



# Clinton Middle School New Student Registration

75 Chenango Avenue, Clinton, NY 13323  
Fax 315-557-2216

Please call the Counseling Office, 315-557-2263, to schedule an appointment to register your child.

Danielle Tesak  
School Counselor  
Students grade 6th-8th

Please plan ahead for your registration appointment:

1. Please complete the Student Residency Questionnaire on page 2 of the packet.
2. Bring the following required documents for each student being enrolled:
  - Copy of student's birth certificate
  - Immunization records
  - If in foster care, DSS-2999 form
  - Custody decrees bearing a judge's signature, if parents are divorced or if student resides with someone other than the biological parent (i.e., aunt, uncle, grandparents, other family member, etc.)
  - Two proofs of residency
    - Lease or deed
    - Utility bill with your name and address
    - Pay stub showing your address
    - Driver's license or other government issued ID
    - Government issued documentation with address
    - Custody or guardianship paperwork

## New Student Registration Check List

Please paperclip the following items to this sheet in the order listed.

- \*Record Release
- \*Registration sheet
- \*Emergency Contact Information sheet
- \*Student/Parent/Contact Information sheet
- \*Health History
- \*Parent Portal sheet
- \*Home language Questionnaire
- \*Electives
  
- \*Birth Certificate
- \*Immunization Records
- \*If in Foster care, DSS-29999 form
- \*Two Proofs of Residency
  - \*Lease or Deed
  - \*Utility bill with your name and address
  - \*Pay stub showing your address
  - \*Driver's license or other government issued ID
  - \*Government issued documentation
  - \*Custody Guardianship paperwork

Clinton Middle School  
75 Chenango Avenue  
Clinton, NY 13323  
315-557-2263  
Fax 315-557-2216

Date: \_\_\_\_\_

To: Educational Records Access Officer

Prior School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Fax Number \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
has enrolled in our school, grade level \_\_\_\_\_.

Please send the following:

- Transcripts
- Final Grades, if possible
- Standardized Test Scores
- Current Student Schedule
- Health Records
- Psychological Records
- IEP for current/ previous school year. Including Phase I for current year
- Results of any other educational testing on individual student

Please fax or send records to:

Counseling Department  
Clinton Middle School  
75 Chenango Avenue  
Clinton, NY 13323

\_\_\_\_\_  
Counselor Signature

Danielle Tesak

Grades 6th-8th

I give permission for my student's educational records and pertinent information to be released to Clinton Middle School.

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

# Clinton Central School Registration

*Office Use Only:*

Date Registered \_\_\_\_\_ Entry Date \_\_\_\_\_ ID# \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Grade Level \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Residential Address (if different) \_\_\_\_\_

Telephone \_\_\_\_\_ Listed Number: Yes \_\_\_\_\_ No \_\_\_\_\_

*Office Use Only:*  
Birth Date Verification  
Birth Certificate \_\_\_\_\_  
Passport \_\_\_\_\_  
Naturalization Paper \_\_\_\_\_  
Other/Different Identity \_\_\_\_\_

## Parent/ Guardian Information

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## All Children Living in Primary Household under the age of 21:

Name	Date of Birth	School	Grade	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Other Adults in Household:

Name	Relationship to Student
_____	_____
_____	_____

School District Last Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person, Position: \_\_\_\_\_

Residency: Where is the student currently living? Please check the appropriate box:

- In Permanent Housing
- With Another Family For Economic Reasons
- Other (specify) \_\_\_\_\_



DO NOT RELEASE TO: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

**Emergency Contact Information**

*The individuals below have authorization to pick up my child and can be reached during school hours at the number listed.*

Name _____	Relationship to Child _____	Phone _____
Name _____	Relationship to Child _____	Phone _____
Name _____	Relationship to Child _____	Phone _____

**Emergency & Health Information**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Emergency Comments/ Special Circumstances: \_\_\_\_\_

**Physical Update:**

Has your child had any corrective treatment (glasses, dental care, immunizations, scoliosis checkup, etc.) surgery or illness requiring a physician's care? Please specify: \_\_\_\_\_

Is there anything concerning the health of your child which the school should know to adjust or modify the school program? \_\_\_\_\_

**Health Information Release:** I give permission for the school nurse to share health information with his/her teachers and coaches. Yes \_\_\_ No \_\_\_

**Is the Student Hispanic, Latino, or of Spanish Origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- Yes, Hispanic
- No, Not Hispanic

Select one or more races from the following five racial groups. Check all groups that apply to your child. Check at least one box.

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains 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 for example; 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, North Africa, or the Middle East.

**Photographs:** Throughout the school year there are times when the media may be publicizing our students and the school. A photo of your child may be taken at school or while on a field trip. Please note if we have permission to include your child in a photo or news clip if that opportunity arises.

Yes, You May Include My Child \_\_\_\_\_ No, Do Not Include my Child in a Photo Opportunity \_\_\_\_\_

I hereby declare under penalty of perjury that the information provided on this form is accurate and truthful to the best of my knowledge. I understand that the provision of false information may result in the exclusion of my child (ren) from attendance at the Clinton Central School District, the demand by the District for the payment of tuition, and/or the institution of any other appropriate legal action available to the District.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Clinton Middle School - STUDENT/PARENT/CONTACT INFORMATION**

Do Not Release To:

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to Student

**Photographs:** Throughout the school year there are times when the media may be publicizing our students and the school. A photo of your child may be taken at school or while on a field trip. Please note if we have permission to include your child in a photo or news clip if that opportunity arises.

\_\_\_\_\_ YES, you may include my child. \_\_\_\_\_ NO, do not include my child in a photo opportunity.

Request to Limit Disclosure of Directory Information to Military Recruiters:

\_\_\_\_\_ Please do not release my child's name, address, telephone number or directory information to military recruiters.

Health Information Release

\_\_\_\_\_ YES \_\_\_\_\_ No I give permission for the school nurse to share his/her health information with pertinent faculty, staff, and/or other district personnel.

\*Busing: \*Yes \_\_\_\_\_ \*No \_\_\_\_\_

In case of an Early Dismissal, please indicate below if you would like your child brought to a different address:

Child Care Provider's Name: \_\_\_\_\_

Address to be dropped off at: \_\_\_\_\_

Child Care Provider's Phone Number: \_\_\_\_\_

**Health Information:** Please indicate any health conditions, including any allergies which may affect classroom attendance or limit physical activity.

\*Physician's Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Specify current Medical Conditions/Health concerns: \_\_\_\_\_

Significant medical/surgical history: \_\_\_\_\_

Allergies?  No  Yes Specify Allergy:  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_

Please list medication(s) required for treatment of allergies: \_\_\_\_\_

List all other medications: \_\_\_\_\_

**Emergency School Closing Contact (one name only, please):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

\*Date: \_\_\_\_\_

Signature of Parent or Persons Responsible for Signing Excuses

**NO CHANGES**

Please send the completed form back with or without changes (box checked on page two) to the appropriate building.  
Middle School High School Elementary School

**Clinton Middle School - STUDENT/PARENT/CONTACT INFORMATION**

_____
-------

Please review and verify that **All** the information below is correct **BEFORE** checking the "no changes" box. If changes are to be made please write them in the lines provided below.

<b>Student Name:</b> _____	<b>Homeroom:</b> _____	<b>Bus:</b> _____
<b>Grade:</b> _____	<b>Birthdate:</b> _____	<b>Birthplace:</b> _____
<b>Physical Address:</b> _____	<b>Home Phone:</b> _____	
<b>Mailing Address:</b> _____	<b>Student Lives With:</b> _____	

<b>Contact Name:</b> _____	<b>Home Phone:</b> _____	<b>Relation to Student:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____	
<b>Employer:</b> _____	<b>Work Phone:</b> _____	<b>Receives Mailings</b> <b>Yes / No</b> Please Circle One
<b>Email:</b> _____	_____	

<b>Contact Name:</b> _____	<b>Home Phone:</b> _____	<b>Relation to Student:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____	
<b>Employer:</b> _____	<b>Work Phone:</b> _____	<b>Receives Mailings</b> <b>Yes / No</b> Please Circle One
<b>Email:</b> _____	_____	

**Alternate person(s) to contact in the Event Parent is not Available:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Alternate person(s) to contact in the Event Parent is not Available:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Alternate person(s) to contact in the Event Parent is not Available:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

NEW STUDENT HEALTH HISTORY  
CLINTON CENTRAL SCHOOLS

75 Chenango Avenue  
Clinton, NY 13323

Phone: (315)853-5574 – High School Fax#: (315)853-1424- Middle School Fax: (315) 557-2216 - Elementary Fax#: (315)557-2331

NAME OF STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

NUMBER & AGES OF SIBLINGS : \_\_\_\_\_

1. Was your child born prematurely? YES NO

2. Did he/she have any growth or development problems as an infant or young child?

3. Does your child have any of these health problems? If so, please check and explain. (Please be specific):

- Ear problems \_\_\_\_\_
- Eye problems \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Headaches \_\_\_\_\_
- Hearing Loss \_\_\_\_\_
- Heart Condition \_\_\_\_\_
- Nosebleeds \_\_\_\_\_
- Seizure disorder \_\_\_\_\_
- Other \_\_\_\_\_

4. What medications have been prescribed for these episodes? Are the medications taken on a daily or as needed basis?

- Medications/Drugs:
- Foods/Plants:
- Bee/Insect Bites:
- Animals/Other:
- Treatment recommended by physician for allergic response:

Is your child receiving allergy shots?  YES  NO

Has asthma been diagnosed by a physician?  YES  NO

What triggers your child's asthmatic episodes (exercise, respiratory infections, cold air, chemical fumes)?

What treatment or medications have been prescribed for these episodes are/or to be taken on a regular basis?

5. Has your child had any of the following illnesses? If yes, please give dates and explanation.

- Chicken Pox
- German Measles
- Measles
- Mononucleosis
- Mumps
- Pneumonia
- Scarlet Fever
- Strep throat/multiple infections
- Tuberculosis
- Tuberculosis of a family member (indicate relationship to child)

6. Please list specific severe illnesses, injuries or surgeries:

\_\_\_\_\_ @ age \_\_\_\_\_ hospitalized for \_\_\_\_\_ days  
\_\_\_\_\_ @ age \_\_\_\_\_ hospitalized for \_\_\_\_\_ days  
\_\_\_\_\_ @ age \_\_\_\_\_ hospitalized for \_\_\_\_\_ days

7. Does your child have any disabilities or chronic illness?

8. Does your child take any medications on a regular basis?

*\* If your child requires medication during the school day, please contact the school nurse regarding the school medication policy.*

9. Has your child ever been diagnosed or treated for an emotional disorder?  YES  NO

10. Does your child wear glasses or contact lenses?  YES  NO

For what situations are glasses worn? \_\_\_\_\_

Are they safety plastic or polycarbonate lenses? \_\_\_\_\_

Date of most recent vision exam. \_\_\_\_\_

11. Does your child have dental problems, or is he/she receiving orthodontic treatment?  YES  NO

12. What is the date of his/her most recent exam? \_\_\_\_\_

13. What school did your child last attend? \_\_\_\_\_

14. Was the most recently completed school year a healthy one for your child?  YES  NO

15. Approximately how many school days did he/she miss because of illness during the last school year? \_\_\_\_\_

16. Have you already provided the school with a record of your child's immunizations?  YES  NO

*(A signed record from a physician or clinic, or a copy of a school immunization record, must be presented before school attendance begins. If this information is not received, New York State Public Health Law requires that your child be excluded from school.)*

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE SCHOOL HEALTH OFFICE.



NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

## CLINTON CENTRAL SCHOOL HEALTH CERTIFICATE / APPRAISAL FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date of Exam: \_\_\_\_\_ Gender:  M  F Grade: \_\_\_\_\_

### IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached  
 No Immunizations given today  
 Immunizations given since last Health Appraisal:

Sickle Cell Screen:  Positive  Negative  Not done Date: \_\_\_\_\_  
 PPD:  Positive  Negative  Not done Date: \_\_\_\_\_  
 Elevated Lead:  Yes  No  Not done Date: \_\_\_\_\_  
 Dental Referral  Yes  No  Not done Date: \_\_\_\_\_

SPECIFY CURRENT DISEASES:  Asthma Diabetes:  Type 1  Type 2  Hypertension  Hyperlipidemia  
 Other: \_\_\_\_\_

Significant Medical/Surgical History: \_\_\_\_\_  
 \_\_\_\_\_

Allergies:  LIFE THREATENING  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_  
 NONE  Seasonal  Medication: \_\_\_\_\_

### PHYSICAL EXAM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Exercise Pulse: \_\_\_\_\_ Referral

Body Mass Index: _____ - _____ (must fill in both)	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis:  Negative  Positive: \_\_\_\_\_  
 Specify any abnormality (use reverse of form if needed): \_\_\_\_\_  
 \_\_\_\_\_

Recommendations/Referrals: \_\_\_\_\_  
 \_\_\_\_\_

### MEDICATIONS

Medications (list all):  None  Additional medications listed on reverse of form

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

### PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:  
 \_\_\_ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.  
 \_\_\_ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: \_\_\_\_\_  None  
 Known or suspected disability: \_\_\_\_\_  Please monitor  
 Restrictions: \_\_\_\_\_  Please monitor  
 Protective equipment required:  Athletic Cup  Sport goggles/impact resistant eyewear  Other: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ (Stamp below)  
 Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_





# CLINTON CENTRAL SCHOOL DISTRICT

\_\_\_\_\_ 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 SchoolTool system any virus, Trojan horse, or other malicious computer code.

\_\_\_\_\_ If granted the ability (at a future time) to enter data into my child's record, I will only enter accurate information.

\_\_\_\_\_ I understand that the District's use of the SchoolTool software is supported by technical assistance from the Mohawk Regional Information Center, Mindex Technologies Inc., and possibly other consultants, and employees of these entities. They are instructed to keep confidential any personally-identifiable information, including educational records, they may see in the performance of their duties. I consent to the disclosure of information about me or the student(s) listed above under these circumstances.

\_\_\_\_\_ I understand that all information stored in the SchoolTool database remains the property of the District, and may be accessed, examined, or modified by the District or its vendors at any time.

\_\_\_\_\_ I understand that the SchoolTool database may record and retain information about when and how I use SchoolTool through the Parent Portal, and that this information is the property of the District and subject to review by the District.

\_\_\_\_\_ I agree that I will not disclose my login password to any other person, not even other people in my family or household. I accept responsibility for all actions that are performed by anyone gaining access to the SchoolTool database using the login password assigned to me.

\_\_\_\_\_ I understand that the District retains the discretion to block my access to SchoolTool whenever it has reasonable suspicion to believe that I have violated one of the foregoing Terms of accessing SchoolTool and other Network resources.

## Parent(s)/Guardian(s)/Person(s) in Parental Relation

(Print Full Name) \_\_\_\_\_  
(Sign Full Name) \_\_\_\_\_ Date \_\_\_\_\_

### *Optional second same-household parent*

(Print Full Name) \_\_\_\_\_  
(Sign Full Name) \_\_\_\_\_ Date \_\_\_\_\_

**Please have your child return this completed form to the main office.**



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

Lisette Colon-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

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

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

## Home Language Questionnaire (HLQ)

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

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

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

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

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
District Name (Number) & School	Address
_____	_____

## Home Language Questionnaire (HLQ)—Page Two

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

\_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation* *Date*

Relationship to student:     Mother     Father     Other: \_\_\_\_\_

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

## Clinton Central School District

### Directory Information Non-Disclosure Request Form

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Clinton Central School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Clinton Central School District may disclose appropriately designated "directory information" without written consent, unless you have advised the Clinton Central School District to the contrary in accordance with Clinton Central School District procedures.

If you wish the District to require your written consent to disclose your child's directory information, please complete this form and return it to your child's building principal.

---

Dear Building Principal,

Please do not release the name, address and/or telephone number of

\_\_\_\_\_ to:

Name of student

\_\_\_\_\_ Military recruiters and/or

\_\_\_\_\_ Institutions of higher learning and/or

\_\_\_\_\_ Clinton Parent Teacher Association

\_\_\_\_\_ Clinton School Foundation

\_\_\_\_\_  
Parent/Guardian or Eligible Student Signature

\_\_\_\_\_  
Date

**Return completed form to building principal.**



**NOTE TO SCHOOLS/LEAS:** Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is **not required to submit proof of residency** and other required documents that may be part of the registration packet.

### HOUSING QUESTIONNAIRE

Name of LEA: \_\_\_\_\_ Mrs. Alexis Kemp

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_\_  
 Female Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.





Welcome to Clinton Central School! We are committed to our students and their families. If you have any concerns or questions, please feel free to contact me at the number listed below.

Kathleen Fonda  
Director of Pupil Personnel and Instruction  
315-557-2229

### Special Education Staff

Tina Lallier-Secretary  
Caterina Kernan-School Psychologist K-12  
Monica Moshier-School Social Worker K-5  
Mary Hosey-Pardi-School Social Worker 6-12  
Monica Crumrine-Speech/ Language Therapist K-12

### Committee on Special Education (CSE)

Each Board of Education in the State of New York must appoint a Committee on Special Education in the district. The district must locate and identify all children from birth to age 21 who reside in the district. The purpose of the Committee on Special Education is to determine whether a child has a disability that impairs or affects his or her learning. The CSE determines the particular needs of the child with disabilities and recommends the appropriate educational program and/or services to meet each student's individual needs. The CSE is an interdisciplinary team composed of district staff and other required members. If you wish to refer a student, please contact your student's building principal or Kathleen Fonda, 315-557-2229. Response to Intervention is typically the first step in this process.

### Response to Intervention (RtI)

Response to Intervention represents an important educational strategy to close achievement gaps for all students, including students at risk, students with disabilities and English language learners, by preventing small learning problems from becoming insurmountable gaps. It has also been shown to lead to more appropriate identification of students with learning disabilities and in the identification of interventions for students.

### Procedures for Using Response to Intervention

Educators make important decisions about students' educational programs on a daily basis. These decisions include changes to programs and interventions for struggling learners with the goal being that all children have the tools to meet the standards. When determining whether or not a child is learning disabled, extensive and accurate information needs to be considered. Often times, the student's needs can be met through the interventions provided by RtI.

Appropriate instruction is provided to all students in the general education classroom. When a student requires interventions through RtI, parent will receive written notification explaining the following:

- Amount and nature of student performance data that will be collected and the general education services that will be provided
- Strategies for increasing the student's rate of learning
- Parents' right to request an evaluation for special education programs and/or services

### CSE Evaluations

An evaluation helps to determine if special education services or programs are needed. An evaluation includes various tests and assessments to determine what your child's learning difficulties may be. An initial evaluation must include:

- A physical examination
- A psychological evaluation
- A social history
- Observation of your child in his or her current education setting
- Other tests or assessments that are appropriate for your child (such as speech and language assessment or a functional behavioral assessment)
- Vocational assessments (required at age 14)

Greetings from Clinton Central School Physical Education! We hope your summer is going well and that you are able to enjoy some nice weather with family and friends.

This letter is to inform you that the Physical Education uniforms will be from the local vendor, Max's Print Shop, who supplies our online CCS school store. Simply type, "[www.clintonwarriors.com](http://www.clintonwarriors.com)" into your browser. There is a link on the left hand side that says "Physical Education Uniform." The name you provide when ordering will be printed on the shirt, and the Clinton Warrior logo will be embroidered on the shorts. If the clothing doesn't fit once received, new clothes will be re-done at NO ADDITIONAL COST. While the colors will be different for the new uniforms, if current uniforms still fit, there is no need to purchase another. The opportunity to place an order will be available for the entire year. Uniforms will be delivered within approximately three weeks to the appropriate school.

As always, the district will accommodate any financial concerns. Please contact your child's main office if such a concern exists.

The pricing is as follows:

Full Uniform – T-shirt and shorts - \$11.75

2X-L Full Uniform - \$13.75 (Boy's/Men's and Girl's/Ladies')

3X-L Full Uniform - \$14.75 (Boy's/Men's only)

4X-L Full Uniform - \$15.75 (Boy's/Men's only)

T-shirt only - \$4.75

2X-L T-shirt only - \$6.75 (Boy's/Men's and Girl's/Ladies')

3X-L T-shirt only - \$7.75 (Boy's/Men's only)

4X-L T-shirt only - \$8.75 (Boy's/Men's only)

Shorts only - \$7.00

2X-L Shorts only - \$9.00 (Boy's/Men's and Girl's/Ladies')

3X-L Shorts only - \$10.00 (Boy's/Men's only)

4X-L Shorts only - \$11.00 (Boy's/Men's only)

Shirt sizes: Youth – Small; Medium, Large

Adult – Small; Medium; Large; X-Large; 2X-Large; 3X-Large; 4x-Large

Shorts sizes: Youth – Small; Medium; Large

Adult – Small; Medium; Large; X-Large; 2X-Large; 3X-Large

\*\*Students should bring in a full change of clothing from home until they receive a uniform. ANY concerns, please either contact your child's main office or Darcey Cross.

Sincerely,

Darcey Cross  
Physical Education/Health/  
Family and Consumer Science Department Leader

# Clinton Middle School Electives

## *All Grade Levels:*

*I took a music ensemble and would like to continue it at CMS:*

*Band*       *Chorus*       *Orchestra*

*I am interested in getting information about joining an ensemble*

*Band*       *Chorus*       *Orchestra*

## *7th & 8th Grade:*

*I took a language at my previous school:*

*French*       *Spanish*       *Mandarin*

# **Clinton Middle School**

## ***Student Clubs, Activities, and Organizations***



**2022-2023**



## **Student Council**

**Adviser:** Ms. Bock and Mrs. Taranto

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** Room 105

*Clinton Middle School's Student Council promises to support a respectful and safe school environment for all students. Student Council consists of students that want to influence and participate in the building of a positive school culture. Students share interests, ideas, and concerns with teachers and the school principal. Student Council sponsors community projects, fundraisers, Students of the Month, dances, spirit days, and other school wide events.*

Notes: \_\_\_\_\_

## **LEO Club**

**Adviser:** Mrs. Tesak

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** Room 207

*LEO Club stands for Leadership, Experience, and Opportunity. We are the youth extension of the International Lions Club and help people in our community. LEO Club assists with community events outside of school such as Journey for Sight and the Boy Scout Canned Food Drive along with school events such as the Middle School Open House, Middle School dances, and Stuff the Bus.*

Notes: \_\_\_\_\_

## **Yearbook Club**

**Adviser:** Mrs. Boucher and Mrs. Gemelli

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** Room 113 or 109, this will vary

*Yearbook staff members participate in the development of our middle school yearbook! Members are responsible for choosing the theme, selecting a cover design, promotion of the yearbook, creating ideas for the layout and pages, taking photographs, editing and reviewing the yearbook for accuracy, and helping to fundraise to lower the cost of the yearbook. The treasurer, usually a 7th grader, helps with a wide range of financial obligations, including counting the money and co-signing to verify money amounts.*

Notes: \_\_\_\_\_

## **Technology Club**

**Adviser:** Mr. Milana

**Grade Levels:** 6-8

**Date and Time:** TBD.

**Location:** Technology classroom

*Would you like to 3d print and KEEP fun objects of YOUR choice? Technology club is a place where you can design and model your own 3d objects as well as complete woodworking and coding projects.. See Mr. Milana for additional information.*

Notes: \_\_\_\_\_

## **P-2 Warriors**

**Adviser:** Mrs. Ford, Mrs. Faffley

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** Room 213

*Meetings focus on developing new ideas to promote students being upstanders, helping create a kind and caring environment, and discussing the importance of having a good character. Our goal is to bring together students, teachers, and school employees to promote kindness in our community! Rachel Joy Scott said, "people will never know how far a little kindness can go." We attempt to carry on that philosophy and show our compassion on a daily basis. We recognize upstanders three times per year, we fundraise for various local and national causes, host a dance in January, and a "mix-it-up" at lunch day twice a year. We were nationally recognized for our efforts to promote getting to know new people and making new friends. New members are always welcome!*

Notes: \_\_\_\_\_

## ***Middle School Musical***

**Adviser:** Ms. Lopata, Mrs. Jones

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** Chorus Room and Theater.

*The Musical will be the 2<sup>nd</sup> weekend of November*

*Cast auditions are held in September and rehearsals begin after our Fall Sports end with the exception of one rehearsal. Students who want to participate behind the scenes (lighting, stage, props, sound, make-up, costumes, etc.) should listen for announcements regarding crew sign-ups.*

Notes: \_\_\_\_\_

## **Olympics of the Visual Arts (OVA)**

**Adviser:** Mrs. Pape

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** Art Room

Students participate November- April in visual arts categories researching, brainstorming, and creating collaborative artworks and research portfolios that are showcased at the Statewide Olympics of the Visual Arts competition in Saratoga Springs. Students apply for positions in visual arts category teams in November. Teams meet after school.

*Notes:* \_\_\_\_\_

## **Art Club**

**Adviser:** Mrs. Pape

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** Art Room

Art club is the perfect place to be creative, participate in group art projects in our building, learn about local art contests, experience local art exhibits, create art for our building to enjoy, and meet other students that share your love of art! We are flexible with busy schedules and welcome all students with an interest in the visual arts!

*Notes:* \_\_\_\_\_

## **Science Fair**

**Adviser:** Mrs. Boucher

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** The middle school gymnasium.

*Please see Mrs. Boucher or your science teacher for more information*

*Notes:* \_\_\_\_\_

## **Makerspace**

**Adviser:** Mrs. Zaleski

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** Library

*Makerspace is a middle school program that meets once or twice a month, after school in the library. We have a space stocked with all sorts of items to inspire independent creativity: little bits electrical components, legos, origami, duct tape, knitting, sewing, painting, and more! It is a time for students to do hands-on activities of their choice and it is not a class. There are no grades, no teaching, and no pressure. Mrs. Zaleski is there to help students when they need it, but students direct their own learning!*

Notes: \_\_\_\_\_

## **Battle of the Books**

**Adviser:** Mrs. Zaleski

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** Library

*Do you like to read great books?*

*Would you like to compete against other students who have read the same books?*

*Do you enjoy author talks?*

*If so, Battle of the Books might be the activity for you!*

*This is a new activity for the Clinton Middle School but it has existed in the region for around 14 years. There are several local schools that have Battle of the Books (BoB) organizations. These groups meet throughout the year, in their own schools, and students read books from the assigned list. In March, one team from each school will compete in a regional quiz show style competition. Students are read a quote and will have to buzz in to name the title and author of the book that quote is from.*

Notes: \_\_\_\_\_

## **Jazz Band**

**Adviser:** Mr. Lavender

**Grade Levels:** 7-8 Band Students

**Date and Time:** TBD

**Location:** Band Room unless otherwise directed.

*Please see Mr. Lavender for more information.*

Notes: \_\_\_\_\_

## **National Junior Honor Society**

**Adviser:** Ms. McLaughlin

**Grade Levels:** Grade 8 National Junior Honor Society Students

**Date and Time:** TBD

**Location:** Room 205

*Please note that you must be nominated into this organization based on your academic average from grade 6 through grade 7 (minimum of a 93 average), citizenship, character, service, and leadership. There will be an essay requirement for potential members. Please see Mrs. King (8th grade math) for more information.*

Notes: \_\_\_\_\_

## **Math Counts**

**Adviser:** Mrs. Gemelli

**Grade Levels:** Grades 6-8

**Date and Time:** TBD

**Location:** Room 205

This is a competitive math enrichment experience for students that includes a local individual and team based competition against regional school districts. There is an opportunity to compete at a state level based on success.

Notes: \_\_\_\_\_

## **Project LIT CMS**

**Adviser:** Mrs. Gaetano

**Grade Levels:** 6-8

**Date and Time:** TBD

**Location:** Room 107

*Project LIT CMS is a youth-led community book club. It is part of the national Project LIT Community, a growing network of dedicated teachers and students who work together to increase access to diverse books, eliminate book deserts, and spread a love of reading in our schools and communities all while hosting a community wide reading event.*

Notes: \_\_\_\_\_

## **Mindfulness Adventure Club**

**Adviser:** Mr. Siranni

**Grade Levels:** 6 - 8

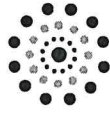
**Date and Time:** TBD,

**Location:** On and off campus

*The Mindfulness Adventure Club aims to assist students in the development of personal self-regulation strategies and build resilience by cultivating mindfulness techniques in a natural setting. The club will meet in a variety of outdoor settings, which include nature walks and mountain hiking. The purpose of learning strategies in nature is to not only promote physical well-being but to reconnect students to their natural environment.*

Notes: \_\_\_\_\_





## Oneida-Herkimer-Madison BOCES

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

**Kate Dorr, RDN, MBA**  
*Director, School Food Services*  
T: 315.738.0848  
F: 315.724.0077  
kdorr@nhart.org

August 2022

### **Dear Parent/Guardian,**

The 2022-2023 school year is approaching and all school meals will return to normal operations. While that is exciting for us in many ways, it also means that students will once again be charged for meals based on their eligibility status. Paid lunches will be \$2.75 and breakfasts will \$1.50. Students who qualify for free or reduced price meals will receive meals at no cost. Free/Reduced Meal Applications **MUST** be completed in order to obtain free/reduced status during the 2022-2023 school year.

It is disappointing knowing that free meals for all students are ending, as we have so enjoyed serving meals to students in our districts for no cost since March 2020 -- one of the silver linings of the pandemic. Our average daily participation for lunch grew from about 5,600 lunches a day to 7,500! We hope that we have gained loyal diners who will eat with us regardless of the free or paid status of meals. It has truly been a pleasure to grow our program to meet the needs of our students.

Our staff in each district take great care in providing nutritious, well-balanced meals, including whole grains, lean proteins and lots of fresh fruits and vegetables. Our 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 the new school year come into focus, we want to assure you that our school nutrition professionals across all participating 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.

Please take a few minutes to complete this application, and submit any time after July 1, 2022 to: Your school building office or the OHM BOCES School Food Service Office, c/o Perry Jr. HS, 9499 Weston Rd. New Hartford, NY 13413. 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 Services Director*

## Dear Parent/Guardian,

The **Oneida-Herkimer-Madison BOCES School Food Service Program** believes that one of the most important ways in which we can help our children perform better in their classrooms is to provide them with the nutrition necessary for the healthy growth of their minds and bodies. Therefore, we provide breakfast and/or lunch for students every school day.

We invite all students to show their support for their school food service program through frequent participation. Students may buy lunch for \$2.75 and/or breakfast for \$1.50.

Children from households that meet Federal income guidelines (outlined below) are eligible for free meals or reduced price meals. Reduced price meals cost each eligible student \$0/FREE for lunch and breakfast. To apply for free or reduced price meals, complete the enclosed application, sign it, and return it to the school as soon as possible – any time after July 1. (If your family receives public assistance, you will most likely be approved for free meals through the Direct Certification process). Please refer to the guidelines contained in this letter when completing the application.

- 1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No, complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **OHM BOCES Food Service, 9499 Weston Rd., New Hartford, NY 13413, or your school district's main office.**
- 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 who 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 who 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 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.

**2022-2023 INCOME ELIGIBILITY GUIDELINES**  
**Reduced Price Meals -OR- Free Milk**

REDUCED PRICE ELIGIBILITY SCALE REDUCED PRICE LUNCH & BREAKFAST					
HOUSE HOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$ 25,142	\$ 2,096	\$ 1,048	\$ 967	\$ 484
2	\$ 33,874	\$ 2,823	\$ 1,412	\$ 1,303	\$ 652
3	\$ 42,606	\$ 3,551	\$ 1,776	\$ 1,639	\$ 820
4	\$ 51,338	\$ 4,279	\$ 2,140	\$ 1,975	\$ 988
5	\$ 60,070	\$ 5,006	\$ 2,503	\$ 2,311	\$ 1,156
6	\$ 68,802	\$ 5,734	\$ 2,867	\$ 2,647	\$ 1,324
7	\$ 77,534	\$ 6,462	\$ 3,231	\$ 2,983	\$ 1,492
8	\$ 86,266	\$ 7,189	\$ 3,595	\$ 3,318	\$ 1,659
* EACH ADD'L PERSON ADD	\$ 8,732	\$ 728	\$ 364	\$ 336	\$ 168

**HOW TO APPLY:** To get free or reduce 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, TANIF or FDPIR case number for any household member, the application must include the names of everyone in the household, the amount of income for each 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 priced 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 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. 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 Education 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 education progress. Information may also be released to State health or State education programs administered by the State agency 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 Woman 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 Services Director*

**NONDISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly.

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

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

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, (AD-3027) found online at <https://www.usda.gov/oascr/how-to-file-program-discrimination-complaint> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA using one of the options below:

**(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

**(3) EMAIL:**

program.intake@usda.gov.

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.**



Date Withdrew \_\_\_\_\_

F \_\_\_ R \_\_\_ D \_\_\_

## 2022-2023 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 your school building office or the OHM BOCES School Food Service Office, c/o Perry Jr. HS, 9499 Weston Rd. New Hartford, NY 13413.** 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 District	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 # below. *Skip to Part 4, and sign the application.*

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

### 3. REPORT ALL INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'yes' to step 2)

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

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member <i>List EVERYONE Employed or Not</i>	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	<b>NO INCOME</b>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<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"/>

Total Household Members (Children and Adults)

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

I do not have a SS#

### 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: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

### 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 FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

1. List a current SNAP, TANF OR FDPIR (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 FDPIR number.

---

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

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

---

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

## USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

## DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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:**

(833) 256.1665; or  
(202) 690.7442

**(3) EMAIL:**

program.intake@usda.gov.

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.**

# Free and Reduced Price Meal Application Fact Sheet

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

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

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

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

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

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

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

**Examples of gross income are:**

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

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

If you have any questions or need help in filling out the application form, please contact 315.738.0848.