

Effective from July 1, 2020 to June 30, 2021

I am requesting assistance toward Internet access and/or the use of a computer for my student while enrolled in the full-time virtual instruction program through Volusia County Schools for the current school year. Our family does not currently have a computer and/or Internet access.

Student's Name: _____

Date of Request: _____ Student ID: _____

Parent/Guardian Name: _____

Provider of Choice: Volusia Online Learning K-12 Pasco School

I am requesting the use of: Computer Internet Access

Total Number of Household Members: _____

In the space below, list each income source for your household, the pay period frequency, and the total income earned from each source.

Income Source: <i>Include all sources (e.g., social security, salary, retirement welfare, child support, alimony, etc.)</i>	Pay Period Frequency	Total income earned from this source:
	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	
	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	
	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	
	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	

Applicants must provide documentation of income (e.g., pay stub, W-2, etc.) or proof of Food Assistance. Please check all that apply, scan the most recent forms and email them to volusiaonlinelearning-devices@volusia.k12.fl.us. If you do not have access to a scanner and/or the Internet, the information may be mailed or hand-delivered directly to Volusia Online Learning at:

- Herbert Street Center, 1290 Herbert Street, Port Orange, FL 32129
- Note: Herbert Street Center is next to Silver Sands Middle School.

- Pay Stub
- W-2
- Medicaid confirmation letter
- Food Assistance confirmation letter
- Migrant, Foster, Runaway, or Homeless confirmation letter
- Other documentation of income.

List the source: _____

I authorize District personnel to review this information and attached documentation to determine my child's eligibility status with the National School Lunch Program Income Eligibility Guidelines. I understand that I must apply every year for this benefit.

Parent/Guardian Signature

Date

Parent/Guardian Name (printed)