

TRUMANSBURG CENTRAL SCHOOL DISTRICT
'Celebrating Diversity • Educating for Excellence'
 100 Whig Street, Trumansburg, NY 14886-9179
 (607) 387-7551
www.tburghschools.org

Trumansburg Central School District Registration Hours
September-June: 8:30 a.m.- 3:00 p.m.
July-August: 8:30 a.m.- 2:30 p.m.

To register your child for enrollment in the Trumansburg School District, please bring the following documents with you

- **Completed Registration Packet** (7 forms to be completed by parent/guardian)
 - Registration Form
 - Residency Questionnaire
 - Student Identification Form
 - Home Language Questionnaire (two pages)
 - Standard Authorization for the Exchange of Health Information
 - Consent and Authorization for Media Purposes
 - Release of School Records Form
- **Proof of Age (ONE of the following):**
 - Original Birth Certificate
 - Passport and/or Visa
 - Baptismal Certificate with date of birth indicated
- **Proof of Residency in the Trumansburg School District.**
- **Please submit at least one qualifying document from each of the following columns.**

• Column A	Column B
*Signed Rental/Lease Agreement *Mortgage/Deed *Other "Proof of Residency" as approved by the Superintendent or Designee	*Gas or Electric utility bill that links resident to residence *Income Sources (Pay Stubs, Social Security Check Stubs, etc.) matching signed rental/lease agreement

- **Immunization & Health Records including a copy of the most recent physical and immunizations** (dated within the last year at the time of registration)
- **IF APPLICABLE:**
 - Custody agreement (required if parents are separated or divorced)
 - Proof of Guardianship
 - Form DSS-2999 for foster placement
 - Court Order of Protection
 - Individualized Education Program (IEP) or 504 Plan

Board of Education
Jhoanna Haynes, President
Jim Mielty, Vice President
Rebecca Baines
Dana Robson
Dianne Lynn
Megan Williams
Randy VanDerzee

Tina Lincoln, District Clerk

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Administration
Kimberly Bell
Superintendent of Schools

Jon Koeng
School Business Administrator

Angela Gemignani
Director of Special Education

Pamela Rapoza
Director of Curriculum, Instruction,
Assessment & Professional
Development

Joshua Hunkeler
Director of Innovation &
Education Technology

RECORDS REQUEST FORM

A school district in which a student enrolls may request student records from school in which the student last attended without a parent signature of approval. See "Protection of the Rights and Privacy of Parents and Students", Section 438, subsection (b)(1), parts A and B, page 97 as amended in 1976.

Permission is hereby given to the officials of _____ to release information regarding:

Name : _____

Date of Birth: _____

Address: _____

General Information:

- Permanent Record Information
 Health Record Information (Immunization,
Physical Exams)
 Report Cards and Progress Reports
 Withdrawal Grades and Current Schedule
 Standardized Test Scores
 ACT/SAT, RCT/Proficiency Test Scores

Committee on Special Education Reports:

- Test Reports
 Current IEP: _____ - _____
 Social History
 Most Recent Progress Report

Other Information:

Please forward the information for all the items that are checked to:

- Trumansburg Elementary School
Attn: Darla Sielaff FAX (607) 387-2820
100 Whig St. Bldg #2
Trumansburg, NY 14886

If you have any question, please contact Jean Wiggins at (607)387-7551 ext 2433 or via e-mail at dsielaff@tburg.k12.ny.us

- Trumansburg Middle School
Attn: Counseling Office
100 Whig St. Bldg #1 FAX (607) 387-2888
Trumansburg, NY 14886

If you have any question, please contact Counseling Office at (607)387-7551 ext 1449 or e-mail via at LMagee@tburg.k12.ny.us

- Trumansburg High School
Attn: Students Services FAX (607) 387-2843
100 Whig St. Bldg #3
Trumansburg, NY 14886

If you have any question, please contact Student Services at (607)387-7551 ext 3454 or via e-mail at dcrance@tburg.k12.ny.us

Please send the requested information within 5 business days. Thank you in advance for your expedience in forwarding this student's records.

Optional Parent/Guardian Signature: _____

Date: _____

TRUMANSBURG CENTRAL SCHOOL DISTRICT
Registration Form

STUDENT INFORMATION

Student Name (as it appears on Birth certificate)

Student Last Name Student First Name Student Middle Name Student Nickname

Gender Assigned at Birth: _____ Gender Identity: _____

Date of Birth: _____ Place of Birth (City, State): _____

What language did this student learn when s/he began to talk? _____

What language does the family speak in the home most of the time? _____

PLEASE ANSWER QUESTIONS (1) AND (2) BELOW. PLEASE READ THEM BEFORE YOU RESPOND (For question (1) Check the box that best describes your child). Check only **ONE** box.

- 1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, central or South American or other Spanish culture or origin regardless of race.
 - YES, Hispanic
 - NO, not Hispanic
- 2. **Select one or more races from the following five racial groups** (For question (2), check all groups that apply to your child; check at least ONE box):
 - AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
 - ASIAN:** A person having origins in any of the original peoples of the Far east, Southeast Asia, or the Indian Subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam
 - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
 - BLACK:** A person having origins in any of the black racial groups of Africa.
 - WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Date Entered the U.S. (if applicable): _____ Number of Years in U.S. Schools: _____

PARENT/GUARDIAN INFORMATION

PRIMARY (Please check one): MOTHER FATHER GUARDIAN OTHER

Permissions for Primary (check all that apply): Mailings Pick up Parent Portal

Primary Last Name Primary First Name Preferred Pronoun Primary E-mail Address

Primary Home Phone: __ (____) _____ Check if unlisted Primary Cellphone: __ (____) _____

PARENT/GUARDIAN INFORMATION CONTINUED

Primary Residence Address: _____ Mailing Address: _____

(if different than _____

Residence address) _____

Primary County of Residence: TOMPKINS SENECA SCHUYLER

Primary Work Phone: __ (____) _____ Employer: _____

Other Parent/Guardian information (i.e., step-parent, etc.) _____

Other (Please check one): MOTHER FATHER GUARDIAN OTHER

Permission for Other (check all that apply): Mailings Pick up Parent Portal

Other Last Name _____ Other First Name _____ Preferred Pronoun _____ Other E-mail Address _____

Other Home Phone: __ (____) _____ Check if unlisted Other Cell Phone: __ (____) _____

Other Residence Address: _____ Mailing Address: _____

(If different than
Residence address) _____

Check here if
same as primary

Other County of Residence: TOMPKINS SENECA SCHUYLER

Other Work Phone: __ (____) _____ Employer: _____

3rd (if appropriate) Parent/Guardian information (i.e., step-parent, etc.) _____

STUDENT RESIDENCY AND PLACEMENT INFORMATION

Student Lives with: BOTH PARENTS MOTHER FATHER OTHER***

*** If OTHER, Name and Relationship to Student: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

STUDENT RESIDENCY AND PLACEMENT INFORMATION CONTINUED

Where is the student currently living? (Please check one box)

- In a shelter
- With another family or other person (sometimes referred to as "doubled-up") due to a loss housing, economic hardship, or similar reason
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

When did the student start living at the primary address on this registration form? _____

Is this student under Foster Care and/or custody of the Department of Social Services? YES* NO

*If YES, what County: _____ Name of Caseworker: _____

Student's Previous Address: _____

Dates Student lived at Previous Address: _____ Last Grade Attended: _____

Has the student been in Trumansburg District before? YES NO What grade will this student attend for this school year? _____

What year did the student first enter 9th Grade (if applicable): _____

Last School Attended: _____ Phone: ____ (____) _____

Address: _____ Fax: ____ (____) _____

Was/Is this student receiving any Special Education Services or services through a 504 Plan? _____ If YES, please explain _____

Was/Is this student receiving any Academic Intervention Services? _____ If YES, please explain _____

Please indicate any other children at this residence. This includes all children either school age or pre-school age.

NAME	GENDER ASSIGNED AT BIRTH	GENDER IDENTITY	DATE OF BIRTH	GRADE

STUDENT RESIDENCY AND PLACEMENT INFORMATION CONTINUED

Who has legal custody of this student? Name: _____
Address: _____
Phone: (____) _____

Is there a court order custody agreement? _____ If so, please provide a copy to the school.

If applicable, give date of death: Biological Mother _____ Biological Father _____

Who does the student reside with? Name: _____
Address: _____
Phone: (____) _____

Reason: _____

Does this student have a Law Guardian? YES NO If YES, give name and contact info: _____

Has this student lived with either or both biological parents in the last year? _____ If YES, give dates: _____

Is this student covered by any type of insurance? YES NO

If YES, please indicate name of persons who owns the policy: _____

If applicable, attach a copy of the student's driver's license and insurance card

Is this student employed? YES NO If YES, where: _____

Signature

Printed Name

Registration Date

FOR OFFICIAL USE ONLY

PARENT IDENTIFICATION

CUSTODIAL AGREEMENT

Student I.D. _____

Date Entering _____

Homeroom _____

RELEASE OF INFORMATION

- Previous School Records
- IEP (if applicable)
- Psych Report (if applicable)

TRANSPORTATION REQUEST

Date request sent to transportation _____

BIRTH CERTIFICATE

MEDICAL INFORMATION

- Health Form
- Immunization Records
- Recent Physical Exam Report
- Emergency Information Sheet

PROOF OF RESIDENCY

- Gas/Electric/Propane Bill
- Phone/Cable Bill
- Bank Statement
- Signed Lease Agreement
- Emergency Information Sheet
- Signed Purchase Agreement

NOTES:

Registrar/Counselor:

Trumansburg Central School
Health and Emergency Information

Date: _____ Home Rm/Grade: _____

Student Name: _____ Birth date: _____

Residence Address: _____ Home Phone: _____

_____ Cell Phone #1: _____

_____ Cell Phone #2: _____

Mailing Address (if different than address above): _____ E-Mail #1: _____

_____ E-Mail #2: _____

Parent/Guardian Name	Address	Home Phone	Daytime Phone	Double Mail

Authorized person(s) to call in an emergency when Parent/Guardian is not available. Please indicate below, the relationship and a day-time number where the individual can be reached.

Name 1	Relationship	Daytime Phone	Name 2	Relationship	Daytime Phone
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Address 1	Address 2
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Daycare/After School: _____

Name	Address	Daytime Phone
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HEALTH INFORMATION

NYS Law requires physical exams for all new students as well as those in grades Pre-K or K, 1, 3, 5, 7, 9 and 11. It is always best for yearly physicals to be performed by your child's primary physician, but if you are new to our community and have not yet found a physician, a school physician can perform one during school hours. This day will be chosen by the school physician.

School Physical (check here) OR Family Physician: _____

Health Insurance Carrier: _____

List any health conditions such as asthma, heart disease, diabetes, seizures, allergies, eye or ear problems, chronic conditions or restrictions, etc. Please include any medications that your child is currently taking. Also include information regarding surgeries or injuries occurring over the summer

I, the undersigned, do hereby authorize officials of the Trumansburg Central School District to contact directly the persons named on this form, and do authorize the named physician to render such treatments as may be deemed necessary in an emergency, for health of said child. In the event physicians, other persons named on this form, or a parent cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I also give permission to school officials to share pertinent medical information on a professional level, i.e. allergies, medicines, medical conditions, with my child's teachers. This is not a waiver of any legal rights which may accrue out of an accident and under which parents or students may seek to recover for medical expenses

Signature of Parent or Guardian _____ Date _____

HEALTH HISTORY

Student's Name _____ Date of Birth _____ Date of Last Physical Exam _____ Grade _____

Last School Attended: _____ Phone: (____) _____
 Address: _____ Fax: (____) _____

Please indicate DATE when student was diagnosed with any of the following:

Mumps	
Chicken Pox	
Measles	
German Measles (Rubella)	
Scarlet Fever	
Pneumonia	
Rheumatic Fever	
TB (self or family)	
Chronic Respiratory	
Asthma	
ADHD	
Mental Health Issues	
Elevated Blood Pressure	
Allergies (please list)	

General Information (Please Circle One):

1. Ever stung by a bee? YES NO
 2. Allergic reaction to bee sting YES NO
 3. Prolonged high temperature? YES NO
- If YES, please explain: _____

4. Seizure disorder? YES NO
 5. Head injuries? YES NO
 6. Other serious illness or injury? YES NO
- If YES, please explain: _____

7. Glasses/contacts worn? YES NO
8. Color vision deficient? YES NO

Comments:

OPERATIONS:

Tonsillectomy? YES NO If YES, when? _____
 Tubes in Ears? YES NO If YES, when? _____

Others? Please specify: _____

Has your child been examined by any specialist; i.e., eye, ear, speech, chronic conditions, restrictions? Is there anything the school should be aware of? Please forward a report is appropriate.

Today's Date: _____

Board of Education
Jhoanna Haynes, President
Jim Mielly, Vice President
Rebecca Baines
Dana Robson
Dianne Lynn
Megan Williams
Randy VanDerzee

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Director of Special Education
Pamela Rapoza
Director of Curriculum, Instruction,
Assessment & Professional
Development
Joshua Hunkle
Director of Innovation &
Education Technology

STUDENT BMI 2021-2022

As part of a required school health examination, a student is weighed, and his/her height is measured. These numbers are used to figure out the student's body mass index or 'BMI'. The BMI helps the doctor or nurse know if the student's weight is in a healthy range or is too high or too low. Recent changes to the New York State Education Law require that BMI and weight status group be included as part of the student's school health examination. A sample of school districts will be selected to take part in a survey by the New York State Department of Health. If our school is selected to be part of the survey, we will be reporting to New York State Department of Health information about our students' weight status groups. Only summary information is sent. No names and no information about individual students are sent. However, you may choose to have your child's information excluded from this survey report.

The information sent to the New York State Department of Health will help health officials develop programs that make it easier for children to be healthier.

If you do not wish to have your child's weight status group information included as part of Health Department's survey this year, please visit our Health Office page on the school website and fill out the NYS BMI Survey Notice and return it to your School Nurse.

Bethany Ladd
Elementary Nurse
607-387-7551, Ext. 2444
BLadd@tburg.k12.ny.us

Middle School Nurse
607-387-7551, Ext. 1424

Katie Iacovelli
High School Nurse
607-387-7551, Ext. 3445
KIacovelli@tburg.k12.ny.us



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)	
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <input type="checkbox"/> Father _____ <small>specify</small>
	<input type="checkbox"/> Guardian(s) _____ <small>specify</small>
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <small>specify</small>
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <small>specify</small>
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <small>specify</small>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School _____ Address _____	<input type="text"/>

Home Language Questionnaire (HLQ)—Page Two

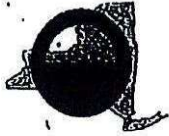
Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been referred for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. If referred for an evaluation , has your child ever received any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation _____ Date _____

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY: NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMPELLING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	



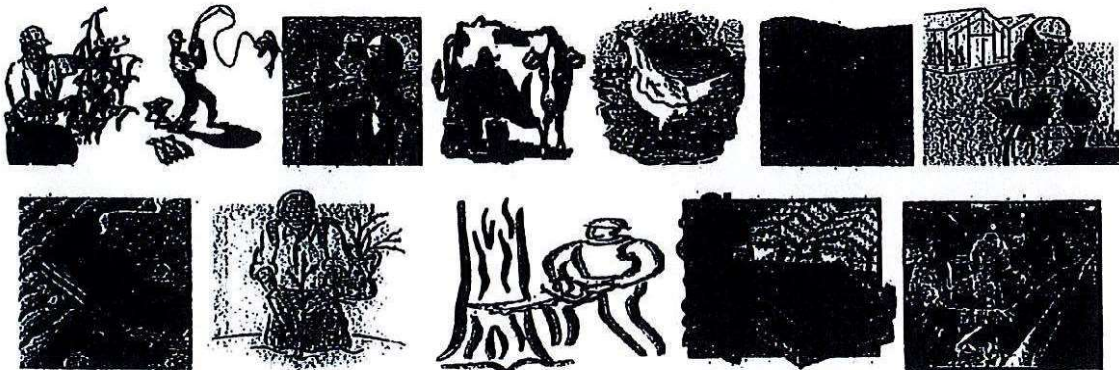
**NEW YORK STATE MIGRANT EDUCATION PROGRAM
IDENTIFICATION & RECRUITMENT OFFICE
PARENT SURVEY**

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____) - _____ - _____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 518-289-5623, or by mail to NYS Migrant Education Program: Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.



TRUMANSBURG CENTRAL SCHOOL DISTRICT
Transportation Request

We hereby request transportation for our child/children for the school year 2021-2022

Directions:

1. Home, Daycare/ Alternate site address must be located within the Trumansburg Central School District.
2. A new form must be completed each year and returned (by mail, in person or online) to the transportation department, attention Lynne Porter.
3. Once a weekly transportation schedule is established, it must remain consistent.
4. If arrangements change, please complete a new form.

CHILD/CHILDREN TO BE TRANSPORTED - INFORMATION:

Name of Child	Birthdate	Grade in School Next Year

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Legal Residence: _____ City/Zip: _____

Mailing Address: _____ City/Zip: _____

County: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone(s): _____

Relationship to student: _____

Address: _____

DETAILED DIRECTION TO YOUR HOME: Example - (1001 Rabbit Run) Rte 96, Right onto Rabbit Run Rd., 3rd house on the Right. White house w/ blue shutters and red front door

DAY CARE OR ALTERNATE LOCATION INFORMATION (If Needed):

Address: _____
Name of Adult at this Location: _____
Phone: _____

STOP LOCATION INFORMATION:

A.M. TRANSPORTATION SCHEDULE

HOME -
Pick-up Schedule: (Please Circle)
MON TUE WED THU FRI
ALL WEEK

ALTERNATE -
Pick-up Schedule: (Please Circle)
MON TUE WED THU FRI
ALL WEEK

P.M. TRANSPORTATION SCHEDULE

HOME -
Drop-off Schedule: (Please Circle)
MON TUE WED THU FRI
ALL WEEK

ALTERNATE -
Drop-off Schedule: (Please Circle)
MON TUE WED THU FRI
ALL WEEK

Please complete the form in its entirety, incomplete forms may be returned to sender due to lack of necessary information. Send completed forms to the Transportation Department of the Trumansburg Central School, 100 Whig Street, Trumansburg, NY 14886. Please allow at least five(5) business days for processing.

(Signature of Parent) (Date)

FOR OFFICE USE ONLY: DATE: _____ APPROVED: _____ COMPUTER: _____

Please sign and return the first page to the school's main office.

Trumansburg G Suite for Education parent/guardian consent

To parents and guardians,

At Trumansburg Central School District, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including **Gmail, Calendar, Docs, Classroom, and more** used by tens of millions of students and teachers around the world. At Trumansburg Central School District, students will use their G Suite accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

What personal information does Google collect?

How does Google use this information?

Will Google disclose my child's personal information?

Does Google use student personal information for users in K-12 schools to target advertising?

Can my child share information with others using the G Suite for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create/delete a G Suite for Education account for your child.

I give permission for Trumansburg Central School District to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Thank you,

Josh Hunkele -

Director of Innovation and Educational Technology

Data Protection Officer

jhunkele@tburg.k12.ny.us

Full name of student

Printed name of parent/guardian

Signature of parent/guardian

Date

Please sign and return the first page to the school's main office.

G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their G Suite for Education accounts, students may access and use the following 'Core Services' offered by Google (described at https://gsuite.google.com/terms/user_features.html):

Gmail

Calendar

Chrome Sync

Classroom

Cloud Search

Contacts

Drive

Groups

Keep

Sites

Vault

Docs, Sheets, Slides, Forms

In addition, we also allow students to access certain other Google services (below) with their G Suite for Education accounts. Specifically, your child may have access to the following 'Additional Services': A list of additional services is available at <https://support.google.com/a/answer/181865>. To learn more about what Additional Services are, and how they differ from Core Services, in the Help Center at <https://support.google.com/a/answer/6356441>

Blogger

Google Data Studio

Google Cloud Print (allows to print in school)

Google Earth

Google Maps

Google Photos

Youtube (Strict to Moderate)

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online at https://gsuite.google.com/terms/education_privacy.html You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, Trumansburg Central School District may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone number for account recovery or a profile photo added to the G Suite for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;

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log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
location information, as determined by various technologies including IP address, GPS, and other sensors;
unique application numbers, such as application version number; and
cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

How does Google use this information?

In G Suite for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with a G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an G Suite for Education account.

Can my child share information with others using the G Suite for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations and individuals outside of Google unless one of the following circumstances applies:

- **With parental or guardian consent.** Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.
- **With Trumansburg Central School District.** G Suite for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- **For external processing.** Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the G Suite for Education privacy notice and any other appropriate confidentiality and security measures
- **For legal reasons.** Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:
 - meet any applicable law, regulation, legal process or enforceable governmental request.
 - enforce applicable Terms of Service, including investigation of potential violations

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- detect, prevent, or otherwise address fraud, security or technical issues.
- protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a G Suite for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of G Suite for Education, you can access or request deletion of your child's G Suite for Education account by contacting Josh Hunkele, Director of Innovation and Educational Technology (jhunkele@tburg.k12.ny.us). If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the G Suite for Education account to view and manage the personal information and settings of the account.

What if I have more questions or would like to read further?

If you have questions about our use of Google's G Suite for Education accounts or the choices available to you, please contact Josh Hunkele, Director of Innovation and Educational Technology (jhunkele@tburg.k12.ny.us). If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the [G Suite for Education Privacy Center](https://www.google.com/edu/trust/) (at <https://www.google.com/edu/trust/>), the [G Suite for Education Privacy Notice](https://gsuite.google.com/terms/education_privacy.html) (at https://gsuite.google.com/terms/education_privacy.html), and the [Google Privacy Policy](https://www.google.com/intl/en/policies/privacy/) (at <https://www.google.com/intl/en/policies/privacy/>).

The Core G Suite for Education services are provided to us under [Google's Apps for Education agreement](https://www.google.com/apps/intl/en/terms/education_terms.html) (at https://www.google.com/apps/intl/en/terms/education_terms.html)

Letter to Parents for School Meal Programs

Dear Parent/Guardian:

Children need healthy meals to learn. **Trumansburg CSD** offers healthy meals every school day. Breakfast costs **\$.00**; lunch costs **\$.00**. 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 and snacks served through the Afterschool Snack Program at no charge.

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: **Rose Hanson, (607)387-7551.**
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 **Angela Gemignani** 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 the school at **(607)387-7551** 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: **Jon Koeng (607) 387-7551 jkoeng@tburg.k12.ny.us**
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.**

**2021-2022 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	\$ 23,828	\$ 1,986	\$ 993	\$ 917	\$ 459
2	\$ 32,227	\$ 2,686	\$ 1,343	\$ 1,240	\$ 620
3	\$ 40,626	\$ 3,386	\$ 1,693	\$ 1,563	\$ 782
4	\$ 49,025	\$ 4,086	\$ 2,043	\$ 1,886	\$ 943
5	\$ 57,424	\$ 4,786	\$ 2,393	\$ 2,209	\$ 1,105
6	\$ 65,823	\$ 5,486	\$ 2,743	\$ 2,532	\$ 1,266
7	\$ 74,222	\$ 6,186	\$ 3,093	\$ 2,855	\$ 1,428
8	\$ 82,621	\$ 6,886	\$ 3,443	\$ 3,178	\$ 1,589
*Each Add'l person add	\$ 8,399	\$ 700	\$ 350	\$ 324	\$ 162

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,

Rosemarie Hanson
School Lunch Specialist

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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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.

2021-2022 Application for Free and Reduced-Price School Meals/Milk

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 **(607) 387-7551**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Trumansburg CSD**
100 Whig St.
Trumansburg NY 14886

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: _____

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 _District Office, TCSD, 100 Whig Street, Trumansburg, NY 14886_____.

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: (607) 387-7551x4453. 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](https://www.usda.gov/oc/oea/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oc/oea/how-to-file-a-program-discrimination-complaint> 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.usda@usda.gov

This institution is an equal opportunity provider

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house. **Financially**

Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

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.

If you have any questions or need help in filling out the application form, please contact:

Rose Hanson, Food Service Director _____ (607)387-7551x4453 _____