

Lower Merion School District

ADMINISTRATIVE REGULATION

No.: 152
Section: PROGRAMS
Title: PARTICIPATION IN COCURRICULAR
AND EXTRACURRICULAR
ACTIVITIES BY ECONOMICALLY
DISADVANTAGED STUDENTS
Date Adopted: 5/18/15
Date Last Revised: 9/14/18

**R152 PARTICIPATION IN CURRICULAR PROGRAMS AND ACTIVITIES BY ECONOMICALLY
DISADVANTAGED STUDENTS**

To assure that no student shall be denied the opportunity of participating in curricular programs and activities because of the inability to pay any necessary and imposed fees, each Building Principal shall be responsible for determining financial need as well as for arranging for the participation of such students.

Curricular Programs and Activities are defined as those that are directly related to the curriculum of the school and are so designed to involve a class, a grade or a team in a learning activity. Example of such activities and related fees would include: materials fees, musical instruments, field trips, summer programs, and class trips.

Determining financial need shall be at the Principal's discretion. A student's eligibility for free/reduced price meals may only be used for non-program purposes, such as determining financial need, if the student's parents/guardians have been notified in advance of the potential non-program uses of such eligibility information and the parents/guardians have consented to the use of such information for the contemplated purpose(s). (See Attachment A)

When it is determined that a financial need does exist, the Principal shall explore all possible resources for providing the necessary funds in order to permit the student to participate. Such resources might include, HSA funds established for such purposes, Student Activity funds, and funds established by students, parents, or the school for the particular activity. In the event that such funds are not available for a given activity, the Principal shall submit to the Superintendent or Superintendent's designee, a request for the expenditure of District funds in order to provide the necessary fees for an individual student proven to be economically disadvantaged.

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R152 Attachment A

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Your child(ren)'s eligibility for Free and Reduced Price School Meals ("F/R Price School Meals") may entitle him/her to discounts and/or financial support in connection with other programs and services. In order to be considered for such opportunities, **we must have your permission to share your child(ren)'s eligibility for F/R Price School Meals with other programs and services, as described below.** Sending in this form will not impact whether your child(ren) gets free or reduced price meals.

I DO want school officials to share my child(ren)'s eligibility for F/R Price School Meals with the individuals noted below to determine if my child(ren) is eligible to receive financial support for other school activities and services. **PLEASE CHECK THE PROGRAMS/SERVICES FOR WHICH YOU WOULD WANT TO BE CONSIDERED**

- Fee-based, optional academic testing (School Administrator/Counselor)
- Reduced rate for Summer School or textbooks (School Administrators)
- Reduced rate for insurance cost for Laptop Insurance (High School Administrator)
- Reduced rate for graduation fees, yearbook fees, social events (School Administrator/Counselor)
- Reduced rate for sports or activities (School Administrator/Athletic Director)
- Reduced rate for other services (i.e. school supplies, field/class trips) (School Administrator/Counselor)

I DO NOT want my child(ren)'s eligibility for F/R Price School Meals shared with any of the above programs or services.

If you checked any or all of the boxes above indicating your permission to share your child(rens)'s eligibility information for F/R Price School Meals, please fill out the below section of this form. Your information will be shared only with the programs/services you checked.

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Child's Name: _____ School: _____

Child's Name: _____ School: _____

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Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Karen Castaneda** at **610-645-1990** or e-mail at **Castank@lmsd.org**.
Return this form to: **Lower Merion Nutritional Services Office, 301 E. Montgomery Avenue, Ardmore, PA 19003**
by **[date]**.