

# FAMILY FINANCIAL DETERMINATION FORM for the *Magnet School Lottery*

**Application deadline is February 28, 2014 at 4:00 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 priority within the magnet school lottery. You do not need to complete this form if you are not applying for the magnet school lottery at RSIS or SEA.

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

Mechelle\_allen@rdale.org  
Robbinsdale Area Schools  
Education Service Center  
Attn: Mechelle Allen  
4148 Winnetka Ave. N.  
New Hope, MN 55427

Family ID _____ (Online applicants only)
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FAX 763-504-8972 PH 763-504-8027

1. Names of ALL Children in Household From BIRTH through HIGH SCHOOL  (Legal Names Only)  First Name                      Last Name	Date of Birth  Month/Day/Year	Gender  Circle one	Grade Level in Fall  2014 PreK to 12	Name of School  your child will attend in the fall	If applicable, list Case Number for MFIP _____ SNAP _____ or FDPIR _____ Do <b>not</b> list Medical Assistance Numbers	Other  If applicable, SSI or other regular income to child. For <b>Foster child</b> , list personal use income or "None"
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 <b>All Adults</b> in Household  Include all related and unrelated people sharing housing and/or expenses including college students temporarily at school.  First Name                      Last Name	All Incomes  Write in each income <u>and</u> how often it is received: <b>weekly (W)</b> , <b>bi-weekly</b> (every 2 weeks) <b>(Bi-W)</b> , <b>twice per month (T)</b> , <b>monthly (M)</b> , or <b>yearly (Y)</b> . <b>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.</b>					
	Gross Wages And Salaries ( <b>not</b> take home pay)  <i>Example: \$1150 per Bi-W</i>	( <i>check</i> ✓ ) Pension _____ SSI _____ Veteran's Social Security _____	Unemployment Worker's Comp Strike Benefits  <i>Example: \$200 per week (W)</i>	( <i>check</i> ✓ ) Child Support _____ Alimony _____ Public Assistance _____	Any other income, including <i>net</i> farm or self employment income.	Check (✓) if person has <b>NO</b> income
	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 free/reduced school meals]**

**FOR OFFICE USE ONLY**

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