

# Student Services Office

## Luxemburg-Casco School District

112 N. Main Street  
 P O Box 288  
 Luxemburg, WI 54217-0288  
 Phone: 920-845-5549  
 Fax: 920-845-5717



Dates request sent \_\_\_\_\_  
 \_\_\_\_\_

Date request received \_\_\_\_\_

Sped Records:  YES  NO

504:  YES  NO

PLP:  YES  NO

### REQUEST TO FORWARD / RELEASE RECORDS

\_\_\_\_\_ (Student Name), DOB \_\_\_\_\_ who  
 was enrolled in your school district has enrolled in the Luxemburg-Casco School District.

**\*\*\*IF THIS STUDENT IS CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES, PLEASE FAX THE CURRENT IEP TO 920-845-5717, OR E-MAIL RECORDS TO TRUECKL@LUXCASCO.K12.WI.US UPON RECEIPT OF THIS REQUEST.\*\*\***

Please send the following student records to P.O. BOX 288; LUXEMBURG, WI 54217-0288

- Cumulative File – All Student Records
- Grades at time of withdrawal
- School Health Records / Individual Health Plan
- Special Education Records
- Current IEP Goals w/progress reports
- Evaluation Reports / Records
- Behavioral Records
- Pending disciplinary issues that could lead to expulsion, and a copy of any expulsion order involving the pupil for the current school year or preceding two years
- Any other pertinent information regarding this student

In compliance with the Final Regulations – Family Educational Rights and Privacy Act, dated June 17, 1976, which states it is no longer necessary to obtain written consent to release records between schools or school systems, we are requesting this information. Thank you for your prompt response.

Wisconsin Pupil Records Law 118.125 Pupil records. TRANSFER OF RECORDS.

**WITHIN 5 WORKING DAYS**, a school district shall transfer to another school or school district all pupil records relating to a specific pupil if the transferring school district has received written notice from the pupil if he or she is an adult or his or her parent or guardian if the pupil is a minor that the pupil intends to enroll in the other school or school district or written notice from the other school or school district that the pupil has enrolled or from a court that the pupil has been placed in a secured correctional facility, as defined in s. 938.02 (15m), a secured child caring institution, as defined in s. 938.02 (15g), or a secured group home, as defined in s. 938.02 (15p). In this subsection, "school" and "school district" include any secured correctional facility, secured child caring institution, secured group home, adult correctional institution, mental health institute or center for the developmentally disabled, that provides an educational program for its residents instead of or in addition to that which is provided by public and private schools.

Sincerely,

Terry Rueckl

\_\_\_\_\_  
 (Previous School Name)

\_\_\_\_\_  
 (Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_  
 (Previous School Phone Number)

\_\_\_\_\_  
 (Previous School Fax Number)

<b>Tara Zeal</b> <i>Director of Student Services</i>	<b>Katie Ludolph</b> <i>School Psychologist</i>	<b>Katie Kostreva</b> <i>Program Support Teacher</i>	<b>Terry Rueckl</b> <i>Administrative Assistant</i>
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**Primary School**  
601 Marcks Lane  
Luxemburg, WI 54217

## STUDENT REGISTRATION FORM

Luxemburg-Casco School District

**Middle School**  
512 Center Drive  
Luxemburg, WI 54217

**Intermediate School**  
318 N. Main Street  
Luxemburg, WI 54217

**District Office**  
318 N. Main Street  
Luxemburg, WI 54217

**High School**  
512 Center Drive  
Luxemburg, WI 54217

### STUDENT INFORMATION

School Start Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Gender:  Male  Female  Nonbinary Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

#### Ethnicity

Is this student Hispanic or Latino (Choose only one)

No, not Hispanic or Latino

Yes, Hispanic or Latino

Is this student (choose one or more. You must select at least one)

American Indian or Alaska Native

Asian

Native Hawaiian or other Pacific Islander  White

Black or African American

### LEGAL PARENT/LEGAL GUARDIAN INFORMATION

#### Legal Parent/Legal Guardian 1:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status:  Single  Married  Divorced

Separated  Remarried

Does this child live with you:  Yes  No

If Yes,  Sole Custody  Shared Custody

#### Legal Parent/Legal Guardian 2:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status:  Single  Married  Divorced

Separated  Remarried

Does this child live with you:  Yes  No

If Yes,  Sole Custody  Shared Custody

Please list siblings in the L-C School District & any younger non-school aged siblings

Sibling Name	Gender (M/F)	Age	Grade

Please list previous school of attendance if other than L-C: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have vision difficulties?  Yes  No

Does your child have speech difficulties?  Yes  No

Does your child have hearing difficulties?  Yes  No

Is this child taking medication that will need to be dispensed at school?  Yes  No

### EMERGENCY INFORMATION

Please list any medical conditions we should be aware of:

Medical Alert 1: \_\_\_\_\_ Medical Alert 2: \_\_\_\_\_

Does your child have allergies?  Yes  No If Yes, what are the nature of the allergies? \_\_\_\_\_

Does your child require an EpiPen?  Yes  No

### EMERGENCY CONTACTS

Please list contacts **other than parent/guardian**

#### 1<sup>st</sup> Contact

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

#### 2<sup>nd</sup> Contact

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

The following information helps identify students who may require help developing English Language skills necessary for success in school. Testing may be necessary to determine if language supports are needed for your child. Answers **will not** be used for determining legal status or for immigration purposes. If your child is identified as eligible for English Language services, you may decline some or all of the services offered to your child. **PLEASE ANSWER THE QUESTIONS BELOW.**

Was the first language used by this child English  Yes  No

When at home, does this student hear or speak a language **other than English** more than half of the time?  Yes  No

If **Yes**, what language? \_\_\_\_\_

**Parent/Guardian preference for languages used for school communication (may be multiple):**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Orally spoken Language: \_\_\_\_\_

Orally spoken Language: \_\_\_\_\_

Written Language: \_\_\_\_\_

Written Language: \_\_\_\_\_

**IMPORTANT Please fill out all information below**

**Special Education**

Did this student receive Special Education services at their previous school?  Yes  No

Does this child have an active IEP  Yes  No

**For Primary School Students (Grades EC – 2)**

Did this student receive Title 1 reading services at their previous school?  Yes  No

Did this student participate in an Early Childhood Program at their previous school?  Yes  No

If **Yes**, name and location: \_\_\_\_\_

**For High School Students (Grades 9 – 12)**

Did this student participate in any WIAA sports at their previous school?  Yes  No

**MILITARY INFORMATION**

Is either parent/guardian on active duty?  Yes  No

Is either parent/guardian a traditional member of the Guard or Reserve?  Yes  No

Is either parent/guardian a member of the Active Guard/Reserve (AGR)?  Yes  No

Is either parent/guardian under Title 10 or full time National Guard under Title 32?  Yes  No

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

**FOR STAFF USE ONLY**

Birth Certificate Verification  Yes  No

Proof of Guardianship  Yes  No

Proof of Residency Obtained  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

## FORMULARIO DE INSCRIPCION DE ESTUDIANTES

Distrito Escolar Luxemburg-Casco

**Escuela Primaria**  
601 Marcks Lane  
Luxemburg, WI 54217

**Escuela Secundaria**  
512 Center Drive  
Luxemburg, WI 54217

**Escuela Intermedia**  
318 N. Main Street  
Luxemburg, WI 54217

**Oficina del Distrito**  
318 N. Main Street  
Luxemburg, WI 54217

**Escuela Preparatoria**  
512 Center Drive  
Luxemburg, WI 54217

### INFORMACION DEL ESTUDIANTE

Fecha de comienzo: \_\_\_\_\_

Apellido: \_\_\_\_\_ Nombre: \_\_\_\_\_ SN: \_\_\_\_\_

Grado entrante: \_\_\_\_\_ Genero:  Masculino  Femenino  No binario Fecha de nacimiento: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Código postal: \_\_\_\_\_

Lugar de nacimiento: Ciudad: \_\_\_\_\_ Condado: \_\_\_\_\_ Estado: \_\_\_\_\_

#### Etnicidad

¿Este estudiante es Hispano o Latino? (Elija solo una)

No, no es Hispano o Latino

Si, Hispano o Latino

¿Es este estudiante? (Elija uno o más. Debe seleccionar al menos uno)

Indio Americano o Nativo de Alaska

Asiático

Nativo de Hawai u otra isla del Pacífico

Blanco

Negro o Afroamericano

### INFORMACIÓN LEGAL DEL PADRE/TUTOR LEGAL

#### Padre legal/tutor legal 1:

Apellido: \_\_\_\_\_

Nombre: \_\_\_\_\_

Relación con el estudiante: \_\_\_\_\_

# de casa: \_\_\_\_\_

# de celular: \_\_\_\_\_

# de trabajo: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Código postal: \_\_\_\_\_

Empleador: \_\_\_\_\_

Estado civil:  Soltero  Casado  Divorciado

Separado  Volvió a casar

¿Vive este niño contigo?:  Si  No

Si es así,  Custodia completa  Comparte custodia

#### Padre legal/tutor legal 2:

Apellido: \_\_\_\_\_

Nombre: \_\_\_\_\_

Relación con el estudiante: \_\_\_\_\_

# de casa: \_\_\_\_\_

# de celular: \_\_\_\_\_

# de trabajo: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Código postal: \_\_\_\_\_

Empleador: \_\_\_\_\_

Estado civil:  Soltero  Casado  Divorciado

Separado  Volvió a casar

¿Vive este niño contigo?:  Si  No

Si es así,  Custodia completa  Comparte custodia

Por favor, indique los hermanos en el Distrito Escolar de LC y cualquier hermano menor que no esté en edad escolar.

Nombre del hermano	Genero (M/F)	Edad	Grado

Por favor indique la escuela a la que asistió anteriormente si no es L-C: \_\_\_\_\_  
Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_  
Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_ # de teléfono: \_\_\_\_\_

¿Su hijo tiene dificultades de visión?  Si  No

¿Su hijo tiene dificultades para hablar?  Si  No

¿Su hijo tiene dificultades auditivas?  Si  No

¿Este niño está tomando medicamentos que deberán ser dispensados en la escuela?  Si  No

### INFORMACION DE EMERGENCIA

Enumere cualquier condición médica que debamos tener en cuenta:

Alerta Medica 1: \_\_\_\_\_ Alerta Medica 2: \_\_\_\_\_

¿Su hijo tiene alergias?  Si  No

Si es así, ¿Cuál es la naturaleza de las alergias?

¿Su hijo requiere un Epi-pen?  Si  No

### CONTACTOS DE EMERGENCIA

Por favor indique los contactos que no sean los padres/tutores

#### 1<sup>er</sup> Contacto

Apellido: \_\_\_\_\_

Nombre: \_\_\_\_\_

# del trabajo: \_\_\_\_\_

# de casa: \_\_\_\_\_

# de celular: \_\_\_\_\_

Relación con el estudiante: \_\_\_\_\_

#### 2<sup>do</sup> Contacto

Apellido: \_\_\_\_\_

Nombre: \_\_\_\_\_

# del trabajo: \_\_\_\_\_

# de casa: \_\_\_\_\_

# de celular: \_\_\_\_\_

Relación con el estudiante: \_\_\_\_\_

La siguiente información ayuda a identificar a los estudiantes que pueden necesitar ayuda para desarrollar las habilidades del idioma inglés necesarias para tener éxito en la escuela. Es posible que se necesiten pruebas para determinar si su hijo necesita apoyos lingüísticos. Las respuestas no se utilizarán para determinar el estatus legal ni para fines de inmigración. Si su hijo es identificado como elegible para los servicios de idioma inglés, puede rechazar algunos o todos los servicios ofrecidos a su hijo. **POR FAVOR RESPONDA LAS PREGUNTAS A CONTINUACIÓN.**

¿Fue el primer idioma utilizado por este niño inglés?  Si  No

Cuando está en casa, ¿este estudiante escucha o habla un idioma que **no sea inglés** más de la mitad del tiempo?  Si  No

Si es así, ¿qué idioma? \_\_\_\_\_

**Preferencia de los padres/tutores por los idiomas utilizados para la comunicación escolar (pueden ser múltiples):**

Nombre del padre/tutor: \_\_\_\_\_

Nombre del padre/tutor: \_\_\_\_\_

Idioma oral: \_\_\_\_\_

Idioma oral: \_\_\_\_\_

Idioma escrito: \_\_\_\_\_

Idioma escrito: \_\_\_\_\_

**IMPORTANTE: Por favor complete toda la información a continuación**

**Educación Especial**

¿Recibió este estudiante servicios de Educación Especial en su escuela anterior?  Si  No

¿Esta niña tiene un IEP activo?  Si  No

**Para estudiantes de la escuela primaria (Grados EC – 2)**

¿Recibió este estudiante servicios de lectura de Título 1 en su escuela anterior?  Si  No

¿Este estudiante participó en un Programa de Primera Infancia en su escuela anterior?  Si  No

Si es así, nombre y localización: \_\_\_\_\_

**Para estudiantes de la escuela preparatoria (Grados 9 – 12)**

¿Este estudiante participó en algún deporte WIAA en su escuela anterior?  Si  No

**INFORMACION MILITAR**

¿Alguno de los padres/tutor está en servicio activo?

Si  No

¿Alguno de los padres/tutor es un miembro tradicional de la Guardia o de la Reserva?  Si  No

¿Alguno de los padres/tutor es miembro de la Guardia Activa/Reserva (AGR)?  Si  No

¿Está alguno de los padres/tutores bajo el Título 10 o la Guardia Nacional de tiempo completo bajo el Título 32?

Si  No

Firma del padre: \_\_\_\_\_ Fecha: \_\_\_\_\_

**SOLO PARA USO DEL PERSONAL**

Birth Certificate Verification  Yes  No

Proof of Guardianship  Yes  No

Proof of Residency Obtained  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

Did this student receive any Special Education Services at their previous school? **Yes / No**

If **yes**, please list services received: \_\_\_\_\_

**Home Language Survey: Purpose**

The information below helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

1. Was the first language used by this student English? **Yes / No**

2. When at home, does this student hear or use a language **other than English** more than half of the time? **Yes / No**

If yes, what language (s): \_\_\_\_\_

**Parental/Guardian preference for languages used for school communications (may be multiple):**

Parental/Guardian name: \_\_\_\_\_  
Oral: \_\_\_\_\_  
Written: \_\_\_\_\_

Parental/Guardian name: \_\_\_\_\_  
Oral: \_\_\_\_\_  
Written: \_\_\_\_\_

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

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

*(Staff only: Screen / Do not screen)*



# BUSING PICK UP and DROP OFF INFORMATION FORM

[one form per FAMILY]

NOTE: If after completing and submitting this form there is a change in ANY of the information please contact the District Office at (920) 845-2391 x177.

Language translation needed  YES

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:    F    M  
*First Last MI*

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:    F    M  
*First Last MI*

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:    F    M  
*First Last MI*

Check only if additional names are listed on back

Parent/Guardian Name: \_\_\_\_\_  
*First Last*

Child's Home Address: \_\_\_\_\_  
*Street City Zip*

Parent/Guardian Primary Phone No. ( \_\_\_\_\_ ) - \_\_\_\_\_ Secondary Phone No. ( \_\_\_\_\_ ) - \_\_\_\_\_

AM Bus #: \_\_\_\_\_ AM Bus Driver \_\_\_\_\_  
*If Known If Known*

\*\*\*\*\*If same as AM bus leave blank\*\*\*\*\*

PM Bus #: \_\_\_\_\_ PM Bus Driver \_\_\_\_\_  
*If Known If Known*

## Pick Up Information

Pick up at: (circle one) HOME SITTER DAYCARE PARENT TRANSPORT

\_\_\_\_\_  
*Sitter / Daycare Name*

\_\_\_\_\_  
*Sitter / Daycare Address*

Sitter / Daycare Phone No. ( \_\_\_\_\_ ) - \_\_\_\_\_

## Drop Off Information

\*\*\*\*\*If drop off information is the same as the pick up information leave blank\*\*\*\*\*

Pick up at: (circle one) HOME SITTER DAYCARE PARENT TRANSPORT

\_\_\_\_\_  
*Sitter / Daycare Name*

\_\_\_\_\_  
*Sitter / Daycare Address*

Sitter / Daycare Phone No. ( \_\_\_\_\_ ) - \_\_\_\_\_

\* 6<sup>th</sup> grade \*  
ONLY

Dear Parents/Guardians of 6th grade students at L-C Intermediate School:

Welcome to Luxemburg-Casco School District. In 6th grade students get to pick a music class that is their best fit. If your child has received good grades for singing, choir may be their best fit. If they received good grades for playing instruments their best fit would be band. If they are good at both they may participate in both band and choir.

Musically Yours,  
Stacey Baird and Mary Schley

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\_\_\_\_\_ has my permission to participate in the following music class/classes.

\_\_\_\_\_ BAND

\_\_\_\_\_ CHORUS

\_\_\_\_\_ BAND AND CHORUS

Student  
Name \_\_\_\_\_

Parent  
Signature \_\_\_\_\_

**Luxemburg-Casco School District  
Student Usage Release Form  
363.2-Exhibit/Rule**

**Parent/Guardian:**

The Internet is a global network that provides people with access to a wide range of information from various places throughout the world. Each computer connected allows people to share messages, pictures, and data in ways never before possible. We believe that Internet access in the Luxemburg-Casco School District offers a constructive setting for all of our students to learn productive uses for this vast, diverse resource. Use of the Internet for educational projects will assist in preparing your child for success in the 21st Century.

Unfortunately, it is possible that your child may find material on the Internet that you would consider objectionable. The Luxemburg-Casco Internet Safety and Acceptable Use Policy (363.2) restricts access to material that is inappropriate in the school environment and we have installed filtering software to limit access to inappropriate material. However, no software is entirely effective in blocking access; therefore, we cannot guarantee that your child will not gain access to inappropriate material. There may be additional kinds of material on the Internet that are not in accord with the values of the Luxemburg-Casco School District or your family values. We would like to encourage you to use this as an opportunity to have a discussion with your child about your family values and your expectation about how these values should guide your child's activities while they are on the Internet.

The levels of access to the Internet provided to your child will vary according to the educational purposes needed and your child's age. The instructional practices and techniques used in the classroom are constantly changing to meet the demands and challenges of an ever changing global world. Therefore, administration and the system administrator reserve the right to terminate network/Internet privileges at any time for any reason.

As the parent/guardian of this student, I have read the Luxemburg-Casco Internet Safety and Acceptable Use Policy (363.2), the Acceptable Use Agreement for Mobile Devices and related guidelines located on our website <http://www.luxcasco.k12.wi.us> on the Documents/Forms page which can be accessed on the left hand side of the District and school building home pages. I agree to assign the following rights to the Luxemburg-Casco School District. If no writing is submitted to the contrary, your signature agrees to the following:

- The Luxemburg-Casco School District may provide my child with Internet access and my child may use and access the Internet and related sites including classroom social media / social networking tools at school.
- I give the Luxemburg-Casco School District permission to use my child's image (photograph) with accompanying name for publications including online (e.g. District / School web site, award recognition, newsletters, etc.); however, the district will not use the student's image for any monetary gain.
- The Luxemburg-Casco School District may transmit "live or pre-recorded" media (e.g. voice, video, images, etc.) of my child over the Internet. (e.g. performances, class projects, etc.).
- The Luxemburg-Casco School District may post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work.
- The Luxemburg-Casco School District will be providing my student with a Google account.

**Student Name:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Register for Family Folder Information



In an effort to curtail costs and paper consumption, L-C Intermediate School has gone paperless with weekly parent information sent home on Thursdays. This form will allow you to register for electronic delivery or opt out and receive hard copies. Please complete all sections below to ensure proper delivery. Thank you!

**Parent/Guardian Name:**

Please supply information for all children attending L-C Intermediate School

	Child's Name:	Grade:	Homeroom:
1			
2			
3			
4			
5			

I do not wish to receive electronic delivery of Family Folder information.

I want to receive electronic delivery of Family Folder information.

Please list all email addresses you would like us to use

**Email Addresses:**


**NON-PRESCRIPTION MEDICATION CONSENT FORM**  
**Luxemburg-Casco School District**  
\_\_\_\_\_ - \_\_\_\_\_ school year

It is our goal at Luxemburg-Casco Schools to have all medication locked and protected from student misuse. While we discourage the use of medication at school, we understand minor discomforts may occur while your child is in attendance. We have a limited supply of the following over the counter medications your child may need during school hours: Acetaminophen, Ibuprofen, cough drops, antacid tablets (Tums), Benadryl tablets and cream. If your child takes any of these medications frequently, we request that you bring a bottle from home to keep at school in the nurse's office.

I authorize trained Luxemburg-Casco school personnel to administer medication for my child. I agree to hold the School District and its employees acting within the scope of their duties harmless in any and all claims arising from the administration of medication at school. In lieu of an emergency in which I can not be reached, I give my authorization to contact our physician directly.

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Physician Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

This form must be completed and returned to enable your child to receive non-prescription medications supplied by the district for the school year.

For any questions regarding medication or health concerns, please contact your child's school nurse or certified medical assistant.

Primary School:	Jennifer Hetrick CMA (920)845-2315 x208	jhetrick@luxcasco.k12.wi.us
Intermediate School:	Jennifer Hetrick CMA (920)845-2371 x113	jhetrick@luxcasco.k12.wi.us
Middle School:	Gina Enderby RN (920)837-2205 x306	genderby@luxcasco.k12.wi.us
High School:	Gina Enderby RN (920)845-2336 x483	genderby@luxcasco.k12.wi.us

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS FOR SCHOOL YEAR 2023-24

Dear Parent/Guardian:

Children need healthy meals to learn. The Luxemburg-Casco School District offers healthy meals every school day. Lunch costs \$2.65 for grades KG-6 and \$2.90 for grades 7-12. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.40 (40 cents) for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR), or W-2 cash benefits are eligible for free meals, when listed on the application.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2023-2024			
Household size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	9,509	793	183

- Children may qualify to receive free or reduced price meals if your household’s income is at or below the limits on the Federal Income Eligibility Guidelines.

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail **Tara Zeal** (920) 845-5549 x504, [tzeal@luxcasco.k12.wi.us](mailto:tzeal@luxcasco.k12.wi.us).
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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: **Deb Pockl** Luxemburg-Casco Intermediate School 318 N Main St PO Box 70 Luxemburg, WI 54217; (920) 845-2371 x 123.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? Please read the letter you received carefully and follow the instructions. If your letter indicated you qualify for free meals, then no application is needed. If any children in your household were missing from your eligibility notification, contact **Deb Pockl** Luxemburg-Casco Intermediate School 318 N Main St PO Box 70 Luxemburg, WI 54217; (920) 845-2371 x 123 [dpockl@luxcasco.k12.wi.us](mailto:dpockl@luxcasco.k12.wi.us) immediately. If your household was notified it qualified for reduced price meals, we encourage you to complete an application to potentially qualify for free meals based on household size and income.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through October 13, 2023, or when a new eligibility is determined. You must submit a new application unless the school told you that your child is eligible for the new school year. If you do not submit a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals, but it is based on income. Please submit an application.
7. MY CHILD(REN) QUALIFIES FOR BADGERCARE PLUS OR MEDICAID. CAN MY CHILD GET FREE MEALS? Children with BadgerCare Plus, Medicaid, or subsidized insurance may be eligible for free or reduced price meals, but it is based on household income and household size. Please submit an application to determine if your household qualifies.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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 or experience a financial hardship may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Deb Pockl** Luxemburg-Casco Intermediate School 318 N Main St PO Box 70 Luxemburg, WI 54217; (920) 845-2371 x 123.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include any combat pay resulting from deployment as income.
15. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for FoodShare or other assistance benefits, contact your local assistance office or call 1-800-362-3002.

If you have other questions or need help, call **Deb Pockl** (920) 845-2371 x123, [dpockl@luxcasco.k12.wi.us](mailto:dpockl@luxcasco.k12.wi.us).

# How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the Luxemburg-Casco School District.

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Deb Pockl** Luxemburg-Casco Intermediate School 318 N Main St PO Box 70 Luxemburg, WI 54217; (920) 845-2371 x 123.

**Please use a pen (not a pencil) when filling out the application and do your best to print clearly.**

## Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) in the Luxemburg-Casco School District.

**A) List each child's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.

**B) Is the child a student?** If "Yes," write the grade level of the student in the "Grade" column to the right.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing Step 1, go to **Step 4**.  
Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

**D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

*This institution is an equal opportunity provider.*



**Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?**

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or FoodShare
- Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**

- Check “No” in **Step 2** and go to **Step 3**.

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact:  
<https://www.dhs.wisconsin.gov/forwardhealth/imagery/index.htm>
- Go to **Step 4**.

**Step 3: List ALL household members and income for each member**

**How do I report my income?**

- Use the lists titled “**Sources of Income**” & “**Examples of Income for Children,**” on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - o Gross income is the total income received **before** taxes and deductions.
  - o Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write “0” or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

**Step 3A: Report income earned by adults**

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - o People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - o Infants, children and students already listed in **Step 1**.

**Step 3: List ALL household members and income for each member****1) List adult household members' names.**

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

**2) List earnings from work.**

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

**3) List income from public assistance/child support/alimony.**

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

**4) List income from pensions/retirement/all other income.**

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

**5) List total household size.**

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

**6) Provide the last four digits of your Social Security Number.**

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

**Step 3B: List income earned by children****List all income earned or received by children.**

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Child Income?** Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

**Step 4: List ALL household members and income for each member**

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

**A) Provide your contact information.** Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."

**C) Mail completed application to:**  
Deb Pockl  
Luxemburg-Casco Intermediate School  
318 N Main St  
PO Box 70  
Luxemburg, WI 54217

**Optional**

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO **NOT** mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

# 2023-24 Household Application for Free and Reduced Price School Meals

APPLY ONLINE: N/A

RETURN TO (School/District Name): Deb Pockl Luxemburg-Casco Intermediate School

ADDRESS: 318 N Main St PO Box 70 Luxemburg, WI 54217

Complete one application per household. Please use a pen (not a pencil). In Community Eligibility Provision Schools (CEP), receipt of free meals does not depend on returning this application; however, this information is necessary for other programs.

**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**STEP 2** Do any household members (including you) participate in: FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDPIR? Badgercare, Medicaid, Pandemic-EBT are not eligible.

NO → Go to STEP 3.       YES → Write case number here and proceed to STEP 4.

PROGRAM NAME: \_\_\_\_\_ CASE NUMBER (NOT EBT NUMBER): \_\_\_\_\_

Badgercare, Medicaid, Pandemic-EBT are not eligible.      Write only one case number in this space.

**STEP 3** List ALL household members and income for each member (before taxes and deductions)

**A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any 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 Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2xMonth	Monthly	Annual		Weekly	Every 2 Weeks	2xMonth	Monthly		Weekly	Every 2 Weeks	2xMonth	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Required: Total Household Members (Children and Adults)

Required: Last Four Numbers of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member or Check Box if No SSN

Check Box if No SSN

**Please see application's back for list of income sources.**

**B. Child Income**

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$

How often received?  Weekly  Every 2 Weeks  2xMonth  Monthly  Annual

**STEP 4** Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here 318 N Main St PO Box 70 Luxemburg, WI 54217

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form      Required: Signature of Adult      Today's Date

Mailing Address (if available)      City      State      Zip      Phone (optional)      Email (optional)

Return completed form to your child's school

**SOURCES AND EXAMPLES OF INCOME**

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
<b>Earnings from Work</b> • Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) <b>If you are in the U.S. Military:</b> • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	<b>Public Assistance/Alimony/Child Support</b> • Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	<b>Pensions/Retirement/All other sources of income</b> • Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

**OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Not Hispanic or Latino  
**Race (check one or more):**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Return this completed form to your child's school. \*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

**DO NOT FILL OUT For school use only. If all students listed on this application attend CEP schools, the processing of this application cannot be paid for by the nonprofit school food service account.**

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income  How often?  Weekly  Every 2 Weeks  2x Month  Monthly  Annual

Household size  Categorical Eligibility  Eligibility  Free  Reduced  Denied

Determining Official's Signature  Date  Confirming Official's Signature  Date  Verifying Official's Signature  Date

**Use of Information Statement**

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**The contact information below is solely to file a complaint of discrimination**

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, audiotape, 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/ad-3027.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:

\*MAIL: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
FAX: (833) 256-1665 or (202) 690-7442; or  
EMAIL: program.intake@usda.gov

**\*Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

*This institution is an equal opportunity provider.*

# LUXEMBURG-CASCO SCHOOL DISTRICT

## BYLAWS & POLICIES

### **7540 - COMPUTER TECHNOLOGY NETWORK, AND INTERNET ACCEPTABLE USE AND SAFETY**

The Board of Education is committed to the effective use of technology to both enhance the quality of student learning and the efficiency of District operations. However, the use of the District's network and technology resources by students is a privilege not a right.

The District Administrator shall develop and implement a written District Technology Procedure (DTP). The DTP will provide for both the acquisition of technology, and guidance to staff and students concerning making safe, appropriate and ethical use of the District's network(s). The DTP shall also inform both staff and students about disciplinary actions that will be taken if Board technology and/or networks are abused in any way or used in an illegal or unethical manner.

Further, safeguards shall be established so that the Board's investment in both hardware and software achieves the benefits of technology and inhibits negative side effects. Accordingly, students shall be educated about appropriate online behavior including, but not limited to, using social media to interact with others online; interacting with other individuals in chat rooms or on blogs; and, recognizing what constitutes cyberbullying, understanding cyberbullying is a violation of District policy, and learning appropriate responses if they are victims of cyberbullying.

Social media shall be defined as internet-based applications (such as Facebook, MySpace, Twitter, etc.) that turn communication into interactive dialogue between users. The Board authorizes the instructional staff to access social media from the District's network, provided such access has an educational purpose for which the instructional staff member has the prior approval of the principal.

However, personal access and use of social media, blogs, or chat rooms from the District's network is expressly prohibited and shall subject students and staff members to discipline in accordance with Board policy.

Social media shall be defined as internet-based applications (such as Facebook, MySpace, Twitter, etc.) that turn communication into interactive dialogue between users. The Board prohibits any access and use of social media by students from the District's network.

The Board authorizes the access and use of social media from the District's network to increase awareness of District programs and activities, as well as to promote achievements of staff and students, provided such access and use is approved in advance by the District Administrator.

The District Administrator shall periodically review the DTP to determine the effectiveness of the plan in meeting its objectives.

# ONE TO WORLD

## HANDBOOK

K-6 PARENTS





LUXEMBURG-CASCO SCHOOL DISTRICT

4K - GRADE 6

# PARENT HANDBOOK

DEVICE EXPECTATIONS & GUIDELINES

Please read over the following information before agreeing to the expectations and responsibilities of the district-issued device.

**Instructional Use**

*IS Principal - Heather Mleziva - hmleziva@luxcasco.k12.wi.us, ext. 104*

*PS Principal - Pete Kline - pkline@luxcasco.k12.wi.us, ext. 201*

*Tech Director - Scott Waldow - swaldow@luxcasco.k12.wi.us, ext. 129*

**Technical Services**

*Director of Instructional Technology - Scott Oftedahl -*

*softedahl@luxcasco.k12.wi.us, ext. 205*

**One to World Website**

[sites.google.com/a/luxcasco.k12.wi.us/one-to-world](https://sites.google.com/a/luxcasco.k12.wi.us/one-to-world)



## DEVICE USE & CARE

Students are responsible for their ethical and educational use of the technology resources of Luxemburg-Casco School District. [All district policies and handbook expectations apply to the use of devices](#). Consequences for inappropriate use are outlined in the [7540.03 - Student Education Technology Acceptable Use and Safety](#) policy. Students are responsible for bringing a fully-charged device to school each day for all classes unless advised not to do so by their teacher. Students will use their Google account login to access the Internet on the device. Students' Google Apps for Education suite of tools will be used for work production and saving online work. Devices are the property of Luxemburg-Casco School District. Students should handle their device with care. The L-C High School Student Device Handbook and the [One to World website](#) outline the general care of the device (carry in closed position, do not eat/drink near device, do not leave device unsupervised, etc.).

## INTERNET SAFETY & ACCEPTABLE USE BOARD POLICY

[7540.03 - Student Education Technology Acceptable Use and Safety](#) policy applies to the device and its use.

## PERSONAL CHROMEBOOKS

Personal Chromebooks are not allowed to be used unless specifically approved.

## INTERNET SAFETY & NETWORK FILTERING

Students are encouraged to use the device at school and at home. Luxemburg-Casco School District uses a network filtering system as one means of protection for our students. A comprehensive approach including protection measures, monitoring and instruction is utilized in our school district. The district-issued student devices will have Internet filtering at school and at home to the extent it is possible with the tools in place within the school district & Google Apps for Education Administration. There may be times when the filtering tools may not work, may fail, or changes beyond the District's control may occur causing web filtering to not occur on the district-issued devices when they are not within the District. Parents and students are encouraged to report to their site administrator any complaints or concerns regarding student access or exposure to any content, activities, or communications that may be harmful, deceptive, or otherwise inappropriate or objectionable. **It is recommended a student's use of the Internet be monitored.**

## PROBATIONARY STUDENT PRIVILEGES

Luxemburg-Casco School District has an obligation to protect its assets. Probationary Status and/or other disciplinary action may be assigned to a student by building administration. Based on the criteria below and at the discretion of the building administration, some students may be required to turn in their devices to the LMC at the end of each day unless otherwise specified. A formal check-in and check-out process will take place to protect the equipment and document the process. Any student can be placed on probationary status, regardless of insurance, for multiple instances of damage to a device.

- Students who have violated the [7540.03 - Student Education Technology Acceptable Use and Safety](#) policy during the current or previous semester.
- Students who have had multiple instances of accidental damage, intentional damage to a device, or unpaid repair/replacement fees.

## DIGITAL CITIZENSHIP & DEVICE CARE / USE LESSONS

Lessons will be presented during Resource period the first week of school to establish and model expectations for educational use of devices. Proper care of devices to help minimize accidental damage will also be modeled for students. These lessons will be posted to the One to World website as well.

# ONE TO WORLD

## HANDBOOK

K-6 STUDENTS





LUXEMBURG-CASCO SCHOOL DISTRICT

4K - GRADE 6

# STUDENT HANDBOOK

DEVICE EXPECTATIONS & GUIDELINES

All Luxemburg-Casco School District students in grades 4K - sixth will be provided access to a student dedicated device for educational purposes within their classrooms at school. All devices are the property of Luxemburg-Casco School District. Devices will provide students with access to Schoology, Google Apps for Education, educational web-based tools, as well as many other useful websites. The device is an educational tool that is not intended for gaming, social networking, or high end computing.

## TAKING CARE OF A DEVICE

The device is the property of Luxemburg-Casco School District and students are responsible for the general care of it. Devices that are broken or fail to work properly must be taken to the LMC as soon as the student notices an issue so it can be taken care of properly. ***Do not take district-owned devices to an outside computer service for any type of repairs or maintenance. Repairs or maintenance are done through the LMC.***

## GENERAL CARE GUIDELINES

Devices must have a Luxemburg-Casco School District asset tag on them at all times and this tag must not be removed or altered in any way.

### General Care

- No food or drink is allowed next to your device while it is in use.
- Cords, cables, and removable storage devices must be inserted carefully into the device.
- Never transport your device with the power cord plugged in. Never store your device in your backpack while plugged in.
- ***Students should never carry their devices while the screen is open. Transport the device in the closed position at all times.***
- Vents should not be covered.
- Devices must remain free of any writing, drawing, or stickers.
- Devices should never be left in a car or exposed to extreme temperatures for long periods of time.
  - If accidentally left in a car in cold temperatures, please allow the device to warm up for a minimum of 30 minutes before powering on.
- Devices should never be left unattended in any unsupervised area. Any device left in an unsupervised area is in danger of being lost or stolen. The student and parents/guardians are responsible for the cost of replacing a lost or stolen device.
- If an unsupervised device is found, return it to the LCHS help desk if possible or to a staff member.
- Do not lean or put pressure on a device and/or its screen or store it with items placed on top of it.
- Clean the screen, keyboard, or outer surface with a soft, dry microfiber cloth or anti-static cloth. Never spray any liquid directly on the device.

### Repairs, Lost/Stolen Devices

- If your device needs repair or technical support, please take it to the help desk located in the LMC.
- If a device is lost or stolen, the student needs to report it to the L-C High School help desk staff immediately.
- Students are responsible for the device they are issued. Any lost or stolen devices will be required to be replaced by the family.
- Students using loaner devices may be responsible for any damages incurred while in possession of the student or if it's lost or stolen.

## RESPONSIBLE USE OF DEVICES

Students will adhere to all of the information for acceptable use as described in Luxemburg-Casco School District's Board Policy [7540.03 - Student Education Technology Acceptable Use and Safety](#).

- Students are responsible for their ethical and educational use of the technology resources of Luxemburg-Casco School District.
- Students will only login to the device using the Luxemburg-Casco District provided Google Apps for Education account.
- Students should protect their password and not share it with others.
- Transmission of any material that is in violation of any federal or state law is prohibited. This includes, but is not limited to the following: confidential information, copyrighted material, threatening or obscene material, and

malware.

- Users of District technology have no rights, ownership, or expectations of privacy to any data that is, or was, stored on the device, school network, or any school-issued application and are given no guarantees that data will be retained or destroyed.
- Any attempt to alter data, the configuration of a device, or the files of another user, without the consent of the individual, building administrator, or technology administrator, will be considered an act of vandalism and subject to disciplinary action in accordance with the student handbook and other applicable school policies.

## PERSONAL CHROMEBOOKS

Personal Chromebooks are not allowed to be used unless specifically approved.

## PROBATIONARY STUDENT PRIVILEGES

Luxemburg-Casco School District has the obligation to protect the assets of the district. Probationary Status and/or other disciplinary action may be assigned to a student by building administration. Based on the criteria below, some students may be required to turn in their devices to the school library at the end of each day unless otherwise specified. A formal check-in and check-out process will take place to protect the equipment and document the process.

- Students who have violated the [7540.03 - Student Education Technology Acceptable Use and Safety](#) policy during the current or previous semester.
- Students who have had multiple instances of accidental damage, intentional damage to a device, or unpaid repair/replacement fees.

## DIGITAL CITIZENSHIP

Students must follow the conditions of being a good digital citizen:

**I will...**

**Stay safe.**

- **I will not create accounts or give out any private information – such as my full name, date of birth, address, phone number, or photos – without my family’s permission.**
- **I will not share my passwords with anyone other than my family or teacher. I will ask my family or teacher to help me with privacy settings if I want to set up devices, accounts, or profiles.**
- **If anyone makes me feel pressured or uncomfortable, or acts inappropriately toward me online, I’ll stop talking to that person and will tell a friend, family member, or teacher I trust about it.**

**Think first.**

- **I will not bully, humiliate, or upset anyone online or with my phone – whether through sharing photos, videos, or screenshots, spreading rumors or gossip, or setting up fake profiles – and I will stand up to those who do.**
- **I know that whatever I share online or with my cell phone can spread fast and far. I will not post anything online that could harm my reputation.**
- **Whenever I use, reference, or share someone else’s creative work online, I will give proper credit to the author or artist.**

**Stay Balanced.**

- **I know that not everything I read, hear, or see online is true. I will consider whether a source or author is credible.**
- **I will help my family set media time limits that make sense, and then I will follow them.**
- **I will be mindful of how much time I spend in front of screens, and I will continue to enjoy the other activities – and people – in my life.**

## **LOST / STOLEN DEVICES**

If a device is lost or stolen, the student needs to report it to the LMC staff. Students using loaner devices may be responsible for any damages incurred while in possession of the student or if it's lost or stolen.

## **REPAIR PROCESS & REPAIR COSTS**

All repairs are processed through the Luxemburg-Casco School District. Students will bring their devices in need of repair to the LMC. A loaner device may be provided as needed. A student needs to care for the loaner as he/she would for the device originally issued to him/her. If a loaner is provided while the students device is being repaired, the loaner unit must be returned before the student receives his/her repaired device.

## **DEVICE LOAN PROCESS**

In the event that a student requires a loaner device, the student must make the request at the help desk in the LMC.