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# Change of Status Form: ECE-K 2016-2017 School Year

*\*This form must be turned in to the school your student is currently attending.*

## STEP 1: STUDENT INFORMATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 School Currently Attending: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Current Grade:  ECE 3  ECE 4  Kinder

## STEP 2: CHANGES *Check all that apply. Please note: Supporting documents are required for Change of Address and/or Change of Income.*

My student's program is changing to:  
 Full Day \_\_\_\_\_ Half Day \_\_\_\_\_  
 \*\*Status must be approved by school\*\*

Household Size: \_\_\_\_\_  
 (Revised total number of people in student's household)

Change of Address:  
 New Address: \_\_\_\_\_  
 Address Apt # City State Zip

→ Must provide CURRENT verification of new address. Verification must include a copy of ONE of the following:

- Lease – *must be current*
- Mortgage Statement that states "Property Address" – *must be dated within 6 months of submittal*
- Utility bill that states "Service Address" – *must be dated within 6 months of submittal*

**NOTE: If the student lives in a home owned by someone other than the parent(s), the home owner must submit a letter confirming that the applying parent(s) and child reside at the address along with a copy of the required documentation listed above.**

Household Income: Revised total gross household income *before taxes*.  
 Monthly \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

→ Must provide CURRENT verification for ONE MONTH's income for each parent/guardian. Verification must include a copy of ONE of the following:

- If paid weekly, 4 consecutive pay stubs with dates showing each 1 week pay period.
- If paid twice a month, 2 consecutive pay stubs with dates showing each 2 week pay period.
- If paid once a month, 1 pay stub with dates showing a full month.

**NOTE: Pay stub verification must be dated within 6 months of submittal AND must be for 1 entire month of income.**

## STEP 3: SIGNATURE

I certify that all the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal and State funds and that school officials may verify the information on the application & further agree to release my student(s) Free & Reduced Lunch status. I understand that if I purposely give false information my child(ren) may lose the benefit garnered & that I may be prosecuted.

Print name of Parent(s)/Guardian(s) \_\_\_\_\_ Signature of Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* FOR SCHOOL OFFICE USE ONLY \*\*\***

Date Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy Given to Parent/Guardian:  Yes  No  
 Form Received By: \_\_\_\_\_ School Number: \_\_\_\_\_