

## MIDLANDS STEM INSTITUTE - PUBLIC CHARTER SCHOOL

### *Enrollment Package for 2019-2020 School Year*

If you have any questions, are unable to complete any sections of the enrollment package, need help completing the process, or are missing any pages (see the checklist below) please contact our office. You can reach MSI at 803-815-1524 or via email at [info@midlandsstem.org](mailto:info@midlandsstem.org)

Midlands STEM Institute (MSI) does not discriminate on the basis of race, gender/orientation, religion, disability, age, ethnicity, national origin or immigrant status in its programs and activities, and provides equal access to the Boy Scouts and other designated youth groups. All students residing in South Carolina are eligible to apply. MSI is a public school and does not charge tuition.

Student Name \_\_\_\_\_ CIRCLE GRADE: K5- 1 2 3 4 5 6 7 8 9 10  
Last First Middle

**Check off each item as completed and keep in the same order:**

- ☐ This Checklist – with all boxes checked
- ☐ Please write student name and 2019-2020 grade on the top right corner of each page.
- ☐ Enrollment Form (pages 2, 3, & 4)
- ☐ Family Volunteer Information (page 5)
- ☐ Request for Records (page 6)
- ☐ FERPA Form (page 7)
- ☐ Parent/Guardian Agreement (page 8)

**Attachments** (Enrollment not complete without all attachments):

- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Copy of Certificate of Immunization
- ☐ Two Proofs of Residency of South Carolina: MSI requires **one** proof of residency from **BOTH category A and category B**.
  - ☐ **Category A.** Copy of one of the following: rental or lease agreement or proof of home ownership such as purchase agreement, property tax or mortgage, bill of sale, or property title.
  - ☐ **Category B.** Copy of one of the following: Current utility, cable, water, or electric bill at same address as category A.

Email ([info@midlandsstem.org](mailto:info@midlandsstem.org)), US.mail, or hand deliver to the temporary MSI office the completed enrollment package with all required documentation to:

**Midlands STEM Institute**  
**112 Crane Street**  
**Winnsboro, S.C. 29180**  
**Attn: Admissions**  
**Office hours: Mon. thru Fri. 8:00am to 3:30pm**  
**Summer office hours: Mon. thru Thur. 7:00am to 5:00pm**

Student Name: \_\_\_\_\_  
2019-2020 Grade: \_\_\_\_\_



**Midlands STEM**  
**PUBLIC CHARTER SCHOOL**

**FOR OFFICE USE ONLY**

- |   |  |
|---|--|
| <input type="checkbox"/> Enrollment Form              | <input type="checkbox"/> Copy of Birth Certificate                               |
| <input type="checkbox"/> Family Volunteer Information | <input type="checkbox"/> Copy of Social Security Card                            |
| <input type="checkbox"/> Request for records          | <input type="checkbox"/> Copy of Certificate of Immunization (or exemption form) |
| <input type="checkbox"/> Media Release Form           | <input type="checkbox"/> Proof of Residence (Category A and B)                   |
| <input type="checkbox"/> Parent/Guardian Agreement    | <input type="checkbox"/> Computer Lease or Loan Form (if applicable)             |
| <input type="checkbox"/> Student Interests Page       |  |
| <input type="checkbox"/> Internet Usage Contract      |  |

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

**2019-2020 ENROLLMENT FORM**

PERMANENT RECORDS (please print clearly)

**STUDENT INFORMATION**

STUDENT NAME:

(LAST)

(FIRST)

(MIDDLE)

(SUFFIX: Jr., Sr., III, etc.)

GRADE ENTERING 2019-2020 (CIRCLE ONE): K5 1 2 3 4 5 6 7 8 9 10

AGE:

BIRTH DATE:

SOCIAL SECURITY NUMBER:

GENDER: Male ☐ Female ☐

PRIMARY LANGUAGE:

REQUIRED RACE CODES: If not completed, school personnel are required to make a selection. Multiple races may be chosen.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> African American       | <input type="checkbox"/> African American/American Indian | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Hawaiian/Pacific Islander        | <input type="checkbox"/> Hispanic        |
| <input type="checkbox"/> White/African American | <input type="checkbox"/> White/American Indian            | <input type="checkbox"/> White/Asian     |
|   |   | <input type="checkbox"/> White           |

Current School Attending:

Public School Zoned to Attend:

IS YOUR CHILD CURRENTLY RECEIVING FREE OR REDUCED LUNCHES? YES ☐ NO ☐

HAS YOUR STUDENT STUDIED A FOREIGN LANGUAGE? YES ☐ NO ☐

WHICH LANGUAGE(S) AND HOW MANY YEARS?

SPECIAL EDUCATION:

IS STUDENT CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES OR HAVE AN IEP (Individualized Education Program)? YES ☐ NO ☐

IF YES, PLEASE SPECIFY: ☐ RESOURCE ☐ INCLUSION ☐ SELF-CONTAINED

IF YES, PLEASE ID AREA(S):

☐ LD ☐ ED ☐ EMD ☐ VISUALLY IMPAIRED ☐ HEARING IMPAIRED ☐ OTHER:

DOES STUDENT PARTICIPATE IN A DESIGNATED GIFTED & TALENTED PROGRAM? YES ☐ NO ☐

NAME OF PROGRAM:

HAS YOUR CHILD REPEATED A GRADE? NO ☐ YES ☐ IF YES, WHICH GRADE(S):

IS THERE A POSSIBILITY THE STUDENT WILL NOT BE PROMOTED TO THE NEXT GRADE THIS YEAR?  
YES ☐ NO ☐

HAS THE STUDENT EVER BEEN EXPELLED? YES ☐ NO ☐

IS THE STUDENT CURRENTLY UNDER EXPULSION PROCEEDING? YES ☐ NO ☐

DID THE STUDENT LEAVE HIS/HER PREVIOUS SCHOOL DUE TO SPECIAL PROBLEMS (such as discipline, attendance, and/or academics)? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN:

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Student Name: \_\_\_\_\_  
2019-2020 Grade: \_\_\_\_\_

### STUDENT SIBLING/FAMILY INFORMATION

NAME AND GRADE OF SIBLINGS ENROLLED OR ENROLLING IN MSI:

Sibling 1:	Grade:
Sibling 2:	Grade:
Sibling 3:	Grade:

NAME OF PARENT(S) / GUARDIAN(S) STUDENT LIVES WITH:

IF GUARDIAN, PROOF OF GUARDIANSHIP:

RELATIONSHIP TO STUDENT:

### PARENT/GUARDIAN 1 (PRIMARY CONTACT)

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAY MSI PUBLISH YOUR PHONE NUMBERS IN THE SCHOOL DIRECTORY? YES ☐ NO ☐

MAY MSI PUBLISH YOUR EMAIL ADDRESS IN THE SCHOOL DIRECTORY? YES ☐ NO ☐

### PARENT/GUARDIAN 2

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAY MSI PUBLISH YOUR PHONE NUMBERS IN THE SCHOOL DIRECTORY? YES ☐ NO ☐

MAY MSI PUBLISH YOUR EMAIL ADDRESS IN THE SCHOOL DIRECTORY? YES ☐ NO ☐

### OPTIONAL STUDENT PROGRAMS (FEES MAY APPLY)

ARE YOU INTERESTED IN AFTER SCHOOL CARE PROGRAMS? YES ☐ NO ☐

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Student Name: \_\_\_\_\_  
2019-2020 Grade: \_\_\_\_\_

<b>STUDENT HEALTH INFORMATION</b>
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PRIMARY PHYSICIAN:	PHONE:
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DENTIST:	PHONE:
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HEALTH INSURANCE COMPANY:	GROUP / ID #:
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EMERGENCY CONTACT	RELATIONSHIP:
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ADDRESS:	PHONE:
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DOES YOUR CHILD HAVE A 504 HEALTH PLAN TO COORDINATE REQUIRED SERVICES? YES ☐ NO ☐

DOES YOUR CHILD WEAR: ☐ PRESCRIPTION GLASSES ☐ CONTACT LENS ☐ HEARING AID  
☐ OTHER:

PLEASE DESCRIBE ANY HEALTH CONCERNS WE SHOULD BE AWARE OF LIKE ALLERGIES:

OTHER INFORMATION OR CONCERNS YOU WOULD LIKE TO BRING TO THE ADMINISTRATION OR FACULTY ATTENTION:



**Midlands STEM**  
**PUBLIC CHARTER SCHOOL**

Student Name: \_\_\_\_\_  
2019-2020 Grade: \_\_\_\_\_

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## MSI FAMILY VOLUNTEER FORM

Families are critical to the success of charter schools. MSI understands that families want to be involved and help in any way possible. Below is a list of areas where volunteers can help create the best learning environment for all children at Midlands STEM Institute Public Charter School. We encourage you to select all areas of interest and those where your specific skills and talents can be best utilized.

Volunteer Name: \_\_\_\_\_ Best Contact Info: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Best Contact Info: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Best Contact Info: \_\_\_\_\_

- ☐ Parent Teacher Organization (PTO)
- ☐ Before School Program
- ☐ After School Program
- ☐ Athletic Booster Club-Future Project
- ☐ Landscaping and/or outside projects
- ☐ Student extra-curricular activities (lego robotics, student government, clubs, sports, cheering)
- ☐ Finance Committee (long term planning for MSI)
- ☐ Classroom Project Helpers/Party Planners
- ☐ Assist with technology needs of the school
- ☐ Mentor or tutor students before or after school
- ☐ Administrative Support (data entry, filing, stuffing envelopes)
- ☐ Attend charter school related trainings
- ☐ Other (Please specify): \_\_\_\_\_

Please list anything else you would like to help with, any special skills or access to resources, and ideas you want to share.



Student Name: \_\_\_\_\_  
2019-2020 Grade: \_\_\_\_\_

## PUBLIC CHARTER SCHOOL

### REQUEST FOR RELEASE OF RECORDS

Please forward the following information, as applicable:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Transcript                                    | <input checked="" type="checkbox"/> Attendance Record                                       | <input checked="" type="checkbox"/> IEP/Due process folder |
| <input checked="" type="checkbox"/> Withdrawal Form                               | <input checked="" type="checkbox"/> Psychological   | <input checked="" type="checkbox"/> CCSD permanent file    |
| <input checked="" type="checkbox"/> 504 plan                                      | <input checked="" type="checkbox"/> Standardized test scores                                | <input type="checkbox"/> Student has a IEP                 |
| <input checked="" type="checkbox"/> Discipline Record                             | <input checked="" type="checkbox"/> IGP/Career Assessment                                   | <input type="checkbox"/> Student does not have an IEP      |
| <input checked="" type="checkbox"/> Complete numeric grades to date of withdrawal |   |  |
| <input checked="" type="checkbox"/> Home Language Survey(s)                       | <input checked="" type="checkbox"/> English Language Learn (ELL) Initial Placement Screener |  |
| <input checked="" type="checkbox"/> ELL Accommodation Plan                        | <input checked="" type="checkbox"/> Most Recent State Language Proficiency Test             |  |

#### APPLICANT/STUDENT:

Name of Student:

First

Middle

Last

Records requested for grade(s):

#### CURRENT SCHOOL:

Name of Current School:

Grade:

School Street Address:

City:

State:

Zip:

School Phone:

School Fax:

Teacher:

Principal:

#### PARENT:

*Parental permission is no longer required when authorized school personnel requests records (Family Education Act, Final Rule on Education Records, Federal registration, June 17, 1976 Vol. 41 No. 118 Page 24673). It states that the school officials, including teachers within the educational institutions and officials of other school systems in which the student may intend to enroll, may receive school records without written consent for such releases.*

Name of Parent

First Name

Last Name

Parent's Signature

Date

- ☐ Parent requests DHEC Immunization Documents from previous school to meet 2019-2020 Enrollment Requirements at Midlands STEM Institute Public Charter School. I understand that if DHEC documents are not provided by this Transcript Request, I will assume responsibility for providing required documents within 30 days.

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*PUBLIC CHARTER SCHOOL*

## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) CONSENT FORM

The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age ("eligible students") certain rights regarding the student's education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student's education records.

Midlands STEM Institute Public Charter School and its designated curriculum provider have found that to best serve the student's education needs, it is necessary to disclose a student's name and address to the following classes of vendors that provide important services related to your student's education. In all cases, these vendors will have agreed to ensure the confidentiality of the student's name and address and to not use the information for purposes other than what is contracted for the student's education needs.

- Suppliers of computers and educational materials for purpose of shipping to and from the student's home.
- Customer care providers that handle overflow calls.
- Internet service provider.
- Companies that enter the student information into a computer database for use by school officials.
- Other contractors and subcontractors that MSI identifies as necessary for providing education services.

I hereby agree that my student's name and address be provided to the above identified contractors to ensure that MSI can best meet my student's education needs.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### **MEDIA/PHOTO/VIDEO/VOICE RELEASE**

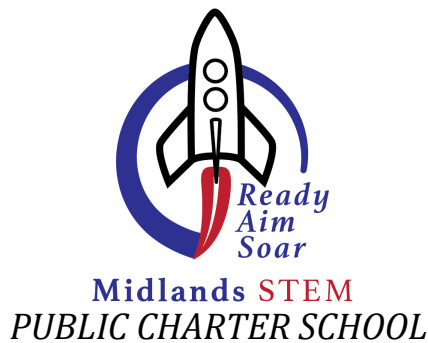
Throughout the year, there are occasions when MSI may want to take pictures/videos of your student participating in activities related to the school. We may use, duplicate, broadcast, distribute and display these pictures/videos in MSI publications, newspaper, school website, radio, TV and / or homerooms, advertising, other media outlets, etc. We request that you sign this media/photo/video/voice release for your student to allow us to record on film, tape or otherwise, to edit such items as desirable/necessary and to use the student's name, likeness, image, voice, and performance as outlined above. Thank you in advance for your support and understanding.

- ☐ I give my consent for MSI to use pictures/video of my student.
- ☐ I do NOT give my consent for MSI to use pictures/video of my student.

PARENT / GUARDIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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Student Name: \_\_\_\_\_  
2019-2020 Grade: \_\_\_\_\_

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## PARENT/GUARDIAN AGREEMENT

**By enrolling my child at MSI I understand and agree to the following conditions of admission:**

1. MSI is a public charter school as defined by the South Carolina Charter Schools Act (S.C. Code Ann. §59-40-10, et seq.). The Charter Schools Act provides for, among other things, the operation of public schools so that teachers and parents have greater say in the management of the school and to exempt the school from some state regulations.
2. MSI is governed by a Board of Directors and will operate as set forth in the charter and by-laws of MSI. In accordance with Public Charter School legislation, the Board of Directors is elected by the parents and employees of the school. Each family receives one vote per student attending MSI.
3. Acceptance is conditional upon promotion to the grade the student has been admitted to MSI. If the student is not promoted to the grade for which they have been accepted, there may not be a space available for them in MSI. **Proof of promotion must be received by MSI via records transfer prior to placement.**

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## TERMS

- I understand that MSI is rigorous and sets high expectations in the areas of academics and discipline.
- I understand that the school philosophy requires parental and student involvement and I agree to be an active participant in my child's education.
- I will be responsible for seeing that my child arrives on time each day. I will strive for daily attendance by my child. Absenteeism by the student may result in a repeat grade.
- I will see that the student makes up his/her work assignments when he/she is absent. I agree to abide by the terms relating to absences as defined by the MSI charter and/or regulations.
- I will attend Parent-Teacher educational meetings.
- I will keep current the information on the student enrollment card. I will inform the school immediately of new phone numbers, addresses, and any changes in the student's situation.
- I understand that my child must reside in South Carolina to attend MSI.

Signatures of Parents/Guardians for (student's name):

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2019-2020 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Please Complete One Application Per Household

Part 1. All Household Members											
(A) Names of ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	(B) Name of Each Child's School or Indicate NA if Child is NOT in School	(C) Place a check in the box if NO income	(D) Check benefits received.		(E) SNAP or TANF Case # (not EBT card #)						
			SNAP	TANF							
	Midlands STEM Institute										

**PART 2. PLACE A CHECK IN THE BOX BELOW IF A CHILD LISTED ABOVE IS A FOSTER CHILD, HOMELESS, MIGRANT, RUNAWAY, OR HEAD START CHILD**  
 FOSTER CHILD ☐ HOMELESS ☐ MIGRANT ☐ RUNAWAY ☐ HEAD START ☐

**Part 3. Total Household Gross Income—You must tell us how much and how often.**

A. Name (List ONLY household members with income)	B. List income and circle how often it's received. Record each income only once. (A – Annually, M – Monthly, BM - Bi-monthly, W - Weekly, BW - Bi-weekly)																			
	Earnings from work before deductions					Welfare, child support, alimony					Pensions, retirement, Social Security					C. List other income				
	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW
1.	\$ _____					\$ _____					\$ _____					\$ _____				
2.	\$ _____					\$ _____					\$ _____					\$ _____				
3.	\$ _____					\$ _____					\$ _____					\$ _____				
4.	\$ _____					\$ _____					\$ _____					\$ _____				
5.	\$ _____					\$ _____					\$ _____					\$ _____				

**Part 4. Signature and Last Four Digits of the Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her last four digits of the Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement in parent letter.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that the information provided on this application may be used to verify my household's eligibility for meal benefits in the National School Lunch Program and Medicaid agencies as part of the state's participation in Medicaid Verification. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.*

Sign here: x \_\_\_\_\_ Print name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Last 4 Digits of Social Security Number: \_\_\_\_\_ ☐ I do not have a Social Security Number Date: \_\_\_\_\_

**Part 5. Children's racial and ethnic identities (optional)**

Mark one or more racial identities: Mark one ethnic identity:  
☐ American Indian or Alaska Native ☐ Asian ☐ Hispanic or Latino  
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Not Hispanic or Latino  
☐ White ☐ Other: \_\_\_\_\_

**Don't fill out this part. This is for school use only.**

**Annual Income Conversion:    Weekly x 52    Every 2 Weeks x 26    Twice A Month x 24    Monthly x 12**

Total Income: \$ \_\_\_\_\_ Per: ☐ Week; ☐ Every 2 Weeks; ☐ Twice a Month; ☐ Month; ☐ Year    Household Size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy. The U.S. Department of Agriculture (USDA) prohibits Discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities). To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). "USDA is an equal opportunity provider and employer." MSI does not discriminate on the basis of race, gender/orientation, religion, disability, age, ethnicity, national origin or immigrant status in its programs and activities, and provides equal access to the Boy Scouts and other designated youth groups. All students residing in South Carolina are eligible to apply. MSI is a tuition-free public charter school.

**Application  
2014-15**

## INSTRUCTIONS

### **IF ANYONE IN YOUR HOUSEHOLD RECEIVES SNAP &/OR TANF BENEFITS**

**Part 1:** (A) List all household members. A household member is any child or adult living with you. (B) List the school each child attends. (C) For any person (including children) with no income, check the “No Income” box. (D) Check box if any household member is a SNAP or TANF recipient. (E) List the case number for any household member (including adults) receiving SNAP and/or TANF benefits. **Part 2:** If any child you are applying for is homeless, migrant, a runaway, or head start recipient check the appropriate box and call *Sharon Irby, Executive Assistant, Midlands STEM Institute at 803-815-1524*.

**Skip Part 3.**

**Part 4:** An adult household member must sign, complete requested information, and list the last four digits of their Social Security Number (or mark the box if she/he doesn’t have one). **Part 5:** Answer this question, if you choose.

### **IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS, BUT A CHILD IS HOMELESS, A MIGRANT, RUNAWAY OR HEAD START**

**Part 1:** (A) List all household members. A household member is any child or adult living with you.

(B) List the school each child attends.

**Skip Parts 1 (C), (D), (E)**

**Part 2:** Check the appropriate box for the child you are applying for who is homeless, migrant, a runaway, or head start and call *Sharon Irby, Executive Assistant, Midlands STEM Institute at 803-815-1524*.

**Part 3:** Complete this section using the instructions shown below for “All Other Households.”

**Part 4:** An adult household member must sign, complete requested information, and list the last four digits of their Social Security Number (or mark the box if she/he doesn’t have one). **Part 5:** Answer this question, if you choose.

### **IF YOU HAVE A FOSTER CHILD**

*If all children in the household are foster children:*

**Part 1:** (A) List all household members. A household member is any child or adult living with you. (B) List the school each child attends. (C) For any person (including children) with no income, check the “No Income” box. (D) **Check if SNAP or TANF recipient.** (E) **List the case number for any household member (including adults) receiving SNAP and/or TANF benefits.**

**Part 2:** Check the Foster Child box. **Skip Part 3.**

**Part 4:** An adult household member must sign, complete requested information, and list the last four digits of their Social Security Number (or mark the box if she/he doesn’t have one). **Part 5:** Answer this question, if you choose.

*If only some of the children in the household are foster children:*

**Part 1:** (A) List all household members. A household member is any child or adult living with you. (B) List the school each child attends. (C) For any person (including children) with no income, check the “No Income” box. (D) Check box if SNAP or TANF recipient. (E) List the case number for any household member (including adults) receiving SNAP and/or TANF benefits.

**Part 2:** If any child is homeless, migrant, or a runaway, check the appropriate box and call *Sharon Irby, Executive Assistant, Midlands STEM Institute at 803-815-1524*.

**Part 3:** Complete this section using the instructions shown below for “All Other Households.”

**Part 4:** An adult household member must sign, complete requested information, and list the last four digits of their Social Security Number (or mark the box if she/he doesn’t have one). **Part 5:** Answer this question, if you choose.

### **ALL OTHER HOUSEHOLDS**

**Part 1:** (A) List all household members. A household member is any child or adult living with you. (B) List the school each child attends. (C) For any person (including children) with no income, check the “No Income” box. (D) Check if SNAP or TANF recipient. (E) List the case number for any household member (including adults) receiving SNAP and/or TANF benefits.

**Part 2:** If any child is homeless, migrant, or a runaway, check the appropriate box and call *Marie Milam, Executive Director, Midlands STEM Institute at 803-815-1524*.

**Part 3:** (A.) List all household members (including children) with income. (B.) For each household member, list each type of income received for the month and how often it is received - (For example: A – Annually, M – Monthly, BM - Bi-monthly, W - Weekly, BW- Bi-weekly). List gross income from a pay stub before taxes and other deductions, not take-home pay. For ONLY the self-employed, under “Gross Earnings from Work,” report income after expenses for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these amounts as income. List the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security. (C.) For other income, list Supplemental Security Income (SSI), Veteran’s (VA) benefits, and/or disability benefits. Under “All Other Income,” list workers’ compensation, unemployment, or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the household from the placing agency. **Part 4:** An adult household member must sign and list the last four digits of their Social Security Number (or mark the box if she/he doesn’t have one). **Part 5:** Answer this question, if you choose.