

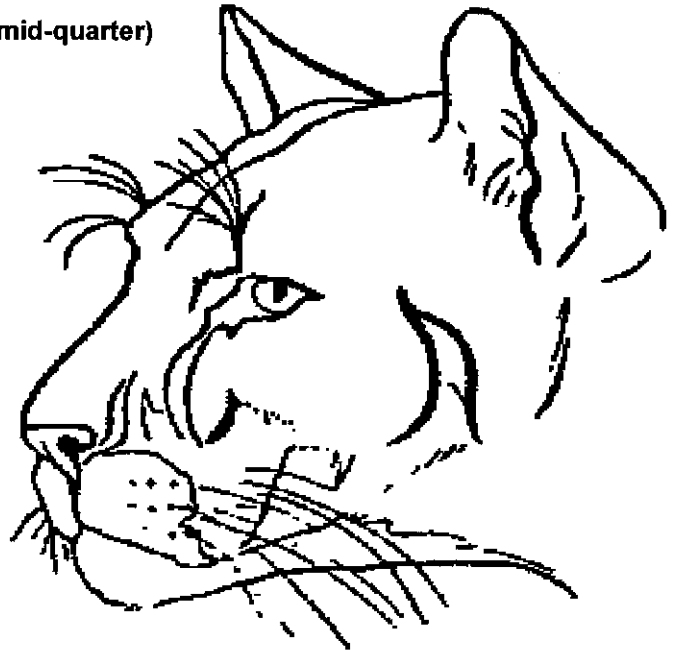
Welcome to Pioneer Central

New Student Check List

- Proof of Residency in Pioneer Central School District
- Completed Registration Packet (attached)
- Copy of Birth Certificate
- Copy of Custody Papers and/or Order of Protection (if any)
- Department of Social Services Foster Placement Form (if any)

Please notify your prior school that we will be contacting them for the following records to complete the enrollment process:

- ✓ Exit Grades for Current Quarter (if student transferred mid-quarter)
- ✓ Current Class Schedule
- ✓ Current Report Card
- ✓ Copy of Current Science Labs (High School only)
- ✓ High School Transcripts
- ✓ Attendance Records
- ✓ Health Records (immunizations & last physicals exam)
- ✓ New York State Test Scores (3rd – 8th)
- ✓ Special Ed Records
(IEP, Transition Plan, Social History,
Level 1 Assessment, & Psychological Reports)



Home of the Pioneer Panthers

**PIONEER CENTRAL SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

Date of Requested Enrollment: _____

Today's Date: _____

Has student attended Pioneer Central School before? Yes _____ No _____

School to Attend: Pioneer Senior High Pioneer Middle Pioneer at Arcade Elementary Pioneer at Delevan Elementary

Entering Grade: _____

STUDENT INFORMATION

Last Name: _____

First Name: _____ MI: _____

Social Security #: _____

Date of Birth: _____

Telephone: () _____

City & State of Birth: _____

Unlisted? Yes _____ No _____

Custody Papers on file? Yes ___ No ___

Cell phone: () _____

Order of Protection on file? Yes ___ No ___

Residence Address:

Mailing Address (if different than residence):

Street: _____

P.O. Box: _____

Town: _____ Zip: _____

Street: _____

County: _____

Town: _____ Zip: _____

Ethnic Group (please select one):

Ethnicity (Choose one):

- Hispanic/Latino
- Not Hispanic/Latino

Race (Choose one or more, regardless of Ethnicity):

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

Gender:

- Male
- Female

Please Check All That Apply:

- Currently in Foster Care – DSS # _____
Actual Home School District _____
- Enrolling but do not live in Pioneer District (non-Foster Care)
Actual Home School District _____
- Migrant
- Immigrant/Refugee
Country of Birth _____
Home Language _____

Pease list any other students you have attending Pioneer Central School:

Please list any Special Education service the student is currently receiving (i.e. OT, PT, Resource):

****Every parent or person in a parental relation has the right to refer their child to the Committee on Special Education for evaluation to determine the child's eligibility for special education programs or services. Information regarding this parental right to request an evaluation is detailed in "A Parent's Guide to Special Education", which can be found on the NYS Education Department's website: <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>. If you have any questions about your rights as a parent with relation to special education, you can contact: Jean Vallance, Pioneer's Director of Special Education at 716-492-9435, or by email at jvallance@pioneerccsd.org**

PARENT/GUARDIAN INFORMATION – Please complete ALL lines below:

**NOTE: We presume both NATURAL parents share custody in divorce or legal separation agreements unless and until we receive a copy of the court order or separation agreement that pertains to the child's custody. Non-custodial parents are legally able to obtain school records unless otherwise noted in court document.*

Name: _____

Relationship: _____

Address if different from student address:

Home/Cell Phone if different from student phone:

() _____

Employer: _____

Employer Address: _____

Employer Phone: () _____

Student Resides with: Yes ___ No ___

*Extra Mailing Required: Yes ___ No ___

Name: _____

Relationship: _____

Address if different from student address:

Home/Cell Phone if different from student phone:

() _____

Employer: _____

Employer Address: _____

Employer Phone: () _____

Student Resides with: Yes ___ No ___

*Extra Mailing Required: Yes ___ No ___

**Extra mailing includes copies of report cards, progress reports, and academic intervention service notices. These are mailed when requested by the parent/guardian that does not reside with the student but is legally allowed to have this information.*

___ Initial here to Opt Out of paper report cards & progress reports.

I have or will obtain free Parent Portal account to review progress reports and report cards.

**PLEASE LIST AT LEAST ONE CONTACT OTHER THAN YOURSELF
IF YOU HAVE MORE PLEASE ADD AT THE BOTTOM**

EMERGENCY CONTACTS-If unable to contact the above, please contact the following:

Name #1: _____

Relationship: _____

Address: _____

Town: _____ Zip _____

Home Phone: () _____

Cell Phone: () _____

Name #2: _____

Relationship: _____

Address: _____

Town: _____ Zip _____

Home Phone: () _____

Cell Phone: () _____

Pioneer Central School District

McKinney Vento Act – Transitional Housing Questionnaire

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

Building this child attends: Arcade Delevan Middle School High School

Student Name: _____ Male Female

Date of Birth (mo/day/yr) _____ Current Age: _____ Grade: _____

Parent(S)/Legal Guardians Name: _____

Legal Address: _____

City: _____ NY Zip: _____

Telephone: _(_____) _____ Other Telephone _(_____) _____

Do you also have preschool children? Yes Ages: _____ No

1. Is the student and or family living in temporary housing? (check one)

- in a shelter in a motel or hotel in a car
 in a seasonal trailer park/campsite
 with more than one family in a house or apartment
 with friends or family members (other than parent/guardian)
 none of the above

If you checked "none of the above", please sign the form and return to the school district.

2. Does the living arrangement checked in question 1 result from a loss of housing or economic hardship? Yes No unsure

3. The student lives with

- 1 parent 2 parents 1 parent & another adult
 a relative, friend or other adult alone with no adults
 an adult who is not the parent or legal guardian

Signature _____ Date: _____

Parent/Legal Guardian /Unaccompanied Youth

School Year: 2020-2021 2021-2022

For School Use Only

- Student not covered by McKinney-Vento Act
 Student covered by McKinney-Vento Act
 Follow up required.....forward form to:
Jeannene M. Wagner – Middle School

Date received: _____

PIONEER SENIOR HIGH SCHOOL
P.O. BOX 579
YORKSHIRE, NY 14173
PHONE: 716-492-9334
FAX: 716-492-9350

PIONEER MIDDLE SCHOOL
P.O. BOX 619
YORKSHIRE, NY 14173
PHONE: 716-492-9380
FAX: 716-492-9417

ARCADE ELEMENTARY SCHOOL
P.O. BOX 9
ARCADE, NY 14009
PHONE: 716-492-9421
FAX: 716-492-9433

DELEVAN ELEMENTARY SCHOOL
P.O. BOX 217
DELEVAN, NY 14042
PHONE: (716) 492-9461
FAX: (716) 492-9477

===== **FAX** =====

DATE:

FAX # ()

TO:

FROM:

RE:

- New student registration
- Enrollment pending district approval
- District decision - approved / denied

Please fax or mail the items checked below regarding the above student as soon as possible.
Thank you.

- ✓ Current Class Schedule
- ✓ Exit Grades for Current Quarter (if student transferred before quarter grades were issued)
- ✓ Current Report Card
- ✓ Current Science Labs
- ✓ High School Transcript
- ✓ NYS Test Scores
- ✓ Attendance Records
- ✓ Health Records (immunizations and last physical exam)
- ✓ Copy of Birth Certificate
- ✓ Discipline Reports****
- ✓ Special Education Records (if applicable) to include:
IEP, Transition Plan, Social History Level 1 Assessment & Psychological Reports
- ✓ Custody Papers (if applicable)

=====

PARENT/GUARDIAN: PLEASE COMPLETE THE BOTTOM SECTION ONLY
Previous School Information

Student Name: _____ Date of Birth: _____

Previous School Attended: _____ School Phone: () _____

School Address: _____

Town: _____ State: _____ Zip: _____

Dates of Attendance at this school:

Start Date: / / End Date: / /

****I hereby authorize the release of discipline information for the student listed above.

Name: _____ Relationship: _____ Date: _____

TRANSPORTATION:

Bus: _____ Walker: _____ Parent Transports: _____ **Student Driver _____

**(For High School Students only—requires a parking permit pass)

=====FAX=====

DATE: _____

TO: FIRST STUDENT BUS GARAGE Fax #: 716-970-4387

FROM: _____

BUILDING: _____

RE: Transportation Request as listed below effective _____

New Student Enrollment Address Change for Current Student

To be completed by First Student:

Bus Lane #: _____ Pick-up Time: _____ Driver: _____

Bus Stop Location: Student's Home Address Group Pick up

Parent/Guardian: Please fill in the section below if requesting bus transportation

Student Name: _____ Grade: _____

Home Phone Number: () _____ Building: _____

Parent/Guardian Name: _____

Address: _____
House No. Street Town Zip

- Will your child be getting **on** the bus in the morning at the above address? YES _____ NO _____
- Will your child be getting **off** the bus in the afternoon at the above address? YES _____ NO _____

If you answered no to either question above, please continue with the remainder of this form.

Alternative Morning Pick up Information:

Name: _____ Phone: () _____

Address: _____
House No. Street Town

Alternative Afternoon Drop off Information:

Name: _____ Phone: () _____

Address: _____
House No. Street Town

PIONEER CENTRAL HIGH SCHOOL

Dear Parent/Guardian:

New York State requires all transfer students, with no record of a physical in the past year, to have a physical exam. The school at no cost will provide these exams to you. If you prefer, you may take your son/daughter to your private physician for these exams at your expense.

We will do this within one month of your child entering this school system. The physical exam will include head, neck, heart, lungs, abdomen, joints, scoliosis, extremities, skin, and a hernia exam. We recommend that you discuss the hernia exam with your son so he will know what to expect at the time of the exam. Every effort will be made to ensure your child's privacy during this physical exam.

We invite you to be present during your child's exam. Please feel free to call me between the hours of 7:30am – 2:30pm at 492-9344 if you have any questions concerning this exam.

Please complete and return the bottom portion of this form to the High School health office. If your private physician will be doing the exam, a physical form must be obtained from the health office and returned after the physical is completed. If a completed physical form or a date of a scheduled exam is not given to me within two months of your child-entering Pioneer, the physical will be done in school.

Patricia Pierce
High School Nurse

_____ I would like the physical to be done at the school by the Nurse Practitioner.

_____ I would like to be present during my child's exam. You may contact me at the following number during school hours _____. I understand if I do not keep the appointment the physical will be done without me.

_____ I will have the physical exam done by my private physician. I understand the physical will be done in school if a completed form or a date of a scheduled exam is not given to this office within the time frame mentioned above.

STUDENT'S NAME _____

PARENT'S NAME _____

PIONEER CENTRAL SCHOOL
INFORMATION FOR MEDICAL EMERGENCIES

Student's Name _____ Sex _____
Last First Middle

Date and Place of Birth _____ Grade _____

Home Address _____ Phone# _____
Street and Town

Father/Guardian's Name _____

Place of Work _____ Phone# _____

Mother/Guardian's Name _____

Place of work _____ Phone# _____

Where should your child be sent in case of illness and you cannot be reach?

Name _____ Phone# _____

Name _____ Phone# _____

If none of the above can be reached in an emergency, the school should call:

Name of physician/pediatrician Phone# _____

Signature of parent/guardian Date _____

HIGH SCHOOL HEALTH OFFICE PHONE #492-9344

Patricia Pierce High School Nurse

STUDENT HEALTH HISTORY FORM
Pioneer Central Schools

Student Name (*print first*) _____ (*print last*) _____ DOB _____ Grade _____ F M

A physical less than 365 days old must be provided to the school **OR** an in school physical may be requested:

Last physical exam _____ Healthcare Provider _____

My student has the following (NEW or EXISTING) medical condition(s). (Check all that apply)

<p>HEAD</p> <p><input type="checkbox"/> Concussion (loss of consciousness)</p> <p><input type="checkbox"/> Concussion (no loss of consciousness)</p> <p><input type="checkbox"/> Migraines (diagnosed)</p> <p><input type="checkbox"/> Frequent headaches</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Other _____</p>	<p>EAR/NOSE/THROAT/ MOUTH</p> <p><input type="checkbox"/> Frequent earaches/infections</p> <p><input type="checkbox"/> Tubes in place</p> <p><input type="checkbox"/> Hearing loss/condition</p> <p><input type="checkbox"/> Hearing aid</p> <p><input type="checkbox"/> Speech problems</p> <p><input type="checkbox"/> Swallowing problem</p> <p><input type="checkbox"/> Dental pain or concerns</p> <p><input type="checkbox"/> Other _____</p>	<p>ABDOMEN/INTESTINAL/ URINARY</p> <p><input type="checkbox"/> Frequent stomachaches</p> <p><input type="checkbox"/> Urinary or bowel concerns</p> <p><input type="checkbox"/> Other _____</p>	<p>SKIN</p> <p><input type="checkbox"/> Skin concerns</p> <p><input type="checkbox"/> Other _____</p>	<p>ENDOCRINE/BLOOD</p> <p><input type="checkbox"/> Diabetes/Type I</p> <p><input type="checkbox"/> Diabetes/Type II</p> <p><input type="checkbox"/> Blood disorder</p> <p><input type="checkbox"/> Other _____</p>
<p>EYES</p> <p><input type="checkbox"/> Vision concerns</p> <p><input type="checkbox"/> Glasses/Contacts</p> <p><input type="checkbox"/> Vision Loss/both eyes</p> <p><input type="checkbox"/> Vision Loss/one eye</p> <p><input type="checkbox"/> Other _____</p>	<p>HEART/LUNGS</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Heart condition</p> <p><input type="checkbox"/> Other _____</p>	<p>BONE/MUSCLE/JOINT</p> <p><input type="checkbox"/> Muscular concerns</p> <p><input type="checkbox"/> Knee, back, bone or joint concerns</p> <p><input type="checkbox"/> Scoliosis</p> <p><input type="checkbox"/> Other _____</p>	<p>ALLERGIES</p> <p><input type="checkbox"/> Anaphylactic shock</p> <p><input type="checkbox"/> Anaphylactic/foods</p> <p><input type="checkbox"/> Anaphylactic/nuts</p> <p><input type="checkbox"/> Anaphylactic/peanuts</p> <p><input type="checkbox"/> Anaphylactic/stings</p> <p><input type="checkbox"/> Allergy, Airborne</p> <p><input type="checkbox"/> Allergy, Animals</p> <p><input type="checkbox"/> Allergy, Medication</p> <p><input type="checkbox"/> Allergy, Food</p> <p><input type="checkbox"/> Allergy, Latex</p> <p><input type="checkbox"/> Lactose Intolerance</p> <p>List specific allergy(ies): _____</p>	<p>EMOTIONAL/BEHAVIORAL /PSYCHOLOGICAL</p> <p><input type="checkbox"/> Mental/emotional concerns</p> <p><input type="checkbox"/> Other _____</p>
		<p>CHROMOSOME/GENETIC</p> <p><input type="checkbox"/> Down Syndrome</p> <p><input type="checkbox"/> Other _____</p>		<p>OTHER</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>

My Child has **NO** (new or existing) health concerns.
(If you check this box, you agree to communicate with the school regarding new health concerns during the school year.)

My child will require the following medication types given during the school day (check all that apply):

- Long-Term Prescribed Medication**
The Long-Term form must be completed by the parent/guardian AND healthcare provider: MD/DO/ANP/PA & medication delivered in a properly labeled pharmacy container.
- Short-Term Prescribed Medication**
The Short-Term form must be completed by parent/guardian & medication delivered in a properly labeled pharmacy container.
- OTC/Over the Counter Medication**
To have an Over-The-Counter medication at school, a parent must complete a separate form and provide medication in the original container.

My child will require the following emergency medication(s) at school, check all that apply (parent/guardian must provide):

- Epinephrine (EpiPen or Auvi-Q)
- Antihistamine (Benadryl)
- Rescue Inhaler
- Glucagon
- Diazepam rectal gel

My child will require the following plan or other treatment at school (check all that apply):

- Student Allergy/Anaphylaxis Action Plan
- Asthma Action Plan
- Individualized Healthcare Plan -Diabetes with injection
- Individualized Healthcare Plan -Diabetes with pump
- Seizure Action Plan
- Other treatment in school

***Release of Information:** The disclosure of health information within the school is limited to information necessary to serve the student's health and education interests. Your *voluntary* agreement gives permission for school staff to be informed of precautions and procedures necessary to protect your child at school and foster academic success.

I Agree I Disagree _____ Parent/Guardian Signature _____ Date _____

MEDIA CONSENT FORM

Pioneer Central School

September 2020

Dear Parent/Guardian:

A goal of our school district is to publish information celebrating our schools, our students, and our accomplishments.

Please check the appropriate box

I **DO** grant permission for the Pioneer Central School District to display my child's image, voice, name and/or original work in various school publications, including, but not limited to newsletter, social media (Facebook, Twitter), **yearbook**, web page, broadcast media, etc.

I **DO NOT** grant permission for the Pioneer Central School District to display my child's image, voice, name and/or original work in various school publications, including, but not limited to, newsletter, social media (Facebook, Twitter), **yearbook**, web page, broadcast media, etc.

Student Name: _____ Date: _____

Grade: _____

Teacher Name: _____ School: _____

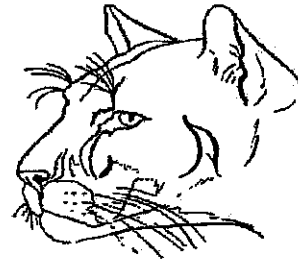
Parent/Guardian Name: (print) _____

Parent/Guardian Signature: _____ Date: _____

Skip Tillinghast
Office of Communications
Pioneer Central Schools
(716) 492-9411

Guidance Department

Pioneer High School
P.O. Box 639, County Line Rd.
Yorkshire, NY 14173



July, 2020

IMPORTANT LEGAL INFORMATION

Military Recruiters Have Been Given Free Access to Students' Names, Addresses, and Telephone Numbers

Dear Parent/Guardian:

Under provisions of the law *No Child Left Behind Act of 2001*, Pioneer Central School District is required to provide your child's name, address, and telephone number to military recruiters upon their request. This is a significant change over the previous policy requiring parents to give consent for us to release such information.

If you would like to retain your right to decide when and if the information about your child is given to military recruiters and others, you must notify me in writing. On the back of this page is a letter that you can sign and return or use as a guide in writing your own letter. Please be sure to include the name or names of the child(ren) to be covered by your request.

Please be aware that, without such letter on file, we have no choice but to provide your child's name, address, and telephone number to any recruiter who requests a listing bearing such information. Please return the letter as soon as possible.

Thank you for your prompt attention in this matter.

Sincerely,

Timothy Breen
Guidance Counselor

Timothy Breen – Counselor (716) 492-9343
Kaylee Supples – Counselor (716) 492-9338
John Krumpek – Counselor (716) 492-9339
Judy Emerling – Counselor (716) 492-9341

Karen Duttry – Secretary (716) 492-9337
Joanne Slocum – Secretary (716) 492-9334
Fax (716) 492-9350

July, 2020

To Whom it May Concern:

This is to inform you that I **DO NOT** want my high school student's name, address, and phone number released to any military recruiter.

Thank you.

Student's Name:

High School Grade Level:

DOB:

Sincerely,

Parent/Guardian Signature:

Parent/Guardian Printed Name:

Pioneer Central School District



July 2020

To: Pioneer Central School District Community Members

The Pioneer Central School District consists of five student occupied buildings: Pioneer High School, H.S. Ag. Barn, Pioneer Middle School, Pioneer Elementary at Arcade and Pioneer Elementary at Delevan. These buildings are used primarily for student instruction. Each of the buildings has VINYL ASBESTOS FLOOR TILE (except the H.S. Ag. Barn). This flooring is maintained in proper fashion under the established guidelines, to assure a safe environment for all building occupants. Each building maintains copies of their ASBESTOS MANAGEMENT PLAN (AMP). Copies of the AMP's are available for review in the Director of Facilities Office, located in the Pioneer High School. As per regulations, the ASBESTOS EMERGENCY RESPONSE ACT (AHERA), the district's fifth TRIENNIAL REINSPECTION AND ASSESSMENT REPORT was conducted on May 16, 2019 by AMD Environmental. At this time, there is ongoing Asbestos abatement in the Arcade Elementary Building in the crawl space as part of the Capital Project for the HVAC upgrades. The Abatement in Arcade will be completed in August 2020.

If you have any questions or concerns, please contact Nick Titus, Director of Facilities, at (716)-492-9414.

Nick Titus
Director of Facilities

PO Box 579
12145 County Line Road
Yorkshire, NY 14173
Phone: 716-492-9300
Fax: 716-492-9360
www.pioneerschools.org

BOARD OF EDUCATION:

Melissa Nocera-Collins, President
Ed McCarthy, Vice-President
Tom Lewis
Mary Lou Merlau
Linda Rule
Darla Schwab
Angela Wiseman
Denise Urbino
Justin Baker

CENTRAL ADMINISTRATION:

Benjamin A. Halsey
Superintendent of Schools
492-9304

Nicholas J. Silvaroli, CPA
Asst. Superintendent of Schools
492-9303

Dear Parent, Guardian, and School Staff:

New York State Education Law Section 409-H, effective July 1, 2001, requires all public, nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty, and staff regarding the potential use of pesticides, herbicides periodically throughout the school year. The Pioneer Central School District is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48-hour prior written notification of certain pesticide applications. The following pesticide applications are **not** subject to prior notification requirements:

- a school remains unoccupied for a continuous 72-hours following an application;
- anti-microbial products;
- nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children;
- nonvolatile insecticidal baits in tamper resistant bait stations in areas inaccessible to children;
- silica gel and other nonvolatile ready-to-use pastes, foams, or gels in areas inaccessible to children;
- boric acid and disodium octaborate tetra hydrate;
- the application of EPA designated bio pesticides;
- the application of EPA designated exempt materials under 40CFR152.25;
- the use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps, and hornets.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your school, please complete the form below and return it to:

Director of Facilities: Nick Titus
Pioneer Central School District
P.O. Box 579
Yorkshire, NY 14173
716-492-9414
Fax # 716-492-9360

PLEASE PRINT

Pioneer Central School District Request for Pesticide Application Notification		
Print Name		
Parent/Guardian Name:		Address:
Day Phone:	Evening Phone:	

#7314 Student Use of Computerize Information Resources

SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES (ACCEPTABLE USE POLICY)

The Board of Education will provide access to various computerized information resources through the District's computer system ("DCS" hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to electronic mail, so-called "on-line services" and the "Internet." It may include the opportunity for some students to have independent access to the DCS from their home or other remote locations. All use of the DCS, including independent use off school premises, shall be subject to this policy and accompanying regulations. Further, all such use must be in support of education and/or research and consistent with the goals and purposes of the School District.

Access to Inappropriate Content/Material and Use of Personal Technology or Electronic Devices

This policy is intended to establish general guidelines for the acceptable student use of the DCS and also to give students and parents/guardians notice that student use of the DCS will provide student access to external computer networks not controlled by the School District. The District cannot screen or review all of the available content or materials on these external computer networks. Thus some of the available content or materials on these external networks may be deemed unsuitable for student use or access by parents/guardians.

Despite the existence of District policy, regulations and guidelines, it is virtually impossible to completely prevent access to content or material that may be considered inappropriate for students. Students may have the ability to access such content or material from their home, other locations off school premises and /or with a student's own personal technology or electronic device on school grounds or at school events. Parents and guardians must be willing to establish boundaries and standards for the appropriate and acceptable use of technology and communicate these boundaries and standards to their children. The appropriate/acceptable use standards outlined in this policy apply to student use of technology via the DCS or any other electronic device on school grounds or at school events.

Standards of Acceptable Use

Generally, the same standards of acceptable student conduct which apply to any school activity shall apply to use of the DCS. This policy does not attempt to articulate all required and/or acceptable uses of the DCS; nor is it the intention of this policy to define all inappropriate usage. Administrative regulations will further define general guidelines of appropriate student conduct and use as well as proscribed behavior.

District students shall also adhere to the laws, policies and rules governing computers including, but not limited to, copyright laws, rights of software publishers, license agreements, and student rights of privacy created by federal and state law.

**SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES
(ACCEPTABLE USE POLICY)**

Students who engage in unacceptable use may lose access to the DCS in accordance with applicable due process procedures, and may be subject to further discipline under the District's school conduct and discipline policy and the District Code of Conduct. The District reserves the right to pursue legal action against a student who willfully, maliciously or unlawfully damages or destroys property of the District. Further, the District may bring suit in civil court against the parents/guardians of any student who willfully, maliciously or unlawfully damages or destroys District property pursuant to General Obligations Law Section 3-112.

Student data files and other electronic storage areas will be treated like school lockers. This means that such areas shall be considered to be School District property subject to control and inspection. The Computer Coordinator may access all such files and communications without prior notice to ensure system integrity and that users are complying with the requirements of this policy and accompanying regulations. Students should **NOT** expect that information stored on the DCS will be private.

Notification

The District's Acceptable Use Policy and Regulations will be disseminated to parents and students in order to provide notice of the school's requirements, expectations, and students' obligations when accessing the DCS.

Regulations will be established as necessary to implement the terms of this policy.

Pioneer Central School District 2020-2021 Application for Free and Reduced Price School Meals

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call (716)492-9347, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: Pioneer Central School District, P.O. Box 579 Yorkshire, NY 14173

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

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 other 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 household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-__ __ __ __

I do not have a SS#

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check one or more) : American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

- SNAP/TANF/Foster
- Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
- Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to Pioneer Central School District.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. **Call the school if you need help: Cate Pritchard (716)492-9347.** Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: 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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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.

DISCRIMINATION COMPLAINTS

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, 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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

2020-2021
Letter to Parents for School Meal Programs

Dear Parent/Guardian:

Children need healthy meals to learn. **Pioneer Central School District** offers healthy meals every school day. Breakfast costs \$1.25 at Arcade Elementary, Middle School & High School; Lunch costs \$2.20 at Arcade Elementary and \$2.45 at the Middle School & High School. Your children may qualify for free meals or for reduced price meals. **Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals at no charge.**

Students enrolled at Delevan Elementary School will be participating in the Community Eligibility Program. All students enrolled at Delevan Elementary School will receive breakfast and lunch at school at no charge to your household each day of the 2020-2021 school year. No further action is required of you. Your children will be able to participate in these meal programs without having to pay a fee or submit an application.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Pioneer Central School District C/O: Cate Pritchard, P.O. Box 579, Yorkshire, NY 14173.**
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **SNAP, the Food Distribution Program on Indian Reservations or TANF**, can get free meals regardless of your income. Categorical eligibility for free meal benefits is extended to all children in a household when the application lists an Assistance Program's case number for any household member. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Households with children who are categorically eligible through an Other Source Categorically Eligible designation, as defined by law, may be eligible for free benefits and should contact the SFA for assistance in receiving benefits.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Foster children may also be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Homeless/Runaway Liaison Mrs. Jeannene Wagner at (716)492-9326 JWagner@pioneerschools.org** or the **Migrant Education Coordinator Mrs. Lucia Johnson at (716)673-3526 lucia.johnson@fredonia.edu** to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children may be approved as reduced price eligible if your household income is within the reduced-price limits on the Federal Eligibility Income Chart, shown on this letter. Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call **Cate Pritchard (716)492-9347** if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for up to the first 30 operating days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out a FREE/REDUCED PRICE MEAL application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Pioneer Central School District C/O: Mr. Nicholas Silvaroli, P.O. Box 579, Yorkshire, NY 14173 NSilvaroli@pioneerschools.org.**
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you

- normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
 16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
 17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-800-342-3009.

**2020-2021 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

REDUCED PRICE ELIGIBILITY INCOME CHART

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 23,606	\$ 1,968	\$ 984	\$ 908	\$ 454
2	\$ 31,894	\$ 2,658	\$ 1,329	\$ 1,227	\$ 614
3	\$ 40,182	\$ 3,349	\$ 1,675	\$ 1,546	\$ 773
4	\$ 48,470	\$ 4,040	\$ 2,020	\$ 1,865	\$ 933
5	\$ 56,758	\$ 4,730	\$ 2,365	\$ 2,183	\$ 1,092
6	\$ 65,046	\$ 5,421	\$ 2,711	\$ 2,502	\$ 1,251
7	\$ 73,334	\$ 6,112	\$ 3,056	\$ 2,821	\$ 1,411
8	\$ 81,622	\$ 6,802	\$ 3,401	\$ 3,140	\$ 1,570
*Each Add'l person add	\$ 8,288	\$ 691	\$ 346	\$ 319	\$ 160

How to Apply: To get free or reduced price meals for your children carefully complete one application following the instructions for your household and return it to the designated office listed on the application. If you now receive SNAP, Temporary Assistance to Needy Families (TANF) for any children or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a SNAP, TANF or FDPIR case number for any household member, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number or check the box if the adult does not have a social security number. **An application for free and reduced price benefits cannot be approved unless complete eligibility information is submitted, as indicated on the application and in the instructions.** Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application. No application is necessary if the household was notified by the SFA their children have been directly certified. If the household is not sure if their children have been directly certified, the household should contact the school.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year and up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first). You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

Reduced Price Eligible Students: **Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.**

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or disability

Meal Service to Children With Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities of such individual, a record of such an impairment or being regarded as having such an impairment. Major life activities include but are not limited to: functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. You must request meal modifications from the school and provide the school with medical statement from a State licensed healthcare

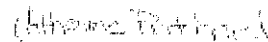
professional. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical statement must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

Reapplication: You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at that time.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,



Catherine Pritchard
Food Service Director

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

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, 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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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