



Fort Edward Union Free School District Registration Packet

Dear Parents:

Please be sure you have **ALL** the required documentation **BEFORE** you submit your packet. Note: your child will **NOT** be able to start until we have all the required documentation on file.

Office Hours:

During School Year: 7:30 – 3:30 PM

Summer Hours: 7:30 – 2:00 PM

- Housing Questionnaire**
- Registration/Census Form**
- Health Office History Form**
- Permission for Medical Treatment Form – Field Trips**
- Consent to Bill Medicaid** (even if your child does not or will not qualify) *Will need a copy of card, if qualified.*
- Student’s Record Release Form** (for grades 1-12)
- Home Language Questionnaire**
- Eligibility Screen for Migrant Education Services**
- Athletic Transfer Form** (for grades 7-12)
- LINQ Connect** ([please go online and complete the CEP Household Income Eligibility Form](#))

Not included in this packet that the District will need:

- Birth Certificate** (if you have, please bring; if not, it will be requested from former school district)
 - Custody Papers** (if student does not reside with both natural parents)
 - Foster Care Letter** (if applicable)
 - Physician Completed Health Appraisal** (or immunization & latest physical)
 - Proof of Residency** – you need one of the three approved proofs:
 1. **Current Lease** with your name(s), your address, and signature and contact information of the landlord
- OR -**
2. **Current Fort Edward Tax Bill and/or Mortgage Statement** in your name(s) for the residence in which you reside
- OR -**
3. **Signed and Notarized Residency Affidavit** (included in this packet), which lists all those living in the household, the landlord’s name, contact information, and signature.
LANDLORD/HOMEOWNER’S SIGNATURE MUST BE NOTARIZED on the Residency Affidavit to be valid.

NO other proofs of residency will be accepted. Your child will not start, paperwork will not be accepted, and records will not be requested without proof of residency.

Please bring **completed** registration packet to the Superintendent’s Office. Once it is confirmed that all necessary documentation has been received, the file will be passed on to the Guidance Department and they will contact you to set up a date and time to meet with you.

Any questions, please call the Superintendent’s Office at (518) 747-4529 x3113.



Fort Edward Union Free School District Registration Form

STUDENT INFORMATION

	/ /	- -	M	F
First Name	Last	Middle	Date of Birth	Social Security #
				Birthplace (City/State)
				Gender
Is your child of Hispanic, Latino, or of Spanish origin? <input type="checkbox"/> YES <input type="checkbox"/> NO				Ethnicity (Check all that apply ✓) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multi-Racial (Check all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander

PARENT/GUARDIAN INFORMATION

FATHER:	MOTHER:
First Name _____ Last Name _____ () () () Home Phone _____ Work Phone _____ Cell Phone _____ Phone call priority (1 – 3): Home _____ Work _____ Cell _____ Home Address _____ City, State, ZIP _____ Mailing Address (PO Box if applicable) _____ Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Step Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ Place of Employment _____ Resides in household? <input type="checkbox"/> Yes <input type="checkbox"/> No E-Mail Address _____	First Name _____ Last Name _____ () () () Home Phone _____ Work Phone _____ Cell Phone _____ Phone call priority (1 – 3): Home _____ Work _____ Cell _____ Home Address _____ City, State, ZIP _____ Mailing Address (PO Box if applicable) _____ E-Mail Address _____ Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ Place of Employment _____ Resides in household? <input type="checkbox"/> Yes <input type="checkbox"/> No E-Mail Address _____
Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Custody Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No Child Pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No
Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Custody Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No Child Pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No

DISTRICT INFORMATION

Grade Entering _____ If above 9th Grade, what date did you first enter 9th Grade? ____/____/____ Was the student previously enrolled in the District? Yes No
 Does your child receive special education services? Yes No What services does your child receive? _____

LAST SCHOOL ATTENDED

Name of School	Address	Date Entered	Date Left	Reason

For school closings & other announcements what number(s) should we call: 1st _____ 2nd _____

OTHER CHILDREN IN FAMILY

Name	School Attending & Grade	Birth Date	Name	School Attending & Grade	Birth Date
1.			5.		
2.			6.		
3.			7.		
4.			8.		

EMERGENCY CONTACT INFORMATION

If your child needs to be sent home during the day, who do we call **(NOT parent/guardian)**

(1) _____ (2) _____ (3) _____ (4) _____

Ph. # _____ Ph. # _____ Ph. # _____ Ph. # _____

Relationship to Student

Relationship to Student

Relationship to Student

Relationship to Student

Please note: It is the responsibility of the parent to keep us updated of any and all changes to phone numbers and addresses. If your address changes you MUST provide us with new proof of residency. Your address will NOT change without this proof. Also, when providing us with a new phone number, please let us know if it is taking the place of a number that is no longer valid.



Fort Edward Union Free School District
220 Broadway, Fort Edward, NY 12828
(518) 747-4529

To:

Previous School Name, City and State

The following student has registered with the Fort Edward Union Free School District:

Student Name	DOB	Grade
_____	_____	_____

At your earliest convenience, please forward the following school records to:

Fax K-5 records to (518) 747-6149 or e-mail to dlebarron@fortedward.org

Fax 6-12 records to (518) 747-6149 or email to jscotch@fortedward.org

- ✓ Academic Record
- ✓ Attendance Record
- ✓ Standardized Test Scores
- ✓ Health/Immunization Record
- ✓ Birth Certificate
- ✓ Documentation of Eligibility for Free or Reduced Lunch
- ✓ 3-8 Science Investigations Records
- ✓ **CSE Records** (i.e., I.E.P., social history, psycho educational reports, related service records, scripts/orders, copy of initial consent)
- ✓ Records of any special services (i.e. RTI, AIS, speech improvement)

It is understood that the privilege and confidential nature of such records will be preserved.

 Signature of Parent/Guardian Relationship Date

For Office Use Only

Fax: _____ **Email:** _____

Date request sent: _____



Fort Edward Union Free School District Health Office History Form

Student's Name: _____ Grade: _____

Mother's Name: _____ Father's Name: _____

Best phone number to reach you during school hours: _____

Doctor's Name: _____ Dentist's Name: _____

Phone: _____ Phone: _____

Has your child ever had any of the following health problems? Please give the **DATE**.

Chicken Pox _____ **Mononucleosis** _____

Pneumonia _____ **Ear Conditions** _____

Frequent Colds _____ **Frequent Sore Throat** _____

For the following, please give the **DATE, Medications Taken, and any Special Needs or Reactions**.

Anemia: Date: _____ Medication(s) _____ Special Needs: _____

Diabetes: Date: _____ Medication(s) _____ Special Needs: _____

Epilepsy: Date: _____ Medication(s) _____ Special Needs: _____

Asthma: Date: _____ Medication(s) _____ Special Needs: _____

Allergies: Please specify _____

Date: _____ Medication(s) _____ Reactions: _____

Bee Sting Allergy: Date: _____ Medication(s) _____ Reaction: _____

ADD/ADHD/or other behavioral disorder: Please specify _____

Date: _____ Medication(s) _____ Reactions: _____

Anxiety or other emotional difficulties: _____

Date: _____ Medication(s) _____ Reactions: _____

Developmental Problems: _____

Date: _____ Medication(s) _____ Reactions: _____

Physical Defect(s): Please specify _____

Are there any restrictions related to this defect? _____

Other Medical Condition: Please specify _____

Parent/Guardian's Signature _____ **Date** _____

For office use only:
Immunization Records: _____ requested _____ received _____ due
Physical Records: _____ requested _____ received _____ due



Fort Edward Union Free School District Permission for Medical Treatment Form – Field Trips

Dear Parents:

Educational field trips are scheduled throughout the school year in order to enhance our children's learning experiences. In order for your child to participate, a field trip permission slip must be completed, signed, and returned to your child's teacher prior to the trip. Only official school field trip permission slips are accepted. Permission by phone cannot be given for field trips or other activities.

Field trips are a privilege; a student may be denied the right to participate if academic or behavioral requirements are not met.

Your child's teacher will provide you, in advance, with dates, locations, times, cost (if applicable), and any other relevant information regarding each field trip.

Your signature indicates your permission for field trips throughout the school year.

_____ has my permission to attend all educational field.

To Whom It May Concern:

I, the undersigned, being the parent, or legal guardian of _____, hereby authorize any necessary medical treatment for this student while participating in school field trips. I guarantee payment for services rendered.

Medical Insurance Carrier: _____ Contact Number: _____

Allergies: (please specify) _____

Bee Sting Allergy: Yes No Do you carry Epinephrine? Yes No

Asthma: Yes No Do you carry an inhaler? Yes No

Diabetes: Yes No Attach instructions as needed.

Special medical problems: _____

Medication: Will the student require medication during the trip? Yes No

If so specify: _____

Family Physician or Healthcare Provider: _____

Family Dentist: _____

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian



**Fort Edward Union Free School District
CSE/CPSE Office
Medicaid Consent**

Dear Parent/Guardian:

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's Individualized Education Program (IEP). This consent allows the School District to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose. **Please provide the office with a copy of the student's Medicaid card if applicable.**

I, _____ as the parent/guardian of _____

have received a written notification from the School District that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District may access Medicaid to pay for special education and related services provided to my child.

I understand that: providing consent will not impact my child's/my Medicaid coverage. Upon request, I may review copies of records disclosed pursuant to this authorization; services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid; I have the right to withdraw consent at any time; and the School District must give me annual written notification of my rights regarding this consent.

I also give my consent for the School District to release the following records/information about my child to the State's Medicaid Agency for billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)
IEP
Written Order/Referral
Evaluation Reports
Session Notes
Medication Administration Report
Special Transportation Log
Other Personally Identifiable Information
Any Other Specific Records Pertaining to the Student's Services or Program

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____



Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

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

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

Home Language Questionnaire (HLQ)

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

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

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

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

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT
INFORMATION SYSTEM:

District Name (Number) & School:

Address:

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure
 *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been **referred** for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. ***If referred for an evaluation**, has your child ever **received** any special education services in the past?
 No Yes – Type of services received: _____

Age at which services received (Please check all that apply):
 Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: Parent Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: No Yes

**DATE OF INDIVIDUAL INTERVIEW: _____
 MO. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW:
 ADMINISTER NYSITELL
 ENGLISH PROFICIENT
 REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
 MO. DAY YR. ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

Eligibility Screen for Migrant Education Services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO _____

In the last 3 years has a parent or guardian (or an older child) worked in agricultural activities such as: dairy, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming? YES _____ NO _____



If you can answer **YES** to **BOTH** of the above questions, your family **MAY** qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Parents/ Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____

(Street Address)

Work or Message # _____

(city, town or village) (Zip)

School District _____ School Building _____

School Contact Person _____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

To submit this referral please fax to the Oswego BOCES at (315) 963-4242 or mail to the address above. For more information please call the Migrant Program at 963-4265 or 1-800-474-1632. Thank you for your assistance.



Fort Edward UFSD Kindergarten - 3rd Grade Transportation Plan Form



Please use this form to indicate your transportation plan for your student.

Please Note:

- Bus transportation is only offered to students in Kindergarten through 3rd Grade.
- Grades 4-12 will be released on the Case Street Entrance to either walk home or be picked up.
- PreK students are released for pick up via the rear entrance of the school.
- Kindergarten through 3rd Grade who are not riding a bus are released for pick up via the rear entrance of the school.

Student Name: _____

Grade:

- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade

AM Plan	PM Plan
<input type="checkbox"/> Bus Pick Up at Designated Bus Stop	<input type="checkbox"/> Bus Drop Off at Designated Bus Stop
<input type="checkbox"/> Parent/Guardian Drop Off	<input type="checkbox"/> Parent/Guardian/Approved Adult Pick Up
<input type="checkbox"/> Walk to School with Sibling in Grade 5-12	<input type="checkbox"/> Walk Home with Sibling in Grade 5-12
<input type="checkbox"/> Walk to School with Sibling in Grade 4 <i>* This option requires written permission. Please obtain a permission form from the main office.</i>	<input type="checkbox"/> Walk Home with Sibling in Grade 4 <i>* This option requires written permission. Please obtain a permission form from the main office.</i>



NYS PHSAA TRANSFER NOTIFICATION

This form **must** be completed for all transfer students requesting a waiver or exemption

THE STUDENT CANNOT PARTICIPATE IN A CONTEST/SCRIMMAGE UNTIL APPROVED BY THE SECTION.

Please check one: **(Required supporting documentation must be attached)**

Waiver Request

_____ **Health & Safety:** Appeals are considered for safety, mental health, personal relationships and other similar circumstances. Written documentation is required from Superintendent of Schools or High School Principal of the sending school indicating the specific circumstances which necessitated the transfer. Supporting documentation from a third party outside of the school may be submitted (ex. police report).

_____ **District of Residency:** (No change of residence. School registration change only.) Student is returning to a school within the district boundaries of his/her residence.

_____ **Hardship:** Each school shall have the opportunity to petition the section involved to approve transfer without penalty based on an undue hardship for the student. Educational Waivers will not be considered as an undue hardship.

_____ **Financial:** Requires documented proof of a significant loss of income or a significant increase in expenses.

Exemption Request

_____ **Divorced/Legally Separated Parents:** A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge.

_____ **Homeless:** Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYS ED 100.2].

_____ **Other:** Exemptions (six) as denoted in NYS PHSAA Rule #31 (Transfer). Exemption: _____

Residency Change

_____ *NYS PHSAA transfer/residency policy states: (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The mere renting of property within the District does not confer residency. **The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYS PHSAA regulations.***

By signing this document, I attest the information provided is accurate and correct; I have understanding the falsification of information could lead to ineligibility; the immediate family will be physically residing at the current address as inhabitants and intend to remain indefinitely; the student has transferred without inducement or recruitment.

Parent Signature: _____ Name (Print): _____ Date: _____

PART ONE

TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL

Receiving School: _____ Student's Name: _____

Date of Transfer: _____ Date of Birth: _____ Grade Level: _____ Date Entered 9th Grade: _____

Student/Family Previous Address: _____

Student/Family Present Address: _____

Parent's Names and Current Address(es)

(Parent I name & address): _____

(Parent II name & address): _____

Name of Sending School _____ Did student participate in athletics at sending school? Yes ___ No ___

The receiving school's administration is responsible for abiding by all NYS PHSAA Eligibility standards.

Athletic Director's signature: _____ Date _____

Principal's signature: _____ Date _____

Superintendent's signature: _____ Date _____

**** DO NOT COMPLETE BELOW - SECTION USE ONLY ****

SECTION APPROVAL: _____ **SECTION EXECUTIVE DIRECTOR:** _____

SECTION DENIAL: _____ **DATE:** _____



Connect With Us

School Lunch Director:

Email:

Phone:

Program Specialist:

Email:

Phone:

Free Meals for All Students

During the 2023-24 school year, our school district will be participating in the Community Eligibility Provision program, which provides no-cost meals to all students.

CEP is a federal provision that allows qualifying schools to provide free breakfast and lunch to all students. This option increases school meal participation by removing stigma, maximizes federal reimbursements, eliminating unpaid school meal debt, while upholding nutrition standards and meal quality.

Food Service Family Portal

LINQ Connect allows you to view menus and manage student meal accounts. You can set up one time payments, set spending limits, transfer funds between students, set low-balance notifications and more. It's an easy way to manage meal payments without the hassle of sending cash in to school. If you have any difficulties accessing your LINQ account, please contact LINQ support at support@linqconnect.com.



Local Sourcing

We strive to support our New York State food producers. Our School District endeavors to utilize as many local farms and vendors as possible. Thursdays are NYS menu days, with NYS food products highlighted on the menu in green!

New York State still requires CEP schools to collect alternative forms – also referred to as **CEP Household Income Eligibility Form** – for other purposes, such as state education funding and Foundation Aid. Also, individual families may be eligible for certain benefits based on the data collected through these forms. **Complete the form here:**

Our School District is supported by Capital Region BOCES Shared Food Services Team. Our participation in this service provides many benefits to our students and school community, including:



CAPITAL REGION
BOCES

- increased access to a wide variety of wholesome food choices
- optimized quality and customer service in our food service programs
- shared staff with expertise in school nutrition, including a Registered Dietitian and Program Specialists



Dining at our District

Children dine in the café using their student ID number. All meals exceed federal nutrition guidelines. Menus are on a seasonal rotation (fall/winter/spring). Grain products served are whole grain rich. Vegetarian options are offered daily at breakfast and lunch. Students are offered fresh fruits and vegetables and must select at least one at each meal. Milk is offered but is not required to K-12 students. Full meals are available, as well as daily ala carte choices.

School Breakfast

Students may select 3-5 breakfast items each day. All students must select a fruit and/or 100% fruit juice at breakfast. Please refer to the website for daily menus.

School Lunch

Daily entrée choices are a balance of traditional student favorites and global flavors to introduce students to new foods and cultural foodways. All students must select a fruit or vegetable at lunch. Alternate lunch options are available daily. Please refer to the website for daily menus.

If your child requires menu modifications due to allergies or other concerns, please contact your Food Service Director.

Too much on your plate? Let us put it on ours.



Why should you participate in the School Nutrition Programs?

School Meals Are Cost-Effective



Recent regulations have revamped school food into more nutritious and appealing meals while still at a low cost. Students that are eligible for free and reduced lunches receive meals that are packed with nutrition. Students that are not eligible for free or reduced meals are still receiving a bargain by purchasing school meals. Quite often, the price paid for a healthy school meal is less than the price of a packed meal from home.

School Meals Save Time



An average family can spend up to 30 minutes preparing breakfast and lunch. Doing that for every school day adds up to over 5,500 minutes, or 92.5 hours. That is more than two full work weeks! Our Food Service Professionals are ready to serve your students and eliminate your time crunch.

School Meals Support Academic Success



Students spend around 6 hours per day in the classroom. Without the proper fuel, students can quickly run out of steam and lose interest in schoolwork. Nutritious meals, such as those provided by the School Nutrition Program, provide students with adequate fuel that can keep them energized and focused all day. Plus, a healthy diet will also support a healthy immune system, which means fewer sick days for your children!

Academic Benefits

Improved Cognitive Function

Short-term memory, the ability to conceptualize, and abstract reasoning skills improved when students ate more nutritious foods.

Higher test scores

Students who received the necessary levels of iron in their meals scored better on math and IQ tests.

Better attention spans

Parents reported that their children could concentrate better after they had eaten more nutritious meals.

- source: FRAC Food Research & Action Center frac.org

Behavioral Benefits

Better classroom behavior

Students have been shown to get along better with classmates and cause fewer class disruptions when they have been eating properly.

Fewer absences

Students who consistently eat enough throughout the day are less likely to miss school days or extra-curricular activities.

Improved mood

Hungry children tend to be angrier and more irritable. They also cannot socialize as well.

- source: Journal of School Health 2005

Please refer to the School Nutrition page of the District Website for further information about programs and policies, such as:

- Wellness • Meal Charge • Affordable Connectivity (ACP) • Smart Snack Guidelines • LINQ Connect FAQ