

**Welcome to the
Kirksville R-III School District
Family Enrollment Packet**

**Office Hours are 7:30 a.m. – 4:00 p.m. Monday thru Friday
(Following the school calendar)**

Enrollment Requirements

You will need the following items to enroll your child(ren) in our District:

- _____ **1. Completed Student and Family Enrollment Information Packets**
- _____ **2. Proof of Residency (e.g. lease, rental or purchase contract, utility bill, deposit receipt, payroll check stub, driver's license, bank account information)**
- _____ **3 Student's Birth Certificate**
- _____ **4. Social Security Card or Other Identification if Available**
- _____ **5. Immunization Record**
- _____ **6. Latest Report Card, In-Progress Grades and Unofficial Transcript**
- _____ **7. Special Education Evaluation Report and IEP from previous school (if applicable)**
- _____ **8. Special Services (if applicable): 504 Plan, Reading Improvement Plan, Gifted Education**
- _____ **9. Court Documents if applicable (Proof of Guardianship, Divorce Decree, DFS Placement Papers, Foster Care, etc.)**

Complete 1 packet for each child.

Enrollment processing may require 3-4 days to complete.

If all of these items are not provided at that time, your child's enrollment in school may be delayed.

**Kirksville R-III School District
District Registrar Office
901 East Hamilton
Kirksville, MO 63501
www.kirksville.k12.mo.us**

Phone: 660-665-7774 Fax: 660-665-3281

Kirksville R-III School District

CONSENT FOR RELEASE OF INFORMATION

Date of Request: _____

Student's Name: _____

Grade Level: _____ Date of Birth: _____

INFORMATION REQUESTED FROM: _____

Fax #: _____ Attention: _____

Address: _____

PLEASE FAX UNOFFICIAL AND MAIL OFFICIAL INFORMATION TO:

Kirksville High School
1300 South Cottage Grove
Kirksville, MO 63501
Phone: 660-665-4631
Fax: 660-626-1439

Kirksville Middle School
1515 South Cottage Grove
Kirksville, MO 63501
Phone: 660-665-3793
Fax: 660-626-1418

Ray Miller Elementary
2010 East Normal
Kirksville, MO 63501
Phone: 660-665-2834
Fax: 660-626-1464

Kirksville Primary School
1815 East Hamilton
Kirksville, MO 63501
Phone: 660-665-5691
Fax: 660-626-1421

Kirksville R-III Schools
ATTN: Nancy Ryals, Registrar
1901 East Hamilton
Kirksville, MO 63501
Phone: 660-665-7774
Fax: 660-665-3281

We respectfully request the release of the following information that applies to the student:

- State Student ID #
- Cumulative permanent school records (including grades, grade equivalents and achievement tests)
- Discipline records (in accordance with the Safe Schools Act)
- Psychological reports (including I.Q. tests)
- Health records (including immunization records)
- 504 Plan
- Reading Improvement Plan
- Special Education records including active IEP and current evaluation report
- Other (specify): _____

This information is requested for one or more of the following reason(s):

- Transfer of student to/from district
- New enrollment/re-enrollment
- Hospitalization
- Contractual placement
- To assist in Special Education programming process
- To assist in Gifted Education programming process
- Other (specify): _____

Signature of Parent/Legal Guardian or Emancipated Student

Date

Additional Student Information

Student Name _____

1. Has this student ever received one or more of the following diagnoses? (Check all that apply.)

ADHD / ADD Learning Disability Sensory Impairment (Vision; Hearing)

Autism Mental Retardation Speech/Language Disorder

Behavior/Emotional Disorder Physical Impairment

ECSE-Early Childhood Special Education Other Condition (please describe) _____

2. Does this student presently have an Individual Education Plan (IEP) and receive special education services?

No Yes If Yes, please describe and provide a copy of current IEP _____

3. Does this student have a handicapping condition addressed under a 504 Plan?

No Yes If Yes, Please explain: _____

4. Does this student receive other special services (Remedial Reading, Title 1, frequent counseling, etc.)?

No Yes If Yes, Please describe: _____

5. Has this student ever been retained?

No Yes If Yes, what grade(s)? _____

- Student Lives With:** Both Parents Parent/Step Parent Both Parents Alternately Mother Only Father Only
- Grandparent Other Relative Legal Guardian Foster Family Host Family Independent
- Friend Juvenile Justice Preferred Family Homeless

Legal Custodial Parent/Guardian Information

The custody of a child is presumed to be held by the child's parents unless a court order states otherwise. Even in divorce situations, it is presumed that both parents will have joint legal custody of the child. That is, they will share equally in all-important decisions such as medical and educational. If one parent informs the school district that the other parent has been denied custody or visitation, that parent must provide a copy of the court document as proof.

Is this student a foster care placement? No Yes (If YES, please complete this section)

Biological Parent Name _____ Bio Parent Address _____

Bio Parent School District _____ Caseworker Name _____ Caseworker _____

Phone _____

Are there any restrictions on the rights of either parent from **access to the student's records?** Yes No

Attach a copy of any court order related to any of the above questions checked YES. A copy must be on file in the school's office.

Student Name _____

Parent/Guardian Information

List ONE person per box. Include biological parents (even those not in the home) and all parents/step-parents/guardians in the home.

Name _____ Last First Middle	Relationship _____	
Street Address: _____ (If PO Box, we must have physical address, also)	City State Zip	
Phone #: () _____	Cell Phone #: () _____	Pager #: () _____
E-mail: _____	Primary Language _____	
Employer: _____		
Work Phone #: () _____ ext. _____	Work E-mail: _____	
Does the student live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Any court order regarding custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name _____ Last First Middle	Relationship _____	
Street Address: _____ (If PO Box, we must have physical address, also)	City State Zip	
Phone #: () _____	Cell Phone #: () _____	Pager #: () _____
E-mail: _____	Primary Language _____	
Employer: _____		
Work Phone #: () _____ ext. _____	Work E-mail: _____	
Does the student live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Any court order regarding custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name _____ Last First Middle	Relationship _____	
Street Address: _____ (If PO Box, we must have physical address, also)	City State Zip	
Phone #: () _____	Cell Phone #: () _____	Pager #: () _____
E-mail: _____	Primary Language _____	
Employer: _____		
Work Phone #: () _____ ext. _____	Work E-mail: _____	
Does the student live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Any court order regarding custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If parents/guardians listed above do not live in the home, are they authorized to pick up child from school? N/A Yes No
Are there any restrictions on the rights of either parent from contact with the student? Yes No

Student Name _____

EMERGENCY CONTACT INFORMATION (other than parents/guardians)
(Two "Emergency Contacts" MUST be provided.)

Please list below any adult who may be contacted or who may pick up your child at school in the event of illness/emergency and who may receive necessary student information that is relevant to the emergency/illness. These will be the only people your child will be released to if you are not available. (List additional names on the back of this form)

Name _____	Relation _____	Home# _____	Cell# _____	Work# _____
Name _____	Relation _____	Home# _____	Cell# _____	Work# _____
Name _____	Relation _____	Home# _____	Cell# _____	Work# _____

Siblings (Children who are currently enrolled in Kirksville R-III Schools)

Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____

FOR SCHOOL OFFICE USE ONLY

- | | | |
|----------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Current IEP, if applicable | <input type="checkbox"/> Safe School Form |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Copy of Court ordered custody, if applicable | <input type="checkbox"/> Migrant/Immigrant Survey |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Technology Agreement | |

KIRKSVILLE R-III SCHOOL DISTRICT
HEALTH/EMERGENCY FORM 2009-2010

Please complete and return this form with your student's enrollment information. This form is required to be on file every year. Some questions are State mandated for grant funding. We appreciate your cooperation.

CONTACT/EMERGENCY INFORMATION

Student: _____ Grade: _____ Date of Birth: _____

Parent/Contact: _____ Phone#: _____ Cell# _____
(The District must have the ability to contact you in case of an emergency)

Does your student have access to regular medical care? YES NO
Has your student had a "well child exam" in the past 24 months? YES NO
Does your student have access to regular dental care? YES NO
Has your student had a dental exam in the past 24 months? YES NO

HEALTH INFORMATION

Does your student have: Private Health Ins. Yes No MO Health or Medicaid Yes No
(Info rega

Health available upon request)

Health/Medical Conditions diagnosed by a Physician: (Asthma, ADHD/ADD, Diabetes, Seizure, Restrictions, etc...)

ALLERGIES (food, medicine, environment, bees):

List current medications (include inhalers/epi-pen/insulin): _____

Explain dosage/administration: Home _____ School _____
(According to District Policy, if medication is required at school, it has to be in the original, current container and must be brought to the school by Parent/Guardian. Students are not allowed to carry medication. It is the responsibility of the Parent/Guardian to maintain an adequate supply of medication for the school.)

CIRCLE below **ALL** medicines the School District has your permission to give your student:

TYLENOL IBUPROFEN COUGH
DROPS

We are seeking permission to ask your child to complete the Title IV Federal Community Survey and/or Public School Needs Assessment as mandated. Individual responses will remain anonymous and will be combined with others to obtain a building level and district-wide summary.

_____ Yes, I give permission to complete the survey.
_____ No, I do not want my student to complete the survey.

Parent/Grd Sig: _____ E-Mail: _____
(Original copy to School Nurse, copy to Nursing Secretary)

Parent/Guardian Technology Agreement

I have read the school district's Technology Usage policy, administrative regulations, and netiquette guidelines. I understand that violation of these provisions may result in disciplinary action taken against my child, ward or child within my care, including but not limited to suspension or revocation of my child's or ward's access to district technology, and suspension or expulsion from school.

I understand that my child's or ward's technology usage is not private and that the school district will monitor my child's or ward's use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I consent to district interception of or access to all communications sent, received or stored by my child or ward using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from my child's, ward's or child within my care's use of the district's technology resources. I agree to be responsible for any damages incurred by my child, ward or child within my care.

I give permission for my child or ward to utilize the school district's technology resources.

I give partial permission for my child or ward to utilize the school district's technology resources.

I do not wish for my child or ward to utilize: _____

I do not give permission for my child or ward to utilize the school district's technology resources

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Grade _____ Date _____

Home Address: _____

Home Phone: _____

Disclaimer:

MSBA does not draft, review, revise or provide contracts for school districts. To obtain a binding legal contract, a district must consult its private attorney.

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Name of Student: _____ Grade: _____
 Last (legal) First MI

English Speakers of Other Languages

Is English the student's primary language? Circle answer	Yes	No
If English is NOT the primary language, please list the primary language!		
# of Months in USA		

Student Home Language Survey

Person Completing this survey (check one): Mother Father Student Guardian Other _____

Was English the first language the student learned?	Yes	No
Is any language other than English spoken at home?	Yes	No
If a language other than English is spoken in your home, list the language!		

Immigrant Survey

To be eligible as "immigrant children and youth," students must meet the following definition and criteria: **IMMIGRANT CHILDREN AND YOUTH.** The term 'immigrant children and youth' means individuals who:

- A. Are ages 3 through 21 **and**
- B. Were not born in any State in the United States; **and**
- C. Have been attending one or more schools in any one or more States for less than 3 full academic years."

"Immigrant children and youth" will include the children of lawful permanent resident aliens, refugees, asylees, parolees, persons of other immigrant status, and immigrant residents in the United States without proper documentation. They exclude children of foreign diplomats, United States citizens, children who were born abroad to U.S. citizens, and children of foreign residents temporarily in the United States for business or pleasure.

Is the student an immigrant? Yes No

Migrant Survey

1. Has your family moved from one school district to another within the past three (3) years to seek or obtain temporary or *seasonal work in the agriculture or related food processing business? Yes No
2. Is the student a migrant? Yes No

**The following areas would be considered agriculture or related food processing businesses: planting or harvesting crops, transporting farm products to market, feeding poultry/gathering eggs/working in a hatchery/processing meat/poultry/fruit/vegetables/dairy products/milking cows on a dairy farm, cutting firewood or logs to sell, commercial fishing or working on a fish farm, growing and tending to trees to be sold*

Copy to Curriculum Office

InformationNow – Home Access

We are providing you with access to InformationNOW in order to view your child(ren) attendance, grades, discipline and completed assignments from home. This program requires Internet access.

In order to access InformationNow from home, you will need to go to the following website:

www.kirksville.k12.mo.us

Please list all child(ren) below that you would like to have access for InformationNOW:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

A user name, password and complete instructions for InformationNOW will be emailed to the following email address(es):

Name _____ Relationship: _____ Email _____

Name _____ Relationship: _____ Email _____

Name _____ Relationship: _____ Email _____

Name _____ Relationship: _____ Email _____

**Military Recruitment – Release of Information
(High School Only)**

Dear Parent/Guardian or Student (who is 18 years of age):

Each School District is required to notify parents and student of the following information:

When Congress passed the No Child Left Behind Act (NCLB) in 2001, they included a provision that required high schools to release students' private information to military recruiters or risk losing federal funding.

Under NCLB, public high school must give military recruiters students' information unless parents "opt out" in writing.

Recruiters use this information, which includes names, addresses and phone numbers to individually recruit students through phone calls and in person visits.

You may opt out by signing the form below:

- As a parent, I request that you do not turn over the name, address, telephone number and school records to the Armed Services, Military Recruiters or Military Schools of the following student.
- As a student (at least 18 years of age), I request my own name, address, telephone number and school records not be release to the Armed Services, Military Recruiters or Military Schools

Student Name: _____

Name of School: Kirksville High School

Signature: _____
(Parent/Guardian or Student of legal age)

Date: _____

School Admissions
(Proof of Residency Form)

In order to satisfy the district's residency requirements, the student, parent, military guardian, court-appointed legal guardian or person acting as a parent must provide one (1) or more of the following items as proof of residency:

- | | |
|---------------------------|-------------------------------|
| 1. Property tax statement | 2. Legal property description |
| 3. Utility bill/agreement | 4. Rental agreement/receipt |
| 5. Real estate contract | 6. Telephone bill |
| 7. Other _____ | |

Student Information

Name of Student _____

Address Where Student is Living _____

Name of Person with Whom Student Is Living _____

Relationship to Student Self Parent Guardian
 Person Acting as a Parent Other _____

NOTICE: According to § 167.020, RSMo., any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled. By signing this form you are certifying to the district that the above information is accurate.

Signature of Parent, Guardian, Person Acting As a Parent, or Student if Applicable Date

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 03/19/2002

School Admissions
(Statement of Student Discipline)

Date _____

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.

Individual's Information

Name of Student _____

Parent, Court-Appointed Legal Guardian, Military Guardian or person enrolling the student:

Is the above student presently under suspension or expulsion from another school district?

Yes No

If yes, please explain _____

Has the above student ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of School Board policies relating to weapons, alcohol or drugs or for the willful infliction of injury to another person?

Yes No

If yes, please explain _____

Has the above student been convicted or charged with any of the following crimes in juvenile or adult courts?

Yes No If yes, indicate which crime(s):

First degree murder under § 565.020, RSMo.

Second degree murder under § 565.021, RSMo.

- First degree assault under § 565.050, RSMo.**
- Forcible rape under § 566.030, RSMo.**
- Forcible sodomy under § 566.060, RSMo.**
- Statutory rape under § 566.032, RSMo.**
- Statutory sodomy under § 566.062, RSMo.**
- Robbery in the first degree under § 569.020, RSMo.**
- Distribution of drugs to a minor under § 195.212, RSMo.**
- Arson in the first degree under § 569.040, RSMo.**
- Kidnapping, when classified as a class A felony under § 565.110, RSMo.**

I attest that all the above information is correct and true. I understand that it is a crime pursuant to § 167.023, RSMo., if I do not disclose the information requested or if I provide false information.

Parent/Legal Guardian Signature

Date

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 03/19/2002

Revised: 03/21/2005

Kirksville R-III School District, Kirksville, Missouri

PART 1. CHILDREN IN SCHOOL

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	List Food Stamp (FS) or Temporary Assistance (TA) case # for each child (not a 16 digit EBT card #) and check appropriate box: FS <input type="checkbox"/> or TA <input type="checkbox"/> . Skip to Part 4 if you list a FS or a TA case #.
			<u>0</u> <u>0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0</u> <u>0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0</u> <u>0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0</u> <u>0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0</u> <u>0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>

PART 2. FOSTER CHILD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income. \$ _____. (Write "0" if the child has no personal use income.) Skip to Part 4.

PART 3. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Name (List everyone in household) Please attach an additional page if needed.	2. Gross income and how often it was received								3. Check if NO income
	Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

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

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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ City: _____ Zip Code: _____
 Phone Number: _____ Social Security #: _____ I do not have a Social Security #

Privacy Act Statement: This explains how we will use the information you give us.

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance Program case number 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.

PART 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities:
 Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native Other

Mark one ethnic identity:
 Hispanic or Latino Not Hispanic or Latino

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

DO NOT FILL OUT THIS SECTION. 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: _____
 Food Stamps/Temporary Assistance: Eligibility: Free Reduced Denied Reason: _____ Date Withdrawn: _____
 Temporarily Approved Free Temporarily Approved Until: _____ (allow no more than 45 calendar days) Until: _____ Until: _____
 Determining Official's Signature: _____ Date Approved/Denied: _____
 Confirming Official's Signature (For verification purposes only): _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TEMPORARY ASSISTANCE, follow these instructions:

- Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or Temporary Assistance case number. Check the box next to the Food Stamp or Temporary Assistance case number indicating which type of assistance is received. A Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Currently an EBT number starts with 5076. If you do not know your Food Stamp or Temporary Assistance number, call your local Family Support Division, Social Services office.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

If you are applying for a FOSTER CHILD, use a separate application for each foster child, follow these instructions:

- Part 1:** List the child's name, school, and grade.
- Part 2:** Check the box and list the child's personal use monthly income. Write "0" if no personal use income.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
- Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
- Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security; and all other income in the appropriate categories. In the other income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- Column 3–Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.