

Onteora Central School District
PO Box 300
Boiceville, NY 12412
(845) 657-3320
(845) 657-8742 fax

Universal PreKindergarten Program
2017-2018

Name of Student_____

Date of birth_____ *Must be 4 years old on/before December 1, 2017*

Parent A/Legal Guardian_____

Parent B/Legal Guardian_____

All forms, the original birth certificate AND proof of residency (see attached documents) must be delivered to the Central Administration Offices no later than May 26, 2017.

The Onteora Central School District will, pending State budget approval, continue to offer the half day Universal PreKindergarten program. Please complete this packet so your child may be considered for placement via a lottery for the half day program.

In addition, during the 2016-2017 school year, we were fortunate to obtain a grant to provide a full day prekindergarten program to children that the State considered 'at risk' based on certain criteria. If the grant is available for the 2017-2018 school year we will definitely apply again in hopes of obtaining the funding to continue to offer a full day program.

Please complete the packet in its entirety.

Onteora Central School District – PRESCHOOL Registration Form

Confidential

Student #: _____

Student Information

Legal Name:

(as it appears on
Birth Certificate)

Nickname:

Student _____ Both Parents at same address _____ Both Parents at separate addresses

Resides with: _____ Parent A Only _____ Parent B Only _____ Legal Guardian _____ Foster Parent(s)

Custody of _____ Court appointed Sole Custody is with Parent/Guardian A listed below

Student: _____ Joint Legal Custody/Primary Physical Custody is with Parent/Guardian A listed below

(if not residing with _____ Joint Legal Custody/Joint Physical Custody (Please note Primary Residence will be used for Transportation)
both parents) _____ Informal, no court orders in effect

Date of Birth: _____

Gender: Male / Female

Custody Papers (if applicable): Yes / No

Is the student Hispanic/Latino or of Spanish origin? Yes / No

Race (check **at least one**, you may check all that apply):

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White (Caucasian)

If student was born in the US or its territories:

Birth City: _____

Birth State/Territory: _____

US Territories include: American Samoa, Guam, Northern
Marianna Islands, Puerto Rico, US Minor Outlying Islands,
US Virgin Islands

Parent/Guardian A (Student's Primary Residence)

**Full
Name**

**Physical
Address**

**City/
State/Zip**

**Mailing Address
(if different)**

**City/
State/Zip**

**Home
Phone**

**Work
Phone**

Parent/Guardian A's relationship to student (check one):

_____ Mother

_____ Father

_____ Foster Mother

_____ Foster Father

_____ Grandmother

_____ Grandfather

_____ Court Appointed Legal Guardian

_____ Other _____

Student resides with this parent? Full time / Part time

Step Parent at this Address (if applicable)

**Full
Name**

Work Phone

Cell Phone

Parent/Guardian B

**Full
Name**

**Physical Address
(if different)**

**City/
State/Zip**

☐ Location
Unknown

**Mailing Address
(if different)**

**City/
State/Zip**

**Home
Phone**

**Work
Phone**

Parent/Guardian B's relationship to student (check one):

_____ Mother

_____ Father

_____ Foster Mother

_____ Foster Father

_____ Grandmother

_____ Grandfather

_____ Court Appointed Legal Guardian

_____ Other _____

Same residence as Parent/Guardian A? Yes / No
If No,

Student resides with this parent? Part time / No

Step Parent at this Address (if applicable)

**Full
Name**

Work Phone

Cell Phone

Student's Educational Background
(Please list **ALL** previous schools, use separate sheet if necessary)

Previous School	Previous School's Address	Dates of Attendance

Does your child speak a Second Language ? Yes / No If yes, what language(s)? _____

Special Education Services Information

Does your child currently have an IEP? Yes / No		Is your child currently receiving:	
Name(s) of Therapist(s)/Agency:		Counseling	Yes / No
		Speech	Yes / No
		Occupational	Yes / No
Comments:		Physical Therapy	Yes / No
		Other	Yes / No

Siblings / Other Children Living at Primary Address

Name (Include last name if different)	Gender	Birth Date	Grade	Present School	Relationship to Student

Other Adults Living at Primary Address

Name (Include last name if different)	Gender	Relationship to Student

Student's Previous Address if New to the Ontario Central School District

Street	City/ State/ Zip

I certify that I am a resident of the Ontario Central School District and all information provided above is accurate to the best of my knowledge.

Signature _____

Date _____

Onteora Central School District

PO Box 300
4166 Route 28
Boiceville, NY 12412
Tel. (845) 657-6383 Fax (845) 657-8742

Dear Parents/Guardians,

Welcome! In order to be enrolled in the Onteora Central School District, you must reside within the boundaries of the District. Proof of residency is **required** for all students entering whether or not older siblings are currently attending the Onteora Central School District. Although your child will participate in the screening he/she will not be considered enrolled until proof of residency and all required documentation is provided.

If you own your home located within the boundaries of the District please provide the following documentation:

- 1.) One of the following:
 - a. A copy of the deed
 - b. The most recent **school** tax bill for the primary residence
 - c. A copy of a recent mortgage statement.
- 2.) **And**, a copy of any two (2) of the Required Supporting Documents.

If you just recently closed on a new home within the boundaries of the District please provide the following documentation:

- 1.) One of the following:
 - a. The Settlement Statement from the closing
 - b. The Certificate of Occupancy and a homeowner's insurance policy
- 2.) **And**, a copy of any two (2) of the Required Supporting Documents.

If you rent or share a house/apartment located within the boundaries of the District please provide the following documentation:

- 1.) A completed and notarized "***Affidavit of Property Owner/Landlord in Support of Residency in the Onteora Central School District***" (form attached)
- 2.) **And**, a copy of any two (2) of the Required Supporting Documents.

This documentation will substantiate your residency in the District. Thank you.

A list of Required Supporting Documents is provided on the back of this letter for your convenience.

Sincerely yours,

Donald Gottlieb
Interim Residency Officer/Assistant Superintendent for Business

Onteora Central School District

PO Box 300
4166 Route 28
Boiceville, NY 12412
Tel. (845) 657-6383 Fax (845) 657-8742

Dear Parents/Guardians,

Welcome! In order to be enrolled in the Onteora Central School District, you must reside within the boundaries of the District. Proof of residency is required for registration to complete enrollment and must be presented within three days of initial registration. At least two documents should be submitted. All documents must be current and must contain parent's/guardian's name. The physical address of the residence must appear on the documents. The District will not accept a P.O. Box as a physical address.

The following is a non-exhaustive list of the documents that will be accepted to establish residency:

- Recent School Tax Bill
- Settlement Statement from Closing
- Bank Statement
- Cancelled Check
- Change of Address Verification from the United States Postal Service
- Pay Stub
- Credit Card Statement on Company Letterhead
- Homeowners/ Renters Insurance Policy or Proof of Claim
- Federal or NYS Income Tax, W-2 or Earnings Statement
- Jury Duty Notice
- Military Orders that are still in effect
- Moving Company Receipt
- NYS Certificate of Title
- NYS Professional License
- Deed or Proof of Current Mortgage
- Residential Lease
- Retirement Statement
- Selective Service Card
- Social Security Statement
- SSI Award Statement
- Unemployment Benefit Statement
- Utility Bill
- Voter Registration Notification Card
- Welfare Benefit Statement
- Notarized or signed statement from a third party landlord, owner or tenant with whom you are sharing property
- Notarized Affidavit of Property Owner/Landlord in Support of Residency (form attached)
- Notarized or signed statement from a third party establishing your physical presence in the District
- Official driver's license, learner's permit or non-driver identification
- Government issued identification
- Documents issued by federal, state or local agencies (e.g. Office of Refugee Resettlement)
- Membership documents based on residency (e.g. library card)

The District will evaluate all submitted documentation to determine residency. Thank you.

Sincerely,



Victoria McLaren

Residency Officer/Assistant Superintendent for Business

**AFFIDAVIT OF PROPERTY OWNER/LANDLORD
IN SUPPORT OF RESIDENCY IN THE
ONTEORA CENTRAL SCHOOL DISTRICT**

STATE OF NEW YORK)
) SS.:
COUNTY OF ULSTER)

I, _____ a property owner or manager/agent of the dwelling located at
(Name of Property Owner/Landlord or Property Manager)

(Street Address/Apt #)

(City, State, Zip)

hereby certify that I am renting space in this dwelling on a _____ basis beginning on _____
(Weekly/Monthly/Yearly) (Date)

The following persons are identified as tenants having the right to be occupants in the dwelling:

- Parent/Guardian: _____
- Parent/Guardian: _____

Name(s) of Child(ren):

	Last Name	First Name	MI		Last Name	First Name	MI
1				4			
2				5			
3				6			

List all other persons residing in the dwelling:

	Last Name	First Name	MI		Last Name	First Name	MI
1				4			
2				5			
3				6			

The payment of Electric Utility Bill is included in rent: Yes: _____ No: _____

I certify that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Onteora Central School District will rely upon them in determining whether the above-named child(ren) reside in the school district.

(Signature of Property Owner/Landlord/Property Manager)

(Print Name)

(Title)

Sworn to before me this _____
Day of _____, 20____

(Notary Public)

Notary
Stamp

Onteora Central School District Health Appraisal Form

STUDENT HEALTH EXAMINATION FORM (To be completed by private health care provider or school medical director)

Note: NYSED requires a physical exam for new entrants and students in Grades pre-K or K, 2, 4, 7 & 10, interscholastic sports and working papers.

Name: _____ DOB: _____ Gender: ☐ M ☐ F
 School: _____ Grade: ☐ No Grade Exam Date: _____

IMMUNIZATIONS

- | | |
|---|--|
| <input type="checkbox"/> Immunization record attached
<input type="checkbox"/> Immunizations reported on NYSIS
<input type="checkbox"/> No immunizations received today | <input type="checkbox"/> Immunizations received today:

<input type="checkbox"/> Will return on: _____ to receive: _____ |
|---|--|

HEALTH HISTORY

- | | |
|--|--|
| <input type="checkbox"/> Asthma: <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent
<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type 2 <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Hypertension
<input type="checkbox"/> Seizures Type: _____ Last Occurrence: _____
<input type="checkbox"/> Allergies: <input type="checkbox"/> Non Life-Threatening <input type="checkbox"/> Life-Threatening
Type: <input type="checkbox"/> Food <input type="checkbox"/> Insect <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Seasonal/Environmental <input type="checkbox"/> Other: _____
Allergen(s): _____
<input type="checkbox"/> Hx of Anaphylaxis: Last occurrence: _____ Previous symptoms: _____
Treatment prescribed: <input type="checkbox"/> None <input type="checkbox"/> Antihistimine <input type="checkbox"/> Epinephrine Autoinjector | <input type="checkbox"/> Asthma Action Plan Attached
<input type="checkbox"/> Diabetes Medical Mgmt Plan Attached
<input type="checkbox"/> Emergency Care Plan Attached
<input type="checkbox"/> Emergency Care Plan Attached |
|--|--|

Significant Medical/Surgical Information:	Diagnostic Tests	Positive	Negative	Not Done	Date
	Sickle Cell Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Elevated Lead:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Vision one eye only ☐ One functioning kidney ☐ One testicle ☐ Concussion - Last occurrence: _____

PHYSICAL EXAMINATION

Height:	Weight:	BP:	Pulse:	Respirations:		
Scoliosis: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Degree of deviation: Angle of trunk rotation via scolliometer:			Vision	Right	Left	Referral
			Distance acuity			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Distance acuity with lenses			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Weight Status Category (BMI Percentile): BMI_____			
<div><div><input type="checkbox"/> <5th</div><div><input type="checkbox"/> 85th - 94th</div></div> <div><div><input type="checkbox"/> 5th - 49th</div><div><input type="checkbox"/> 95th - 98th</div></div> <div><div><input type="checkbox"/> 50th - 84th</div><div><input type="checkbox"/> 99th & higher</div></div>			Vision - near vision			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Vision - color perception	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Hearing	Right	Left	Referral
			<input type="checkbox"/> 20 db sweep screen both ears or			<input type="checkbox"/> Yes <input type="checkbox"/> No

Check developmental stage (ONLY for Athletic Placement Process for 7th & 8th graders): Tanner: ☐ I ☐ II ☐ III ☐ IV ☐ V

- ☐ SYSTEM REVIEW AND EXAM ENTIRELY NORMAL ☐ Additional information attached
 Specify any abnormalities: _____

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations.** Please base restrictions/modifications on the following Interscholastic Sports Categories.

☐ **No Contact Sports** includes: basketball, baseball, field hockey, ice hockey, lacrosse, soccer, football, softball, volleyball, competitive cheerleading and wrestling

☐ **No Non-Contact Sports** includes: archery, bowling, cross-country, golf, gymnastics, rifle, swimming and diving, skiing, tennis, track & field, fencing, badminton

☐ **Other Specific Restrictions:**

Accommodations /

☐ Athletic Cup

☐ Insulin Pump/Insulin Sensor

☐ Pacemaker

Protective

☐ Brace/Orthotic

☐ Medical /Prosthetic Device

☐ Sports Safety Goggles

Equipment:

☐ Hearing Aides

☐ Other:

MEDICATION HISTORY (optional)

Please list names of prescribed or OTC medications used on a routine basis at home

_____	_____
_____	_____
_____	_____

PROVIDER REQUEST FOR MEDICATION REQUIRED DURING SCHOOL/SCHOOL SPONSORED EVENTS - VALID 1 YEAR

Diagnosis	ICD Code	Medication Name	Dose	Route	Time

Independent Carry and Use Option: NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medication, epinephrine autoinjector, insulin, glucagon and diabetes supplies, or other medications requiring rapid administration along with parent/guardian permission to allow this option in schools.

☐ **Required Independent Carry and Use Attestation documentation is attached.**

REQUIRED PARENT/GUARDIAN PERMISSION FOR MEDICATION USE AT SCHOOL

Parent/Guardian Permission: I request the school nurse give the medications listed on this plan; or after the nurse determines my child can take their own medications, trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with staff caring for my child.

Parent/Guardian Signature: _____

Date: _____

HEALTH CARE PROVIDER

All information contained herein is valid through the last day of the month for 12 months from the date below.

Medical Provider Signature: _____

Date: _____

Provider Name: (please print): _____

Phone #: () _____

Provider Address: _____

Fax #: () _____

Return to:

School Nurse: _____ School: Onteora Central School, P.O. Box 300, RT 28, Boiceville, NY 12412

Phone # _____

Fax: _____

Family Educational Rights and Privacy Act (FERPA)

2017-2018 School Year

This is to advise you of your rights with respect to student records pursuant to the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law designed to protect the privacy of student records. The law gives parents and students over 18 years of age (referred to in the law as "eligible students") the following rights:

1. The right to inspect and review the student's education records within 45 days of the day the district receives a request for access. Parents or eligible students should submit to the Building Principal a written request that identifies the records they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate or misleading. Parents or eligible students may ask the district to amend a record that they believe is inaccurate or misleading by writing the Principal, clearly identifying the part of the record they want changed, and specifying why it is inaccurate or misleading. If the district decides not to amend the record as requested by the parent or eligible student, the district will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the district discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the requirements of FERPA. The Office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 600 Independence Avenue SW, Washington, DC 20202-4605

In addition to the rights outlined above, FERPA also gives the district the option of designating certain categories of student information as "directory information." Directory information includes a student's name, address, telephone number, date and place of birth, major course of study, participation in school activities or sports, weight and height if a member of an athletic team, dates of attendance, degrees and awards received, most recent school attended.

You may object to the release of any or all of this "directory information"; however, you must do so in writing with 14 days of receiving this notice. If we do not receive a written objection, we will be authorized to release this information without your consent.

**ONTEORA CENTRAL SCHOOL DISTRICT
BOICEVILLE, NY 12412**

FOOD SERVICE
845-657-7090 Ext. 2181

Dear Parent/Guardian:

Children need healthy meals to learn. Onteora Central School District offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals.

2016-2017 STUDENT MEAL PRICES

	<u>K-5th Grade</u>	<u>6th-8th Grade</u>	<u>9th-12th Grade</u>
Lunch Full Price	\$ 2.30	\$2.55	\$ 2.80
Reduced Breakfast & Lunch	\$ 0.25	\$0.25	\$ 0.25
Breakfast	\$ 1.30	\$1.55	\$ 1.55

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 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: Christine Downs, Onteora Central School District, PO Box 300, Boiceville, NY 12412.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **SNAP, the Food Distribution Program on Indian Reservations** or **TANF**, can get 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.
3. **Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.**
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Cindy Bishop, **homeless liaison. 845-657-3320 or cbishop@onteora.k12.ny.us**.
5. 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 Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at 845-657-7090 ext. 2181 if you have questions.
7. 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 30 days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. 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 a FREE/REDUCED PRICE MEAL application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, and we may also ask you to send written proof.
10. 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.
11. 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: VICTORIA MCLAREN, ONTEORA CENTRAL SCHOOL DISTRICT, PO BOX 300, BOICEVILLE, NY OR VMCLAREN@ONTEORA.K12.NY.US.
12. 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.
13. 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.

14. 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.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. 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 assistance office or call 1-800-342-3009.

**2016-2017 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

REDUCED PRICE ELIGIBILITY INCOME CHART

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 21,978	\$ 1,832	\$ 916	\$ 846	\$ 423
2	\$ 29,637	\$ 2,470	\$ 1,235	\$ 1,140	\$ 570
3	\$ 37,296	\$ 3,108	\$ 1,554	\$ 1,435	\$ 718
4	\$ 44,955	\$ 3,747	\$ 1,874	\$ 1,730	\$ 865
5	\$ 52,614	\$ 4,385	\$ 2,193	\$ 2,024	\$ 1,012
6	\$ 60,273	\$ 5,023	\$ 2,512	\$ 2,319	\$ 1,160
7	\$ 67,951	\$ 5,663	\$ 2,832	\$ 2,614	\$ 1,307
8	\$ 75,647	\$ 6,304	\$ 3,152	\$ 2,910	\$ 1,455
*Each Add'l person add	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

How to Apply: To get free or reduced price meals for your children you may submit an Eligibility Letter for Free Meals received from the NYS Education Department, OR carefully complete one application for your household and return it to the designated office. If you now receive SNAP, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a SNAP, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

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

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Meal Service to Children With Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

Reapplication: You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at that time.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,



Christine Downs
School Lunch Manager

Date Withdrew _____

Attachment Va F ____ R ____ D ____

2016-2017 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to Ontario Central School District. Call 845-657-2373 ext. 2181 if you need help. Additional names may be listed on a separate paper.

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

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

2. SNAP/TANF/FDPIR Benefits:

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

Name: _____ CASE # _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

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

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

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

Total Household Members (Children and Adults)

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

 I do not have a SS# ☐

4. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

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

Signature: _____ Date: _____

Email Address: _____

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

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster☐ Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____☐ Free Meals ☐ Reduced Price Meals☐ Denied/Paid

Signature of Reviewing Official _____

Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to Ontario Central School District, PO Box 300, Boiceville, NY 12412. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: 845-657-2373 ext. 2181. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

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

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

PART 2 HOUSEHOLDS GETTING SNAPs, TANF OR FDIPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

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

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

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

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

PRIVACY ACT STATEMENT

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 are not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with Federal civil rights law and 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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

This Institution is an equal opportunity provider.

Onteora Central School District

REFUSE TO PUBLISH STUDENT'S PHOTO AND/OR NAME

NOTE: ONLY RETURN THIS FORM IF YOU WANT TO REFUSE either part
If you do not return this form to your child's school, your child's photo and
name will be published

REFUSE TO PUBLISH MY STUDENT'S PHOTOS

Only complete this part of the form if you DO NOT want your child's photo to be published. This will include the Onteora Facebook page, Onteora web page, Onteora newsletter and general newspaper articles.

KEEP IN MIND:

If you sign this part of the form your child's photo WILL NOT BE INCLUDED when they participate in a photographed activity that is being publicized to the press or/and on our web page and Facebook page.

☐ **I do not want my Child's PHOTOGRAPH to be used by the District at ANY TIME in the 2017-2018 School Year:**

Child's Name _____

School: _____

Parent Signature: _____ Date: _____

REFUSE TO PUBLISH MY STUDENT'S NAME

Only complete this part of the form if you DO NOT want your child's name to be published. This will include the Onteora Facebook page, Onteora web page, Onteora newsletter, general newspaper articles, sports and honor roll list.

KEEP IN MIND:

If you sign this part of the form, when your child participates in an activity that is being publicized to the press (such as sports and the honor roll list) your child's name WILL NOT BE INCLUDED

☐ **I do not want my Child's NAME to be used by the District at ANY TIME in the 2017-2018 School Year:**

Child's Name _____

School: _____

Parent Signature: _____ Date: _____