

New Student Checklist

Name	Grade	Date Entered
From		Date of Exit
Proof of Residency	_____	Out of District Student? _____ Superintendent Approval Required
Birth Certificate	_____	Court Agreements? _____
Permanent Record Card	_____	
Request for Student Records	_____	
Entrance Form	_____	
Health History	_____	
Nurse's Info Card	_____	
Residency Questionnaire	_____	
Student Racial & Ethnic Identification	_____	Departments Notified: Main office _____ Principal _____ Counselor _____ Nurse _____ Cafe _____ Transportation _____ Parent Portal _____ Technology _____ Business Office _____ CSE _____ Library (exit) _____
Home Language Questionnaire	_____	
Athletic Form	_____	
Parent Portal – SchoolTools	_____	
Dress Code	_____	
Report Card	_____	
Disciplinary Report	_____	
Assessment Tests	_____	
CSE/IEP/Psych (If applicable)	_____	

Frankfort-Schuyler School District
Entrance Form

FOR OFFICE USE ONLY

Please use ink and print

Name: _____
Student Number: _____
New: _____ Re-entrant: _____
Grade: _____ E: _____
Teacher: _____

Child's Full Legal Name: _____ Last _____ First _____ Middle _____ Circle: M F

*Mailing Address: _____

Residential Address (If different from above): _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

Proof of Birth: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Mother's Maiden Name: _____

Home Phone: _____ Work #: _____ Address: _____

Employment: _____ Home Phone: _____ Work #: _____

Highest Grade Completed: _____ Employment: _____

With whom does the child live if not with both parents? _____ Highest Grade Completed: _____

Relationship to the child: _____

Which parent(s)/guardian have legal custody? _____

Please complete the next section if the child is a foster child:

Foster Parent(s) Name: _____

Address: _____

Employer: _____

Child's School District of Origin: _____ County: _____

Date child was placed in foster home: _____

Agency placing the child: _____

Name of agency caseworker assigned to the child: _____

If we cannot reach you by phone, where may we call? (A local person or relative who will assume responsibility for your child):

Name of person: _____ Phone: _____

Additional comments on above information: _____

Brothers and Sisters living at home: (use other side if necessary)

Name	Last (if different)	Date of Birth	Sex M/F	Step-brother/sister?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Proof of Residency: _____
(Can be rent receipt, mortgage statement, utility receipt, driver's license or tax receipt)

Others in the Home

Name

Date of Birth

Relationship to Student

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Schools attended:

Name of School

Location

Entry Date/Grade

Left Date/Grade

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been in a special program?

Yes _____

No _____

If yes, for what program? _____

	Yes	No	Dates in Program
Specific Learning Disability.....	_____	_____	_____
Educable Mentally Disabled.....	_____	_____	_____
Emotionally Disabled.....	_____	_____	_____
Visually Impaired.....	_____	_____	_____
Physically Disabled.....	_____	_____	_____
Speech, Hearing and Language Impaired.....	_____	_____	_____
Occupational/Physical Therapy.....	_____	_____	_____
Gifted and Talented.....	_____	_____	_____
Remedial Reading.....	_____	_____	_____
Remedial Math.....	_____	_____	_____

If your child was in a special program, please indicate the name and address of the school where records may be obtained:

School Name: _____

Address: _____

City, State, Zip: _____

Has your child ever been retained?

Yes _____

No _____

Grade Retained: _____

Year: _____

I certify that the student has had polio, diphtheria (DPT), measles, rubella and mumps vaccines; and I certify that the above information is correct to the best of my knowledge.

Date _____

Signature of Parent or Guardian _____

FRANKFORT-SCHUYLER CENTRAL SCHOOLS
605 Palmer Street
Frankfort, NY 13340

Phone (315) 895-7461 Ext. 3146/ Fax (315) 894-3166
Guidance Department

REQUEST FOR STUDENT RECORDS

DATE: _____

NAME OF STUDENT: _____
First Middle Last

DATE OF BIRTH: _____ GRADE: _____

The above named student has enrolled in our school district. Please forward the following records:

- 1) Report Card/Current Grades
- 2) Health Records
- 3) Standardized Test Results
- 4) Individual Education Plan/504 Plan
- 5) Psychological/Confidential Records
- 6) Cumulative School Records/Transcript
- 7) ESL Services/NYSESLAT Records

Previous School Information

Name of Previous School: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____

I agree to the release of the above named records

Parent/Guardian Signature

Date

NOTE: Parent/Guardian Signature is no longer required when records are requested by authorized school personnel (Family, Educational & Privacy Act Final Rule on Educational Records Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673).

HEALTH HISTORY

CHILD'S FIRST NAME: _____ MIDDLE: _____ LAST: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MOTHER'S NAME: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____

WHO DOES CHILD RESIDE WITH? MOTHER ___ FATHER ___ BOTH ___ OTHER _____

DOCTOR'S NAME: _____ PHONE: _____

DOCTOR'S ADDRESS: _____

Please indicate whether your child has had any of the following and what year. Use this year's date if it is current or a chronic problem:

<u>DATE</u>	<u>DATE</u>	<u>DATE</u>
Chicken Pox _____	Asthma _____	Fainting Spells _____
Measles _____	Seizures _____	Frequent Sore Throats _____
Mumps _____	Diabetes _____	Frequent Colds _____
German Measles _____	Anemia _____	Frequent Nose Bleeds _____
Whooping Cough _____	Epilepsy _____	Severe Nose Bleeds _____
Scarlet Fever _____	Arthritis _____	Eye Problems _____
Rheumatic Fever _____	Pneumonia _____	Ear Problems _____
Heart Disease _____	Tuberculosis _____	Kidney/Bladder Prob. _____

Please name and give dates of any serious injuries: _____

Please name and give dates of any operations: _____

Please name all allergies: _____

Is an epi-pen used? _____ Does your child use an inhaler at home? _____

How often: _____

Will he/she use at school? _____ Does your child take any medications? _____

What is name/dose of the medication: _____

When is it taken: _____

What reason: _____

Does your child wear glasses? _____ When: _____

Are they shatterproof: _____

Does your child have any other health concerns: _____

Signature of Parent/Guardian _____

Date _____

Frankfort - Schuyler 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 ID NUMBER: _____ GRADE LEVEL: _____

STUDENT NAME: _____ DATE OF BIRTH: ____/____/____

To Parents/Guardians:

Complete and return this form to your student's school immediately. Please complete Parts 1 and 2 by completely darkening the circle beside your answers.

Part 1: Ethnicity Designation

Directions: Read the definition below and completely darken the circle that indicates this student's heritage.

Is this student **Hispanic or Latino**? (Select one answer.)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino**.

☐ Yes ☐ No

Part 2: Race Designation

Directions: Read the descriptions below and completely darken the circle or circles that indicate this student's race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected. Indicate this student's race. (Select all that apply.)

☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, 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 or African American:** 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, the Middle East, or North Africa.

Signature of Parent/Guardian

_____/_____/_____
Date

Relationship to Student: check one ☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify)



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?
☐ English ☐ Other _____
specify
- What language(s) are spoken most of the time to the student, in the home or residence?
☐ English ☐ Other _____
specify
- What language(s) does the student understand?
☐ English ☐ Other _____
specify
- What language(s) does the student speak?
☐ English ☐ Other _____
specify
- What language(s) does the student read?
☐ English ☐ Other _____ ☐ Does Not Read
specify
- What language(s) does the student write?
☐ English ☐ Other _____ ☐ Does Not Write
specify
- In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
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 _____

Month: _____ Day: _____ Year: _____
Date _____



Frankfort-Schuyler Central School District

605 Palmer Street Frankfort, NY 13340 | 315-894-5083 Superintendent | 315-895-7781 Business Office | 315-895-7011 Fax

INSTRUCTIONS FOR USING FRANKFORT-SCHUYLER SCHOOL TOOLS PARENT PORTAL

The First log-in, you will need three things:

1. The address of the district website
2. Your full e-mail address
3. Access to your e-mail to receive your first password

Follow this process:

1. Go to the district website, www.frankfort-schuyler.org and click on the School Tool link, named: *Frankfort-Schuyler School Tool Parent Portal*.
2. Type your full e-mail address in the Username Field.
3. Click on the *Log-in* button, and ignore the Password Field.
4. You now will be presented with a clickable "New User or Forgot Password" link. {This link will not be presented if your account has not been created by the district}.
5. Click the "*New User or Forgot Password Button*." You will be presented with a screen asking for your e-mail address {again}.
6. Enter your user name to receive your password by e-mail.
aaa@nanomail.com
7. Click the *submit* button.
8. If you have entered a valid e-mail address, an e-mail message will be sent to you with your new password.
9. Retrieve new password from e-mail.

Within moments you will be sent an e-mail message containing your new randomly-generated School Tool password. You should open your e-mail and retrieve the message from School Tool @ schooltool.com and carefully write the password down. The password is quite cryptic and contains letters, numbers and symbols.

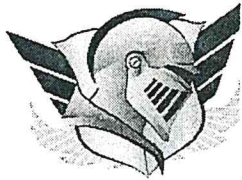
10. You now need to go back to the frankfort-schuyler.org home page and access the School Tool Parent Portal. Now key in your e-mail address and the password sent to you.

Now would be a great time to change your password. We recommend creating a new password that has the following characteristics. To change the password, simply click on the *Account Sub* tab enter the existing cryptic password, and then the new password twice. Click on the *Change Password* button to finalize the change.

Recommended characteristics:

1. Greater than or equal to 8 characters in length
2. Combination of letters, numbers and symbols
3. Include upper and lower case letters

FRANKFORT-SCHUYLER
Pride



Frankfort-Schuyler Central School District

605 Palmer Street Frankfort, NY 13340 | 315-894-5083 Superintendent | 315-895-7781 Business Office | 315-895-7011 Fax

REQUEST FOR PERMISSION TO ACCESS SCHOOL TOOLS PARENT PORTAL

My name is (please print) _____

I am a parent/guardian/person in parental relation of a student in the _____

School District,

(for more than one student check here _____ and list all students).

Student's First Name	Student's Last Name	Address	Student's Date of Birth

I request that the District provide me with a log-in/password that will allow me to access information about my student's school performance, which could include classes, teacher, names, attendance, grades, discipline and other information housed in the District's Student Management Database. I understand that this information is stored in a database called School Tools, which is maintained by the District with support from the Mohawk Regional Information Center of the Madison-Oneida BOCES. In return for the District providing me with a log-in/password, I agree to the following Terms of Network Access:

Please initial each item to acknowledge it, and sign at the end.

_____ I will maintain a valid e-mail address that the District may use to send me the pertinent information concerning my Parent Portal Account. My present e-mail address for this purpose is:

E-mail: _____

_____ I will only attempt to view information about the student(s) listed above. I will not attempt to "hack," manipulate, or otherwise try to evade the security measures to access information regarding any other person.

_____ I will not intentionally transfer to the School Tools system any virus, Trojan horse, or other malicious computer code.

FRANKFORT-SCHUYLER

Pride

FRANKFORT-SCHUYLER CENTRAL SCHOOL
ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

NAME OF LEA: FRANKFORT-SCHUYLER CENTRAL SCHOOL

NAME OF SCHOOL: FRANKFORT-SCHUYLER MIDDLE-HIGH SCHOOL

NAME OF STUDENT: _____
Last First Middle

ADDRESS: _____

PHONE: _____ GRADE: _____ (Preschool – 12th)

GENDER: _____ MALE
_____ FEMALE

DATE OF BIRTH: ____ / ____ / ____
Mo. Day Year

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 if they don't have the documents normally needed, such as proof of residency, school records, immunization records or birth certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

WHERE IS THE STUDENT CURRENTLY LIVING? (Please check one)

_____ With another family or another person because of loss of housing or as a result of Economic hardship (sometimes referred to as "doubled-up")

_____ Other temporary living situation (please describe): _____

_____ In a shelter

_____ In a hotel/motel

_____ In a car, park, bus, train or campsite

_____ In permanent housing

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date



Section III

NEW STUDENT ATHLETIC PARTICIPATION FORM

Student: _____ Date: _____

Entering Grade: _____ Male/Female _____ Date of Birth: _____ Age _____

Date of last Health Examination (Physical) _____

New Address: _____ Attached documentation _____

Parents' Name: _____ Telephone: _____

With Whom Are You Living in This District: _____

***** PREVIOUS SCHOOL INFORMATION *****

Previous School: _____

Sports Played in Previous School

Fall Sport _____
Winter Sport _____
Spring Sport _____

Level & Number of Years Played

_____ Modified _____ JV _____ Varsity
_____ Modified _____ JV _____ Varsity
_____ Modified _____ JV _____ Varsity

Previous Address: _____

With Whom Did You Live: _____

Reason For Leaving Previous School: _____

Were you subject to the APP Process as a 7th or 8th grader? _____ Yes _____ No

***** ACADEMIC INFORMATION *****

Year Entered 9th Grade: _____ Verification: _____

Have You Repeated a Grade in JR High or High School: _____ Yes _____ No
If Yes, which grade: _____ Counselor's Initials _____

Date of the student's registration accepted: _____

Guidance Department should forward this form to the Director of Athletics when student has been accepted for registration. Please list any other high school attended on back.



Oneida-Herkimer-Madison BOCES

P.O. Box 70 • 4747 Middle Settlement Road • New Hartford, NY 13413-0070
www.oneida-boces.org

Kate Dorr, R.D., M.B.A.
Director, School Food Services
T: 315.738.0848
F: 315.724.0077
kdorr@oneida-boces.org

June 22, 2020

Dear Parent/Guardian,

The 2020-21 school year is rapidly approaching for your child(ren), and while we are seeing many changes in what school looks like and means, we want to reassure you; school meal service will continue to be offered safely when students return to school.

School meals are prepared by well-trained professionals who take great care in providing nutritious, well-balanced meals, including whole grains, lean proteins, and lots of fresh fruits and vegetables. Additionally, school nutrition professionals have extensive food safety training, make accommodations for students with food allergies, and have the skills and knowledge to ensure a safe and healthy experience for all.

As plans for returning to school come into focus, we at OHM BOCES want to assure parents, students, teachers, administrators, policymakers and community members that our school nutrition professionals across our component school districts are well-equipped to incorporate additional health and safety procedures and to continue to provide high-quality service. We look forward to serving nutritious, safe, and delicious meals for all students next year.

Now, more than ever, it is important for your families to fill out the free/reduced meal application in this packet. Whether or not you think you qualify, you may benefit by completing this application.

Both free and reduced meals are provided at NO COST to you. This is an entitlement program meaning that anyone who qualifies receives the benefit — you are not taking any meals or benefits from another family. Higher participation in the meal program also benefits the OHM BOCES Food Service Program AND your school district.

IMPORTANT: Please remember that while your child may have received free/reduced price meals this past school year, **BE AWARE THAT YOU MUST REAPPLY ANNUALLY FOR THESE BENEFITS TO CONTINUE.**

Please take a few minutes to complete this application, and submit anytime after August 1 to: School Food Service Office, c/o Perry Jr. HS, 9499 Weston Rd. New Hartford, NY 13413. You can also turn it in to your school district's main office. You can find out the status of your application by calling the OHM BOCES School Food Service office at 315.738.0848, Monday through Friday between 9:00 a.m. and 2:00 p.m. Thank you.

Sincerely,

Kate Dorr, RDN, MBA
OHM BOCES School Food Service Director

June 22, 2020

Dear Parent/Guardian:

Children need healthy meals to learn. Your school district offers healthy meals every school day. Breakfast costs \$1.25 and lunch costs \$2.75. Your child(ren) may qualify for free meals or for reduced price meals. Beginning July 1, 2019, students in New York state who are approved for reduced price meals will receive breakfast and lunch meals 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 your child's school.
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 315-738-0848 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 315-738-0848 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 participation 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 or 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 315-738-0848.
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 \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 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 HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
17. **MY FAMILY NEEDS MORE HELP, ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-800-342-3009.

2020-2021 Income Eligibility Guidelines For Free And Reduced Price Meals Or Free Milk

REDUCED PRICE ELIGIBILITY INCOME CHART

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

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

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

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

REDUCED PRICE ELIGIBLE STUDENTS: Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.

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

MEAL SERVICE TO CHILDREN WITH DISABILITIES: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities of such individual, a record of such an impairment or being regarded as having such an impairment. Major life activities include but are not limited to: functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. You must request meal modifications from the school and provide the school with medical statement from a State licensed healthcare professional. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical statement must contain.

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

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

Kate Dorr, RDN, MBA
OHM BOCES School Food Service Director

Date Withdrew _____

Attachment Va F __ R __ D __

2020-2021 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 Frankfort-Schuyler Central School District. Call 315-738-0848 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	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# _____ IF ELIGIBLE, **MUST** PROVIDE CASE OR FOOD STAMP NUMBER

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 LIST EVERYONE EMPLOYED OR NOT	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	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 of 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 child(ren)'s eligibility for free or reduced price meals.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

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

DO NOT WRITE BELOW THIS LINE — FOR SCHOOL USE ONLY

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

☐ SNAP/TANF/Foster☐ Income Household: Total Household Income/How Often: _____

Household Size: _____

☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid

Signature of Reviewing Official _____

Date Notice Sent: _____

Application Instructions

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to your school district.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: _____
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 FDIPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

1. List a current SNAP, TANF OR FDIPIR (Food Distribution Program or 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 FDIPIR 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 FDIPIR 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 FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form, (AD-3027)** found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

Dress Code

Absolutely No Hats or Headwear in the classroom

Dress Appropriately

Undergarments should NOT be exposed for both girls and boys
(t-shirts, boxers, etc.)

No halters, any spaghetti straps, any bellies, personal parts of the body should NOT be exposed

Inappropriate language or pictures are NOT appropriate or clothing

Skirts and Shorts should be appropriate in length. Put hands to your sides.

Shorts & skirts should reach longest finger length.

Please respect yourself and others.

Inappropriate dress is a distraction to others.