

FAMILY FINANCIAL DETERMINATION FORM for the *Magnet School Lottery*

Application deadline is February 24, 2017 at 5:00 p.m.

Privacy Information: Information that you provide on this form is private data. The information is used to determine and verify whether children in your household are eligible for priority within the magnet school lottery.

Please email as an attachment, mail, fax or deliver to:

magnetapplication@rdale.org
 Robbinsdale Area Schools
 Education Service Center
 Attn: Molly Olson
 4148 Winnetka Ave. N.
 New Hope, MN 55427
 FAX 763-504-8972 PH 763-504-8033

FAMILY ID #: _____ (For online magnet school applicants only)
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1. Names of ALL Children in Household From BIRTH through HIGH SCHOOL <i>(Legal Names Only)</i>	Date of Birth <i>Month/Day/Year</i>	Gender Circle one	Grade Level in Fall 2017 PreK to 12	Name of School your child will attend in the fall	If applicable, list Case Number for MFIP _____ SNAP _____ or FDPIR _____ Do <u>not</u> list Medical Assistance Numbers	Other If applicable, SSI or other regular income to child. For Foster child , list personal use income or "None"
First Name Last Name						
1		M F				
2		M F				
3		M F				
4		M F				
5		M F				
6		M F				

2. List **all adults** in the household, **all incomes**, and **how often** each income is received. Attach an additional page if necessary. Skip this part if you have MFIP, food support or FDPIR numbers, or if this is for a foster child.

Names of All Adults in Household	All Incomes					
Include all related and unrelated people sharing housing and/or expenses including college students temporarily at school. First Name Last Name	Write in each income <u>and</u> how often it is received: weekly (W) , bi-weekly (every 2 weeks) (Bi-W), twice per month (T) , monthly (M) , or yearly (Y) . If reporting an hourly wage, you must also indicate how many hours per week you work. If unsure how to report your income, you may attach a recent check stub.					
	Gross Wages And Salaries <i>(not take home pay)</i>	<i>(check ✓)</i> Pension _____ SSI _____ Veteran's Social Security _____	Unemployment Worker's Comp Strike Benefits	<i>(check ✓)</i> Child Support _____ Alimony _____ Public Assistance _____	Any other income, including net farm or self employment income.	Check (✓) if person has NO income
	<i>Example:</i> \$1150 per Bi-W		<i>Example:</i> \$200 per week (W)			
	per	per	per	per	per	
	per	per	per	per	per	
	per	per	per	per	per	
	per	per	per	per	per	

3. This application has been completed by a parent with custodial authority or by a legal guardian. The information provided here is accurate to the best of my knowledge.

Signature of adult household member (required)

Printed Name of adult household member

(_____) _____
Home Telephone Number

(_____) _____
Work/Cell Telephone Number

Street Address

Apartment #

City

Zip Code

Date

[This application does NOT qualify you for the federal lunch subsidy program]

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Total household size _____	Total household income _____	MFIP/Food Stamps/FDPIR _____	Foster _____
Approved Free _____	Approved Reduced _____	Amount _____	Denied _____
Signature of Determining Official _____		Date _____	