



District Office

Phone: 716-375-6600

Fax: 716-375-6629

Middle-High School

Ext. 2110/2100

Fax: 716-375-6630

Elementary School

Ext. 4172

Fax: 716-375-6628

Special Education

Ext. 4164

Fax: 716-375-6601

Bus Garage

Ext. 6612

Fax: 716-375-6627

Please have the following available in order to register your child in our schools.

- 1) **3 proofs of residency** – rental agreement, purchase offer, utility bill, check stub, etc.
- 2) Proof of guardianship if applicable
- 3) Immunization records and proof of physical within past year
- 4) Custodial papers if applicable
- 5) Birth certificate for each child
- 6) Driver's license of parent/guardian
- 7) Name and address of most recently attended school



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PARENT(S)/GUARDIAN(S) LIVING IN THE HOME WITH STUDENT

Parent/ Guardian Full Name _____

Parent/Guardian Cell Phone _____

Parent/Guardian Email _____

Relationship to Student _____

Work Phone Number _____

Name/Address of Workplace _____

Occupation _____

PARENT(S)/GUARDIAN(S) LIVING IN THE HOME WITH STUDENT

Parent/ Guardian Full Name _____

Parent/Guardian Cell Phone _____

Parent/Guardian Email _____

Relationship to Student _____

Work Phone Number _____

Name/Address of Workplace _____

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OTHER PARENT(S)/GUARDIANS(S)

Parent/ Guardian Full Name _____

Address _____

Cell Phone Number _____

Work Phone Number _____

Relationship to Student _____

SIBLINGS ALSO ATTENDING ALLEGANY-LIMESTONE SCHOOLS

Brother(s)/Sister(s) _____			
	Name	Birthdate	Grade
Brother(s)/Sister(s) _____			
	Name	Birthdate	Grade
Brother(s)/Sister(s) _____			
	Name	Birthdate	Grade

CUSTODIAL/COURT ORDER INFORMATION

Is there a current Order of Protection or No Contact order which concerns this student? YES _____ NO _____

Custodial Information, if applicable _____

Please provide copies of any custodial/court documents involving this student



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EMERGENCY INFO/CONTACTS

Emergency Information _____
Physician's Name _____ Phone # _____

Emergency Contact (outside your home): Name, phone #, and relationship of **TWO** people with **WHOM YOU HAVE ARRANGED** to take care of your child in an emergency and you cannot be reached:

1) _____
(name) (phone #)
Relationship to student _____

2) _____
(name) (phone #)
Relationship to student _____

Birthplace _____

(City) (State/Country)

If not born in the United States, date of entry into United States _____

.....
Do you have any concerns about your child? YES NO
(If YES, circle concerned areas)

Speech Developmental Delay Vision Physical
Hearing Social/Emotional Behavior Other _____

Does your child currently have a Special Education Plan/IEP? YES NO

Does your child currently have a 504 plan? YES NO

Has your child ever been retained) (If yes, indicate grade) _____

Has your child ever received any AIS/remedial help? If yes, what subject(s):



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HEALTH HISTORY:

Physician's Name _____ **Phone#** _____

Has your child had any of the following? (If so, enter dates below)

Asthma _____ Bladder/Kidney Problem _____ Bone Fracture(s) _____ Chicken Pox _____

Concussion _____ Congenital Defect _____ Diabetes _____ Diphtheria _____

Ear Problems _____ Epilepsy _____ Eye Problems _____ Fainting Spells _____

Frequent cold/sore throats _____ German Measles _____ Heart Disease _____ Hepatitis _____

Measles _____ Mumps _____ Poliomyelitis _____ Pneumonia _____

Rheumatic Fever _____ Rubella _____ Whooping Cough _____ Scarlet Fever _____

Staring Spells _____ Tuberculosis _____ Surgeries _____

Other Conditions _____ Disabling Conditions _____

Allergy to food, medicine, dust pollens, etc. Please explain:

Is your child receiving any medication? YES NO

Please explain _____

I (We) give permission to share all health information with appropriate staff. YES NO

If NO, give reason _____

Parent/Guardian Signature _____ **Date** _____

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of School: Allegany-Limestone Central School

Name of Student: _____
Last First Middle

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

Address: _____ Phone: _____

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

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

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

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

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

Date

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

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



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TRANSPORTATION INFORMATION

Childs Name: _____

Date of Birth: _____ **** Student must be at least age 4 to ride the bus**

School attends (circle one): Elementary MHS

Grade: _____

Road Address (Include P.O. Box):

Telephone Number: _____

Custodial Information: _____

HOW WILL THE STUDENT BE TRANSPORTED TO & FROM SCHOOL?

****if different in am/ pm please enter am and pm in respective space**

BUS _____ WALK _____ CAR RIDER _____ REC _____ Y-CARE _____

****The following information will make it easier for the Bus Driver to find you****

Does your child have a sibling that rides the bus? _____

If so, please fill in the sibling's name (s): _____

Do you have a neighbor that rides the bus? _____

If so, please fill in the neighbor(s) name: _____

Do you know the bus number and/ or driver that passes your house? _____

What road do you live on? _____

What color is your house? _____

Does your house have a number on it? _____ If so, where _____

Please describe any other distinct features of your home including location in relation to the roadway:

Parent/ Guardian Signature _____ Date: _____



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Authorization to Administer Assessments

Dear Parents/Guardians,

For Elementary Students:

New students entering our school may be administered diagnostic test(s), by certified personnel, for reading, mathematics, and/or speech. These tests show your child's strengths and weaknesses and possibly indicate if he or she may need additional help to be better prepared for the New York State Assessments.

These results will be shared with you if academic intervention is needed. We will explain any concerns and a plan for your child.

For Middle-High School Students:

Grade placement will be determined once all transcripts have been received and earned credits counted.

I have read and understand the above information for my child,
_____ whose date of birth is _____.

Parent/Guardian Signature _____

Relationship to child _____

Date Signed _____



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To Whom It May Concern:

Please forward all records concerning grade evaluation, testing, academic, health information, special physician reports, psychological evaluation, and any other pertinent information for my child,

_____ whose birth date is _____
_____. My child was a(n) _____ grade student in your school for approximatley _____ months/years.

Please send or fax these records to the school circled below:

Allegany-Limestone Elementary School
Attention: Ann Burgess
120 Maple Avenue
Allegany, NY 14706
aburgess@alcsny.org
Telephone (716) 375-6600
Fax (716) 375-6628

Allegany-Limestone Middle-High
Attention: Melisa Rakoska-Heary
3131 Five Mile Road
Allegany, NY 14706
mrakoska@alcsny.org
Telephone (716) 375-6600
Fax (716) 375-6625

Please send current Special Education Records to the Office of Special Education at:
Allegany-Limestone Central School
Attention: Office of Special Education/Amy Kline
120 Maple Avenue
Allegany, NY 14706
akline@alcsny.org
Telephone (716) 375-6600
Fax (716) 375-6601

Your prompt attention to this request would be greatly appreciated. Thank you.

Parent/Guardian
Signature(s): _____ Date: _____

_____ Date: _____

Last School District Attended: _____

Name of Former School: _____

Complete Address: _____

Telephone Number: _____ Fax Number: _____

Family Educational Rights and Privacy Act (FERPA) Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Allegany-Limestone Central School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Allegany-Limestone Central School may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Allegany-Limestone Central School to include this type of information from your child's education records in certain school publications. Examples include:

- A drama playbill; school website;
- The school yearbook; District newsletter and other mailings;
- Honor roll or other recognition lists; classroom projects;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. (In accordance with Board of Education Policy 7241).

If you do not want Allegany-Limestone Central School to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by September 15 or within two weeks of registration. Allegany-Limestone Central School has designated the following information as directory information:

- Student's name
- Photograph
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received

This signature form remains in effect for a maximum time period of three (3) years (exception: seniors 4 years). Record of signatures will be recorded electronically in the ALCS Student Management System, updated annually. Renewal of this opt-out form will be collected from new students and students entering grade K, 3, 6, and 9.

Student Directory Information/Photo Use Opt-Out Form

If you **DO NOT** want Allegany-Limestone Central School to use your child's photo for educational purposes in the District newsletter, yearbook, school web site, or District social media sites (ie. Facebook, Twitter, Instagram, etc.) please sign below to opt-out.

Student Name(s) please print _____ Grade(s) _____

Parent Name(s) please print _____

Parent Signature(s) _____ Date _____

IF THIS FORM IS SIGNED AND TURNED IN, YOUR CHILD'S PICTURE/INFORMATION CANNOT BE USED FOR ANY PURPOSE. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO ASK



Home Language Questionnaire (HLQ)

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ *Please print or type clearly*

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____
Month: _____ Day: _____ Year: _____

STUDENT IDENTIFICATION NUMBER _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: Possible LEP
 English Proficient

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence? English Other _____ *specify*
- What language(s) are spoken most of the time to the student, in the home or residence? English Other _____ *specify*
- What language(s) does the student understand? English Other _____ *specify*
- What language(s) does the student speak? English Other _____ *specify*
- What language(s) does the student read? English Other _____ Does Not Read *specify*
- What language(s) does the student write? English Other _____ Does Not Write *specify*
- In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other

Date

Month: _____ Day: _____ Year: _____

Students

SUBJECT: USE OF INTERNET-ENABLED DEVICES DURING THE SCHOOL DAY

The District consulted with local stakeholders including employee organizations representing each bargaining unit, parents, and students to develop this policy to prohibit the use of Internet-enabled devices by students during the school day on school grounds. This policy aims to ensure that students remain focused on their academic responsibilities throughout the school day, which includes all instructional and non-instructional periods such as homeroom, lunch, recess, study halls, and passing time.

For purposes of this policy, the following definitions apply:

- a) "Internet-enabled devices" means and includes any smartphone, tablet, smartwatch, or other device capable of connecting to the Internet and enabling the user to access content on the Internet, including social media applications;

"Internet-enabled devices" does not include:

1. Non-Internet-enabled devices such as cellular phones or other communication devices not capable of connecting to the Internet or enabling the user to access content on the Internet; or
 2. Internet-enabled devices supplied by the District, charter school, or Board of Cooperative Educational Services (BOCES) that are used for an educational purpose.
- b) "School day" means the entirety of every instructional day as required by subdivision 7 of the Education Law Section 3604 during all instructional time and non-instructional time, including but not limited to homeroom periods, lunch, recess, study halls, and passing time.
- c) "School grounds" means in or on or within any building, structure, athletic playing field, playground, or land contained within the real property boundary line of a district elementary, intermediate, junior high, vocational, or high school, a charter school, or a BOCES facility.

Students are generally prohibited from using Internet-enabled devices during the school day anywhere on school grounds.

However, students may be authorized to use an Internet-enabled device during the school day on school grounds:

- a) Where necessary for the management of a student's health care;

(Continued)

**SUBJECT: USE OF INTERNET-ENABLED DEVICES DURING THE SCHOOL DAY
(Cont'd.)**

- b) In the event of an emergency;
- c) For translation services;
- d) On a case-by-case basis, upon review and determination by a school psychologist, school social worker, or school counselor for a student caregiver who is routinely responsible for the care and well-being of a family member; or
- e) Where required by law.

Students must be permitted to use an Internet-enabled device where the use is included in the student's:

- a) Individualized Education Program (IEP); or
- b) Section 504 Plan.

On-Site Storage of Internet-Enabled Devices Including Cell Phones

Students must store their Internet-enabled devices in designated on-site storage areas during the school day. On-site storage areas may include, but are not limited to, student lockers, designated storage bins in classrooms, or secure storage areas in the school's main office. The designated on-site storage areas must be easily accessible to students and provide adequate security to ensure the safekeeping of the student's devices. The District will communicate the procedures for storing and retrieving devices, ensuring that students understand their responsibilities in using the on-site storage facilities provided.

Methods for Parents to Contact Students During the School Day

To accommodate necessary communication, parents or persons in parental relation may use the following methods to contact their student during school hours while adhering to this policy:

- a) School Office Phone: Parents or persons in parental relation may call the school's main office, and the office staff can relay messages to the student or call the student to the office to speak with their parent or person in parental relation.

(Continued)

**SUBJECT: USE OF INTERNET-ENABLED DEVICES DURING THE SCHOOL DAY
(Cont'd.)**

- b) Designated Contact Email: Schools may provide a designated email address for parents and persons in parental relation to send messages. These emails may be monitored by school staff who can then pass the messages on to the students.
- c) Classroom Intercom System: In case of an emergency, the school's main office can use the classroom intercom system to notify students directly or ask them to come to the office.
- d) School Messaging Application: Schools may use a secure messaging application or platform where parents or persons in parental relation can send messages to their student. The messages can be monitored and delivered by school staff.
- e) Written Notes: Parents or persons in parental relation can drop off written notes at the school's main office, which can then be delivered to the student by school staff.

Parents and persons in parental relation will be notified in writing of the methods that are available for contacting their student during school hours upon enrollment and at the beginning of each school year.

Student Discipline for Accessing Internet-Enabled Devices During the School Day

The District is prohibited from suspending a student solely for accessing internet-enabled devices in violation of this policy.

Posting and Translation of Policy

The District will post this policy in a clearly visible and accessible location on its website. Translations of the policy into the 12 most common non-English languages spoken by limited-English proficient individuals in the state will be provided upon request by a student or other persons in parental relation to a student.

Reporting and Mitigation Action Plan

Beginning September 1, 2026 and annually thereafter, the District will publish an annual report on its website detailing enforcement of this policy within the District in the prior school year. This report will include non-identifiable demographic data of students who have faced disciplinary action for non-compliance and analysis of any demographic disparities in enforcement of this policy. If a statistically significant disparate enforcement impact is identified, the report will include a mitigation action plan.

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IMPORTANT NOTICE TO PARENTS/PERSONS IN PARENTAL RELATION OF STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS

Definition of life-threatening health condition: A condition, including a known allergy, that will put the child in danger of death during the school day if a medication or treatment order is not in place (for example food or substance allergy, insect sting allergy, asthma, diabetes, seizure disorder, etc.)

If your child has a life-threatening health condition please immediately contact the School Health Office/School Office for a “Life-threatening Health Condition Packet” which includes the following:

- Student Emergency Care Plan for the student’s specific health condition
- Authorization for Administration of Medication in School
- Self-Medication Release Form

The appropriate forms and any additional information your or the licensed health provider would like to share must be completed and returned to the School for review and approval by the School Nurse as soon as possible.

Reminder:

It is the parent/person in parental relations responsibility to alert other school programs that their child has a health condition and/or a care plan in place.

Please report immediately any changes needed in emergency contact information, medication, health status, etc. to the School Office.

If you have any questions or concerns, please contact the Principal or the School Nurse assigned to your child’s school.

Thank you for your assistance in helping us to provide a safe school experience for your child.

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Dear Parents/Guardians,

SchoolMessenger is an alert system that will keep you informed about district and school activities, attendance, low lunch account balances and most importantly, accurate, real-time information during an emergency situation through phone calls, emails and text messages.

How the system works:

Emergency Notifications

- A phone call will be made per family at the home number, contact #1 cell phone, and contact #2 cell phone.
- An email will be sent to contact #1 and contact #2.
- A text message will be made to contact #1 cell phone and contact #2 cell phone, if you choose this option.

Attendance Notifications:

- A phone call will be made per child at the home number.
- An email will be sent per child to contact #1.

Text message permission:

Cell phone carriers will not let SchoolMessenger send out mass text messages unless it can show the owner has granted permission. You will receive the following one-time, opt-in invitation to contact #1 and contact #2 cell phone numbers. The message will read: "Allegany-Limestone Central School District messages. Reply Y for approximately 3 messages/month. Text HELP 4 info. Message & data rates may apply. See schoolmessenger.com/tm"

If you do not wish to receive any further text messages simply disregard the message or reply with STOP to the opt-in message that you receive. **Please note, although the district does not charge you for this service, check with your wireless carrier for possible charges for sending and receiving text messages.**

Any questions that you may have about SchoolMessenger can be directed to: 716 375-6600 extension 2111.

Sincerely,

Kevin L. Straub

Director of Technology/Assistant Principal

ALLEGANY LIMESTONE CENTRAL SCHOOL DISTRICT

CHARGING PROCEDURE

The Allegany Limestone Central School District believes no child should go hungry throughout the school day. If a student comes to school without a lunch or money to purchase a lunch or a breakfast, then that student will be served a meal that is charged to his or her student account.

Regulations require each district to address the following areas for handling charged meals by student:

1. What can be charged:

Only complete meals, Breakfast or Lunch. A la carte purchases and second meals are **not permitted** to be charged.

2. How a charged meal is handled:

Cashier will allow the student to charge the meal he or she would like without exception. At the Middle High School the cashier will ask the student to bring in money owed on the next school day.

A courtesy call to the parent/guardian will automatically be placed on Tuesday and Friday informing them of any negative account balance.

If charging persist, Cook Manager must submit a list of names to the Principal who will contact the families for reimbursement or determine if other action is required. (Need for Social Services or Homeless Liaison Assistance). If a financial hardship is suspected, the families will be encouraged to apply for free/reduced meals anytime during the school year.

Parents can also utilize My School Bucks to monitor lunch account balances. Contact Cook Manager for your child's school ID number.

3. The system used for identifying and recording all charge meals:

When a student needs to charge a meal the cashier will enter \$0.00 money into the students account in the WebSMARTT POS system. This will create a negative charge balance on the students account.

4. The system used for collecting repayments:

When a student re-pays the charge the cashier rings the money received under the prepay button to eliminate the negative balance on the student's accounts.

5. Communication of the procedure to Parent/Guardian and students:

A copy of the charge meal procedure will be posted on the School Food Service website. At the start of the school year a written copy of the procedure will be included in the student orientation package. In addition, the written copy will be provided to applicable staff, and new households that transfer into the District during the school year.

Date Withdrew _____

F _____ R _____ D _____

2025-2026 Application for Free and Reduced-Price School Meals/Milk

Schools are required to establish free and reduced-price eligibility while offering meals at no-charge. Please complete the free and reduced-price meals application for your child(ren), then sign and **return it to the address listed below**. Call **716-375-6600**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Allegany Limestone CSD**
3131 Five Mile Road
Allegany NY 14706

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

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

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

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

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

I do not have a SS# <input type="checkbox"/>
--

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)

Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced-price eligibility, complete only one application for your household using the instructions below. Sign the application and return the application to Rhonda Herbert. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: 716-375-6600 ext2188. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

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

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

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

USE OF INFORMATION STATEMENT

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

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, 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 for program information (e.g., Braille, large print, audiotope, 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 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; or
2. **fax:**
(202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

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

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

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

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

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

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

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

Examples of gross income are:

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

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

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

Name: _____ Title: _____

Telephone Number: _____



NEW STUDENT ATHLETIC PARTICIPATION FORM

Student: _____ Date: _____

Entering Grade: _____ Male/Female _____ Date of Birth: _____ Age _____

Date of last Health Examination (Physical) _____
Attached documentation

New Address: _____

Parents' Name: _____ Telephone: _____

With Whom Are You Living in This District: _____

***** PREVIOUS SCHOOL INFORMATION *****

Previous School: _____

<u>Sports Played in Previous School</u>		<u>Level & Number of Years Played</u>		
Fall	Sport _____	_____ Modified	_____ JV	_____ Varsity
Winter	Sport _____	_____ Modified	_____ JV	_____ Varsity
Spring	Sport _____	_____ Modified	_____ JV	_____ Varsity

Previous Address: _____

With Whom Did You Live: _____

Reason For Leaving Previous School: _____

Were you subject to the APP Process as a 7th or 8th grader? _____ Yes _____ No

***** ACADEMIC INFORMATION *****

Year Entered 9th Grade: _____ Verification: _____

Have You Repeated a Grade in JR High or High School: _____ Yes _____ No
Counselor's Initials
If Yes, which grade: _____

Date of the student's registration accepted: _____

Guidance Department should forward this form to the Director of Athletics when student has been accepted for registration. Please list any other high school attended on back.