required for C.**

**D. For household with a foster child(ren) and other children:**

Apply as a household and include foster children. Follow the directions for "**A. For households not getting any assistance:**" and include the foster child's personal use income.

**What if I'm not receiving basic food dollars?**

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

**Do my children automatically qualify if they have a case number?**

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

**If anyone in my household has a case number, will all children qualify for free meals?**

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

**Basic Food - Can I qualify for assistance in buying food?**

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to <https://www.dshs.wa.gov/esa/community-services-offices/basic-food>.

**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. Any additional combat pay resulting from deployment is also excluded from income.

**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. You must send in a new application unless the school told you that your child is eligible for the new school year.

**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.

**Health Coverage**

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

**What if my child needs special foods?**

If your child needs special foods, contact the school/district food service office.

**Proof of Eligibility**

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

**Fair Hearing**

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Marshall Kruse, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 360.283.4314.

**Reapplication**

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.



**National School Lunch Program/School Breakfast Program  
2024–25 Letter to Households (Public Schools)**

**USDA Non-Discrimination**

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/ad-3027.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.



2024-25 Child Nutrition Eligibility & Education Benefit Application – Granite Falls School District

Apply online: <https://www2.nwrdc.wa-k12.net/scripts/cgip.exe/WService=wgrants71/seplog01.w>

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Complete, sign, and return this application to: **RETURN TO YOUNGEST CHILD'S SCHOOL OFFICE OR KITCHEN**

Check here if you received meal benefits last year: ☐

1. List all students living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

☐ Homeless ☐ Migrant

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-Weekly	2 X 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"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

☐ Basic Food ☐ TANF ☐ Food Distribution Program on Indian Reservations (FDIPR) Case Number: \_\_\_\_\_

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-Weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-Weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-Weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-Weekly	2 X 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"/>	<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"/>	<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"/>	<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"/>	<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"/>

4. Total Household Members (include all people living in your household): \_\_\_\_\_

(total listed must equal number of household members listed above)

5. Contact Information & Signature – Complete, sign, and return this application to:

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address

City, State & Zip Code

Daytime Phone

Date



6. Children’s Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)’s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)’s eligibility for free & reduced-price meals.

Mark one or more racial identities:

☐ American Indian or Alaska Native

☐ Asian

☐ Black, or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Not Hispanic or Latino

**Child Nutrition Eligibility:** 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 (Basic Food), 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, 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/ad-3027.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)

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INSERT DISTRICT NAME School District’s Non-Discrimination Statement

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: 

☐ Basic Food/TANF/FDPIR/Foster

☐ Income Household

APPLICATION APPROVED FOR: 

☐ Free Eligible

☐ Reduced-Price Eligible

APPLICATION DENIED BECAUSE: 

☐ Income Over Allowed Amount

☐ Incomplete/Missing Information

Other: \_\_\_\_\_

Weekly ☐ Bi-Weekly ☐ 2x per Month ☐ Monthly ☐ Annual ☐

Total Household Size \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_

Date Notice Sent

Signature of Approving Official

Date