

ONLY FILL OUT IF YOU THINK YOU MIGHT QUALIFY

July, 2026

Dear Parent or Guardian:

Enclosed is an application for **Free or Reduced Meals**. If you think your child is eligible to receive free or reduced priced meals, please fill out this application and return it to the school **by July 21st**. If your child is approved to receive free or reduced meals, they also qualify for a waiver of fees which covers Registration, Driver's Ed and Sport Fees.

If you have any questions, do not hesitate to contact me at (815) 220-2752.

Sincerely,

A handwritten signature in cursive script that reads "Amy Picco".

Amy Picco

LaSalle-Peru Twp. High School

Attachment

SCHOOL NUTRITION PROGRAM

Household Eligibility for Free or Reduced-Price Meals

Dear Parent/Guardian:

Children need healthy meals to learn. LaSalle-Peru Township High School offers healthy meals every school day. Breakfast costs \$ 2.00 ; lunch costs \$ 3.25 .

Your children may qualify for free meals or for reduced-price meals. The reduced-price is \$ 0.30 for breakfast and \$ 0.40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is incomplete, so be sure to fill out all required information.

Return the completed Household Eligibility Application to:

LaSalle-Peru Township High School, 541 Chartres St., LaSalle, IL. 61301 ATTN: Mrs. Picco

Your child(ren) may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines <i>Effective July 1, 2026 - June 30, 2027</i> 185% Federal Poverty Guideline					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
For each additional household member, add:	10,508	876	438	405	203

Below are some common questions and answers to help you with the application process.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced-price meals. Use one Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), households receiving Temporary Assistance for Needy Families (TANF) and/or individual foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals, regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your child will get free meals, please contact your school to see if your child(ren) qualifies.
3. **WHO CAN GET REDUCED-PRICE MEALS?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines chart, shown above.

4. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
5. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's 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 already told 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 fill out the enclosed application and return the completed application to the school.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
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 or 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 may also ask for a hearing by calling or writing the person listed above.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.
12. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1,000 each month but you missed some work last month and only made \$900, put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime occasionally. If you have lost a job or had your hours or wages reduced, use your current income.
14. 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. If this is the case, 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.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF, or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Instructions to Apply for Free/Reduced-Price Meals

COMPLETE ONE APPLICATION PER HOUSEHOLD, PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, follow these instructions and return the completed form to your school:

Part 1: List all household members, school and grade level of each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Parts 2 & 3: Skip these parts.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Parts 5 & 6: (optional) If you choose to, provide contact information and children's ethnic and racial identities.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR HEAD START/EVEN START, follow these instructions and return the completed form to your school:

Part 1: List all household members; provide the school and grade level of each student in the household. (Attach another sheet of paper if necessary.)

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Adult household member must sign the form. If you completed Part 3 of the application, you must include the last four digits of the adult's Social Security Number (or mark the box if you do not have one).

Parts 5 & 6: (optional) If you choose to, provide contact information and children's ethnic and racial identities.

IF YOU ARE APPLYING FOR A FOSTER CHILD, follow these instructions and return the completed form to your school:

*If **all** children in the household are foster children that are the legal responsibility of a foster care agency or court:*

Part 1: List all foster children and the name of each child's school. Check the "Foster Child" box for each foster child.

Parts 2 & 3: Skip these parts.

Part 4: Sign the form. The last four digits of a Social Security number are not necessary.

Parts 5 & 6: (optional) If you choose to, provide contact information and children's ethnic and racial identities.

*If **some** (but not all) of the children in the household are foster children that are the legal responsibility of a foster care agency or court:*

Part 1: List all household members and the name of each child's school. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1 – Name:** List all household members with income.
- **Box 2 – Gross Income and How Often it Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list any payment received for Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the household from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if you do not have one).

Parts 5 & 6: (optional) If you choose to, provide contact information and children's ethnic and racial identities.

ALL OTHER HOUSEHOLDS, INCLUDING MEDICAID AND WIC HOUSEHOLDS, follow these instructions and return the completed form to your school:

Part 1: List all household members; provide the school and grade level of each student in the household. (Attach another sheet of paper if necessary.)

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1 – Name:** List all household members with income.
- **Box 2 – Gross Income and How Often it Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list any payment received for Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the household from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if you do not have one).

Parts 5 & 6: (optional) If you choose to, provide contact information and children's ethnic and racial identities.

Privacy Act Statement: This explains how we will use the information you give us. 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, 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 adult household member who signs the application. The last four digits of 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 deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

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 for program information (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](#) 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.

This institution is an equal opportunity provider.

HOUSEHOLD APPLICATION FOR FREE MILK/MEAL, REDUCED-PRICE MEALS, AND SUMMER EBT

COMPLETE ONE APPLICATION PER HOUSEHOLD, PER SCHOOL DISTRICT
See instructions included with this form

School Use Only☐ Check if Error Prone

PART 1 List names of all Household Members (anyone who is living with you and shares income and expenses, even if not related, including you.) Attach another sheet of paper if you need space for more names.

Household Member First, Middle Initial, Last	If the household member is a student, include school name and grade level	Do any household members (including you) participate in SNAP or TANF? NO → Go to STEP 2 YES → Write case number and proceed to STEP 4	Check if Foster Child**
School Name	Grade	SNAP or TANF Case Number*	
			☐
			☐
			☐
			☐
			☐
			☐

* **Note regarding Medicaid:** Medicaid case numbers are not accepted on the household application. If any household members receive Medicaid – and were not directly certified for free meals – you **MUST** provide income information on PART 3 of this application.

** A foster child is the legal responsibility of a welfare agency or court.

PART2 Homeless, Migrant, Runaway, or Head Start (Categorically Eligible)

Check all that apply:

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

Signature of your school Homeless Liaison,
Migrant Coordinator, or Head Start Director

Date

PART3 Total Household Gross Income (before deductions). You must tell us how much income is received and how often.

List all household members from STEP 1 (including yourself) who receive income. For each source of income, report the total amount of gross income (before taxes and deductions) in whole dollars (no cents) and tell us how often the income is received – *every week, every 2 weeks, every month, twice a month, yearly, etc.*

Name of Household Member who Receives Income	Earnings from Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (Worker's Comp., SSI, Unemployment, etc.)
	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____
	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____
	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____
	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____
	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____	Amount _____ How Often? _____

PART 4 Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the box if they do not have a social security number.

Social Security Number: X X X - X X - _____ OR ☐ I do not have a social security number

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Printed Name of Adult Household Member _____

Signature of Adult Household Member _____

Date _____

PART 5 Contact Information (optional)

Work Telephone Number
(Include area code) _____

Home Telephone Number
(Include area code) _____

Home Address (Number, Street, City, State, Zip Code) _____

PART 6 Children's Ethnic and Racial Identities (optional)

Mark one ethnic identity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Mark one or more racial identities:

- ☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ White

THIS SECTION IS FOR SCHOOL USE ONLY**INITIAL DETERMINATION**

TOTAL INCOME: \$ _____ NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____

Per: Week Every 2 Weeks 2x per Month Month Year DATE: _____

ANNUAL INCOME CONVERSION:

LEAs must annualize income ONLY when multiple incomes at varying frequencies are reported.

Weekly \$ _____ x 52 = \$ _____
Every 2 Weeks \$ _____ x 26 = \$ _____
2x per Month \$ _____ x 24 = \$ _____
Once a Month \$ _____ x 12 = \$ _____

Total Annual Income \$ _____

☐ **FREE**

Based On:

- ☐ Homeless ☐ SNAP or TANF
☐ Migrant ☐ Foster Child
☐ Runaway ☐ Household
☐ Head Start Income

☐ **REDUCED**

Based On:

- ☐ Household Income

☐ **DENIED**

Reason:

- ☐ Income too high
☐ Incomplete Application
☐ Non-Qualifying SNAP/TANF

☐ **VERIFICATION**

(as applicable)

- ☐ Verification Sample
☐ Verified for Cause

Date Withdrawn _____

Signature of Determining Official _____

Date _____

Signature of Confirming Official _____

Date _____

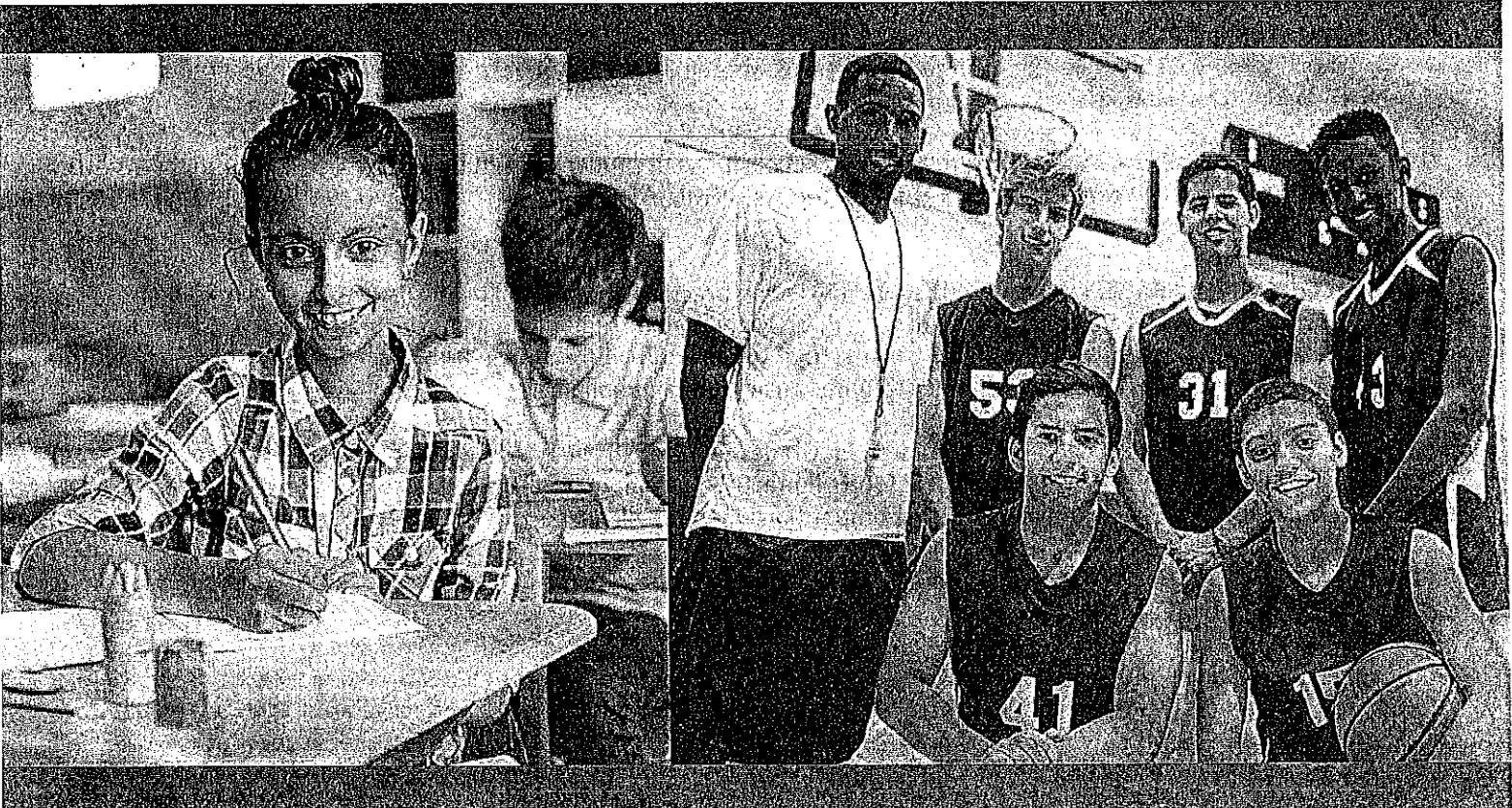
Signature of Verifying Official _____

Date _____

2026-27 ILLINOIS STUDENT ACCIDENT INSURANCE PROGRAM Multi-Benefit Protection

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ACCIDENT INSURANCE PLANS

for all students and athletes



SCHOOL-TIME STUDENT ACCIDENT COVERAGE: Helps protect your students the entire school year, during regular school sessions, as well as when participating in other school-sponsored activities requiring the attendance of the student. Also provides protection for your students while traveling in a Designated Vehicle directly to or from the student's Residence and school to attend or participate in school activities. The expiration date of coverage shall be the close of the regular nine-month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer.

24-HOUR-A-DAY ACCIDENT COVERAGE: Provides protection for your students 24-hours-a-day, year-round and continues until the end of the Policy Year. The student is protected AT HOME, AT SCHOOL, AT CAMP, ON VACATION. . . ANYWHERE ACCIDENTS CAN HAPPEN.

SPORTS ACCIDENT COVERAGE: Interscholastic sports (including practice) are covered by the School-Time and 24-Hour-A-Day Accident Coverage. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle. High school tackle football for grades 9 through 12 is only covered by the optional Football Only Accident Coverage, which requires an additional premium.

FOOTBALL ONLY ACCIDENT COVERAGE: Players in Grades 9 through 12 are covered for accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is also covered when going directly and uninterruptedly to and from such practice or competition when traveling as a group in a Designated Vehicle.

EFFECTIVE COVERAGE DATES: Coverage will be effective on the date of premium receipt by GTL, its representatives or school officials, or the official first day of school, whichever is later.

For interscholastic sports, coverage can pre-date the official first day of school for students who are participating in pre-school practice sessions, competition or covered travel. In such cases coverage will be effective as of the date of premium receipt but only while participating in actual practice sessions, competitions or covered travel. Other aspects of coverage will not commence until the official first day of school.

Football Only Accident Coverage begins on the date of premium receipt by GTL, its representatives or school officials, but not prior to the first official date of practice sanctioned by the State High School Association and continues through the date of the last official game of the 2026 season, including playoffs. Other aspects of coverage will not commence until the official first day of school.

TERMINATION OF POLICY/CERTIFICATE OF COVERAGE: Policyholder: The Policy is issued for the agreed upon term of coverage and is non-renewable. Certificateholder: Coverage will terminate at the earlier of: (1) the date the Policy terminates; or (2) the date the Insured ceases to be a member of the Policyholder's sports teams; or (3) the last day of regularly scheduled sports activity; or (4) the date the Insured ceases to be an Eligible Person; or (5) the end of the period for which any applicable premium has been paid. We have the right to terminate the coverage of any Insured who submits a fraudulent claim under the Policy.

EXCESS PROVISION: All Covered Charges over \$100 will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person. GTL will pay the first \$100 in Covered Charges regardless of other insurance.

ILLINOIS 2026-2027

Benefits and Premiums

All Maximum amounts are per Injury except as specifically stated.

Injury means bodily injury, independent of disease or bodily infirmity, which directly results in loss covered by the Policy. The Injury must occur and the loss must begin while the coverage for the Insured is in force under the Policy.

COVERAGE AND BENEFITS	STANDARD PLAN	DELUXE PLAN
Maximum Benefit Amount Per Injury	\$25,000.00	\$25,000.00
Deductible	\$0.00	\$0.00
Hospital Room and Board and general nursing care, limited to a maximum of	\$200.00/day	\$600.00/day
Intensive Care, limited to a maximum of	\$200.00/day	\$600.00/day
Miscellaneous Hospital Charges, limited to a maximum of	\$1,500.00	\$3,000.00
Doctor's Charges for Surgery, limited to a maximum of	\$2,000.00	\$4,000.00
Administration of Anesthesia	100% of Reasonable & Customary	100% of Reasonable & Customary
Assistant Surgeon Charge		
Non-Surgical Doctors' Visits, including Physical Therapy: 1st Visit up to Thereafter up to	\$25.00 \$15.00	\$60.00 \$50.00
Physical Therapy is limited to a maximum benefit of 5 visits.		
Hospital Emergency Care, excluding professional charges, limited to a maximum of	\$200.00	\$400.00
Outpatient Imaging Procedures and Interpretation for MRI/CAT Scan, up to a maximum benefit of	\$200.00	\$500.00
Outpatient X-ray Services, limited to a maximum of	\$200.00	\$500.00
Ambulance Charges, limited to a maximum of	\$100.00	\$400.00
Durable Medical Equipment including orthopedic appliances, limited to a maximum of	\$100.00	\$200.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth), limited to	\$200.00	\$600.00
Motor Vehicle Accident Injuries, limited to	\$5,000.00	\$5,000.00
Loss of Life	\$5,000.00	\$5,000.00
Single Dismemberment — (Loss of One Hand, One Foot, Entire Sight of One Eye or Hearing One Ear)	\$1,000.00	\$1,000.00
Double Dismemberment — (Loss of both Hands, Both Feet, Entire Sight of Both Eyes, Hearing both Ears or Loss of Speech)	\$10,000.00	\$10,000.00
PREMIUMS (ONE-TIME ANNUAL PAYMENT)	STANDARD PLAN	DELUXE PLAN
SCHOOL-TIME STUDENT ACCIDENT COVERAGE		
Students — Grades Pre-K - 8	\$23.00	\$52.00
Grades 9 - 12	\$46.00	\$105.00
24-HOUR-A-DAY ACCIDENT COVERAGE		
Students — Grades Pre-K - 12	\$125.00	\$275.00
OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE		
Per Player — Grades 9 - 12	\$162.00	\$369.00

EXCLUSIONS:

THE POLICY DOES NOT PROVIDE BENEFITS FOR: (1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are Experimental/Investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in the Policy; (2) Intentionally self-inflicted Injury; (3) Injury by acts of war, whether declared or not; (4) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (5) Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance; (6) Suicide or attempted suicide; (7) Off-Season Physical Conditioning for interscholastic sports. The "official season" for each specific covered sport is the period within the dates determined by the appropriate athletic/activities association for the practice and play of that sport; (8) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (9) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (10) Hernia, any type, except if directly resulting from accidental Injury while covered under the Policy; (11) Injury sustained fighting or brawling, except as an innocent victim; (12) Injury sustained while committing or attempting to commit a felony, or while being engaged in an illegal occupation; (13) Injury sustained while voluntarily participating in a riot or civil commotion or insurrection or disturbance of any kind; (14) Treatment of sickness or disease in any form; (15) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (16) Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; (17) Loss resulting from the use of any drug or agent classified as a narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; (18) Injury sustained while operating, riding in or upon, mounting or alighting from, any two, three or four-wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV); (19) Injury sustained participating in a rodeo; (20) Injury sustained while participating in or practicing for tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; (21) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (22) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (23) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance; (24) Charges for treatments, services or supplies which exceed reasonable and customary charges; (25) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (26) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (27) Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

IMPORTANT INFORMATION

1. Treatment must begin within thirty (30) days of Accident.
2. Charges must be incurred within fifty-two (52) weeks of Accident.
3. Written proof of loss must be furnished within ninety (90) days of Accident.
4. No premium refunds are available.

Blanket Accident insurance is issued under Policy Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. The policy has exclusions, limitations, reductions of benefits, and conditions of eligibility and termination. Subject to state availability and variability. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage, please contact the agent administering the program.

How to Create a PowerSchool Parent Account

1. Open the Internet browser on your computer - Type <https://lphs.powerschool.com> into the address bar.
2. Click the "Create Account" Tab at the bottom of the page. Then, click the Create Account button

PowerSchool

Student and Parent Sign In

Sign In Create Account

Username

Password

Forgot Username or Password?

Sign In

PowerSchool

Student and Parent Sign In

Sign In Create Account

Create an Account

Create a parent account that allows you to view all of your students with one account. You can also manage your account preferences. Learn more

Create Account

3. Complete the Parent Account Details section on the top half of the page.

Create Parent Account

Parent Account Details

First Name

Last Name

Email

Desired Username

Password

Re-enter Password

Password must:

-Be at least 8 characters long

Type in First Name of Parent/Guardian Creating Account
Type in Last Name of Person Creating Account
Type in E-mail Address of Person Creating Account
Type in Desired User Name for Account ex: amonroe (first initial last name)
Type in Password (must be at least 8 characters long)
Type in Re-enter Password

4. Complete the Links Students to Account section on the bottom half of the page.

Link Students to Account

Enter the Access ID, Access Password, and Relationship for each student you wish to add to your Parent Account

1

Student Name

Access ID

Access Password

Relationship

- Choose

Type in First and Last name of your student
Type in Access ID given on reverse side
Type in Access Password given on reverse side
Select your relationship to the student from drop down menu

5. If you have other students who need to be added to your account, add their names, Access IDs, and Passwords to the list. Scroll to the bottom of the screen. Click the blue "enter" button to finish creating your account.

6. Once your account is created, you will be taken back to the login screen.

7. Go to your parent email account which you provided in Step 3. Verify your account by clicking on the link in the email you receive from LaSalle-Peru High School <powerschool@lphs.net> with the subject line PowerSchool Account Email Verification. Verify your email.

8. The link in the email will take you to the Parent Sign In. Enter the username and password entered in Step 3. You are now logged into the Parent Portal.

9. Please refer to the ONLINE REGISTRATION, FEES & LUNCH PAYMENT OVERVIEW information in your registration packet.

PowerSchool SIS

Parent Sign In

Sign In Create Account

You will receive a message that your account has been successfully created.

✓ Congratulations! Your new Powerschool account has been created. Click the email link to verify your account.

Username

Password

Forgot Username or Password?

Sign In

ONLINE REGISTRATION, FEES & LUNCH PAYMENT OVERVIEW

Online registration includes all required beginning-of-the-year forms for the 2026-27 school year. Registration opens July 15, 2026.

To begin, parents/guardians must sign in to the PowerSchool Parent Portal at <http://lphs.powerschool.com>.

Please complete all forms **prior to in-person registration**. For more information on online registration, including instructions on resetting your PowerSchool Parent Portal password, refer to <https://www.lphs.net/for-families/technology-resources>.

If you need further assistance with online registration, please call Mrs. Reese at 815-220-2732, Monday – Thursday, 7:30 a.m. – 3:15 p.m.

School Fees and Lunch Account Overview

We continue to partner with MySchoolBucks for convenient and secure online payments. You can use your credit card or checking account for registration fees and lunch account deposits.

Proof of Payment: Please print your MySchoolBucks receipt or show a copy on your cell phone for proof of payment.

Other Payment Options:

- Students may pay cash or deposit money into their lunch account at lunchtime.
- Students must present their Student ID to purchase lunch and deposit money.
- Parents may pay registration fees by cash, check, or credit card on the in-person registration day.

ONLINE REGISTRATION INSTRUCTIONS

To complete Online Registration, you will need:

- 2 separate proofs of residency (will be uploaded)
- Parent, guardian, and emergency contact information
- Credit Card information, if you wish to pay online

Steps to Register Online:

1. **Sign In:** Go to <https://lphs.powerschool.com> and sign in to your PowerSchool Parent Portal Account.
 - Note: If you have more than one enrolled student, their names will be displayed in the bar below the PowerSchool Logo (in the upper left portion of the screen).
2. **Access Forms:** On the left side of the screen, click on **"Forms"**.
3. **Select Enrollment:** Select the **"Enrollment"** tab.
4. **Complete All Tabs:** Complete and submit all of the Enrollment tabs in order:
 - **Proof of Residency** – Requires 2 forms of proof to be uploaded.

- **Student Information** – Contains student, parent/guardian, and emergency contact information.
- **Student/Parent Compact** – Review and sign.
- **Nurse Office Updates for Freshman Students** – Review and sign.
- **Permissions** – Accept or deny student permissions.
- **Fees** – Review a list of school fees.
- **Online Payment** – Redirect to online payment portal if applicable.

5. **Sign Out:** Once all forms are complete, sign out of the PowerSchool Parent Portal.

MySchoolBucks – Online Payment System Instructions

Registration Fees & Lunch Account Deposits

Our school utilizes MySchoolBucks for convenient and secure online payments of registration fees and lunch account deposits.

Please follow these steps to complete your payments during online registration:

1. **Log in to the PowerSchool Parent Portal:** Access the PowerSchool Parent Portal as you normally would.
2. **Access MySchoolBucks:** At any point during registration, or when prompted for payment, click the **"MySchoolBucks"** button located in the **left-hand sidebar** of the PowerSchool Parent Portal. This will open MySchoolBucks in a new window or tab.
3. **Log In or Create Account on MySchoolBucks:**
 - **Existing Users:** If you already have a MySchoolBucks account, simply log in using your existing username and password.
 - **New Users:** If you are new to MySchoolBucks, please follow the on-screen prompts to create a free account. You may be asked to link your PowerSchool account the first time.
4. **View Balances and Add to Cart:** You should now see your child's balances. Add any or all invoices associated with your child(ren)'s account and click **"Add to Basket"** or **"Add All Invoices To Basket."**
5. **Proceed to Checkout:** Click **"View Cart / Checkout."**
6. **Confirm Payment:** Click **"Place Order"** to confirm your payment.

For additional instructions, please visit <https://www.lphs.net>.

MySchoolBucks Support:

You may also contact MySchoolBucks directly with questions about creating or using your account, including locating fees.

- **Parent Phone Support:** 855.832.5226
- **Parent Email Support:** parentsupport@myschoolbucks.com



LASALLE-PERU TOWNSHIP HIGH SCHOOL DISTRICT 120

541 Chartres Street • LaSalle, Illinois 61301
Phone (815) 223-1721 • Fax (815) 223-3444
www.lphs.net

July 2026

Dear Parent/Guardian:

Enclosed you will find a Parent/Student/School Compact. This document is required by the Illinois State Board of Education in conjunction with our Title I grant funding. All LPHS students and their parent and/or guardian are required to sign this document. By signing this document, you and your student are acknowledging our program is available in the district regardless of whether or not your child is directly participating in the program. If you have more than one child at LPHS please have each child sign the same document because only one document per family is required.

Thank you for your time and attention to this request.

Sincerely,

Mr. Steve Hanson
Principal

LaSalle-Peru Township High School School-Parent Compact

LaSalle-Peru Township High School, all students and the parents of all students whether or not they will be directly participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during the 2026-2027 school year.

School Responsibilities

LPHS will:

1. **Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:**

LaSalle-Peru High School in cooperation with the Curriculum Leadership Institute created curriculum that is vertically and horizontally aligned. After completion of the initial curriculum alignment, the district participates in an on-going curricular renewal process that enables our faculty to continually align curriculum with the Illinois State Standards, create common assessments to determine student achievement and provide interventions necessary to support all students in their learning process.

2. **Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement. Specifically, those conferences will be held:**

This year's parent-teacher conferences are held on Thursday, October 15 and Friday, October 16, 2026.

3. **Provide parents with frequent reports on their children's progress. Specifically, the school will provide reports as follows:**

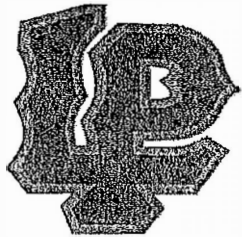
Parents and students can access their grades 24 hours a day through our on-line parent portal. In addition, grade report cards will be sent out four times a year.

4. **Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:**

Staff will be available for parents to contact throughout the week via e-mail correspondence, phone calls and pre-arranged meetings.

5. **Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities, as follows:**

Teachers often provide arranged opportunities for parents to participate in, guest speak in, and/or observe various classes throughout the school year when students are presenting or working on class projects.



LaSalle-Peru Township High School District 120
Interim Principal

Memo

To: Parents and Students
From: Kate Lance
Date: June 30, 2026
Re: Registration Reminder

Please remember to stop at Stations 3 and 4 during registration.

These stations provide important busing and athletic information, and any required forms should be completed and turned in at that time. This is also a great opportunity to ask questions and ensure everything is in place before the school year begins.

Thank you, and we look forward to seeing you at registration.