

REGISTRATION CHECKLIST FOR OFFICE TO COMPLETE

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

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

Immunization required in State of NH

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

1 Varicella vaccination or laboratory diagnosis of chicken pox disease is required.

2 Varicella vaccination or history of chicken pox disease.

3 If the child has a medical contraindication to pertussis vaccine, the child shall receive Tetanus diphtheria toxoid (Td) vaccine.

4 If a combined IPV/OPV schedule was used, 4 doses are always required, even if the 3rd does was administered after the 4th birthday.

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

NEW STUDENT REGISTRATION FORM

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

SECTION 1: STUDENT INFORMATION

Student Name: _____
LAST FIRST MIDDLE

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

Birthplace: City/Town: _____ State: _____

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

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

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

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

SECTION 2: RESIDENCY AFFIDAVIT

Physical Address: _____

Town: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Town: _____ State: _____ Zip: _____

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

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

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

Legal Guardian Signature: _____ Date: _____

SECTION 3: GUARDIAN INFORMATION

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

Mother Name: _____ Email: _____

Mother address: _____
Street Town State Zip

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

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

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

Father Name: _____ Email: _____

Father address: _____
Street Town State Zip

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

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

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

IF SEPARATED, WHO IS THE PRIMARY CUSTODIAL PARENT? _____

GUARDIAN INFORMATION CONTINUED ON FOLLOWING PAGE

SECTION 3 (continued): LEGAL GUARDIAN INFORMATION

If student does not live with either parent:

Legal Guardian Name: _____

Relationship to Student: _____

Guardian Home #: _____ Work #: _____ Cell #: _____

SECTION 4: PARENT MILITARY STATUS

Is one or both parent/guardian(s) active duty in the United States Military (not including the National Guard)?

☐ NO

☐ YES, ONE PARENT

☐ YES, BOTH PARENTS

Is one or both parent/guardian(s) full time in the United States National Guard?

☐ NO

☐ YES, ONE PARENT

☐ YES, BOTH PARENTS

SECTION 5: ADDITIONAL HOUSEHOLD MEMBERS

Please list any other adults that live in the same household as the student.

Name: _____ Relationship to student: _____

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

Name: _____ Relationship to student: _____

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

Name of brothers/sisters at home:

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

SECTION 6: EMERGENCY CONTACT INFORMATION

In the event of an emergency, the school will attempt to notify the members of the household first.

Please list 3 additional emergency contacts below.

#1 Name: _____ Relationship to student: _____

Physical address: _____

Street

Town

State

Zip

Home #: _____ Cell #: _____ Can Pick up Student: Yes No

#2 Name: _____ Relationship to student: _____

Physical Address: _____

Street

Town

State

Zip

Home #: _____ Cell #: _____ Can Pick up Student: Yes No

#3 Name: _____ Relationship to student: _____

Physical address: _____

Street

Town

State

Zip

Home #: _____ Cell #: _____ Can Pick up Student: Yes No

SECTION 7: PREVIOUS SCHOOL INFORMATION

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

School address: _____
Street Town State Zip

School Phone: _____ Fax: _____

Does your child have a 504 plan? ☐ YES ☐ NO

Does your child have an IEP? ☐ YES ☐ NO

Does your child receive special education services? ☐ YES ☐ NO

If yes, please state what service(s):

- | | | |
|--|---|---|
| ☐ Counseling | ☐ Occupational Therapy | ☐ Physical Therapy |
| ☐ Resource Room | ☐ Self-Contained Room | ☐ Speech Therapy |
| ☐ Title I | ☐ Para support | |
| ☐ Other -specify: _____ | | Medical concerns: _____ |

SECTION 8: SCHOOL MESSENGER

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

NOTE: The PRIMARY phone number will receive ALL messages.

PRIMARY #1: _____ PRIMARY #2: _____

EMAIL 1: _____ EMAIL 2: _____



HOME OF THE LUMBERJACKS

Lin-Wood Public School

72 Linwood Drive, Lincoln NH 03251

Phone: (603) 745-2214 / www.lin-wood.org

Peter Stivali, CAGS
Principal

Ashley Youngheim, M.Ed.
Assistant Principal

RELEASE OF RECORDS

Today's Date _____

Student's Name _____

Grade Entering _____ Date of Birth: _____

Previous School _____

School's Address _____

City/State/Zip _____

Telephone _____ Fax _____

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

____ Official Transcript (signed and sealed)

____ Withdrawal Grades

____ Health Records

Please Fax 603-745-6797

____ Cumulative Folder

____ Discipline Records

____ Testing Results

____ Special Education - copy of IEP or 504 Records (if applicable)

____ SASID Number _____

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

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

_____ Lin-Wood Public School Registrar

_____ Parent/Guardian

Middle/High School Fax: (603) 745-6797

Elementary Fax: (603) 745-3730

Accredited by New England Association of Schools and Colleges

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

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

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

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

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

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

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

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

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

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

If yes, name of restricted person(s) _____

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

Residency Affidavit:

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

Physical Street Address _____

☐ I am a resident of Lincoln

☐ I am a resident of Woodstock

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

Government Issued Voter Registration Card	
Driver License	
Vehicle Registration	

Lincoln-Woodstock Cooperative School District

Pupil Services Questionnaire

TO BE FILLED OUT BY ALL INCOMING STUDENTS

This form will be given to the Director of Pupil Services

CONFIDENTIAL

Students Name: _____

Date: _____

Date of Birth: _____

Grade: _____

Identify the student's current living arrangements

Please check all that apply

- ☐ In a shelter, domestic violence shelter, group home, transitional housing, or FEMA trailer (not section 8 housing)
- ☐ In a foster home or awaiting foster care
- ☐ In a home of a friend or relative temporarily (due to lack of housing or financial conditions)
- ☐ In a motel/hotel
- ☐ In a place NOT considered traditional housing (car, campground, park, abandoned building)
- ☐ In your own home without adequate utilities (running water, heat, electricity)
- ☐ Living alone as a minor student(s) without an adult (unaccompanied youth)
- ☐ In a home of a friend or relative permanently
- ☐ In own home (includes section 8 housing)

Medicaid:

Is the above student apart of any Medicaid Program such as Katie Beckett, NH Healthy Family WellSense, or Medicaid?

If YES, please write the student's Medicaid number: _____

Special Education:

Has the student ever been referred for Special Education Services? YES OR NO

Section 504:

Has the student ever been referred for 504 services? YES OR NO

If YES, does the student have a current 504 plan? YES OR NO

English Speakers of Other Languages (ESOL):

Has the student ever been referred for ESOL services? YES OR NO

If YES, does the student have a current ESOL plan? YES OR NO

If YES, what time of day is best to set up a meeting: _____

The best phone number: _____ and email address _____

Parent/Guardian Signature: _____

Date: _____

Student Signature (If 18 years or older): _____

Date: _____

Home Language Survey

School: _____ District: _____ Date: _____

Instructions for survey administrator:

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

Information for parents and guardians:

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

Student Information: Please complete this general information about your son or daughter.

First name:	Last name:	Date of Birth:	Gender: o female o male
Country of Birth:		Date first enrolled in a U.S. school: Month _____ Year _____	Current grade:

Family Information: Please complete this information about your family.

Name of parent/legal guardian:	Phone number:
Address:	Would you like school notices translated? If yes, in which language: _____

Questions about Language: Please answer the following questions about the languages that you and your family use.

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

Parent/Guardian Signature: _____ Date: _____

STUDENT HEALTH FORM

Parent or Guardian to Complete				
Student's Name: Last:		First:	Middle:	Sex: M or F DOB:
School Year:	Grade Level:	Teacher Name:		
Home Phone:	Father's Work/Cell Phone:	Mother's Work/Cell Phone:		
Parent/Guardian(s) Name(s):				
Complete all boxes that apply to your child. Parent or guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms.				
Over the counter medications available from School Health Office: All doses given per label recommendation, according to age and weight. Please check the ones you give permission for your child to receive at school.				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">☐ ACETAMINOPHEN (Tylenol)</div> <div style="width: 33%;">☐ VASELINE/LIP BALM (Chapped lips/nose)</div> <div style="width: 33%;">☐ SALINE SOLUTION/EYE RINSE</div> <div style="width: 33%;">☐ TUMS</div> <div style="width: 33%;">☐ TRIPLE ANTIBIOTIC OINTMENT</div> <div style="width: 33%;">☐ BENADRYL (Allergic reaction)</div> <div style="width: 33%;">☐ HYDROCORTISONE CREAM (Itching/Rashes)</div> <div style="width: 33%;">☐ COUGH DROPS</div> <div style="width: 33%;">☐ IBUPROFEN (Motrin)</div> </div>				
<p>I agree by signing this statement that I will not hold liable the school nurse, deans, or designee, in assisting my child in taking the above named non-prescription medicine.</p>				
Student: _____ Parent/Guardian (Print): _____				
Parent/Guardian Signature: _____ Date: _____				
☐ I DO NOT give permission to administer medication at school				
My child has a medical condition that may affect his or her school day: ☐ YES ☐ NO (Please Indicate Below)				
ALLERGIES				
Allergy Type:				
☐ Bee Sting				
☐ Medication List medication(s): _____				
☐ Food List food(s): _____				
☐ Other List Other: _____				
Reactions: ☐ Coughing ☐ Hives ☐ Rash ☐ Difficulty Breathing ☐ Local Swelling ☐ Wheezing				
Will supply epinephrine at school ☐ YES ☐ NO <i>If yes, please complete the Health Management form</i>				
ASTHMA				
Triggers: ☐ Exercise ☐ Environmental ☐ Other (list) _____				
Physical Education Restrictions: ☐ None ☐ Self-limits ☐ Other _____				
Symptoms or reactions:				
☐ Chest tightness, discomfort or pain ☐ Difficulty breathing ☐ Throat itch, tightness or soreness				
☐ Coughing hoarseness ☐ Wheezing ☐ Other _____				
Date of last hospitalization related to asthma: _____				
Will supply inhaler at school ☐ YES ☐ NO <i>If yes, please complete the Health Management form</i>				
CONTINUE ON REVERSE				

DIABETESCurrently prescribed treatment to be used *IN SCHOOL*:**Insulin:** ☐ Syringe ☐ Pen ☐ Pump ☐ Pod ☐ Blood sugar testing ☐ Glucagon ☐ Oral medication(s)**SEIZURE DISORDER****Type of seizure:**☐ Absence (staring, unresponsive) ☐ Complex partial ☐ Generalized tonic-clonic (grand mal, convulsive)☐ Other (explain): _____**Date of last seizure:** _____ **Length of seizure:** _____**MENTAL HEALTH CONCERNS**☐ Depression ☐ Anxiety ☐ Bi-Polar ☐ ADD/ADHD ☐ Autism

Other: _____

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

Please explain: _____

MEDICAL RELEASE

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

Please check the box that applies: ☐ YES ☐ NO

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Please print): _____

PROVIDER EXCHANGE PERMISSION

I authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form and any medically relevant concern. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Please check the box that applies: ☐ YES ☐ NO

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Please print): _____

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

HEALTHCARE MANAGEMENT

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

Parent/Guardian Authorization for Health Screenings

Student Name: _____ Date of Birth: _____

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

Please check your choice for each screening:

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

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

Parent/Guardian Signature: _____ Date: _____



Permissions/Authorizations

Lincoln-Woodstock Cooperative School District Student Media, Photo, and Video Release Form

Dear Parents and Guardians,

We love celebrating our students' achievements and sharing the great things happening at Lin-Wood Public School! To do this, we occasionally use photographs, video recordings, and interviews.

Please review the information below regarding how these materials are used and how you can provide or withhold your consent.

1. Media & Marketing Release

By consenting to this section, you grant permission for Lin-Wood Public School to photograph, interview, or showcase your child's work and achievements (such as honor roll lists).

- **Where it's used:** Printed materials, electronic media, school social media, websites, or public displays and exhibitions.
- **Media coverage:** This also allows outside news media organizations to broadcast or publish photos/interviews from school events.
- **Yearbook:** Regular school portraits will automatically be used for the school yearbook.

2. Classroom & Activity Recording Release

Our teachers and students frequently use video and audio recordings for educational purposes, such as student presentations, instructional reviews, and assessments.

By consenting to this section, you authorize the Lincoln-Woodstock Cooperative District to audio/video record your child during the school day and during extracurricular activities. This includes, but is not limited to:

- Classroom instructional activities and lessons (e.g., world language speaking practices).
- School programs, clubs, and extracurricular activities not open to the general public.
- Music, band, chorus, and instrumental practices not open to the general public.
- School events like Kanc Connection, performances, and sporting events.
- Required local, state, and federal assessments.

Important Terms & Your Rights

- **Duration:** This consent is valid for the current school year only.
- **Right to Withdraw:** You can change your mind and withdraw your consent at any time. To do so, you must notify the school principal in writing.

When Consent is Not Required

Please note that under the law, the school district does not require parental consent to record students in the following specific circumstances:

1. As part of a court proceeding or an investigation by child protective services.
2. As part of a school safety demonstration.
3. Video-only recording used to maintain safety, order, and discipline in common areas (like hallways) or on school transportation vehicles.

Parental Consent Selection

Please check the appropriate boxes, sign, and return this form to the school.

☐ **I GIVE PERMISSION** for my child to be photographed, interviewed, and recorded as outlined in Sections 1 and 2 above for the current school year.

☐ **I DO NOT GIVE PERMISSION** for my child to be photographed, interviewed, or recorded for marketing or classroom purposes (excluding the legal exceptions noted above).

Student's Name: _____

Grade: _____

Parent/Guardian Signature: _____

Date: _____



Handbook Acknowledgement

Student's Name: _____
(please print)

We, parent/guardian and student, are responsible for all school property issued to our child(ren) including but not limited to books, calculators, laptops, and uniforms.

We, parent/guardian and student, have reviewed the following policies:

Policy:	Parent/ Guardian's Initials	Student's Initials
ADC Tobacco Product Ban	_____	_____
JICD Student Conduct, Discipline	_____	_____
JICC-R Student Rules and Conduct-Bus	_____	_____
JH Attendance, Absenteeism, and Truancy	_____	_____
JICK Bullying Prevention-Pupil Safety and Violence Prevention Policy	_____	_____
JICL-R Internet Access Release	_____	_____
JRA Student Records and Access - FERPA	_____	_____
EF-R Meal Charging	_____	_____

We, parent/guardian and student, have reviewed the LIN-WOOD STUDENT/PARENT HANDBOOK and are aware of its full content. We additionally acknowledge that policies are subject to change. Updated policies will be maintained in the electronic version of the LIN-WOOD STUDENT/PARENT HANDBOOK available here:

<https://www.lin-wood.org/families/parentstudent-handbook> and in the electronic policy database available here:
<https://www.lin-wood.org/school-board/policies>.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Failure to initial and sign this Handbook Acknowledgement does not relieve parent/guardian/student from complying with guidelines and policies herein.



Walking Field Trip Permission

Dear Parents and Guardians,

Throughout the school year, our teachers love to take learning outside the classroom! To give our students hands-on experiences and opportunities to serve our community, we occasionally take short, walking field trips off school grounds.

Here is what you need to know:

- **Distance:** We stay close to home—usually walking no more than one mile from the school.
- **Activities:** Trips might include visits to the local library or community center, neighborhood clean-up days, health and wellness walks, or quick runs to the grocery store for cooking class ingredients. We also use these walks for nature observations and student rewards.

By signing the Walking Field Trip permission slip, you give your child permission to participate in all of these fun, local activities throughout the entire school year.

Sincerely,
Mr. Peter Stivali, Principal

Student's Name: _____

Emergency Contact Name : _____

Emergency Contact Phone: _____

Notes about student (medications, etc.): _____

I/We authorize my/our child to participate in walking field trips.

Parent/Guardian Signature(s): _____

Please review the handbook, complete, and return the handbook acknowledgement and permissions/releases to your child's HOMEROOM/ADVISORY TEACHER no later than October 1, 2026

MySchoolBucks®

Online Lunch Payment System

The Lincoln-Woodstock School District and Lin-Wood Foodservice are excited to offer **MySchoolBucks®**! This secure, online payment service provides a quick and easy way to add money to your student's meal account using a credit/debit card or electronic check. This service allows you to deposit money directly into your child's school meal account and view balance/purchase information for the past ninety days. You can view recent purchases, check balances, and set-up low balance alerts.

MySchoolBucks provides:

- **Convenience** - Available **24/7 on the web** or through our **mobile app** for your smartphone
- **Efficiency** - Make payments for all your students, even if they attend different schools within the district. Eliminate the need for your students to take money to school.
- **Control** - Set low balance alerts, view account activity, recurring/automatic payments & more!
- **Flexibility** - Make payments using credit/debit cards and electronic checks.
- **Security** – MySchoolBucks adheres to the highest security standards, including PCI and CISP.

Enrollment is easy!

1. Go to www.MySchoolBucks.com and register for a free account. You can also access the link through the Lin-Wood School website at www.lin-wood.org, select departments/foodservice, scroll down and select the MySchoolBucks logo for online school lunch payments.
2. Add your students using their school student ID. Each student has their own student id. Contact Food Service Director Darlene Stokowski for your students ID number. dstokowski@lin-wood.org
3. Make a payment to your students' accounts with your credit/debit card or electronic check. *Program fees apply. You will have the opportunity to review any fees and cancel if you choose, before you are charged.*

We are very excited to offer this service and are confident that MySchoolBucks will benefit you, your child and our District. Try it today!



NH Department of Education

**Office of
Nutrition Programs
& Services**

Completing an application takes less
than 10 minutes and
application information remains private
and confidential.
Only one application per household is
needed.

IT'S MORE THAN A MEAL APPLICATION.

Meal Applications may be downloaded from your school's
website or obtained from the district's food service director.



DON'T DELAY! COMPLETE AND SUBMIT AN APPLICATION TODAY!

FILLING OUT THE SCHOOL MEAL APPLICATION MAY HELP PROVIDE:

**After School Academic &
Enrichment Programs.**

**Free/reduced meal for the
first 30 school days for next
school year.**

**State and Federal
funding for school
budgets.**

**Fund computers and
technology - at home
and for your school.**

**Fee waivers for college applications
and admissions tests.
*parent/guardian consent required to
disclose information.**

**Resources for
classrooms, teachers,
and children.**



Each student has their own lunch account for the Lin-Wood Public School cafeteria. Per Lin-Wood School Policy: "EF-R School Meal Charging & Payment", payments to the student food service accounts may be made by cash*, check* or via MySchoolBucks® online payment system. It is the responsibility of each household to maintain a positive balance in their student's food service account. A la carte food items or incomplete, non-reimbursable meals will not be allowed to be purchased if a student has a negative account balance.

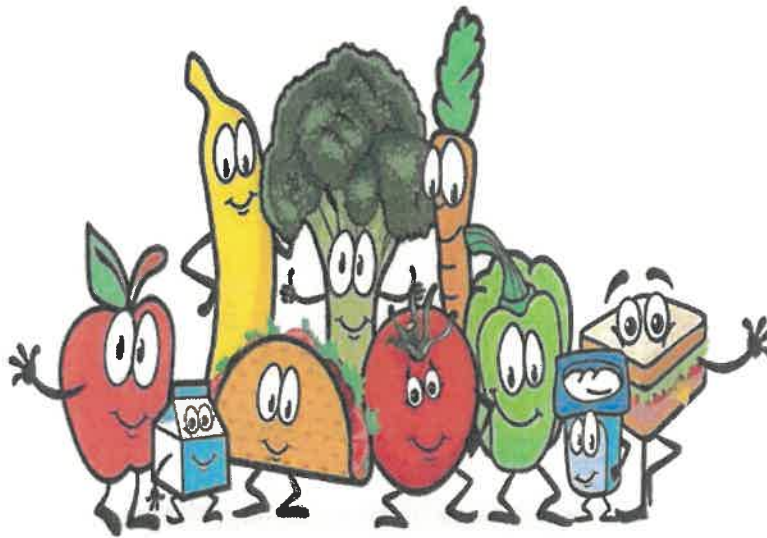
Enclosed is information regarding opening a MySchoolBucks® account for your student(s). Here are some additional tips and information regarding the MySchoolBucks® app.

- 1) There is a transaction fee for adding money through the online MySchoolBucks® program. The fee is: **\$3.75 per deposit transaction** for CARD payments (Debit or Credit, Visa, Mastercard, Discover, AMEX) and **\$2.75 for e-checks**.

The fee is **per transaction**, and not per student. This means that parents of multiple students can add up to **\$150 per student**, on **all students**, for a **Single fee**. For example, a parent of 3 can add up to \$450 in a single transaction for a single fee of \$3.75 or \$2.75, depending on payment method.

- 2) Parents can view what their student is purchasing in the cafeteria with a MySchoolBucks® account.
- 3) Families can receive low balance reminders and choose to transfer funds between students online in MySchoolBucks®.

- 4) With AutoPay, parents can have funds automatically added on a schedule or when balances are low.
- 5) **If you want to avoid the online card payment transaction fee,** consider sending in a check payable to “Lin-Wood Foodservice” for your student’s account. As long as you have the MySchoolBucks® online account, you can still view the purchases by your student and still receive the low alert and view account balances. You do not get charged for having an account. The (transaction) fee is just for adding money directly to your students account online.
- 6) Contact Food Service Director Darlene Stokowski for more information. dstokowski@lin-wood.org



*Note – if paying by cash or check, please clearly identify which student account the payment should be applied to. If sending it in with your child, make sure it is in a secured payment envelope with the student information clearly identified.

July 2026



HOME OF THE LUMBERJACKS

Lincoln-Woodstock Cooperative School District/SAU#68
72 Linwood Drive, Lincoln NH 03251
Phone: (603) 745-2051 / www.lin-wood.org

McKenzie Harrington, M.Ed.
Business Administrator

Mary Steady, Ed.D.
Superintendent

Nancy Bartlett, M.Ed.
Director of Pupil Services

School Year 2026 -2027:

Frequently Asked Questions: Free and Reduced Priced School Meals

United States Department of Agriculture (USDA)

National School Lunch Program (NSLP)

Dear Parent/Guardian:

Lin-Wood Public School offers healthy meals every school day under the USDA National School Lunch Program. The Lincoln-Woodstock Cooperative School District has priced meals at Elementary School: \$2.20/Middle High School: \$2.45 for Breakfast and Elementary School: \$3.30/Middle High School: \$3.55 for Lunch. Your children may qualify for free meals or for reduced-price meals under this program. If your household qualifies for reduced-priced meals, Breakfast would be at no cost and lunch would be priced at \$0.40. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **NH SNAP** or **NH TANF**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits set by the Federal Income Eligibility Guidelines in the chart below.

Income Guidelines for Child Nutrition Programs: July 1, 2026, to June 30, 2027

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 family member, add	10,508	876	438	405	203

SAU Fax: (603) 745-2352

SAU Physical Address: 78 Main Street, Suite 3, Lincoln NH 03251

2. HOW DO I KNOW IF MY CHILD(REN) QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?
 - Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail: **Erin Bell, Lin-Wood Public School, 72 Linwood Drive, Lincoln, NH 03251, (603) 745-2214 ext. 204, ebell@lin-wood.org.**
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?
 - No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Billie Barnett, Lin-Wood Public School, 72 Linwood Drive, Lincoln, NH 03251, (603) 745-2214 ext. 240, bbarnett@lin-wood.org.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILD(REN) ARE ALREADY APPROVED FOR FREE MEALS?
 - No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Billie Barnett, Lin-Wood Public School, 72 Linwood Drive, Lincoln, NH 03251, (603) 745-2214 ext. 240, bbarnett@lin-wood.org** immediately.
5. CAN I APPLY ONLINE?
 - Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.lin-wood.org/departments/food-service to begin or to learn more about the online application process. Contact **Billie Barnett, Lin-Wood Public School, 72 Linwood Drive, Lincoln, NH 03251, (603) 745-2214 ext. 240, bbarnett@lin-wood.org** if you have any questions about the online application.
6. MY APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?
 - Yes. The application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school has informed you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?
 - Children in households participating in WIC may be eligible for free or reduced-price meals. Please apply for meals through the income application.
8. WILL THE INFORMATION I GIVE BE CHECKED?
 - Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER?
 - Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?
 - You should talk to school officials. You also may ask for a hearing by calling or writing to: **Mary Steady, Lincoln-Woodstock Cooperative School District, 72 Linwood Drive, Lincoln NH 03251, (603) 745-2051 ext. 212, msteady@lin-wood.org.**
11. CAN I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?
 - Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?
 - List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

- Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zero. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. WE ARE IN THE MILITARY; DO WE REPORT OUR INCOME DIFFERENTLY?

- Your basic pay and cash bonus must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?

- List any additional household members on a separate piece of paper and attach it to your application. Contact **Billie Barnett, Lin-Wood Public School, 72 Linwood Drive, Lincoln, NH 03251, (603) 745-2214 ext. 240, bbarnett@lin-wood.org** to receive a second application.

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

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

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

Sincerely,

Billie Barnett

(Signature)

Billie Barnett, School Counselor Administrative Assistant

(Print Name and Title)

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

APPLY ONLINE: www.lin-wood.org/departments/1000-service
RETURN TO (School/District Name): Lin-Wood Public School
ADDRESS: 72 Linwood Drive, Lincoln NH 03251

ADDRESS: 72 Linwood Drive, Lincoln NH 03251

Use ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless	If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	

Check all that apply

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

☐ NO → Go to STEP 3.

☐ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

SELECT ONE: ☐ SNAP ☐ TANF

****Household must submit backup documentation if providing a case number I.e. Notice of Decision (NOD) from NH DHHS****

List ALL household members and income for each member (before taxes and deductions)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	How often received?				Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
	Earnings from Work	Weekly	Every 2 Weeks	Monthly		Annual	Weekly	Every 2 Weeks	2x/Month		Monthly	Weekly	Every 2 Weeks	2x/Month
	\$													
	\$													
	\$													
	\$													
	\$													

Total Household Members (Children and Adults)

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

Check if no Social Security Number ☐

How often received? ☐ Weekly ☐ Every 2 Weeks ☐ 2x/Month ☐ Monthly ☐ Annual

Child Income \$

B. Child Income Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Contact information and adult signature.

"I certify (promise) that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult		Today's Date
Mailing Address (if available)	City	State	Zip
		Phone (optional)	Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income

Earnings from Work

- Salary, wages, cash bonuses, tips, commissions
- Net income from self-employment (farm or business)
- If you are in the U.S. Military:**
 - Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)
 - Allowances for off-base housing, food, and clothing

Public Assistance/Alimony/Child Support

- Unemployment benefits
- Workers' compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments
- Veterans' benefits
- Strike benefits

Pensions/Retirement/All other sources of income

- Social Security/Disability (including railroad retirement and black lung benefits)
- Private Pensions or disability benefits
- Income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

- A child has a regular full or part-time job where they earn a salary or wages
- A child is blind or disabled and receives Social Security benefits
- A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

Examples of Income for Children

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☒ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)

☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly $\times 52$, Every 2 Weeks $\times 26$, Twice a Month $\times 24$, Monthly $\times 12$. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

Weekly	Every 2 Weeks	2x/month	Monthly	Annual
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Household size

Free	Reduced	Denied
<input type="text"/>	<input type="text"/>	<input type="text"/>

Categorical Eligibility ☐

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced-price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get

free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication 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.

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

Return completed form to your child's school

THE BUS ROUTE IS SUBJECT TO CHANGE

Lincoln - Woodstock Cooperative School District Bus Routes 2026-2027

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

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

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

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

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

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

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



LIN-WOOD PUBLIC SCHOOL CALENDAR 2026-2027



AUGUST 2026

S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

(1 days)

SEPTEMBER 2026

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

(20 days)

OCTOBER 2026

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

(20 days)

NOVEMBER 2026

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

(17 days)

DECEMBER 2026

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

(17 days)

JANUARY 2027

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

(19 days)

FEBRUARY 2027

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

(15 days)

MARCH 2027

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

(22 days)

APRIL 2027

S	M	T	W	T	F	S
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

(16 days)

MAY 2027

S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

(20 days)

JUNE 2027

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

(13 days)

COLOR KEY

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

(180 SCHOOL/STUDENT DAYS)

August 25-27	Teacher In-Service Days	January 1	New Year's Day/Holiday Break Cont.
August 31	First Day of School	January 18	MLK Jr. Civil Rights Day
September 4	Labor Day Weekend	February 22-26	Winter Break
September 7	Labor Day	March 9	Teacher In-Service/Town Mtg. Day
October 9	Teacher In-Service Day	April 8	Early Dismissal – Student Lead Conferences
October 12	Columbus Day	April 9	Teacher In-Service Day
November 11	Veterans Day	April 26-30	Spring Break
November 18	Early Dismissal – Parent Conferences	May 31	Memorial Day
November 16-20	American Education Week	June 11	Graduation
November 25-27	Thanksgiving Break	June 17	Last Day of School/Early Dismissal
December 23	Early Dismissal	June 18 & 21-24	Make-Up Days (if needed)
December 24-31	Holiday Break		

Please note: This calendar may be changed by School Board action or by inclement weather conditions. School cancellations, e.g., snow days may extend the school year. (Make-up days if needed: June 18, 21, 22, 23, and 24.)

INTERIM CLOSES		INTERIM DISTRIBUTED		REPORT CARD CLOSES		REPORT CARD DISTRIBUTED	
September	25	October	2	November	6	November	16
December	11	December	18	January	22	January	29
February	19	March	5	April	9	April	16
May	14	May	21	June	17	June	TBA