

# SORENSEN MAGNET SCHOOL

OF THE ARTS & HUMANITIES



Application for Admission, School Year 2022 - 2023

## OPEN APPLICATION WINDOWS:

Window 1: March 1 – April 15

Window 2: April 18 – August 12

## Is your application complete?

Application

Current utility bill (**required**)

## STUDENT INFORMATION:

Date of Application \_\_\_\_\_ (Office Use Only)  
Date Received \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Date of Birth Sex: Male Female

\_\_\_\_\_  
Grade entering in September 2022: \_\_\_\_\_ Present School: \_\_\_\_\_

In what school district do you currently reside, and what school would your child attend based on your address? Check here if you are unsure: <http://www.infofinderi.com/ifi/?cid=CDS22MADSFZH15> **NOTE: You must provide proof of residency (a copy of your current utility bill) at the time of application or your application will not be accepted.**

\_\_\_\_\_  
Some specialized programs are only offered in a limited number of schools. Does your student have any unique needs, such as health conditions including life-threatening allergies, IEP, Speech Services, or 504? OR is your child currently enrolled in unique instructional programs such as vocational, foreign language, remedial, special education, Title 1, gifted/talented, etc.?

\_\_\_\_\_  
NOTE: After obtaining enrollment status through the application process out-of-district transfers for students with unique needs will be considered based on district resources (including but not limited to program, staff, location and transportation) as related to specific needs.

\_\_\_\_\_  
Does your child have any siblings presently attending Sorensen? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is their name(s), and what grade(s) will they be in next school year?

\_\_\_\_\_  
If no, are there other siblings for whom you are completing an application? List name(s), and grade(s). Note - An application must be submitted for *each* child.

\_\_\_\_\_  
Does your family qualify for free or reduced lunch according to Federal Income Eligibility Guidelines? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*NOTE: If you mark yes, please complete the free/reduced lunch application and attach it with this application. (Please see our Lottery Process Explained on our webpage under Quick Links)**

The following three questions are solely for the collection of information regarding the District's magnet programs. Answers will not have any bearing on your child's enrollment or lottery placement.

Why are you interested in Sorensen Magnet School of the Arts & Humanities?

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How did you learn about Sorensen Magnet School of the Arts & Humanities?

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Is there anything else that you would like to share with us?

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### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name(s)

Mailing Address

Email Address (please print)

Home Telephone: \_\_\_\_\_ Daytime/Cell Telephone: \_\_\_\_\_

Parent/Guardian Signature

Date

**RETURN COMPLETED APPLICATION TO:** Sorensen Magnet School of the Arts & Humanities  
Attn: Michelle Grebil, Office Manager  
310 N. 9<sup>th</sup> Street  
Coeur d'Alene, ID 83814  
Phone (208) 664-2822 Fax (208) 765-9692  
Email: [mgrebil@cdaschools.org](mailto:mgrebil@cdaschools.org)

#### ***APPLICATION PROCESSING:***

At the conclusion of each enrollment window, applications will be reviewed and considered by the number of available seats and any identified unique needs. If applications exceed the number of available openings, a lottery will be conducted as outlined in Board Policy and Procedure 3012/3012P. Families are generally notified of the status of their application within fifteen days of the close of the application window. **Parents/Guardians of accepted students will be required to accept and complete a Registration packet within one week of notification to guarantee their admission.**

Once a student is in our enrollment, he/she is welcome to return if still living in the CDA School District; no application necessary, only a "Confirmation of Enrollment." Students who move outside of the CDA School District boundaries will need to re-apply for enrollment for the following school year.

**Transportation** will be the responsibility of the parent / guardian if application is approved. Bus stops will be located within the Magnet Priority Zone and may be placed elsewhere throughout the District to assist with transportation needs of students living outside of the Magnet Priority Zone, at the sole discretion of the District and based upon availability of buses, feasibility of routes, and locations of enrolled students.

(Office Use Only)

Window # \_\_\_\_\_

Grade \_\_\_\_\_

Lottery Spot \_\_\_\_\_

Contact Name:

Accepted Date:

Declined Date:

# 2021-2022 Application for Free and Reduced Price School Meals

Nutrition Services • 1242 East Best Avenue • Coeur d'Alene, Idaho 83814

Complete one application per household. **YOU MUST FILL OUT A NEW APPLICATION EACH YEAR.** Please use a pen (not a pencil).

Phone 208 667-7469 • Fax 208 765-5781 • www.cdaschools.org

## Step 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals**

Child's First Name	MI	Child's Last Name	Student? Yes / No	School Name	Foster? (check if yes)	Homeless, Migrant or Runaway? (check if yes)

If you have been notified by the Nutrition Services office this school year that your child is approved for free meals, do not complete this form.

## Step 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDPIR? Circle one: YES / NO

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

**Case Number:**

Write only one case number in this space. Quest Card # Not Allowed

## Step 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

### A. Child Income

Sometimes children in the household receive and/or earn income.

Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child Income: \$

How often? Weekly  Bi-Weekly  2x Month  Monthly

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

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X - X X -

Check if no SSN

## Step 4

Contact information and adult signature

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

Street Address (if available)  Apt#  City  State  Zip  Daytime Phone and Email (optional)

Printed name of adult completing the form  Signature of adult completing the form  Today's date

## OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**

**Race (check one or more):**

- Hispanic or Latino  
 Not Hispanic or Latino

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

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Official Use Only - Do Not Write in Boxes Below

Signature of Confirming Official:	Date 2 <sup>nd</sup> Notification Sent:	Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Ineligible - Reason:	Signature of Verifying Official:	Date:
Convert to Annual if Multiple Frequencies: Weekly x52, Every 2 Weeks x26, Twice Monthly x24, Monthly x12	Date Notice Sent:	Date Determined:	DATE RECEIVED BY DISTRICT OFFICIAL:	
Household Determination: <input type="checkbox"/> Foster Student(s) <input type="checkbox"/> Food Stamp/TAFI/FDPIR Frequency <input type="checkbox"/> Income: Total Income \$ # in Household	Denied: <input type="checkbox"/> Income over Allowed <input type="checkbox"/> Reduced-Price Meals <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other	Signature of Determining Official:		

## Dear Parent/Guardian:

Children need healthy meals to learn. Coeur d'Alene Public Schools offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in District 271. The application must be filled out completely to certify your children for free or reduced price meals. PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

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

- A) **List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one name per line. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B) **Is the child a student in the CDA Public Schools?** Mark 'Yes' or 'No' under the column provided to tell us which children attend CDA Public Schools.
- C) **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.
- D) **Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, please mark the box next to the child's name and complete all steps of the application.

### STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR FDIPIR?

- A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application. Leave STEP 2 blank.
- B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- Circle 'YES' and provide a case number for SNAP, TANF, or FDIPIR. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact Idaho Department of Health & Welfare. You must provide a case number on your application if you circled "YES". Skip to STEP 4.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A) **Report all income earned by children.** Child income is money received from outside your household that is paid directly to your children.
- B) **List Adult Household member's name.** Print the name of each household member in the boxes marked "Names of Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.
- Report all amounts in gross income only. (Gross income is the total income received before taxes or deductions.) Report all income in whole dollars. Do not include cents.
  - Write a "0" in any fields where there is no income to report. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
  - Mark how often each type of income is received using the check boxes to the right of each field.
- C) **Report earnings from work.** This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.
- D) **Report income from Public Assistance/Child Support/Alimony.** If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.
- E) **Report income from Pensions/Retirement/All other income.**
- F) **Report total household size.** Enter the number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.
- G) **Provide the last four digits of your Social Security Number (SS#).** The household's primary wage earner or another adult household member must enter the last four digits of their SS# in the space provided. You are eligible to apply for benefits even if you do not have a SS#. If no adult household members have a SS#, leave the space blank and mark the box to the right.

### STEP 4: CONTACT INFORMATION AND ADULT REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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

- A) **Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) **Sign and print your name.** Print your name in the box and sign your name in the box provided.
- C) **Write Today's Date.** In the space provided, write today's date.

### OPTIONAL: CHILDREN'S RACIAL AND ETHNIC IDENTITIES

This field is optional and does not affect your children's eligibility for free or reduced price school meals.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

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

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

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Income Chart (before taxes) Effective July 1, 2021 to June 30, 2022			
Household Size	Annual	Monthly	Weekly
1	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
For each additional person add	+ 8,399	+ 700	+ 162