

Indian River Central School District

32735B Co. Rt. 29
Philadelphia, New York 13673

Celebrating Over 50 Years of Academic Excellence

www.ircsd.org

Dear Parent(s)/Guardian(s):

Welcome to the Indian River Central School District! Included are the forms you are required to complete for registering your child/children in school.

The Impact Aid Registration Form should be completed for all students who have parents employed on federal property – either military or civilian employment.

Students attending the Indian River Central School District should be residing with their natural/adoptive parent(s) or legal guardian(s) within the District; otherwise, tuition will be charged.

A new form this year is the student racial and ethnic identification form. This form needs to be completed to bring New York State schools and Districts into compliance with updated standards.

Please bring the following information and records with you to your child's initial registration appointment:

1. Proof of residence (e.g. utility bill or assignment to quarters)
2. Proof of immunization
3. A medical history
4. Proof of age – children have to be four years of age on or before December 1st for prekindergarten and five years of age on or before December 1st for Kindergarten (birth certificate, passport, baptismal record)
5. Evidence of custody (court order, etc., if applicable)

If your child is receiving special education services, please bring any related records and plan to meet with our Pupil Personnel Services staff during the registration process.

Please contact the Central Registrar's office at:

315-642-3696

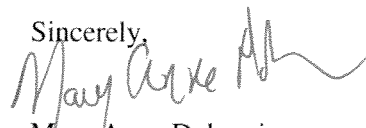
to schedule the initial registration appointment. The Central Registrar's hours are:

Monday through Friday 8:00 a.m. to 4:00 p.m.

Upon successful completion of the initial registration process, you will be instructed on how to contact the building which your child/children will attend. The final registration appointment will allow your family to visit the building in which your child/children will be enrolled to meet the staff, discuss any concerns and address any questions you may have.

Once again, on behalf of the District, I welcome you to Indian River. I am certain that your child's educational experience here is going to be positive and rewarding.

Sincerely,



Mary Anne Dobmeier
Assistant Superintendent

District Office - 642-3441 High School - 642-3427 Middle School - 642-0125 Intermediate School - 642-0405
Antwerp Primary - 659-8386 Calcium Primary - 629-1100 Evans Mills Primary - 629-4331
Philadelphia Primary - 642-3432 Theresa Primary - 628-4432 District Pupil Personnel Services - 642-0100
Transportation - 642-0331 Buildings & Grounds - 642-0338 Food Services - 642-1250

INDIAN RIVER CENTRAL SCHOOL DISTRICT

STUDENT RESIDENCY DETERMINATION

STUDENT'S NAME _____

In the case where the student does not live with both natural or adoptive parents (if both are alive), has the custody of the student been fixed by a written separation agreement, judicial separation decree, final divorce decree, or other legal custodial agreement? If YES, provide a copy as it pertains to the student's custody.

YES NO

With whom has the student lived for the last six months?

Name

Relationship

Address

If there were multiple locations, provide all relevant dates, relationships and addresses on a separate piece of paper.

Has a parent provided financial support for the student during the past year?

YES NO

If yes, provide name of parent and an approximate weekly dollar amount, or list other forms of non-monetary support received (food, shelter, clothing, etc.). Use additional paper as necessary.

Is the student covered under any health, dental, auto, sickness, accident, or other insurance?

YES NO

If yes, provide the name(s) of primary insured on the policy in the space below.

Attach copy of student's drivers license (if applicable).

Is the student listed as an exemption on anyone's state or federal income tax return (if required to file)?

YES NO

If yes, attach a copy of the past three year's returns (basic form only).

Attach copies of the student's last three income tax returns, if required to file.

Barring unusual circumstances, the residency officer should be able to make a determination with the information provided to this point. If the student lives with someone other than his/her parent, continue with the next page of this form.

If there is no need to continue, please sign the certificate on page three.

INDIAN RIVER CENTRAL SCHOOL DISTRICT

STUDENT RESIDENCY DETERMINATION

STUDENT'S NAME _____

If the student resides with a person or persons other than his/her parents, state in writing and in full and complete detail how the student came to reside with such person(s), the name of such person(s), and any documentation relating thereto (custody agreement/arrangement, affidavit surrendering parental rights, family court decrees relating to guardianship, etc.) Include information concerning who is/are the primary participant(s) in making decisions concerning the student's health, education, discipline, behavioral and social education, religious education (if applicable), cultural and recreational needs, and immediate control over his/her daily activities. Is this responsibility shared with others? If so, please provide names, addresses, telephone numbers, and relationships. Does documentation exist to show these relationships? If so, please provide copies of this documentation. Does the student receive financial or other support from the aforementioned person(s)? From someone other than the aforementioned person(s)? If yes, include this information in the statement.

The written statement must be sworn to before a Notary Public of the State of New York.

Is the student employed? **YES** **NO**

If yes, state the name and address of each employer, beginning and ending dates of employment, and average weekly earnings.

Provide the name, mailing address, and a phone number of the school attended by the student before requesting admission into Indian River.

Petitioner should feel free to provide any additional information they believe will support their request for a residency determination.

State of New York,
County of Jefferson, SS.:

I, being duly sworn, certify that the information provided is true and accurate to the best of my belief.

Signature of Parent or Guardian _____

Date _____

Sworn to before me this _____ day of _____, 200____

Notary Public



Indian River Central School District

Student Registration

Date: _____
 Building: _____
 Grade: _____
 Birth Certificate: _____
 Immunization Records: _____

Please Print Clearly

Student Information

Legal First Name	Legal Middle Name (or none)	Legal Last Name	Name child goes by
Gender	Date of Birth (mm/dd/yyyy)	Place of Birth	Was child adopted? If yes give date:
Male or Female			Was it an international adoption?

Each parent must complete the Student Racial and Ethnic Identification Form

Race (circle at least one or more)

American Indian/Alaskan Native	Asian	Black or African American	Native Hawaiian/Pacific Islander	White
--------------------------------	-------	---------------------------	----------------------------------	-------

If the student was born somewhere other than in the United States, the "Immigrant Student Identification" form must be completed.

Language(s) spoken in home: _____ Citizenship _____

1st Language	2nd Language	3rd Language

Household Information

Physical Address			Mailing Address (if different from physical address)		
Street Address			Street Address or PO Box		
City	State	Zip	City	State	Zip

Parent and/or Guardian Information

Father or Male Guardian

Last Name	First Name	Middle Initial	Date of Birth (mm/dd/yyyy)	Place of Birth
Relationship to Student	Is this person a legal guardian?	Does this person live in the home?	E-mail Address	
	Yes or No	Yes or No		
Home Phone	Cell Phone	Place of Employment	Work Phone	

Indicate Highest Grade Completed (circle one)

Elementary	Jr. High	High School	College	Graduate School	Language(s) Spoken
K-6	7-8	9 10 11 12	13 14 15 16	17 18 19 20	

Mother or Female Guardian

Last Name	First Name	Middle Initial	Date of Birth (mm/dd/yyyy)	Place of Birth
Relationship to Student	Is this person a legal guardian?	Does this person live in the home?	E-mail Address	
	Yes or No	Yes or No		
Home Phone	Cell Phone	Place of Employment	Work Phone	

Indicate Highest Grade Completed (circle one)

Elementary	Jr. High	High School	College	Graduate School	Language(s) Spoken	Maiden Name
K-6	7-8	9 10 11 12	13 14 15 16	17 18 19 20		

Other Parent or Guardian

Last Name	First Name	Middle Initial	Date of Birth (mm/dd/yyyy)	Place of Birth
Relationship to Student	Is this person a legal guardian?	Does this person live in the home?	E-mail Address	
	Yes or No	Yes or No		
Home Phone	Cell Phone	Place of Employment	Work Phone	

Indicate Highest Grade Completed (circle one)

Elementary	Jr. High	High School	College	Graduate School	Gender	Maiden Name (if applicable)
K-6	7-8	9 10 11 12	13 14 15 16	17 18 19 20	Male or Female	
					Language(s) Spoken	

Student's Educational History

Name of Last School Attended	Mailing Address	City	State	Zip
Phone	Dates Attended			

If student attended the previous school for less than a full school year, please provide the following information

Name of other school previously attended	Mailing Address	City	State	Zip
Phone	Dates Attended			

Sibling Information

Brothers and Sisters

First Name	Last Name	Gender	Date of Birth	Grade in School	School Attending

Complete this box ONLY if (1) it reflects your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. (Your answer will help school staff with school enrollment and may enable the student to receive additional services.) Check one box if you are living:

- in a shelter
 with relatives or others due to lack of housing
 in a park or in a car
 in a camping ground or similar situation due to the lack of alternative, adequate housing
 in an abandoned apartment/building
 temporarily housed in a shelter awaiting a DCFS permanent foster placement

School Principal: If any box is checked, see the Homeless Education Program Policy and Other Important Documents.

In Case of an Emergency...

If we cannot reach you, who do you authorize to pick up your child if necessary?

(MUST RESIDE LOCALLY)

Name	Relationship	Home Phone	Work Phone	Cell Phone

Please feel free to stop at the school to update this piece of information as deemed necessary.

Before and After School

Does your child go to a babysitter/daycare facility before school? Yes _____ No _____

If yes, Name: _____ Address: _____ Phone: _____

Does your child go to a babysitter/daycare facility after school? Yes _____ No _____

If yes, Name: _____ Address: _____ Phone: _____

Note: In addition to recording this information here, a written note to the office is required for any change other than to/from your child's residence

Emergency Closing Information

In the event that school must be closed early due to unforeseen circumstances such as inclement weather, your child:

_____ will be picked up by: _____

OR

_____ will ride the bus to: _____

Name & Address

INDIAN RIVER CENTRAL SCHOOL DISTRICT STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Student Name: Last, First, Middle:	Date of Birth (Month/Day/Year): / /
School:	Grade:

Directions to Parent/Guardian: 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 for question 1.

<p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> YES, Hispanic <input type="checkbox"/> NO, not Hispanic </p>
<p>2. Select one or more races from the following five racial groups. For question 2, check all groups that apply to your child and be sure to check at least one box:</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> 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 Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.</p> <p><input type="checkbox"/> BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>

Signature of Parent/Guardian/Other

Date

Relationship to Student (please circle below):

Mother

Father

Guardian

Other (Specify): _____

Please see the following page for an important message to Parents/Guardians and Confidentiality Procedures and Regulations.

INDIAN RIVER CENTRAL SCHOOL DISTRICT STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The Indian River Central School District has adopted procedures which require the collection and recording of the ethnic identity of students in the District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance, and completion of school.

We need your help in order to accomplish this task. Please review the racial/ethnic definitions on the reverse page. Put a check in the box for the category or categories which best describe your child. The Indian River Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you very much for your anticipated cooperation!

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form is to be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please complete the form on the previous page.

**Please complete and FAX to Philadelphia Primary School
Please include a copy of birth certificate and registration sheet
642-5650**

Immigrant Student Identification Form

Please complete if your child was *not* born inside the United States, a U.S. military base, or a U.S. territory.

Child's Name: _____

Is either biological parent a U.S. citizen? Yes ___ No ___ If no, please complete the following:

Child's Place of Birth: _____

Child's Country of Origin: _____

Child's Citizenship: _____

Date child first entered the United States: _____

Child's Home Language: _____

Name of first U.S. school child was enrolled: _____
(includes public, private and DODs schools)

Date child was first enrolled in a U.S. school: _____
(includes public, private and DODs schools)

Number of years child was enrolled in a U.S. school: _____
(includes public, private and DODs schools)

ESOL Office Use Only

Student Immigrant Status: Immigrant Non-Immigrant

Date: _____

Signature: _____

**INDIAN RIVER CENTRAL SCHOOL DISTRICT
IMPACT AID REGISTRATION FORM**

Name of Pupil _____ Date of Birth _____

Name of School Enrolled In: _____ Grade _____

Home Address _____

Name of Father _____

Federal property on which father is employed _____

Name of firm, agency or uniformed services branch employing father _____

Name of Mother _____

Federal property on which mother is employed _____

Name of firm, agency or uniformed services branch employing mother _____

If either parent is in the uniformed services, please indicate:

Name of Parent _____ Rank/Unit _____

Signature of Parent

Date

Indian River Central School District

STUDENT RECORD REQUEST

Student Name: _____ **Grade:** _____ **DOB:** _____

Parent/Legal Guardian _____ hereby authorizes

Previous School _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

to release and/or exchange a copy of all academic and confidential information pertaining to the above student to the school indicated below. Please include the following: Birth Certificate, Health Records, Discipline Records, Attendance Records, Academic Records including standardized testing, report cards, sign-out grades, confidential/psychological/ special education records (IEP, 504 Plan, if any), and, if applicable, Custody or Guardianship papers.

Dr. Allan O'Brien, Principal
Antwerp Primary School
PO Box 10
Antwerp, New York 13608
Phone: (315) 659-8386
Fax: (315) 659-8944

Mrs. Marlene Durgin, Principal
Theresa Primary School
PO Box 620
Theresa, New York 13691
Phone: (315) 628-4432
Fax: (315) 628-5890

Mrs. Wanda Reardon, Principal
Calcium Primary School
PO Box 459
Calcium, New York 13616
Phone: (315) 629-1100
Fax: (315) 629-5254

Dr. Tiffany Pope, School Counselor
Indian River Intermediate School
32430 US Route 11
Philadelphia, New York 13673
Phone: (315) 642-0405
Fax: (315) 642-3180

Mrs. Pamela Knight, Principal
Evans Mills Primary School
8442 South Main Street
Evans Mills, New York 13637
Phone: (315) 629-4331
Fax: (315) 629-5257

Guidance Department
Indian River Middle School
32735A County Route 29
Philadelphia, New York 13673
Phone: (315) 642-0125
Fax: (315) 642-0128

Mr. Michael Bashaw, Principal
Philadelphia Primary School
3 Sand Street
Philadelphia, New York 13673
Phone: (315) 642-3432
Fax: (315) 642-5650

Guidance Department
Indian River High School
32925 US Route 11
Philadelphia, New York 13673
Phone: (315) 642-0008
Fax: (315) 642-0932

Signature of Parent/Guardian

Date

By law, all records regarding your child are available, for your inspection, at school.



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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL		
DISTRICT	<i>Please print or type clearly</i>	
SCHOOL	GRADE	
STUDENT NAME		
DATE OF BIRTH		
	Month:	Day: Year:
STUDENT IDENTIFICATION NUMBER		
COUNTRY OF BIRTH / ANCESTRY		
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.		
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION		
DETERMINATION:	<input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient	

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<i>specify</i>
----------------------------------	--------------------------------------	----------------
- What language(s) are spoken most of the time to the student, in the home or residence?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<i>specify</i>
----------------------------------	--------------------------------------	----------------
- What language(s) does the student understand?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<i>specify</i>
----------------------------------	--------------------------------------	----------------
- What language(s) does the student speak?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<i>specify</i>
----------------------------------	--------------------------------------	----------------
- What language(s) does the student read?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does Not Read
	<i>specify</i>	
- What language(s) does the student write?

<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does Not Write
	<i>specify</i>	
- In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other

Date

Month: Day: Year:



CUESTIONARIO SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR ("Home Language Questionnaire, HLQ") – Spanish

Estimado Padre/Madre o Guardián:
Para poder ofrecer a su hijo(a) la mejor educación posible, necesitamos determinar cuán efectivamente él o ella entiende, habla, lee y escribe el idioma inglés. Su ayuda será apreciada si contesta estas preguntas.

Gracias.

PARA SER COMPLETADO POR EL PERSONAL ESCOLAR (TO BE COMPLETED BY SCHOOL PERSONNEL)			
DISTRITO (District)	IMPRIMA O ESCRIBA CLARAMENTE (Please print or type Clearly)		
ESCUELA (School)	GRADO (Grade)		
NOMBRE DEL ESTUDIANTE (Student Name)			
FECHA DE NACIMIENTO (Date Of Birth)			
Mes: (Month)	Día: (Day)	Año: (Year)	
NUMERO DE IDENTIFICACION DEL ESTUDIANTE (Student Identification Number)			
PAIS NATAL O ASCENDENCIA (Country of Birth/Ancestry)			
NUMERO DE AÑOS MATRICULADO EN ESCUELA(S) FUERA DE LOS E.U. (Number of years enrolled in school outside the U.S.)			
NOMBRE/POSICIÓN DEL PERSONAL ESCOLAR LLENANDO ESTA SECCION (Name/Position School Personnel Completing This Section)			
DETERMINACIÓN: (Determination)	<input type="checkbox"/> Posiblemente LEP (Possibly LEP) <input type="checkbox"/> Dominante en Inglés (English Proficient)		

(✓ Marque las casillas que aplican)

- ¿Qué idioma(s) se habla en el hogar o residencia del estudiante? Inglés Español Otro _____
(Especifique cuál)
- ¿En qué idioma(s) se le habla al estudiante la mayor parte del tiempo en el hogar o residencia? Inglés Español Otro _____
(Especifique cuál)
- ¿Qué idioma(s) entiende el estudiante? Inglés Español Otro _____
(Especifique cuál)
- ¿Qué idioma(s) habla el estudiante? Inglés Español Otro _____
(Especifique cuál)
- ¿En qué idioma(s) lee el estudiante? Inglés Español Otro _____ No lee
(Qué idioma)
- ¿En qué idioma(s) escribe el estudiante? Inglés Español Otro _____ No escribe
(Qué idioma)
- ¿En su opinión, qué tan bien el estudiante entiende, habla, lee y escribe inglés?

	Muy bien	Un poco	Nada
Entiende Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habla Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lee Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escribe Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Firma del Padre/Madre/Guardián/Otro
(Signature of Parent/Guardian/Other)

Mes:
(Month)

Fecha
(Date)

Día:
(Day)

Año:
(Year)

Eligibility screen for Migrant Education services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO _____

In the last three years, has the parent or guardian of the child enrolling done farm work as a paid job? (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) YES _____ NO _____

If yes, what farm did you work on? _____ Where? _____ When? _____



If you can answer YES to BOTH of the above questions, your family MAY qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Parents/ Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____

(Street Address)

Work or Message # _____

(city, town or village) (Zip)

School District _____ School Building _____

School Contact Person _____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

To submit this referral please fax to the Oswego BOCES at (315) 963-4242 or mail to the address above. For more information please call the Migrant Program at 963-4265 or 1-800-474-1632. Thank you for your assistance.

PUPIL PERSONNEL SERVICES SCREENING INFORMATION
KINDERGARTEN THROUGH GRADE FIVE

Child's Name: _____ Male/Female Date of Birth: _____

Parents/Guardians: _____

Home Phone: _____ Grade: _____ Building: _____

Cell Phone: _____

In order to best plan for your child's educational program, we are interested in obtaining information which will assist us in identifying new students who may be disabled or have special gifted or talented abilities. We are also interested in knowing if you, as parents, have any concerns about your child's educational progress.

EDUCATIONAL INFORMATION:

Preschool: No Yes

Name of Preschool: _____ Name of District: _____

Previous school attended:

Grade(s) _____ School: _____ Location: _____

Grade(s) _____ School: _____ Location: _____

Grade(s) _____ School: _____ Location: _____

Grade(s) _____ School: _____ Location: _____

Grade(s) repeated: _____

Was child classified by a Committee on Preschool Special Education (CPSE)? No Yes

Was child classified by a Committee on Special Education (CSE)? No Yes

SPECIAL PROGRAMS:

Indicate if your child has been identified as having a disabling condition:

Autistic

Emotional Disability

Learning Disability

Mental Health Problems

Deaf

Hard of Hearing

Speech and/or Language Delays

Visual Disability

Orthopedically Disabled

Other Health Disability

Multiply Disabled

Indicate if you **suspect** your child of having any of the previously mentioned disabling conditions. If yes, what condition? _____

Indicate if your child has ever received remedial instruction. If yes, please check below:
 Math Reading Writing Speech ESOL (English to Speakers of Other Languages) Other

Indicate if your child has ever received any other special services. If so, check below:
 Counseling Intelligence Testing Individual Achievement Testing

Indicate any home or school adjustment problems below:

- | | |
|--------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Excessive Absence/Tardiness/Truancy | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Unfavorable Classroom Attitude | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Poor Achievement | <input type="checkbox"/> Defiance |
| <input type="checkbox"/> Poor Organizational Skills | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Destructive in the Classroom | <input type="checkbox"/> Fears/Nervousness |
| <input type="checkbox"/> Cheating/Stealing/Lying | <input type="checkbox"/> Unhappiness |
| <input type="checkbox"/> Difficulty Getting Along w/others | <input type="checkbox"/> Poor Health |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Distractibility |

If you choose, please describe any home or school adjustment problems noted above: _____

SCREENING RESULTS:

		<u>SS</u>	<u>PR</u>
Achievement:	Reading	_____	_____
	Math	_____	_____
	Spelling	_____	_____
	Brigance K & 1	_____	_____
ESOL:	_____		
Speech:	_____		

Comments: _____

Parent or Guardian
Signature: _____ Date: _____

Indian River Central School District

32735B Co. Rt. 29
Philadelphia, New York 13673

Celebrating Over 50 Years of Academic Excellence

www.ircsd.org
Health Office Regulations

Dear Parents:

It is necessary that your youngster be immunized prior to his entry into school. This stipulation is according to Public Health Law Article 21, Title VI—Section 2164. The law states the following: Immunizations are required for students attending school in New York State:

Minimum Requirements:

Polio vaccine 3 doses or more
Diphtheria toxoid 3 doses or more
Mumps vaccine 1 dose after age 12 months MMR
Rubella vaccine 1 dose after age 12 months MMR
Measles vaccine 2 dose after age 12 months MMR
Hepatitis B 3 doses of Hepatitis B vaccine

- Students born on or after 01/01/05 need 3 doses of DPT in Pre K or K
- Pre K need 3 doses of HIB or 1 dose after 15 months of age
- Students born on or after January 1, 1994, or who enroll in grades 6-12 must be immunized against varicella;
- Those students born on or after January 1, 1994, and who transfer to a school in this state from another state or country after this law becomes effective on January 1, 2005, must be immunized at **the time of entry into the school in the State of New York.**
- Special Education student in grade less classes who were born on or after January 1, 1994, must be immunized against varicella.
- Students who are entering 6, 7, 8, 9, and 10th grade or born on or after January 1, 1994 for the 2011-2012 school year must receive an immunization containing tetanus toxoids, diphtheria, and acellular pertussis (tdap).
- If a student has received a Td, DT, or DTaP vaccination within the last two years, the student's Tdap vaccination should be deferred (with rare exceptions) until a period of two years has elapsed.
- 10 year old students who are entering 6th grade will not be required to receive a T-dap vaccine and will not be excluded from school, but they must be flagged, tracked and immunized when they are 11 years old.

Three (3) doses of Hepatitis B is required for all children entering Kindergarten through Grade 12 as of 2005-06.

**Students must provide a Doctor or Clinic record of the above
Immunizations prior to entering school.**

**Students without proper documentation of required Immunizations
Will not be allowed to enter school**

Thank you for your Cooperation.

Sincerely,


Immunization Coordinator

I have read the above information and acknowledge the stated immunization requirements.

Date

Parent or Guardian Signature

District Office - 642-3441 High School - 642-3427 Middle School - 642-0125 Intermediate School - 642-0405
Antwerp Primary - 659-8386 Calcium Primary - 629-1100 Evans Mills Primary - 629-4331
Philadelphia Primary - 642-3432 Theresa Primary - 628-4432 District Pupil Personnel Services - 642-0100
Transportation - 642-0331 Buildings & Grounds - 642-0338 Food Services - 642-1250

School _____
Date Entered _____
Grade Entered _____

INDIAN RIVER CENTRAL SCHOOL DISTRICT HEALTH HISTORY

Pupils Name: _____

Birthdate: _____

Family Physician: _____ Address: _____

Family Dentist: _____ Address: _____

Has your Child had any of the following?

(if yes, provide details in space above signature)

<u>Date</u>		Yes	No
Chicken Pox _____	Frequent sore throat _____	_____	_____
Measles _____	Frequent ear infection _____	_____	_____
German Measles _____	Hearing Loss _____	_____	_____
Mumps _____	Vision Loss _____	_____	_____
Diphtheria _____	Heart Condition _____	_____	_____
Scarlet Fever _____	Asthma _____	_____	_____
Pneumonia _____	Allergies _____	_____	_____
Whooping Cough _____	Diabetes _____	_____	_____
Hepatitis _____	Seizure Disorder _____	_____	_____
Herpes _____	Immunodeficiency _____	_____	_____
TB _____	Speech Difficulty _____	_____	_____
Rheumatic Fever _____	Physical Handicap _____	_____	_____
	ADD or ADHD _____	_____	_____

Intensive Care Nursery after birth? _____ For how long? _____

Operation? _____ Date _____
Serious Injuries? _____ Date _____
Serious Illness? _____ Date _____

Examined by Dentist? Yes _____ Date _____ No

Examined by Doctor? Yes _____ Date _____ No

Is there anything concerning your child's health which the school should be aware of?

Please list allergies

Please list medication taken on regular basis

Date

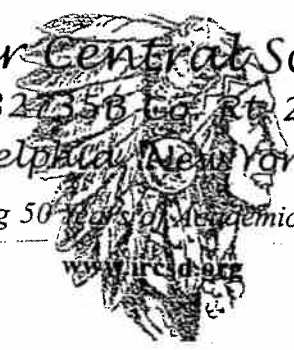
Signature of Parent or Guardian

Indian River Central School District

32735B Co. Rt. 29

Philadelphia, New York 13673

Celebrating 50 Years of Academic Excellence



Dear Parents:

Education Law (Section 903) requires medical examination of pupils upon entrance to school and at grades, K, 2,4,7, and 10, and any other time deemed necessary by school authorities. We will accept a physical that has been performed within the last 12 months. The intent of this periodic requirement is to identify early any condition detrimental to health, learning, and to maintain a cumulative profile of the pupil's health status. Each school district is mandated, by law, to provide an examination by the school physician, or his/her representative, of those pupils whose parents do not provide a report from the family physician. **Each student who participates in interscholastic athletics must be examined by the school physician.**

The health examination should be sufficiently personalized to provide a desirable educational experience and to allow time for direct health counseling between the school examiner and pupil. Privacy is provided and the school nurse is present and assists during the examination.

The following items are examined:

- Skin and Hair
- Eyes, Ears, Nose, Teeth, and Gums
- Chest and Heart
- Abdomen
- External Genitalia (male)
- Thyroid and Lymph Nodes
- Bones, Joints and Feet

*Sport physicals require that Blood Pressure be taken and Urine for Sugar and Protein.

Any parent who does not wish to have the school physical examination should use the form below and return it to the school nurse.

No one can participate in athletics prior to a Health Examination

~~~~~

### Health Examination Form

I prefer to have \_\_\_\_\_ examined, by our family physician,  
(Name of Student)  
\_\_\_\_\_, on \_\_\_\_\_  
(Name of Physician) (Date)

I will have a report of this examination sent to the school nurse within thirty (30) days of my child's physical.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



# Indian River Central School District

32735B Co. Rt. 29

Philadelphia, New York 13673

Celebrating 50 Years of Academic Excellence

[www.ircsd.org](http://www.ircsd.org)

## Indian River Central School Attendance Policy Summary

Please be advised that as per the Board of Education adopted attendance policy the following information is significant and should be reviewed periodically.

The following constitute excused absences from school:

|                            |                                                        |
|----------------------------|--------------------------------------------------------|
| Illness                    | Approved cooperative work programs                     |
| Illness in family          | Religious observance                                   |
| Death in family            | Military obligations                                   |
| Doctor Appointment         | Religious instruction/education                        |
| Quarantine                 | Driver test                                            |
| Required court appearances | School approved events (field trips,<br>lessons, etc.) |
| Approved college visit     |                                                        |

It is important to realize that an excuse, written or verbal must be received in a timely manner, to consider the absence excused. Students with excused absences will be given the opportunity to make up work in order to gain credit for the work.

The following nonexclusive list includes possible examples of unexcused absences:

|                   |                 |
|-------------------|-----------------|
| Senior skip day   | Babysitting     |
| Family vacation   | Missing the bus |
| Traveling         | Working         |
| Shopping          | Cold weather    |
| Hunting/fishing   | Needed at home  |
| Hair appointments |                 |

Students are expected to maintain an 85% attendance rate in order to gain 'course' credit. "Students who have an unexcused absence, late arrival or early departure from scheduled instruction will be subject to a series of incremental interventions including counseling, loss of privileges, warnings, suspension and any other disciplinary penalties available under the Code of Conduct."

# Indian River Central School District

32735B Co. Rt. 29

Philadelphia, New York 13673

Celebrating Over 50 Years of Academic Excellence

www.ircsd.org

July, 2011

Dear Parent/Guardian:

Children need healthy meals to learn. Indian River Central School District offers healthy meals every school day. Breakfast costs \$1.10. For Grades K – 5 lunch costs \$1.85 and Grades 6 – 12 lunch costs \$2.10. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.25 for breakfast and \$0.25 for lunch.

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:

**Ann Easter, School Lunch Director**  
32735 B Co. Rt. 29  
Philadelphia, NY 13673  
Phone: 315-642-1250  
E-mail: aeaster@mail.ircsd.org

2. **Who can get free meals?** All children in households receiving benefits from **food stamps, the Food Distribution Program on Indian Reservations** or **TANF**, can get free meals regardless of your income. Also, your children can get free meals if your household's **gross income** is within the free limits on the Federal Income Eligibility Guidelines.
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.
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 the following person to see if they qualify.:

**Laura Carbone, Homeless Liaison Coordinator**  
32735 B Co. Rt. 29  
Philadelphia, NY 13673  
Phone: 315-642-0100  
E-mail: lcarbone@mail.ircsd.org

5. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
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 **315-642-1250** 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 the first few 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?** Please fill out a FREE/REDUCED PRICE MEAL application. Children in households participating in WIC may be eligible for free or reduced price meals
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.

(315) area code

District Office - 642-3441 High School - 642-3427 Middle School - 642-0125 Intermediate School - 642-0405  
Antwerp Primary - 659-8386 Calcium Primary - 629-1100 Evans Mills Primary - 629-4331  
Philadelphia Primary - 642-3432 Theresa Primary - 628-4432 District Pupil Personnel Services - 642-0100  
Transportation - 642-0331 Building & Grounds - 642-0338 Food Services - 642-1250

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:

**James Kettrick, Superintendent of Schools**  
**32735 B Co. Rt. 29**  
**Philadelphia, NY 13673**  
**Phone: 315-642-3441**  
**E-mail: jkettrick@mail.ircsd.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. You must also include BAS. All pay declared must be end of month income before deductions.
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 **food stamps** or other assistance benefits, contact your local assistance office or call **1-800-342-3009**.

**2011-2012 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                                      | \$20,147 | \$1,679 | \$840           | \$775           | \$388   |
| 2                                      | \$27,214 | \$2,268 | \$1,134         | \$1,047         | \$524   |
| 3                                      | \$34,281 | \$2,857 | \$1,429         | \$1,319         | \$660   |
| 4                                      | \$41,348 | \$3,446 | \$1,723         | \$1,591         | \$796   |
| 5                                      | \$48,415 | \$4,035 | \$2,018         | \$1,863         | \$932   |
| 6                                      | \$55,482 | \$4,624 | \$2,312         | \$2,134         | \$1,067 |
| 7                                      | \$62,549 | \$5,213 | \$2,607         | \$2,406         | \$1,203 |
| 8                                      | \$69,616 | \$5,802 | \$2,901         | \$2,678         | \$1,339 |
| *Each additional household member add: | \$7,067  | \$589   | \$295           | \$272           | \$136   |

**How to Apply:** To get free or reduced price meals for your children you may submit a Direct Certification letter received from the NYS Office of Temporary and Disability Assistance, OR carefully complete one application for your household and

return it to the designated office. If you now receive food stamps, 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 food stamp, 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 food stamp, TANF or FDPIR **case number** for all the children for whom you are applying, 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 that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF case number or complete the income portion of the application.

**Reporting Changes:** The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive food stamps.

**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.

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964. USDA is an equal opportunity provider and employer.

**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. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. 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 certification 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.

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,



Superintendent of Schools

**FREE AND REDUCED PRICE MEAL APPLICATION  
FACT SHEET**

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

**Food Stamp/TANF/FDPIR case number:**

This must be the complete case number supplied to you by the agency including all numbers and letters, for example, E 123456, 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. All children with the same case number may be listed on the same application. If anyone in your household receives food stamps, all children living in your household are eligible to receive free meals at school.

**Direct Certification:**

If you receive food stamps or TANF, send in the Direct Certification Letter from the NYS Office of Temporary and Disability Assistance instead of completing the application. Make a copy for your records.

**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.

Dear Student/Parent:

Students in temporary housing situations are eligible for free school meals. Homeless students and their families do not need to complete a free meal application. Instead, the school district's McKinney-Vento Liaison can give the students' names to the food service director.

- Are you living in a temporary location?
- Are you sharing the housing of another person because you lost your housing, or because of economic hardship, or for another similar reason?
- Are you sleeping in a car, a park, bus/train station, or campsite?
- Are you staying in a motel, a hotel, a shelter, or another temporary location?

If you answer "Yes" to any of the questions above, please talk with your school district's McKinney-Vento Liaison. You might not have to fill out the free meal application.

Your liaison is Laura Carbone, and can be contacted at the following number: 315-642-0100 to find out whether you or your children are eligible to get free meals without an application.

If you need contact information for a liaison in a different school district, or if you would like more information about the rights of a student in temporary housing, please visit [www.teachs.org](http://www.teachs.org).

Sincerely,



***Military Families***  
**Completing Free or Reduced Meal Applications**

**ALL INCOME IS BASED FROM YOUR  
END OF MONTH LES**

**If your housing is on post at Fort Drum:**

1. Under income, put down your END OF MONTH Base Pay AND your BAS (as per USDA requirements)
2. List any other household income
3. Remember to write "monthly" next to your military pay. For all other gross income (before taxes/deductions) write how you receive the amount you have written in. (Example: A household member works outside of the home and receives \$200 before taxes. They receive a pay check every week. You would write "\$200 weekly" under the appropriate column in section 4.

**If your housing is off post:**

1. Under income, put down your END OF MONTH Base Pay, BAS AND your BAH (as per USDA requirements)
2. List any other household income.
3. Remember to write "monthly" next to your military pay. For all other gross income (before taxes/deductions) write how you receive the amount you have written in. (Example: A household member works outside of the home and receives \$200 before taxes. They receive a pay check every week. You would write "\$200 weekly" under the appropriate column in section 4.

Please call 315-642-1250 if you have any questions or not clear on instructions.

**2011-2012 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 **ANN EASTER, 32735 B Co. Rt. 29, Philadelphia, NY 13673**. Call (315) 642-1250, if you need help. Additional names may be listed on a separate paper.

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

| Student Name | School | Grade/Teacher | Foster Child                        | No Income                           |
|--------------|--------|---------------|-------------------------------------|-------------------------------------|
|              |        |               | <input checked="" type="checkbox"/> | <input checked="" 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. Food Stamp or TANF Benefits:

If anyone in your household receives either food stamp, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. If any child you are applying for is homeless, migrant or a runaway, please call this number: \_\_\_\_\_

Homeless  Migrant  Runaway

(Homeless Liaison/Migrant Education Coordinator)

4. Household **Gross Income**: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). If you have listed a foster child above, you must report their personal income.

| Name of household member | Earnings from work <i>before deductions</i><br>Amount / How Often | Child Support, Alimony<br>(only amount received)<br>Amount / How Often | Pensions, Retirement<br>Payments<br>Amount / How Often | Other Income, Social<br>Security<br>Amount / How Often | No<br>Income<br><input checked="" 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"/>                            |

5. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information 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: \_\_\_\_\_ Last Four Digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_-\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Address \_\_\_\_\_

I do not have a SS#

**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

Food Stamp/TANF/Foster  
 Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_  
 Free Meals  Reduced Price Meals  Denied/Paid  Temporary Free 45 Days Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Notice Sent: \_\_\_\_\_ Signature of Reviewing Official \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to **Ann Easter 32735 B Co. Rt. 29, Philadelphia, NY 13673**. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: **315-642-1250**. 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, and check the box for each child with no income.

**PART 2 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 5.**

- (1) List a current Food Stamp, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 5. SKIP PART 4. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.

**PART 3 Before completing an application for a child who may be homeless, a migrant education student, or a runaway, please call your school's homeless liaison or migrant education coordinator at this number: Laura Carbone, Homeless Liaison Coordinator 315-642-0100. (Homeless Liaison/Migrant Education Coordinator name and Phone Number)**

**PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.**

- (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.** 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) The application must include the last four digits only of the social security number of the adult who signs **PART 5** if Part 4 is completed. If the adult does not have a social security number, check the box. If you listed a food stamp, TANF or FDPIR number, a social security number is not needed.

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order 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.

### PRIVACY ACT STATEMENT

Privacy Act Statement: This explains how we will use the information you give us.

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, 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 adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Food Stamp, 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

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."