

Primary School
601 Marcks Lane
Luxemburg, WI 54217

Intermediate School
318 N. Main Street
Luxemburg, WI 54217

STUDENT REGISTRATION FORM

Luxemburg-Casco School District

District Office
318 N. Main Street
Luxemburg, WI 54217

Middle School
512 Center Drive
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**

1st Contact

Last Name: _____

First Name: _____

Work #: _____

Home #: _____

Cell #: _____

Relationship to student: _____

2nd 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^{er} Contacto

Apellido: _____

Nombre: _____

del trabajo: _____

de casa: _____

de celular: _____

Relación con el estudiante: _____

2^{do} 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: _____



Proof of Residency

The following information outlines the requirements for establishing proof of residency for those interested in enrolling their child(ren) in to the Luxemburg-Casco School District.

Under Wisconsin State Statute 121.77, only students who are legal residents of the Luxemburg-Casco School District are eligible to attend its schools without paying tuition. If residency is not properly established and false information is provided, the parent or guardian will be responsible for paying tuition costs for the current school year, or the child(ren)'s admission will be revoked.

Student's Information:

Student's Name

Date of Birth

Grade

Address

City

State

Zip

Phone

Parent/Guardian Name

Relationship to Student

"I certify that this student is a legal resident of the Luxemburg-Casco School District and that the information on this form is accurate and complete."

Signature of Parent/Guardian

Date

Two residency documents are required to establish residency in the district.

- Current Year Property Tax Statement
- Current Month Mortgage Statement
- Current Lease Agreement (must include the property manager's name, address, phone number, your contact information, and effective start/end dates)
- Current Utility Bill
- Current Pay Stub

FOR OFFICE USE ONLY: Residency approved: Yes No Date: _____ Initials: _____



Luxemburg-Casco School District
McKinney-Vento

(May be completed at enrollment or after a change in living situation.
Only one per family required.)



HOMELESS LIAISON:

Jane Mathes
112 N. Main Street
Luxemburg, WI 54217
920-845-5549

Table with 6 columns: Last/First Name, Date of Birth, Special Ed. (Yes/No), School Enrolled, Grade, Gender (M/F). Includes sections for SCHOOL AGED CHILDREN and NON-SCHOOL AGED CHILDREN.

Last School Attended: _____

If you are not living in your own home you may qualify for educational services under the McKinney-Vento Education Assistance Act. Eligibility can be considered by completing and submitting this questionnaire.

FAMILY/STUDENT LIVING: Please check all of the following that apply:

- Are you sharing a friend or relative's home or apartment due to loss of housing, economic hardship or similar reason?
Do you live in a hotel, motel, or campground because you have no other place to live?
Are you staying in a shelter (family shelter, domestic violence shelter, youth shelter)?
Do you live out of a car, park, abandoned building or other inadequate accommodations?
Waiting for foster care placement?
Are you being evicted from your home / residence at this time?
Does your child (children/student) live in any of the above situations?
Student is separated from parent/guardian
Student is an unaccompanied youth
If unaccompanied youth, please state reason youth is unaccompanied (run-away, throw away, abandoned, etc.): _____

If you did not select any of the descriptions listed, you do not need to complete the remainder of this form or submit it to the building secretary. If you selected any of the above options, please provide the information below and submit this form to a building secretary.

Address of current residence: _____

OR

Name of motel/shelter where staying: _____

Contact phone number: _____ Name of Contact/Parent: _____

Alternate or Emergency Contact Name and Number: _____

Services needed by the family

Areas of Educational and Related Services:

- Transportation
- School Supplies
- Help with Enrollment
- Instructional Support
- School Counseling
- Activity Fees
- Special Education (list areas _____)

- Gifted or Talented Programs
- Preschool Programs
- After School Programs
- ELL Services
- School/Health records needed
- Truancy Issues
- Other Specify _____

Areas the District Will Provide Family Assistance:

- Referral for Community Resources
 - Medical, Dental and Other Health Services
 - Mental Health Services
 - Food and Clothing
 - Housing Support
- Addressing needs related to domestic violence
- Parent education related to rights/resources
- Other *Specify* _____

Family/Student Living:

- Doubled-up
- In a motel/hotel
- In a shelter/transitional living program
- Unsheltered (e.g., cars, parks, etc.)
- Awaiting Foster Care placement
- Runaway child or youth
- Unknown

STAFF PLEASE LIST APPLICANT EXPLANATION OF WHAT IS SPECIFICALLY NEEDED FROM EACH CATEGORY (If more space is needed please use another page):

The undersigned parent/guardian, student certifies that the information provided above is true and accurate

Print Name

Signature

Date

Please talk with the Luxemburg-Casco School District Homeless Liaison (Jane Mathes at 920-845-5549 ext. 504) to find out if you qualify or to learn more about McKinney-Vento Assistance Act rights and services.

School Secretary: *If the questionnaire is submitted, immediately forward this form to Jane Mathes, Student Services Office.*

L-C District Enrollment Date: _____ Date Form Received by School Staff: _____

SSO Date Received: _____

**WHEN ASSESSING A HOMELESS STUDENT
CONSIDER THE FOLLOWING**

- **Current residence**
- **Permanent or temporary housing**
- **Safety**
- **Regular attendance at school**
- **Transportation needs**
- **Basic needs such as food, clothing and school supplies**
- **Health related needs such as eye glasses, medication, dental care or similar**
- **School Counseling services**
- **Academic services**
- **Summer School**
- **Special education**



IMPORTANT PHONE CONTACTS

EMERGENCIES911
NON-EMERGENCY INFO.....211
CRISIS CENTER **920-436-8888**
 300 Crooks Street; Green Bay 24 Hour Walk-In

Shelters

NEW Community Shelter 920-437-3766
 301 Mather St.; Green Bay.....Hot meals everyday 5-6pm
Freedom House..... 920-432-4646
 2997 St. Anthony Dr.; Green Bay
House of Hope 920-884-6740
 1660 Christina St.; Green Bay
St. John Homeless Shelter 920-436-9344
 411 St. John St.; Green Bay
Golden House..... 920-435-0100
 1120 University Ave.; Green Bay

Places to go for food and/or clothing

Salvation Army 920-497-7053
 626 Union Ct.; Green Bay M-F Lunch: 11:30 – 12:30 pm
Manna For Life Missions Center..... 920-437-3629
 1545 University Ave.; Green Bay
Paul’s Pantry 920-433-0343
 1529 Leo Frigo Way; Green Bay
St. Vincent De Paul..... 920-432-2579
 1529 Leo Frigo Way; Green Bay
Ruby’s Pantry – Central Church..... 651-674-0009
 831 Schoen St.; Green Bay
Ruby’s Pantry – Redeemer Church..... 651-674-0009
 210 S. Oneida St.; Green Bay

Information & Assistance

Wisconsin Job Center 920-448-6760
 701 Cherry St.; Green Bay
Brown County Human Services 920-448-6095
 111 N. Jefferson St.; Green Bay
Kewaunee County Human Services..... 920-388-7030
 810 Lincoln St.; Kewaunee
Integrated Community Services (ICS)..... 920-448-4540
 201 W. Walnut St.; Green Bay
Aging & Disability Resource Center..... 920-448-4300
 300 S. Adams St.; Green Bay

**SCHOOL DISTRICT OF
LUXEMBURG-CASCO**

INFORMATION



**REGARDING HOMELESS
STUDENTS**



The McKinney-Vento Homeless Assistance Act, provides certain rights and protections for families experiencing homelessness. According to McKinney-Vento, anyone who lacks a fixed, regular and adequate night-time residence is homeless.

HOMELESSNESS INCLUDES ANYONE:

- Living in an emergency shelter or transitional housing
- Abandoned in hospitals or awaiting foster care placement
- Living in motels, hotels, trailer parks or camp grounds due to lack of alternative adequate accommodations
- Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar setting
- “Doubled Up” living with friends or family due to the loss of housing, economic hardship or a similar reason
- An “unaccompanied youth”, under the age of 18, living without a parent or guardian
- Migratory children living in these conditions



HOMELESS CHILDREN HAVE THE RIGHT TO:

- Attend School, no matter where they live or how long they have lived there. You do not need a permanent address to enroll in school
- Not be denied school enrollment just because school records or other enrollment documentation are not immediately available.
- Enroll and attend classes in the parents’ school of choice even while the school and parents seek to resolve a dispute over enrollment.
- Continue in the school they attended before they became homeless, if that is the parents’ choice and is feasible.
- Receive transportation to and from the school the child last attended prior to becoming homeless, if the parent/guardian requests it.
- Participate in extracurricular activities and all federal, state or local programs for which he/she is eligible.



IN ADDITION TO HOMELESS ASSISTANCE, THE LUXEMBURG-CASCO SCHOOL DISTRICT OFFERS THE FOLLOWING:

- Free school meals for those who qualify
- Free transportation services
- Free school supplies for those who qualify
- Waived School Fees for those who qualify
- Special Education and 504 programs for those who qualify
- Title I services & additional academic support



- Programs to help English Language Learners
- Gifted and Talented programs for those who qualify
- 4 Year-old Kindergarten
- Summer School
- High School credit recovery options

NOTIFICATION

Luxemburg-Casco School District Homeless Liaison

Jane Mathes 920-845-5549 ext. 504

If you know or suspect a student is homeless, notify the Luxemburg-Casco Homeless Liaison



**Distrito Escolar de Luxemburg-Casco
McKinney-Vento**

(Puede completarse al momento de la inscripción o después de un cambio en la situación de la vivienda.
solo se requiere uno por familia.)



INTERCAMBIO SIN HOGAR:

Jane Mathes
112 N. Main Street
Luxemburg, WI 54217
920-845-5549

NIÑOS - Indique primero el hijo mayor							
Apellido / Nombre	Fecha de nacimiento	Ed. Especial		Escuela matriculada	Grado	Género	
		Sí	No			M	F
		<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"/>

NIÑOS EN EDAD QUE NO ESTÁN EN LA ESCUELA - Indique primero el hijo mayor							
Apellido / nombre	Fecha de nacimiento	Infancia temprana		Escuela inscrita	Sexo		
		Sí	No				M
		<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"/>

ESCUELA ANTERIOR: _____

Si usted no está viviendo en su propia casa puede calificar para servicios educativos bajo la Ley de Educación y Ayuda McKinney-Vento. La elegibilidad se puede considerar completando y enviando este cuestionario. Las familias / estudiantes, o los jóvenes no acompañados que son elegibles tienen derechos educativos bajo la Ley McKinney-Vento que pueden incluir opciones sobre dónde asistir a la escuela. Comuníquese con el enlace de personas sin hogar de la escuela para hablar sobre la elegibilidad, los derechos y los posibles servicios: Jane Mathes al **920-845-5549 ext. 504**.

VIVIENDA FAMILIAR / ESTUDIANTE: marque lo siguiente que corresponda:

- | | |
|---|--|
| <input type="checkbox"/> ¿Está compartiendo la casa o el apartamento de un amigo o familiar debido a la pérdida de vivienda, dificultades económicas o razones similares? | <input type="checkbox"/> ¿Está siendo desalojado de su hogar / residencia en este momento? |
| <input type="checkbox"/> ¿Vive en un hotel, motel o campamento porque no tiene otro lugar para vivir? | <input type="checkbox"/> ¿Su hijo (niño / alumno) vive en alguna de las situaciones anteriores? |
| <input type="checkbox"/> ¿Se está quedando en un refugio (refugio familiar, refugio de violencia doméstica, refugio de jóvenes)? | <input type="checkbox"/> El estudiante está separado del padre / tutor |
| <input type="checkbox"/> ¿Vive fuera de un automóvil, parque, edificio abandonado u otro alojamiento inadecuado? | <input type="checkbox"/> El estudiante es un joven no acompañado un joven |
| | <input type="checkbox"/> Sino está acompañado, indique por joven no está acompañado (fugado, tirado, abandonado, etc.): |

Si no seleccionó ninguna de las descripciones enumeradas, no es necesario que complete el resto de este formulario ni lo envíe a la secretaría del edificio. Si seleccionó alguna de las opciones anteriores, proporcione la información a continuación y envíe este formulario a la secretaria del edificio.

Dirección de residencia actual: _____

Nombre de hotel / refugio donde se queda: _____

Teléfono de contacto: _____

Nombre de Contacto: _____

Nombre y número de emergencia alternativo: _____

Servicios requeridos por la familia

Áreas de educación y servicios

- Transporte
- Suministros de la escuela
- Ayuda con la inscripción
- Apoyo de instrucción
- Consejería escolar
- Tasas de actividad
- Educación Especial (zonas de lista _____)

- Programas dotados y talentosos
- Programas preescolares
- Programas después de clases
- Servicios EL
- Registros necesarios (escuela/salud) _____
- Absentismo escolar
- Otro Especificar _____

Las zonas del distrito proporcionará Asistencia Familiar:

- Referencias para recursos de la comunidad
- Médico, Dental y Otros Servicios de Salud
- Servicios de Salud Mental
- Comida y ropa
- Apoyo a la vivienda
- Abordar las necesidades relacionadas con la violencia doméstica
- Educación de los padres relacionada con los derechos/recursos
- Otro Especificar _____

Donde se encuentra la familia o estudiante (s):

- Casa
- En un motel / hotel
- En un albergue / programa de vivienda de transición
- Sin vivienda (por ejemplo, coches, parques, etc.)
- En espera de la colocación de cuidado de crianza
- Niño o joven fugitivo
- Desconocido

PERSONAL POR FAVOR ESCRIBA LA EXPLICACIÓN DEL SOLICITANTE de lo que se necesitan específicamente de cada categoría (Si se necesita más espacio por favor utilice otra página):

El suscrito padre / tutor, el estudiante certifica que la información proporcionada anteriormente es verdadera y precisa

Nombre

Firma

Fecha

Por favor, hable con el Enlace de personas sin hogar del Distrito Escolar de Luxemburg-Casco (Jane Mathes al 920-845-5549 ext. 504) para averiguar si califica o para obtener más información sobre los derechos y servicios de la Ley de Asistencia McKinney-Vento.

Secretaria de la escuela: *Si se envía el cuestionario, envíe inmediatamente este formulario a Jane Mathes, Oficina de Servicios Estudiantiles.*

Fecha de inscripción en el distrito LC: _____ Fecha en que el personal de la escuela recibió el formulario: _____

SSO Fecha en que se recibió: _____

**CON EL PROGRAMMA DE MCKINNEY-VENTO,
LOS ESTUDIANTES PUEDEN SER ELEGIBLES A
RECIBIR**

- Los servicios de transportación para que así los niños puedan permanecer en las Escuelas de su area de asistencia.
- Los útiles escolares y las cuotas para otras actividades relacionada con la clase.
- Programa del desayuno y almuerzos gratis.
- Servicios de la educación especial si son apropiados.
- Programas tutorial.
- Programas de dotados y talentosos si apropiado.
- Programas de la escuela de verano si es necesario.
- Programas después de la escuela si están disponibles.
- Referencia a otros recursos en la comunidad si es necesario.



RECURSOS EN DENTRO DEL ÁREA

EMERGENCIAS..... 911
INFORMACIÓN NO-EMERGENCIAS 211
CRISIS CENTER..... 920-436-8888
 300 Crooks Street; Green Bay.....Abierto las 24 horas

Refugios en Green Bay

NEW Community Shelter..... 920-437-3766
 301 Mather St.; Green BayHot meals everyday 5-6pm
 Freedom House 920-432-4646
 2997 St. Anthony Dr.; Green Bay
 House of Hope..... 920-884-6740
 1660 Christina St.; Green Bay
 St. John Homeless Shelter 920-436-9344
 411 St. John St.; Green Bay
 Golden House..... 920-435-0100
 1120 University Ave.; Green Bay

Lugares para obtener ropa y / o comida

Salvation Army..... 920-497-7053
 626 Union Ct.; Green Bay M-F Lunch: 11:30 – 12:30 pm
 Manna For Life Missions Center 920-437-3629
 1545 University Ave.; Green Bay
 Paul’s Pantry..... 920-433-0343
 1529 Leo Frigo Way; Green Bay
 St. Vincent De Paul 920-432-2579
 1529 Leo Frigo Way; Green Bay
 Ruby’s Pantry – Central Church 651-674-0009
 831 Schoen St.; Green Bay
 Ruby’s Pantry – Redeemer Church..... 651-674-0009
 210 S. Oneida St.; Green Bay

Información y Ayudas

Wisconsin Job Center 920-448-6760
 701 Cherry St.; Green Bay
 Brown County Human Services 920-448-6095
 111 N. Jefferson St.; Green Bay
 Kewaunee County Human Services..... 920-388-7030
 810 Lincoln St.; Kewaunee
 Integrated Community Services (ICS)..... 920-448-4540
 201 W. Walnut St.; Green Bay
 Aging & Disability Resource Center..... 920-448-4300
 300 S. Adams St.; Green Bay

EL DISTRITO DE LUXEMBURG-CASCO

INFORMACIÓN



SOBRE ESTUDIANTES SIN HOGAR



PROPÓSITO DEL PROGRAMA:

Remover las barreras para los estudiantes, a quienes les hace falta un lugar adecuado donde pasar la noche, para que puedan tener éxito en la escuela. Proporcionando a todos los estudiantes con la oportunidad del aprendizaje.

¿Quien es elegible?:

- Niños que viven en refugios de emergencia o de transición
 - Niños que viven en Moteles, hotels, campamentos, abandonados en hospitals, o estan esperando por una familia adoptive
 - Niños que viven en un carro, un parquet, lugar public, central de autobuses, construcciones abandonadas cualquier otra situacion de "desamparo"
 - Niños que viven en La casa de un amigo o familiar
- O
- Fugitivo, sin compania o la juventud en abandon

Todos Los Estudiantes Que Experimentan situaciones de "Desampar" Tienen el Derecho De

- Atender a la escuela regularmente a pesar de las re-ubicaciones frecuentes.
- Ser registrado en la escuela sin contar con expedients de la escuela anterior.
- Permanecer en la escuela en la que su nino ha estado asistiendo, aunque usted puede trasladarse a las varias localizaciones debido a sus circunstancias de vivienda.
- Participar en programas de la escuela y actividades extracurriculares.
- Obtener los articulos basicos, tales como Fuentes del alimento, de ropa, del transporte y de los utiles escolares necesarios para que su nino pueda aprender y para tener exito en la escuela.



Informacion Importante...

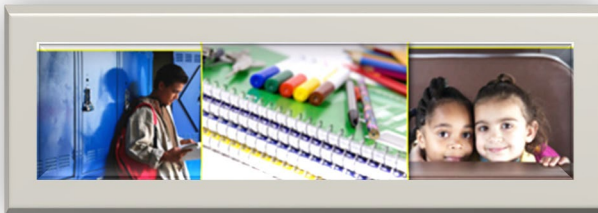
- Informar a la escuela de su nino acerca de cualquier cambio de direccion.
- Informar al professor de su nino, director o trabajador social si usted quisiera que nu nino permaneciera en su escuela "correspondiente" mientras que usted consigue qu su situacion familiar se estabilice.
- Guarder una copia de las actas de naciementode su nino, los expedients de la escuela, de salud y la cartilla de vacunacion y hacer que una persona confinable guarde una segunda copia.
- ¡Ponserse en contactor Jane Mathes coordinador del Programa McKinney Vento con cualquier pregunta!

NOTIFICACION

Luxemburg-Casco School District Homeless Liaison

Jane Mathes 920-845-5549 ext. 504

If you know or suspect a student is homeless, notify the Luxemburg-Casco Homeless Liaison



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)

Tara Zeal <i>Director of Student Services</i>	Katie Ludolph <i>School Psychologist</i>	Katie Kostreva <i>Program Support Teacher</i>	Terry Rueckl <i>Administrative Assistant</i>
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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. (_____) - _____

* 6th 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

_____ 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.
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 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.

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Required: Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if available)	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zip	Phone (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
		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
Earnings from Work • Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	Public Assistance/Alimony/Child Support • Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	Pensions/Retirement/All other sources of income • 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	<ul style="list-style-type: none"> • 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?					Household size	Categorical Eligibility <input type="checkbox"/>	Eligibility		
<input type="text"/>	Weekly	Every 2 Weeks	2x/Month	Monthly	Annual	<input type="text"/>	<input type="checkbox"/>	Free	Reduced	Denied
	<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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

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.