

**REGISTRATION CHECKLIST
FOR OFFICE TO COMPLETE**

These are the items needed to register your child(ren).

	YES/Done	Needed	Comments
Meet School Principal			
Proof of Residence <i>Lease or Tax Bill</i>			
Parent's Driver's License/ID			
Birth Certificate		DOB :	
Custody/Guardianship (Need Copy of Parenting Plan)	Mother	Father	
Physical within the year			Given to Nurse
Immunizations			Given to Nurse
Recent Transcript/Report Card			
Does Child have an IEP or 504 <i>Need a copy to start school</i>	No	Yes	
ADDRESS INFO	Yes/Done	Needed	
Mailing Address			
Resident Address			
Bus Stop - Clarification/location			
Home Phone #			
Emergency Contact listed			
Registration	Complete		Incomplete

Immunization required in State of NH

Varicella	K- 5 th Grades: 2 Doses	6 th -11 th Grades: 2 Doses	12 th Grades: 2 Doses
DTaP DT/DTP Td/Tdap	6 yrs and under: 4 or 5 doses, with the last dose given on or after the 4 th birthday. 7 years and older: 3 or 4 doses, with the last dose given on or after the 4 th birthday. 11 years and older: 1 dose of tdap is required for entry into 7 th grade. A tdap vaccine given on or after 7 th birthday meets the tdap requirement for grade 7.		
Polio	K-6 Grades : 3-4 doses with one dose on or after age four and the last two doses separated by 6 months. 7 -12th Grades: 3 doses, with the last dose given on or after the 4 th birthday. Or 4 doses regardless of age at administration.		
MMR	K-12th Grades: 3 doses required, at least one on or after the first birthday.		
Hepatitis B	K-12th Grades: 3 doses at acceptable intervals		

- 1 Varicella vaccination or laboratory diagnosis of chicken pox disease is required.
- 2 Varicella vaccination or history of chicken pox disease.
- 3 If the child has a medical contraindication to pertussis vaccine, the child shall receive Tetanus diphtheria toxoid (Td) vaccine.
- 4 If a combined IPV/OPV schedule was used, 4 doses are always required, even if the 3rd does was administered after the 4th birthday.

Parent/Guardian received	Student Handbook _____	Bus Route _____
	Welcome Letter _____	(Elem. – assign teacher)
	Most Recent Newsletter _____	

NEW STUDENT REGISTRATION FORM

Date Beginning School: _____ Entry Code: _____ District ID: _____

SECTION 1: STUDENT INFORMATION

Student Name: _____
LAST FIRST MIDDLE

Gender: _____ Grade Level: _____ DOB: _____ / _____ / _____

Birthplace: City/Town: _____ State: _____

Preferred Name (i.e. Liz vs. Elizabeth): _____ Student Cell: _____

Primary Phone Number (to contact parent/guardian): _____

Is the student Hispanic or Latino? (Circle one) YES NO

What is the student's race? (Check all that apply) American Indian/Alaskan Native Asian
 Black or African American Native Hawaiian/Other Pac Islander White

SECTION 2: RESIDENCY AFFIDAVIT

Physical Address: _____

Town: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Town: _____ State: _____ Zip: _____

Is this a temporary or permanent living arrangement? _____ TEMPORARY _____ PERMANENT

Proof of residence submitted: Lease agreement Tax Bill Already on file at school

I certify that the above information is true and correct and of my own personal knowledge.

Legal Guardian Signature: _____ Date: _____

SECTION 3: GUARDIAN INFORMATION

Please list the guardians below as notated on the student's birth certificate and/or legal adoption

Mother Name: _____ Email: _____

Mother address: _____
Street Town State Zip

Mother Home #: _____ Work #: _____ Cell #: _____

Student lives with Mother? Yes No Mother to receive school mailings? Yes No Can Pick Up? Yes No

Can we contact the mother for student information (academic, discipline, medical)? Yes No

Father Name: _____ Email: _____

Father address: _____
Street Town State Zip

Father Home #: _____ Work #: _____ Cell #: _____

Student lives with Father? Yes No Father to receive school mailings? Yes No Can Pick Up? Yes No

Can we contact the father for student information (academic, discipline, medical)? YES NO

IF SEPARATED, WHO IS THE PRIMARY CUSTODIAL PARENT? _____

GUARDIAN INFORMATION CONTINUED ON FOLLOWING PAGE

SECTION 7: PREVIOUS SCHOOL INFORMATION

Last school attended: _____ Last day: _____ If First USA school date entered: _____

School address: _____
Street Town State Zip

School Phone: _____ Fax: _____

Does your child have a 504 plan? YES NO

Does your child have an IEP? YES NO

Does your child receive special education services? YES NO

If yes, please state what service(s):

- | | | |
|--|---|---|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> Self-Contained Room | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Title I | <input type="checkbox"/> Para support | |
| <input type="checkbox"/> Other -specify: _____ | Medical concerns: _____ | |

SECTION 8: SCHOOL MESSENGER

Lin-Wood Public School uses Blackboard Connect, a system used to send messages to guardians via phone calls and emails in the case of an emergency or for Lin-Wood Public School announcements. Please identify the phone numbers and email addresses you wish to receive these messages.

NOTE: The PRIMARY phone number will receive ALL messages.

PRIMARY #1: _____ PRIMARY #2: _____

EMAIL 1: _____ EMAIL 2: _____



HOME OF THE LUMBERJACKS

Lin-Wood Public School
72 Linwood Drive, Lincoln NH 03251
Phone: (603) 745-2214 / www.lin-wood.org

Peter Stivali, CAGS
Principal

Ashley Youngheim, M.Ed.
Assistant Principal

RELEASE OF RECORDS

Today's Date _____

Student's Name _____

Grade Entering _____ Date of Birth: _____

Previous School _____

School's Address _____

City/State/Zip _____

Telephone _____ Fax _____

The student named above has transferred to Lin-Wood Public School. Please forward the following information at your earliest convenience.

- Official Transcript (signed and sealed)
- Withdrawal Grades
- Health Records **Please Fax 603-745-6797**
- Cumulative Folder
- Discipline Records
- Testing Results
- Special Education - copy of IEP or 504 Records (if applicable)
- SASID Number _____

Parental permission is no longer required when authorized school personnel request records. Family Education Rights & Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, pg 24678. A reasonable attempt will be made to notify parents of the transfer of records.

Please fax a copy of the student's birth certificate, immunizations and current physical as soon as possible. Thank you.

_____ Lin-Wood Public School Registrar

_____ Parent/Guardian

Middle/High School Fax: (603) 745-6797
Elementary Fax: (603) 745-3730
Accredited by New England Association of Schools and Colleges

Lincoln-Woodstock Cooperative School District – SAU #68 – Residency Statement

In order to be admitted to the Lincoln-Woodstock Cooperative School District, a pupil must reside in Lincoln or Woodstock.

New Hampshire state law is quite specific in that no person who lives outside of the District may attend school without the consent of the School Board. The fact that an individual pays taxes to a District, but has an established residence elsewhere, does not extend the privilege of attending local schools.

Parents who intend to move into the community during the school year may request, through the Superintendent’s Office, enrollment of their children prior to the establishment of residence, giving written notice of the anticipated date of residence. The local School Board can either grant or deny the request.

Please acknowledge that you have read the above by signing the appropriate line below. This attests that the child you are registering lives in Lincoln or Woodstock.

If a pupil registers at Lin-Wood Public School and it is found that the pupil and the legal guardian reside outside of the District, the parent/guardian will be held responsible for the payment of tuition commensurate with the number of days of attendance. There is also the risk of criminal charges.

New Hampshire Statute clarifies definitions of “legal residency of a minor child” (RSA 193)

- 1. Parents live together. The legal residence of a minor student is where his/her parents reside.
- 2. Parents live apart but are not divorced. Legal residence is the residence of the parent with whom the child resides.*
- 3. Parents are not married. Legal residence is the residence of the parent with whom the child resides.*
- 4. Parents are divorced with joint legal custody. Residence is the residence of the parent with whom the child resides.*
- 5. Parents are divorced and one parent has been given sole or primary physical custody by a court. Legal residence of the child is the residence of the parent with sole or primary physical custody.*
- 6. Child is living with a legal guardian. Legal documentation of guardianship must be provided to the school. A notarized letter is NOT legal documentation. This must have been approved by the court system. In addition, the school will notify the Internal Revenue Service that the child has been placed under guardianship and, therefore, is no longer a member of the parents’ household.

***Divorce decrees and/or parenting plans are required to establish residency for school purposes.**

Is an adult prohibited from seeing/taking this child? yes no

If yes, name of restricted person(s) _____

If yes, and person is a biological parent, please provide documentation that specifically denies parental rights.

Residency Affidavit:

The facts set forth on this registration form are true and complete. I understand that providing misleading or false information about residence is a criminal offense. In addition, if this affidavit is untrue, I agree to pay tuition for my child/children to the District. I also acknowledge my obligation to keep the school informed immediately of any change in residency including new 911 address and telephone numbers.

Physical Street Address _____

I am a resident of Lincoln

I am a resident of Woodstock

I plan to establish residency by _____
Date Parent/Guardian Signature

Copy of Tax Bill		Date of Employed:	
Copy of Electric Bill w/residence and name of person on it. <i>PO Box mailing address is not acceptable.</i>		Place of Employment:	
Copy of Lease/Rental Agreement			
Notarized letter from Landlord			
Government Issued Voter Registration Card			
NH Driver License			
Vehicle Registration			



Home Language Survey

School: _____ District: _____ Date: _____

Instructions for survey administrator:

1. Please ensure this survey is in a language which is comprehensible to the parent/guardian who is completing it, and provide an interpreter to translate the survey when necessary.
2. If responses indicate a language other than English, contact the Student Services Coordinator or ESOL/ELL Program Coordinator in your school or district immediately.
3. Note the date of referral to Student Services/ESOL Program: *Month:_____ Day:_____ Year:_____ (initial)*
4. File the original *Home Language Survey* in the student's cumulative folder.

Information for parents and guardians:

All public school districts in the United States are required to provide language assistance to the parents and guardians of students in their local schools. In addition, it is the school's responsibility to identify any and all students who may have a language influence other than English. This is in order to determine whether the school is obligated to provide additional academic language services. In New Hampshire, these services are usually called ESOL or ELL Services.

Student Information: Please complete this general information about your son or daughter.			
First name:	Last name:	Date of Birth:	Gender: <input type="radio"/> female <input type="radio"/> male
Country of Birth:		Date first enrolled in a U.S. school: Month _____ Year _____	Current grade:

Family Information: Please complete this information about your family.	
Name of parent/legal guardian:	Phone number:
Address:	Would you like school notices translated? If yes, in which language: _____

Questions about Language: Please answer the following questions about the languages that you and your family use.
What language(s) does your child hear or speak in your home?
Which language(s) did your child first hear or speak?
<i>If English is the only language listed above, you may skip over the next questions. If another language is listed, please answer the following questions.</i>
What language(s) do you use with your child?
What language(s) does your child hear or use at home with relatives and friends?
What language(s) does your child use with people in your community?

Parent/Guardian Signature: _____ Date: _____

STUDENT HEALTH FORM

Parent or Guardian to Complete						
Student's Name: Last:		First:		Middle:	Sex: M or F	DOB:
School Year:		Grade Level:	Teacher Name:			
Home Phone:		Father's Work/Cell Phone:		Mother's Work/Cell Phone:		
Parent/Guardian(s) Name(s):						

Complete all boxes that apply to your child. Parent or guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms.

Over the counter medications available from School Health Office: All doses given per label recommendation, according to age and weight. Please check the ones you give permission for your child to receive at school.

- | | | |
|---|--|--|
| <input type="checkbox"/> ACETAMINOPHEN (Tylenol) | <input type="checkbox"/> VASELINE/LIP BALM (Chapped lips/nose) | <input type="checkbox"/> SALINE SOLUTION/EYE RINSE |
| <input type="checkbox"/> TUMS | <input type="checkbox"/> TRIPLE ANTIBIOTIC OINTMENT | |
| <input type="checkbox"/> BENADRYL (Allergic reaction) | <input type="checkbox"/> HYDROCORTISONE CREAM (Itching/Rashes) | |
| <input type="checkbox"/> COUGH DROPS | | |
| <input type="checkbox"/> IBUPROFEN (Motrin) | | |

I agree by signing this statement that I will not hold liable the school nurse, deans, or designee, in assisting my child in taking the above named non-prescription medicine.

Student: _____ Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

I DO NOT give permission to administer medication at school

My child has a medical condition that may affect his or her school day: YES NO *(Please Indicate Below)*

ALLERGIES

Allergy Type:

- Bee Sting
- Medication List medication(s): _____
- Food List food(s): _____
- Other List Other: _____

Reactions: Coughing Hives Rash Difficulty Breathing Local Swelling Wheezing

Will supply epinephrine at school YES NO *If yes, please complete the Health Management form*

ASTHMA

Triggers: Exercise Environmental Other (list) _____

Physical Education Restrictions: None Self-limits Other _____

Symptoms or reactions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Chest tightness, discomfort or pain | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Throat itch, tightness or soreness |
| <input type="checkbox"/> Coughing hoarseness | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Other _____ |

Date of last hospitalization related to asthma: _____

Will supply inhaler at school YES NO *If yes, please complete the Health Management form*

CONTINUE ON REVERSE

DIABETESCurrently prescribed treatment to be used *IN SCHOOL*:Insulin: Syringe Pen Pump Pod Blood sugar testing Glucagon Oral medication(s)**SEIZURE DISORDER**

Type of seizure:

 Absence (staring, unresponsive) Complex partial Generalized tonic-clonic (grand mal, convulsive) Other (explain): _____

Date of last seizure: _____ Length of seizure: _____

MENTAL HEALTH CONCERNS Depression Anxiety Bi-Polar ADD/ADHD Autism

Other: _____

VISION/HEARING CONDITIONS Contacts Glasses Hearing Aids Other: _____**PHYSICAL EDUCATION RESTRICTIONS** NO YES (Please explain) _____**OTHER CONDITIONS OR SPECIAL PROCEDURES**

Please explain: _____

MEDICAL RELEASE

I authorize the school's representative(s) to transport, request and authorize treatment for my son/daughter in the event of an accidental injury or illness. I agree that I will not hold this person(s) liable while he/she is acting in accordance to these directions. Copy of this authorization is of equal validity as original document.

Please check the box that applies: YES NO

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Please print): _____

PROVIDER EXCHANGE PERMISSIONI authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form and any medically relevant concern. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.***Please check the box that applies:** YES NO

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Please print): _____

Physicals and Immunizations: All new registrations to the district must provide a copy of your child's most recent physical exam. Immunization records on file must be current in order to be in compliance with the state law. Your child may not be allowed to begin school or may be excluded from attending until the school nurse receives them. Please refer to the Department of Health and Human Services at www.dhhs.nh.gov or by calling 1-800-852-3345 ext. 4482 for more information.

HEALTHCARE MANAGEMENT

Parent or Guardian to Complete				
Student's Name: Last:	First:	Middle:	Sex: M or F	DOB:
School Year:	Grade Level:	Parent/Guardian(s) Name(s):		
MEDICAL PROVIDER(S)				
Physician Name: _____				
Address: _____			Phone: _____	
Dentist Name: _____				
Address: _____			Phone: _____	
Student's Insurance Company: <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Medicaid Carrier: _____				
<input type="checkbox"/> Private/HMO: Name of Company: _____				
MEDICATIONS				
Medications to be given as needed <i>IN SCHOOL</i>: (rescue inhaler, epi pen, etc...)				
Medication Name: _____			Dose: _____	
What does this medication treat? _____				
Medication Name: _____			Dose: _____	
What does this medication treat? _____				
Medications scheduled <i>IN SCHOOL</i>: (to be taken at a set time on a regular schedule)				
Medication Name: _____			Dose: _____	
What does this medication treat? _____				
Medication Name: _____			Dose: _____	
What does this medication treat? _____				
Medications <i>TAKEN AT HOME</i>:				
Medication Name: _____			Dose: _____	
What does this medication treat? _____			Time Given _____	
Medication Name: _____			Dose: _____	
What does this medication treat? _____			Time Given _____	
Please Note: No medication will be given at school until the school nurse receives the appropriate Medication Permission Form and the medication <i>in the original container, labeled with the student's full name</i> . Medications that are prescribed by a provider will require an order from the provider. <i>All medication, prescription or over the counter, must be transported to and from school by a parent/guardian and will be kept in the Health Services office. Certain emergency medications may be carried on the person only with the medical provider's written consent.</i>				
Non-prescription Medication: All non-prescription medication should be delivered to the school nurse directly. It should be in the original container, should include the student's name, name of medication, and reason and times it should be given. The school nurse <u>MUST</u> receive the appropriate Medication Permission form for any over the counter medications that are not supplied by the Health Office (<i>medications that are supplied can be found on the Medical History form</i>).				

Parent/Guardian Authorization for Health Screenings

Student Name: _____ Date of Birth: _____

I hereby authorize the school nurse or designated school health personnel to conduct the following health screenings for my child:

Please check your choice for each screening:

- Vision Screening: Yes No
- Hearing Screening: Yes No
- Height and Weight Measurement: Yes No

I grant permission for Lin-Wood Public Schools to share my child's medical concerns with the classroom teacher and other staff members as necessary for the safety and health of my child. Yes No

Parent/Guardian Signature: _____ Date: _____



SAU #68
LINCOLN-WOODSTOCK
COOPERATIVE SCHOOL DISTRICT
 Mailing: 72 Linwood Drive, Lincoln NH 03251
 Physical: 78 Main Street, Suite 3, Lincoln NH 03251
 Telephone (603) 745-2051 / Fax (603) 745-2352



SCHOOL YEAR 2025-2026

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS UNDER THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) NATIONAL SCHOOL LUNCH PROGRAM (NSLP)

Dear Parent/Guardian:

The Lincoln-Woodstock Cooperative School District offers healthy meals every school day under the USDA National School Lunch Program. The Lincoln-Woodstock Cooperative School District has priced meals at Elementary School \$2.10/ Middle High School \$2.35 for Breakfast and Elementary School \$3.20/ Middle High School \$3.45 for Lunch. Your children may qualify for free meals or for reduced-price meals under this program. If your household qualifies for reduced-priced meals, Breakfast would be at no cost and lunch would be priced at \$0.40. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **NH SNAP** or **NH TANF**, are eligible for free meals.
- 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.
- Children may receive free or reduced-price meals if your household's income is within the limits set by the Federal Income Eligibility Guidelines in the chart below.

Income Guidelines for Child Nutrition Programs: July 1, 2025, to June 30, 2026

Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add	10,175	848	424	392	196

2. HOW DO I KNOW IF MY CHILD(REN) 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 haven't been told your children will get free meals, please call or e-mail **Erin Bell, Lin-Wood Public School, 72 Linwood Drive, Lincoln NH 03251, (603) 745-2214 ext. 204, ebell@lin-wood.org**.
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: **Billie Barnett, Lin-Wood Public School, 72 Linwood Drive, Lincoln NH 03251, (603) 745-2214 ext. 240, bbarnett@lin-wood.org**.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILD(REN) ARE ALREADY APPROVED FOR FREE MEALS?
 - No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Billie Barnett, Lin-Wood Public School, 72 Linwood Drive, Lincoln NH 03251, (603) 745-2214 ext. 240, bbarnett@lin-wood.org** immediately.
5. CAN I APPLY ONLINE?
 - Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.lin-wood.org to begin or to learn more about the online application process. Contact **Billie Barnett, Lin-Wood Public School, 72 Linwood Drive, Lincoln NH 03251, (603) 745-2214 ext. 240, bbarnett@lin-wood.org** if you have any questions about the online application.
6. MY APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?
 - Yes. The application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school has informed you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?
 - Children in households participating in WIC may be eligible for free or reduced-price meals. Please apply for meals through the income application.
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 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: **Mary Steady, Lincoln-Woodstock Cooperative School District, 72 Linwood Drive, Lincoln NH 03251, (603) 745-2214 ext. 2412, msteady@lin-wood.org**.
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 zero. 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 bonus must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, 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. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T 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. Contact **Billie Barnett, Lin-Wood Public School, 72 Linwood Drive, Lincoln NH 03251, (603) 745-2214 ext. 240, bbarnett@lin-wood.org** to receive a second application.

16. MY FAMILY NEEDS MORE HELP, ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

- To find out how to apply for **SNAP, TANF, FDPIR** or other assistance benefits, contact your local assistance office or call **(603) 271-9700 or (844) 275-3447**.

If you have other questions or need help, call **(603) 745-2214 ext. 240**.

Sincerely,

Billie Barnett

(Signature)

Billie Barnett, School Counselor Administrative Assistant

(Print Name and Title)

USDA is an equal opportunity provider, employer, and lender.



Application Prototype Cover Page

OMB Number: 0584-0026
Expiration Date: 07/31/2023

This information is being collected to assist the Food and Nutrition Service (FNS) in providing program operators an application prototype for participation in the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). This application prototype meets all of the regulatory requirements. While it is voluntary for program operators to use this application prototype, the information it collects is required for applicants to obtain program benefits in accordance with the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. § 1758). FNS does not use the information collected at the local level. This collection requests personally identifiable information under the Privacy Act of 1974; all responses are to be kept private to the extent provided by law. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0584-0026. The time required to complete this information collection is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Child Nutrition, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314, ATTN: PRA (0584-0026). Do not return the completed form to this address.

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 Lincoln-Woodstock Coop. 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 Billie Barnett, (603) 745-2214 ext. 240, bbarnett@lin-wood.org

Lin-Wood Public School, 72 Linwood Drive, Lincoln NH 03251

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) Lin-Wood Public School

<p>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) 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.</p>	<p>B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.</p> <p>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.</p> <p>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.</p>	<p>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.</p>
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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 (603) 271-9700
- Temporary Assistance for Needy Families (TANF) or (603) 271-9700
- 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:
(603) 271-9700 - NH Department of Health and Human Services (DHHS)
- 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.
 - Gross income is the total income received before taxes and deductions.
 - 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.

3.A. 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:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - 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."

3.B 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: Contact information and adult signature

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.

<p>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.</p>	<p>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."</p>	<p>C) Mail completed application to: Billie Barnett Lin-Wood Public School 72 Linwood Drive Lincoln NH 03251</p>
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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.

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

Check all that apply

STEP 2 Do any household members (including you) participate in: SNAP or TANF? Please note: Medicaid does NOT qualify households for meal benefits in NH.

NO → Go to STEP 3.
 YES → Write case number here and proceed to STEP 4.
 CASE NUMBER (NOT EBT NUMBER): _____
 SELECT ONE:
 SNAP
 TANF
 Household must submit backup documentation if providing a case number. i.e. Notice of Decision (NOD) from NH DHHS

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			Public Assistance, Child Support, Alimony			Pensions, Retirement, Social Security, SSI, VA Benefits, All Other		
	Weekly	2 Weeks	Monthly	Weekly	2 Weeks	Monthly	Weekly	2 Weeks	Monthly
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		

Total Household Members (Children and Adults) _____

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (if Applicable) _____

Child Income \$ _____

Check if no Social Security Number

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.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 _____ Signature of Adult _____ Today's Date _____

City _____ State _____ Zip _____ Phone (optional) _____ Email (optional) _____

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

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
<p>Earnings from Work</p> <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<p>Public Assistance/Alimony/Child Support</p> <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans' benefits Strike benefits 	<p>Examples of Income for Children</p> <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
<p>Pensions/Retirement/All other sources of income</p> <ul style="list-style-type: none"> 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 		

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.

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: Household size: Categorical Eligibility: Eligibility: Free Reduced Denied

Determining 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](http://www.usda.gov) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Return completed form to your child's school.

THE BUS ROUTE IS SUBJECT TO CHANGE

Lincoln - Woodstock Cooperative School District Bus Routes 2025-2026

These times are approximate. It is recommended that you get your child/Children to the nearest bus stop, to your home, at least 10 minutes earlier. (If necessary a revised schedule will be sent out again at a later date)

Location - Bus Route #1	Time
264 Main St, Lincoln	6:46 AM
West Branch Rd (across from Pollard Brk	6:48 AM
Entrance to Loon Mtn	6:50 AM
Pollard Rd/Kanc Rec Rd Junction	6:53 AM
Pollard Rd/Boyle St Junction	6:54 AM
Pollard Rd/Dodge Junction	6:56 AM
Mansion Hill Dr/Pollard Rd	6:58 AM
Rue De Gionet	6:59 AM
Connector Rd	6:59 AM
Pemi Cabins	7:02 AM
Parkers Motel	7:05 AM
Woodwards Resort	7:07 AM
Hanson Farm Rd	7:07 AM
Profile Motel	7:08 AM
Irving Car wash	7:09 AM
Maltais Farm Road	7:10 AM
LaRue's Trailer park	7:11 AM
Cozy cabin - Bog Brook Rd	7:12 AM
Alpine Village	7:13 AM
Paradise Rd/Young St	7:13 AM
Paradise Rd/Bell St	7:14 AM
19 Bell St, N.Woodstock	7:15 AM
Bell St/Young St junction	7:15 AM
School St/Center St Junction	7:16 AM
Main St/ Merland's	7:17 AM
141 Main St, N. Woodstock, NH	7:18 AM
Arnolds Auto	7:20 AM
Lin-Wood School	7:26 AM

Lin-Wood Public School - Mr. Stivali
745-2214

Location - Bus Route #2	Time
320 Eastside Rd	6:40 AM
KOA	6:44 AM
South Station Junction	6:47 AM
Woodstock Storage unit	6:49 AM
Mirror lake Rd	6:52 AM
Jackolantern GC	6:55 AM
Pemi Church Rt 3	7:00 AM
Pemi Trailer park	7:02 AM
Whipples - Rt 3	7:04 AM
Marri Court - Rt 3	7:05 AM
White Birch Trailer Park	7:06 AM
Main St - Fire station	7:08 AM
19 Main St, Cabin #5 N.Woodstock	7:08 AM
School St/Rt 112	7:10 AM
Woodside Dr	7:08 AM
Pitre's Dr	7:10 AM
Abend's	7:11 AM
Lost Valley Rd	7:12 AM
Russell Farm Rd	7:13 AM
Caulder's Rd	7:16 AM
Sargent Rd	7:19 AM
Lafayette Dinner train	7:23 AM
Lin-Wood School	7:26 AM

Students must board and exit the buses at the designated stops. Buses will not stop for children who are NOT at a schedule BUS STOP. IT WILL drive right by!

Please remind your child/children to respect the bus drivers and other people's property for their own safety!

NO STOPS WILL BE ADDED/CHANGED WITHOUT SCHOOL APPROVAL. PLEASE DO NOT ASK DRIVERS FOR CHANGE!



LIN-WOOD PUBLIC SCHOOL CALENDAR 2025-2026



AUGUST 2025

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

(4 days)

SEPTEMBER 2025

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

(21 days)

OCTOBER 2025

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

(21 days)

NOVEMBER 2025

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

(16 days)

DECEMBER 2025

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

(17 days)

JANUARY 2026

M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

(19 days)

FEBRUARY 2026

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

(15 days)

MARCH 2026

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

(21 days)

APRIL 2026

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

(17 days)

MAY 2026

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

(19 days)

JUNE 2026

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

(10 days)

	FIRST/LAST DAY OF SCHOOL
	NO SCHOOL
	NO SCHOOL-TEACHER IN-SERVICE
	EARLY DISMISSAL
	GRADUATION
	AMERICAN EDUCATION WEEK

(180 SCHOOL/STUDENT DAYS)

August 19-21	Teacher In-Service Days	January 1-2	New Year's Day/Holiday Break Cont.
August 25	First Day of School	January 19	MLK Jr. Civil Rights Day
August 29	Labor Day Weekend	February 23-27	Winter Break
September 1	Labor Day	March 10	Teacher In-Service/Town Mtg. Day
October 10	Teacher In-Service Day	April 9	Early Dismissal – Student Lead Conferences
October 13	Columbus Day	April 10	Teacher In-Service Day
November 11	Veterans Day	April 27-May 1	Spring Break
November 19	Early Dismissal – Parent Conferences	May 25	Memorial Day
November 17-21	American Education Week	June 5	Graduation
November 26-28	Thanksgiving Break	June 12	Last Day of School/Early Dismissal
December 23	Early Dismissal	June 15-19	Make-Up Days (if needed)
December 24-31	Holiday Break		

Please note: This calendar may be changed by School Board action or by inclement weather conditions. School cancellations, e.g., snow days may extend the school year. (Make-up days if needed: June 15, 16, 17, 18, and 19.)

INTERIM CLOSURES		INTERIM DISTRIBUTED		REPORT CARD CLOSURES		REPORT CARD DISTRIBUTED	
September	19	September	26	October	31	November	7
December	5	December	12	January	16	January	23
February	13	February	20	April	3	April	10
May	8	May	15	June	12	June	TBD