



WELLINGTON ELEMENTARY SCHOOL

3280 Keithshire Way
Lexington, Kentucky 40503



(859) 422-0028

Daily Schedule

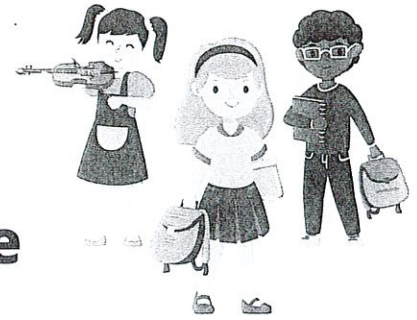
Buses begin arriving	7:15 AM
First Bell	7:40 AM
Classroom Instruction Begins (Tardy Bell)	7:45 AM
Lunch Period	25 minutes
Lunch Block	10:45 AM – 12:45 PM
Recess	15 Minutes
School Dismissed	2:35 PM

DISMISSAL PROCEDURES FOR 2026-27 SCHOOL YEAR

To ensure the safety of all students at Wellington Elementary, the following procedures will be followed for dismissal.

- All transportation changes must be in writing with a parent signature and received before **1:00 pm**. Changes can be sent via student folder or an email sent to the teacher **AND** wellington.transportation@fayette.kyschools.us
- No transportation changes will be taken over the phone.
- If you need to pick your child up for an appointment, please make every effort to do so **prior to 2:15 pm**. We want to be accurate and focused with all children's transportation.
- **Please note that students will not be dismissed to the office at the end of the day for pick up.**

Your cooperation is greatly appreciated! The safety of our students remains a top priority, therefore adherence to these procedures is of the utmost importance.



Help Your Child Do Well in School: **Build the Habit of Good Attendance**



Did you know?

- Too many absences in preschool and elementary school can cause children to struggle socially and academically.
- Being late to school may lead to poor attendance.
- Missing 10% of school (2 days each month) can make it harder to learn to read and do basic math.

Attending school regularly helps children feel better about school — and themselves.

Start building this habit in preschool and through elementary school so they learn right away that going to school on time, every day, is important.



What you can do

- Set a **regular** bedtime and morning **routine**.
- Lay out clothes and pack backpacks **the night before**.
- **Keep** your child **healthy** and make sure your child has the required shots.
- Develop **backup plans** for getting to school if something comes up.
- **Monitor** your child's **absences**.
- Try to schedule **nonurgent medical appointments** and extended trips when school isn't in session.
- **If** your child seems **anxious** about going to school, **talk to teachers**, school counselors and other parents for advice on how to make your child feel comfortable and excited about learning.
- **If** you are **concerned** that your child may have a contagious illness, **call** your school nurse or health-care provider **for advice**. Ask the teacher for ideas to support missed learning time.

Chronic absence is missing 2+ days every month over the course of a school year.

[illegible]

October 2025

Need help with your account?

Contact your school if:

- A name is spelled wrong
- Your email address or phone number is incorrect
- A child is missing from your account

Access helpful resources

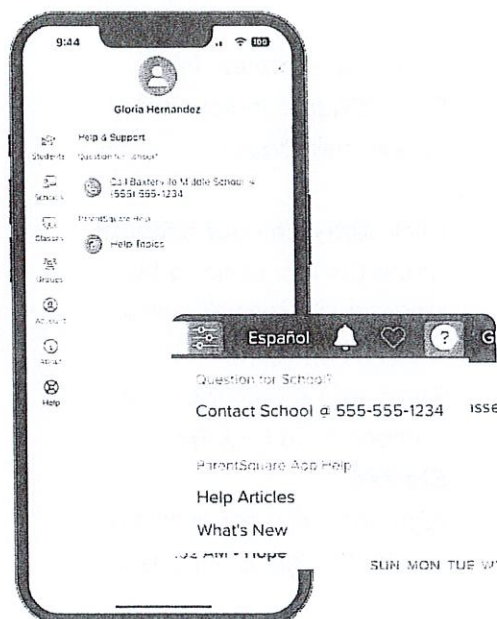
When you're logged in, you can access resources to help you with using ParentSquare.

On a computer, click the **question mark (?)** in the top menu.

In the app, tap the **Help** icon in the app.

You'll see these options:

- **Contact School** - Send a question to your school or find contact details.
- **Help Articles** - Search for answers or step-by-step guides.



Download the ParentSquare app

The free ParentSquare app helps you stay connected on the go. It's available for iPhone and Android.

Scan the QR code below to download the app:



Getting Started with ParentSquare for Parents and Guardians

Welcome to ParentSquare! This guide will help you activate your account, find helpful resources, and download the free ParentSquare app so you can start receiving updates from your school.

Activate your ParentSquare account

Your school will send you an invitation using your email address or phone number on file.

1. Open the invitation from ParentSquare in your email or text messages.

2. Click **Activate your account** or tap the link to go to the account registration page.

3. Enter your email or phone number, then click **Get Started**.
(Optional: You can also sign in with Google or Microsoft.)

4. Check your contact information. If it looks correct, click **Confirm**. You'll receive a code by text or email.

5. Enter the verification code when asked.

6. You'll see your children's names. Click **Confirm** next to each child who should be connected to your account.
*If a child is listed by mistake, click **Not my child**.*

7. If everything looks correct, click **Yes, this is me**.

Now you're ready to start using ParentSquare!

Baxterville Middle School invites you to join ParentSquare

Activate your account

invites you to join ParentSquare at Baxterville Middle School. To activate your account and confirm that we have the correct email for you, please click the link above.

If you do not have a child at Baxterville Middle School or are not associated with the school, please contact Baxterville Middle School at 555-555-1234.

We are very happy to have you on board. Thank you for joining!

Please do not reply to this email.

Now download with your device's app store and activate a minute.



ParentSquare is a free app that helps you stay connected to your school. You can use it to receive updates, view your child's schedule, and more. Download it now from the App Store or Google Play.

Javon: Join ParentSquare at Baxterville Middle School

Register: <https://parentsquare.com>

Opt-Out: <https://parentsquare.com/opt-out>

Lunch Information

Prices & Payment

FCPS uses the MySchoolBucks online software program, which enables families to:

- Check cafeteria balances and purchases
- Receive alerts on low balances in a child's account
- Set up automatic payments

Bank it: Deposits in any amount may be made to a student's personal account, thus reducing the chance that breakfast or lunch money will be forgotten, lost or stolen. While students still have the option of paying as they go through the line, advance payment will speed transactions and allow the lines to move more quickly. All students have personal accounts regardless of paying status. School staff members are also encouraged to open accounts for their food purchases.

Charge it: A la carte/single item(s) cannot be charged; they must be paid for in advance or at the time of purchase.

Check-writing policy: FCPS requires the following information on all checks: full name, street address, and home phone number. If a check is returned by the bank, it will automatically be forwarded to Envision for collection of what is owed, plus the \$50 state-allowed collection fee. When needed, Envision may re-present the check to the bank electronically along with applicable collection fees.

MySchoolBucks Support

Call (855) 832-5226 from 7 a.m. to 7 p.m. or email support@myschoolbucks.com

2026-27

Breakfast

Students: \$2.50

Milk: \$1

Adults: \$4

Lunch

PreK-5: \$3.50

Grades 6-12: \$3.75

Milk: \$1

Adults: \$6

Note: Students who qualify for reduced-price meals can eat at no cost. Their families are not charged for the students' meals because the reduced fee is waived for this school year.

Contact

(859) 422-2156



Fayette
County
Public
Schools

Questions? Contact Mrs. Ward

Office of Child Nutrition

Non-CEP Schools Free and Reduced-Price Meals

August 1, 2026

Dear Parent/Guardian:

Children need healthy meals to learn. Fayette County Public Schools (FCPS) Child Nutrition Department offers healthy meals every school day.

Non-CEP School Student Meal Prices for 2026-2027 School Year			
Eligibility	Meal	Pre-K – 5 th grade	6 th grade- 12 th grade
Paid	Breakfast	\$2.50	\$2.50
	Lunch	\$3.50	\$3.75
Free / Reduced	Breakfast	\$0	\$0
	Lunch	\$0	\$0
	Extra Milk/Juice	\$1.00	\$1.00
Adult	Breakfast: \$4.00		
	Lunch: \$6.00		

This packet includes information about the application for free or reduced- price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (**SNAP**), the Food Distribution Program on Indian Reservations (**FDPIR**) or the Kentucky Transitional Assistance Program (**K-TAP**), are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who have met the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines.

FEDERAL ELIGIBILITY INCOME CHART 2026-27			
Household size	Yearly	Monthly	Weekly
1	29,526	2,461	568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
Each additional person:	+ 10,508	+ 876	+ 203

The chart to the left shows the reduced-price guidelines.

Your children may qualify for free OR reduced-price benefits if your household income falls at or below the limits on this chart.

2. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you received carefully and follow the

instructions. If any children in your household were missing from your eligibility notification letter, contact Jessica Morgison, FCPS Child Nutrition Office *immediately*; jessica.morgison@fayette.kyschools.us or (859) 422-2152.

3. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same information/requirements as the paper application. This process is *more confidential* and *is the quickest way to get approved*. Visit www.bit.ly/FCPSMealApp (QR Code below) to begin or to learn more about the online application process. Contact the programs assistant at jessica.morgison@fayette.kyschools.us or 422-2152, if you have any questions about the online application or are having trouble accessing it.
4. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's previous 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/nutrition office told you that your child is eligible for the new school year. If you do not send in a new application that is approved for benefits or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
5. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use *one* Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application ASAP to the school cafeteria manager or to Jessica Morgison- Programs Assistant, FCPS Child Nutrition Office, 400 Springhill Drive, Lexington, KY 40503.
6. **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, please contact the student's school to request information from the Homeless/ MCKV point-of-contact or a district Migrant/Advocate Recruiter at 422-0501 or 422-0460.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC *may* be eligible for free or reduced-price meals. Please send in an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send documentation of the household income you report.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to a child nutrition department official. You also may ask for a hearing by calling or writing to: Michelle Coker, FCPS Child Nutrition Office, 422-2156 or michelle.coker@fayette.kyschools.us.
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A US CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. **WHAT IF MY INCOME IS THE SAME?** List the amount that you *normally* receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will *also* be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you *meant* to do so.
14. **WE ARE 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.
15. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper and attach it to your application.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for *SNAP* or other assistance benefits, contact your local community assistance services or call 1-855-306-8959.

If you have other questions or need help, contact Jessica Morgison, Child Nutrition Programs Assistant at (859)422-2152 or jessica.morgison@fayette.kyschools.us.

This institution is an equal opportunity provider.



Scan to get directly to Meal Assistance application!



Fayette County
Public Schools



Pay your school fees online!

Introducing SchoolCash Online



Secure and easy to use



Manage all student fees from a single account -
everything from field trips to yearbooks



Receive emails about new fees and deadlines,
even if you pay in cash



View and print receipts at any time



Pay online, and your child doesn't need to carry
cash or checks to school

Enter the link below or scan the QR code

fayetteky.schoolcashonline.com



CHILDCARE RESOURCES

CHILDCARE ASSISTANCE

CCAP applications can be submitted by phone at (855) 306-8959 or online at [kynect](https://kynect.org).



PRESCHOOL

Choosing child care is one of the most important choices a parent will make. Your child needs a child care provider that will keep them safe, healthy, and learning.

There are many types of child care to choose from, and there is no one-size-fits-all. You need a provider that best fits your child and your family's needs.

Searching for a
Childcare Center?



www.childcareawareky.org

[FCPS Preschool](#)



AFTERSCHOOL

Daycares that offer PM
Transportation from
Wellington

Martial Arts USA: 859-224-0060

River Ferns Academy: 859-251-3919

La Petite: 859-224-1287

Lafayette Christian: 859-276-1801

Pepperhill Farm: 859-277-6813

All About Kids: 859-327-3710

COMPASS ZONE

Wellington
Onsite Afterschool
Childcare



[Compass Zone
Registration](#)



Welcome!

Your child is starting a remarkable journey- and so are you! Parents and caregivers play a vital role in students' achievement- parental involvement enhances academic performance, behavior, social skills, attitude, self-esteem, and more!

Wellington PTA works to harness the power of parental involvement to give students the best possible experience, and help to create a pathway for parents and caregivers to be active in their child's school.

ABOUT PTA

- We volunteer our time and skills to help students and the school!
PTA is a non-profit- all money goes to our mission!
- We raise funds to provide any extras we can! Resources, programming, supplies, support for STEM, Art, Music & more- wherever we're needed!

JOIN FOR YOUR CHILD!



Website



Store



Social Media



PTA GOALS

- Support students, their families, the school, and staff
- Enrich student experience with fun, engaging events and opportunities
- Foster a strong sense of community & connect parents to each other and resources
- Make every child's potential a reality by engaging and empowering families and communities to advocate for all children

PTA events & SUPPORT

- TRUNK OR TREAT
- GLOW RUN
- READ-ATHON
- TECH NIGHT
- SPIRIT WEAR
- BACK TO SCHOOL SOCIAL
- FIELD TRIP FUNDING
- WELMART SCHOOL STORE PLUS more!

EASY PEASY \$\$

Connect your Kroger Plus Card to Wellington PTA!



Download the BOX TOPS app & connect to Wellington PTA!





LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT
(LFCHD) SCHOOL HEALTH SERVICES

650 Newtown Pike
Lexington, KY 40508
(859) 288-2314 PHONE
(859) 288-2313 FAX

Student Health Information Form
Please complete one form per student

Last Name: _____ First Name: _____ MI: _____

Student's Social Security # _____ Birthdate: _____

Race (check one or more): _____ Caucasian/White _____ African American/Black _____ Native American/American Indian or Alaska Native _____ Asian _____ Native Hawaiian or other Pacific Islander

Ethnicity: Hispanic or Latino _____ Yes _____ No Sex: _____ Male _____ Female

Street Address _____ City _____ State _____ Zip _____

Parent/Legal Guardian _____ Primary Number _____ Alt Number _____

Parent/Legal Guardian _____ Primary Number _____ Alt Number _____

Emergency Contact Person OTHER than Parent/Legal Guardian _____

Relationship to Student _____ Primary # _____ Alternate # _____

Does your student have any of the following life-threatening conditions that may require EMERGENCY treatment or medications to be given at school? Please mark appropriate box(es) below.

☐ DIABETES
(Glucagon)

☐ ASTHMA (Rescue
Inhaler)

☐ SEIZURES
(Rescue
Medication)

☐ LIFE-
THREATENING
ALLERGY (Epi-Pen)

☐ OTHER:

Student's Medical History

Significant Medical History ☐ Yes ☐ No _____

Other relevant Medical History _____

Medication Allergies ☐ Yes ☐ No _____ Other Allergies ☐ Yes ☐ No _____

Food Allergies ☐ Yes ☐ No _____ Dietary Restrictions ☐ Yes ☐ No _____

Medications Taken Daily at Home ☐ Yes ☐ No _____

*Medications to be given at School ☐ Yes ☐ No _____

*Must complete additional consent form prior to any medications (over the counter or prescription) being brought to school to be administered. Forms are available from school.

Student's Primary Health Care Provider _____ Phone # _____

I/We have completed the above medical history to the best of my/our knowledge and understand it is my/our obligation to update the above information with any changes, additions, or qualifications.

X _____
(Signature of Parent/Legal Guardian/Emancipated Student)

_____/_____/_____
(Date signed)

BACK



Last Name: _____ First Name: _____ Date of Birth: _____



LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT (LFCHD)
SCHOOL HEALTH SERVICES
CONSENT FOR STUDENT HEALTH SERVICES

1. All students will receive basic first aid and emergency care. By signing this form, I consent to school health services, including, but not limited to, the application of anti-itch ointment, antiseptic cleanser, and/or eye wash, being given to my student by nurses or agents of LFCHD while at school. If my student requires emergency medical assistance which cannot be provided on-site by a school nurse and I cannot be reached, I consent to LFCHD arranging for the provision of emergency medical care for my student, including, but not limited to, transportation of my student to the nearest health care facility and/or to secure necessary medical care for my student at that facility.
2. I further understand that LFCHD provides only basic first aid and emergency care to students, as set forth in this Consent for Student Health Services. No referral for these types of health services shall occur, unless medically necessary or on an emergency basis.
3. I give consent for a school nurse to perform a vision screening on my student. I understand that a vision screening does not substitute for a comprehensive eye examination by an eye care practitioner.
4. I give consent for a school nurse to perform a hearing screening on my student. I understand that a hearing screening does not substitute for a comprehensive hearing examination by a hearing practitioner.
5. I understand that, by signing this consent, I acknowledge that I received or have access to a copy of LFCHD's Notice of Privacy Practices located at www.lfchd.org or I may request a copy by calling the School Health Services Division at 859-288-2314.
6. I understand that LFCHD does not offer any health service or mental health service related to human sexuality, contraception, or family planning as defined and addressed in KRS 158.191. In the event that LFCHD changes its services to offer such a service, no such service shall be offered to my child without prior notification to me of that service and written consent for the provision of that service, unless and/or except pursuant to federal, state, or local law.

X

(Signature of Parent / Legal Guardian / Emancipated Student)

_____/_____/_____
(Date signed)

CONSENT FOR RECEIPT AND DISCLOSURE OF STUDENT MEDICAL INFORMATION

1. I hereby consent to LFCHD releasing medical information about my student to his/her Primary Health Provider or other Health Care Provider as necessary for purposes of treatment.
2. Kentucky law requires certain immunizations for attendance in Kentucky public schools. To the extent I provide, directly or indirectly through a third-party medical provider, the required immunization information, I consent to LFCHD entering that immunization information into the Kentucky Immunization Registry ("KYIR") on behalf of and as part of its services to Fayette County Public Schools ("FCPS"). Further, I consent to LFCHD sharing the same records or information with the Kentucky Cabinet for Health and Family Services and its divisions, subparts and/or employees for the purposes of compiling statistical data, to help control, abate and/or otherwise affect the spread of infectious disease, and/or as otherwise required by law.
3. I understand that nothing in this Consent and Disclosure of Student Medical Information is intended to impede, reduce, increase or have any other effect on any right that I have as a parent or legal guardian regarding access to my child's medical information.
4. This consent form will remain in effect for your student through graduation, departure and/or other termination of enrollment from a FCPS school, unless you revoke this consent in writing at any time, except any such revocation will not affect information that has already been released in reliance upon this consent.
5. Any information released in response to this consent may be re-disclosed to other parties.
6. No medical treatment or payment is conditioned on the signing of this consent.
7. I understand that I have a right to receive a copy of this consent form.
8. Any facsimile, copy or photocopy of this consent shall authorize the release of student medical information as limited to and described herein.

X

(Signature of Parent / Legal Guardian / Emancipated Student)

_____/_____/_____
(Date signed)

Kentucky Parental Notice for One Time Consent to Allow the School District to Access Kentucky Medicaid Benefits

School District Name: **Fayette County**

School/District Contact: **Debbie Boian, Health Services Coordinator**

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission to release information needed to recover costs from Medicaid for eligible school-based services. Local education agencies in Kentucky have been approved to receive partial reimbursement from Kentucky's Department for Medicaid Services (DMS) for the costs of certain health-related services provided by the district to your child (or children).

With your permission, the school district will be able to seek partial reimbursement for medically necessary services to Medicaid recipients in accordance with an Individualized Education Program (IEP), an Individual Family Service Plan (IFSP), or are otherwise medically necessary.

The school district will need to share following types of information about your child: name, date of birth; gender; social security number, Individual Education Plan, Service records and any relevant information. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share information about your child without your permission. When you give permission, please be advised of the following:

1. This will allow the release of information, for the sole purpose of billing Medicaid services or auditing, to the following agencies: DMS, Kentucky Department of Education (KDE), Kentucky Department for Public Health, Centers for Medicare and Medicaid Services (CMS), any agency commissioned to audit this program and contractual third-party billing agents.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services.
3. This will not affect your child's available lifetime coverage or other Medicaid benefit; nor will it in any way limit your own family's use of benefits outside of school. This will not affect your child's special education services or IEP rights; and it will not lead to any risk of losing eligibility for other Medicaid or DMS funded programs.
4. You have the right to change your mind and withdraw your permission at any time.

I give permission to the school district to share with DMS information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our school seek partial reimbursement of DMS covered services.

Parent/Guardian Signature: _____ Date: _____

**Child's
Name:**

Date of Birth:

Medicaid Number:

Hello, my name is Millie Stakelin, I am the Cafeteria Manager here at Wellington Elementary. I am so excited about the new school year. I want to let you know the prices for breakfast and lunch.

Full pay breakfast \$2.50 Lunch \$3.50

Free and reduced will be \$0.00

Adults breakfast \$4.00 Lunch \$6.00

Milk is \$1.00

If your child brings their lunch and wants milk, they will have to pay \$1.00.

We will be selling ala-carte items this year. Chips are \$1.00 to \$1.50. Extra entrees will be \$3.00.

Student name _____

May buy extras _____

May not buy extras _____

What days to buy extras

Monday _____

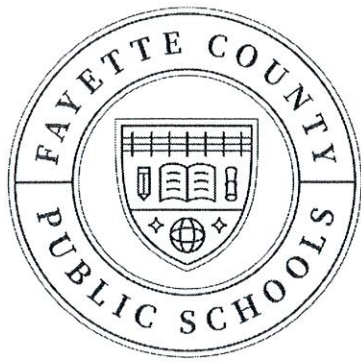
Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Please feel free to contact me if you have any questions. My phone number is 859-422-1399 or email me at mildred.stakelin@fayette.kyschools.us.



Fayette County Public Schools Waiver of Instructional Fees

Dear Fayette County Public Schools Families:

Our school district is committed to providing the very best possible education to each student, regardless of his or her family income level. In order to ensure that financial concerns are not a barrier, students who qualify for free or reduced lunch through direct certification or income guidelines are also exempt from paying instructional fees such as:

1. Charges or deposits collected by a school for use of school property, including but not limited to: locks, towels, laboratory equipment, and special workbooks.
2. Charges for field trips, any portion of which falls within the school day.
3. Charges or deposits for uniforms or equipment related to intramural sports, music, or fine arts programs.
4. Special supplies or fees required for a particular class.
5. Graduation fees required for participation.
6. Special education fees.
7. School records fees.
8. School health service fees.
9. General activities fees.
10. Vocational education fees.
11. Textbook rental fees.
12. Any other fees not exempt under school board policy or procedure.

To apply for a waiver of fees, please fill out, sign the application, and return the completed document to the principal's office in your child's school.

Thank you for your attention to this important matter. Should you have any further questions, please contact the principal at your child's school.

INSTRUCTIONAL FEE WAIVER REQUEST FORM

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL OFFICE

The following student(s) attending _____ is a dependent living in my household and is eligible for free or reduced-price lunch and I hereby request waiver for required instructional fees.

I authorize FCPS Child Nutrition to share my student's meal status with the school's designee and teacher of record so that my child can benefit from Fee-Waiver funds.

Student's Name	Date of Birth	Grade

Parent/Guardian Signature _____

Student Name _____ Date _____

.....

VOLUNTARY INSTRUCTIONAL FEE WAIVER EXCEPTION FORM

I understand that, if my child qualifies for instructional fee waiver and I have signed and returned the Fee Waiver Request Form, I am NOT required to pay, donate or contribute any portion of an eligible school fee (including fees charged for school day field trips). However, if I sign this exception form, I am choosing, from time to time, to pay all or part of a fee. In order to make a voluntary contribution, I must sign this form.

Parent/Guardian Signature _____

Student Name _____ Date _____

SCHOOL OFFICE USE ONLY

Your request for instructional fee waiver for _____ has been
____ Approved
____ Denied due to _____

If your application has been disapproved and you wish to discuss any concerns about the decision, you may call _____ to request a meeting.

Principal or Designee

Date

Home Language Survey

Dear Parent/Guardian:

The purpose of the home language survey (HLS) is to determine the primary or home language of the student. This information is essential for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related [Inclusion of Special Populations Guidance](#).

The HLS must be given to all students in grades K-12 upon their **initial** entry into a Kentucky public school as a first screening process to identify potential English learner students. The HLS is administered **once**, upon initial enrollment in grades K-12 and remains in the student's cumulative file.

Please note that the answers to the survey below are student specific. **If a language other than English is recorded for ANY of the required survey questions below, the district is legally obligated to do further assessment of your child to determine if they are eligible for language support.**

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

Student Information (required):

Name: _____ Grade: _____

Student Language Background (required):

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when they first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

Language for School Communication (not required):

5. In which language would you prefer to receive all school information: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

For School Use Only

School personnel who administered and explained the HLS and potential placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

