



On behalf of our faculty, staff, and Board of Education, I am pleased to welcome you to the Naples Central School District!

Each day, our students come to us from every corner of the 118 square miles that make up our school region. When they walk through our doors, they have opportunities to learn, make friends, take college level courses, compete on athletic teams, obtain advanced vocational training, and join a wide variety of extracurricular organizations. While many larger school districts ask their students to specialize in a single pursuit, here in Naples we encourage them to take chances and explore all the opportunities we have to offer.

Naples welcomes all students and strives to help them to be the best learner and person they can. We truly hope that you will not only take advantage of the many opportunities available, but that you will be a contributor to our great little school community. There is a place for everyone here!

If I can ever be of assistance, please call, stop by the District Office, or drop me a note.

Best Regards,

A handwritten signature in black ink that reads 'Kevin Swartz'.

Kevin Swartz

585-374-7901

kswartz@naplescsd.org



Dear Parent/Guardian:

In order to expedite the registration process, we ask that you bring the following paperwork with you to your registration appointment:

ACCEPTABLE PROOF OF AGE

See attached letter for accepted documents

PROOF OF RESIDENCY

See attached letter for accepted documents (No P.O. Boxes)

RECORD OF IMMUNIZATIONS

COPY OF MOST RECENT PHYSICAL

COPY OF CUSTODY PAPERWORK (if you have sole custody or share custody of your child)

COPY OF IEP OR 504 PLAN (if your child has one)

ENCLOSED FORMS

Thank you for your cooperation and support in the registration process!



Naples Central School District Accepted Documents

In order to standardize the registration process, we ask that you provide the following information along with the attached registration paperwork.

PROOF OF AGE:

The district will require documentation and/or information establishing your child's age. Please supply a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. Where such documentation is not available, a passport (including a foreign passport) may be used.

When a birth certificate or passport is not available, the district may consider certain other evidence, which has been in existence two years or more. Other evidence may include, but will not be limited to the following:

- Official driver's license;
- State or other government issued identification;
- School photo identification with date of birth;
- Consulate identification card;
- Hospital or health records;
- Military dependent identification card;
- Documents issued by federal, state or local agencies (local social service agency, federal Office of Refugee Resettlement);
- Court orders or other court-issued documents;
- Native American tribal document; or
- Records from non-profit international aid agencies and voluntary agencies.

PROOF OF RESIDENCY:

Please submit evidence establishing you and your child’s physical presence in the school district. Such evidence may include:

1. A copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;
2. A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district, which may be either sworn or unsworn; or
3. Such other statements by a third party establishing the parent(s)’ or person(s) in parental relations physical presence in the district.

If the documentation listed above is not available, the district will consider other forms of documentation, which may include, but will not be limited to:

- Pay stub;
- Income tax form;
- Utility or other bills;
- Membership documents (library cards) based upon residency;
- Voter registration document(s);
- Official driver’s license, learner’s permit or non-driver identification;
- State or other government issued identification;
- Documents issued by federal, state or local agencies (local social service agency, federal Office of Refugee Resettlement); or
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

The district may also require the parent(s) to provide an affidavit either:

1. Indicating that they are the parent(s) with whom the child lawfully resides; or
2. Indicating that they are the person(s) in parental relationship to the child, over whom they have total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise.

The district will also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency.

EVIDENCE OF IMMUNIZATIONS & PHYSICAL:

In accordance with New York State’s Public Health Law, the district must also receive evidence that your child has been immunized in accordance with the New York State Department of Health Immunization Bureau’s Immunization Requirements for School Entrance/Attendance.

These records will be necessary to ensure your child’s continued attendance. Additionally, please provide us with records of any recent physical examination your student has received. New York State mandates that each new student entering a public school is required to have a physical examination upon entering the district. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

This page intentionally left BLANK.



Naples Central School District
136 North Main Street
Naples, NY 14512
585-374-7900

PROOF OF RESIDENCY FORM

Parent/Guardian Name(s):	
Address:	
Student Name(s)	Grade(s)

Please indicate the type of proof of residency that you have provided:

I, _____, certify that the above information is accurate and that I understand the District's residency requirements.



Naples Central School District
136 North Main Street
Naples, NY 14512
585-374-7900

Elementary School
Fax: 585-374-2729

High School
Fax: 585-374-9491

REQUEST FOR RECORDS

Student's Name

DOB

School Last Attended

Grade

City

State

Zip

Please forward any relevant information including:

- Academic records
- Standardized testing scores
- CSE (IEP/504) Accommodation Plans
- Psychological Evaluations
- Attendance records
- Discipline records
- Immunization records
- Health records (current physical)
- Copy of Birth Certificate or other proof of Date of Birth

I understand that under the Family Education Rights and Privacy Act of 1974, I have the right to be notified of a transfer of records, receive a copy of the records upon request and have a right to a hearing to challenge the content of the records. Please send all my child's records to Naples Central School.

Signature of Parent/Guardian

Date

This page intentionally left BLANK.



REGISTRATION FORM

STUDENT INFORMATION: (Note: This form needs to be completed for each child attending school)

Student Name: _____

Last

First

Middle

Date of Birth: ____/____/____ Birthplace: _____ Language: _____

Proof of DOB: (Please check one of the following)

Birth Certificate Passport Certificate of Baptism Other

Sex: Male or Female Grade Entering: _____ Date Entering: _____

Address: _____

City: _____ Zip Code: _____

County Child Lives In: _____ School District Child Lives In: _____

Please select only one (1) box for question one.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- YES, Hispanic NO, not Hispanic

Please select one or more races from the following five racial groups in question two.

2) Check all boxes that apply to your child; check at least one box.

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

FAMILY HISTORY:

Custodial Information (if applicable):
Legal Document: Yes No

Father/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Primary Phone #: _____ Email Address: _____

Employer: _____ Work Phone #: _____

Mother/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Mother's Maiden Name: _____

Primary Phone #: _____ Email Address: _____

Employer: _____ Work Phone #: _____

Student Cell Phone #: _____

SIBLING INFORMATION:

Name	Birthdate	Grade	Lives with Student	Attends NCSD	M / F

SCHOOL BACKGROUND:

Name of School Transferring From: _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____ Guidance Counselor Name: _____

If Student attended the school named above less than one year, please provide the information of the previous school:

Name of School: _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____ Guidance Counselor Name: _____

Does the student have an IEP or a 504 Plan? Yes No

Did the student attend any special programs at the last school attended (ex. BOCES, Extra Reading, Math)? Yes No

Has the student attended Naples Central School District before? Yes No

Has the student's name changed in the last 5 years? Yes No

If yes, please list previous name: _____

NOTE: Any additional information you feel would be useful to us in reference to your son/daughter can be included on this form. Thank you!

Parent/Guardian Signature: _____ Date: _____

This page intentionally left BLANK.



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

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

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
<input type="text"/> <small>District Name (Number) & School</small>	<input type="text"/> <small>Address</small>

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____ Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



Naples Central School District
136 North Main Street
Naples, NY 14512
585-374-7900

Elementary School
Fax: 585-374-2729

High School
Fax: 585-374-9491

EMERGENCY INFORMATION

Student ID #: _____

Date: _____

Parents/Guardians:

Occasionally children become ill while they are in school or they may have an emergency. The school must have information on file that can be used to contact you. **Please give the following information for emergency information only.** If there is a change in this information, please notify the school in writing as soon as possible.

Student Information

Student Name: _____
Last First Middle DOB

Student Address: _____
City State Zip

CONFIDENTIAL INFORMATION

Is there a current Order of Protection or No Contact order which concerns this student?

YES

NO

(The school district must be provided with a copy to keep on file)

My child, _____, MAY or MAY NOT be released to non-custodial parent.

Emergency Information-page 2

Parent/Guardian Information

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

Address: _____ Address: _____

Primary Phone #: _____ Primary Phone #: _____

Email Address: _____ Email Address: _____

Employer: _____ Employer: _____

Work Phone #: _____ Work Phone #: _____

Legal Custody? (Yes or No) _____ Legal Custody? (Yes or No) _____

OK to Pick Up? (Yes or No) _____ OK to Pick Up? (Yes or No) _____

Receives Mailings? (Yes or No) _____ Receives Mailings? (Yes or No) _____

Does the student walk or ride the bus? _____ AM Bus #: _____ PM Bus #: _____

Contact information of a relative, neighbor, or child care provider to be notified in case of an emergency:

Name: _____ Address: _____

Phone #: _____ Relationship: _____

Name: _____ Address: _____

Phone #: _____ Relationship: _____

If we cannot reach you and feel that your family doctor is needed, please supply this information:

Family Doctor: _____ Address: _____

Phone #: _____

I authorize you to call the doctor, if necessary: YES NO

Signature of Parent/Guardian

Date



Naples Central School District
136 North Main Street
Naples, NY 14512
585-374-7900

Elementary School
Phone: 585-374-7957
Fax: 585-374-1811

High School
Phone: 585-374-7914
Fax: 585-374-1809

MEDICAL HISTORY FORM

Student Name: _____
Last First Middle

M _____ F _____ Date of Birth: _____

Parent/Guardian Name: _____

Name of Student's Physician: _____ Name of Student's Dentist: _____

Parent/Guardian: If you answer yes to any of the following questions, please explain your answer in the comment section at the end of the form.

Is your child currently under a physician's care? Yes _____ No _____
If yes, for what reason? _____

Is your child taking medication(s)? Yes _____ No _____
If yes, what type? _____

Will your child need medication(s) at school? Yes _____ No _____
If yes, name of medication(s): _____

Has your child been hospitalized and/or seen in the emergency for illness, surgery, or injury?
Yes _____ No _____

If yes, please explain: _____

Medical History Form-page 2

Did you have any difficulty during pregnancy, labor or delivery?

Yes _____ No _____

If yes, please explain: _____

Was your child premature?

Yes _____ No _____

At what age did you child toilet train?

Bladder _____ Bowel _____

Has your child had or does he/she currently have any of the following?

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Pneumonia	___	___	Frequent high fevers	___	___
Chicken Pox	___	___	Dizzy spells	___	___
Severe menstrual problems	___	___	Meningitis	___	___
Emotional difficulties	___	___	Severe headaches	___	___
Nervous disorders	___	___	Head injury - unconsciousness	___	___
Hyperactivity	___	___	Toileting issues	___	___
Seizures/Convulsions	___	___	Strep throat	___	___
Joint Disease	___	___	Heart Disease	___	___
Lead poisoning	___	___	Fainting spells	___	___
Diabetes	___	___			

Fractures?

Yes _____ No _____

If yes, type of fracture: _____

Frequent ear infections?

Yes _____ No _____

Hearing difficulties?

Yes _____ No _____

If yes, does your child have hearing aids or tubes? _____

Vision difficulties?

Yes _____ No _____

If yes, has your child seen an eye doctor/wear glasses? _____

Asthma?

Yes _____ No _____

List triggers: _____

Treatment for symptoms: _____

Will your child need an inhaler/nebulizer at school? Yes _____ No _____

Allergies?

Yes _____ No _____

Types: _____

List triggers: _____

Treatment: _____

Will your child need Benadryl or an EpiPen at school? Yes _____ No _____

Medical History Form-page 3

Is there anything else about your child’s health, past or present, that the school district should be aware of in order to provide the best possible learning experience?

This information will be kept confidential unless an emergency arises, or the Nurse determines that the school team, transportation staff, or primary care providers have a need to know because of a specific health concern regarding your child. I give consent to share this information with the school team, transportation staff, and primary care provider if an emergency occurs or the Nurse determines there is a need to know to ensure the health, safety and wellbeing of your child. I understand that it is my responsibility to inform teachers, school staff and transportation staff of my child’s health conditions. Additionally, our health office is requesting a dental certificate.

Parent/Guardian Signature: _____ Date: _____

This page intentionally left BLANK.



Naples Central School District

Authorization for Use or Disclosure of Protected Health Information Form

In order to share protected health information with the school district, your healthcare provider may require completion of the form below to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPPA). Please complete, sign and give the form to your healthcare provider and/or to your school nurse to avoid delays in care for your child.

I, _____, authorize my child's healthcare provider(s) listed below:
Name: _____ Phone #: _____ Fax #: _____
Name: _____ Phone #: _____ Fax #: _____
Name: _____ Phone #: _____ Fax #: _____

to release the medical records of my child, _____, DOB _____
to the district's: School Nurse Athletic Trainer (AT)
 Psychologist Counselor Speech Therapist (ST)
 Physical Therapist (PT) Social Worker Medical Director
 Director of Pupil Personnel Services Occupational Therapist (OT)
 Other _____

The healthcare provider may disclose the following information: (Parent/School: check all that apply)

Past/Current Medical Conditions that have an impact on attendance, athletics, or school programming or therapy Immunizations Health Appraisals
 Other _____

The Protected Health Information may be used, disclosed or received for the following purpose(s): (Parent/School: check all that apply)

To develop care or therapy plans for routine and emergent school management
 To design appropriate educational, school, or athletic programs
 To assess the impact of the medical condition(s) on school programming and/or attendance
 To share school observations/concerns surrounding behavior
 To assess a medical basis for modification of transportation and/or home tutoring
 At patient's request with no specified purpose
 Other _____

Authorization for Use or Disclosure of Protected Health Information Form-page 2

PARENT: Please select one.

- This authorization is valid for the entire academic school year _____
- This authorization is valid for the duration of attendance within the school district
- This authorization shall expire on ____/____/____

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's office and to the District Administration Building. I understand that the revocation of this authorization is not effective if the Healthcare Provider or District has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice. I understand that any Protected Health Information disclosed as a result of this Authorization to anyone not covered by the state and federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by federal or state law. I understand that my child's treatment is not dependent on my agreement to release or withhold information. I acknowledge that the district will share relevant school information with my healthcare providers and when applicable with those governmental agencies as required for reimbursements. I give permission for the school representatives above to share and disclose information as indicated above with the health care provider listed.

Signature of Parent/Guardian or Student (if over 18 years) Relationship Date

**YOU MAY REFUSE TO SIGN THIS AUTHORIZATION.
A SIGNED COPY OF THIS AUTHORIZATION MUST BE GIVEN TO THE ADULT
PATIENT OR PARENT OF THE MINOR CHILD.**



TRANSPORTATION DEPARTMENT FORM

136 North Main Street • Naples, New York • 14512

(585) 374-7945

Dear NCS Parents and Guardians:

With student safety and wellbeing in mind, we have a standardized form to ensure we are accurately transporting your child to and from school each day. As the upcoming school year quickly approaches, please complete this form and return it to Joanne Schenk (Head Bus Driver) in person, by email (jschenk@naplescscsd.org), or by mail (136 N. Main Street, Naples, NY 14512) by July 30th if you have changes from last year. If your child's transportation has not changed, you do not need to return this form.

Because we will be processing a large number of forms in a relatively short period of time, we are asking parents to honor the July 30th date so that we may plan our bus routes as efficiently as possible. Please note that our district transportation procedures allow families one pickup location and one drop off location. In the event your family schedule changes a parent or guardian will be responsible to drop off/pick up their child at the designated location. In the rare case of this happening, you are also welcome to drop off/pick up at the school if it is more convenient. Due to our ongoing focus on student safety, we will no longer be able to take permanent transportation information over the phone or by a note sent in with your child. The only note that may be sent in is if you are picking up your child from the school. If you are new to the district or have permanent transportation changes:

- A separate application is required for **each** student.
- A new application is required for **any** change that is made during the school year. (ex: You move to a new address, your daycare provider changes, etc.)
- ***If there are no changes from the previous year, please save yourself some time - a new application is not needed!***

If you are new to the district and we do not receive an application from you, our buses will transport your child to and from his or her home address. In addition, while we spend a tremendous amount in the summer carefully planning our bus routes, we all know that the start of a school year can be a bit hectic for everyone! As we smooth out the timing of our routes, your child may arrive home a few minutes earlier or later than usual during the first few days of school. Thank you for your patience and understanding!

As always, thank you for your support, and for helping us ensure a safe and smooth start to the school year. If you have any questions about our process, please feel free to contact the number above with any questions. You can also email us at jschenk@naplescscsd.org or pelwell@naplescscsd.org Please keep a copy of this letter for your records. Enjoy your summer vacation!

Pat Elwell - Director of Transportation
Kristina Saucke - Elementary School Principal
Nicole Green - High School Principal

Transportation Department Form-page 2

Please return by whatever means is easiest for you - email, mail or in person. Thank you so much!

Directions:

1. Daycare / Alternate site address must be located within the Naples Central School District.
2. Complete an application for each child.
3. If your permanent home / alternate location changes, a new application is required.
4. A new application does not need to be filled out each year - only if you have changes!

Student Information:

Child's first and last name: _____ Grade: _____

Pickup Location:

Address: _____ City: _____ Zip Code: _____

Parent / Guardian Responsible: _____ Phone: _____

Drop Off Location (Including Late Run):

Address: _____ City: _____ Zip Code: _____

Parent / Guardian Responsible: _____ Phone: _____

Please check here if either of the following apply:

My child walks/rides their bike to school I drop my child off and pick him/her up from school

Please initial the statement below if you are a parent or guardian of a K-3 student.

I understand that a parent, guardian, or older sibling must be present to allow the bus driver to let K-3 students off the bus at home in the afternoon.

Parent / Guardian Signature: _____ Date: _____

Naples CSD K-3 Responsible Use Agreement
(Acceptable Use Policy)

Student Name: _____

Grade Level: _____ Teacher: _____

Parent Initials	Student Initials	<i>Please take this opportunity to discuss the guidelines below with your children as many of them can be applied at home as well.</i>
		1. Be Safe <ul style="list-style-type: none"> ● Do not give your phone number, address, or other personal information to anyone. ● Do not share account or password information with others. ● Do not try to log on as someone else.
		2. Be Smart. <ul style="list-style-type: none"> ● Communicate online only with people you know unless an adult is with you. ● Notify an adult immediately if you find information on your device that makes you uncomfortable or nervous. ● Only go to sites that are appropriate for children. <ul style="list-style-type: none"> ○ Inappropriate sites include those that have swearing, violence, or nakedness.
		3. Be Kind <ul style="list-style-type: none"> ● Be nice and respectful ● Use appropriate language. <ul style="list-style-type: none"> ○ Inappropriate language includes swearing, mean words, or threats. ● Only take pictures/videos of someone if you've asked first.

Consequences

The use of school devices and the Internet is a privilege. If a student uses a device or the Internet in ways that are not appropriate, he or she may have privileges taken away.

I, _____, have read and understand this agreement.
Student's signature

Naples CSD makes every effort to select technology products that protect the confidentiality of students' personally identifiable information and avoid 3rd party promotional marketing material. In order for students to use some selected tools, it may be necessary for the District to provide basic information such as name or school email. Service providers communicate information about their collection, protection, use and disclosure of data through their own privacy policies. Please find a list of online educational providers and their contact information, at the following web address: <http://bit.ly/NCSPProviders> This is a live document that will be updated periodically.

I, _____ (parent) have reviewed these guidelines with my student and I give consent for my student to use the above-mentioned online educational services.

Parent/Guardian's signature _____
Date

Contact person: [Ben Pursell, bpursell@naplescsd.org](mailto:bpursell@naplescsd.org) 585-374-7962
This contract can be found on the District website (naplescsd.org) by selecting "Departments" and then "Technology".
last update: 7/12/22

This page intentionally left BLANK.

Naples CSD Student 4-12 Responsible Use Agreement & Device Contract (Acceptable Use Policy)

I, _____, agree to the following:
Student's name, printed
grade level

Parent Initials	Student Initials	<i>Please take this opportunity to discuss the guidelines below as many of them can be applied at home as well.</i>
		<p>I agree to use any technology at school in a manner that is appropriate for the educational setting. Examples of inappropriate use include, but are not limited to:</p> <ul style="list-style-type: none"> ● downloading or using games/apps that are obscene, lewd, or violent. ● any use (in or out of school) that disrupts educational settings by compromising other students' physical, emotional, or mental safety. ● cyberbullying (in or out of school). ● <i>accessing or downloading apps/extensions/software/websites that are malicious or potentially harmful to our network and systems.</i>
		<p>I agree to use social media respectfully by</p> <ol style="list-style-type: none"> 1. abiding by the Dignity for All Students Act. 2. avoiding any use (in or out of school) that disrupts the educational setting by compromising other students' physical, emotional, or mental safety. 3. using electronic devices for appropriate material only. 4. avoiding all cyberbullying (in or out of school).
		<p>I agree to respect and protect the privacy of others by</p> <ol style="list-style-type: none"> 1. using only accounts assigned to me. 2. getting explicit consent from any individual I intend to photograph or record PRIOR to taking any photo/video/audio.
		<p>I agree to respect and protect copyright laws and intellectual property of others by</p> <ol style="list-style-type: none"> 1. respecting copyright and fair use laws (no illegal copies of music, games, movies). 2. citing sources appropriately (not plagiarizing).
		<p>I agree to respect and practice the principles of community by</p> <ol style="list-style-type: none"> 1. communicating only in ways that are kind and respectful. 2. using school or personal electronic devices in classrooms only with teacher permission. 3. reporting threatening or discomforting materials to staff immediately. 4. refraining from accessing, transmitting, copying, or creating material that violates the school's code of conduct (such as messages that are obscene, pornographic, threatening, rude, discriminatory, or meant to harass). 5. making no attempts to bypass the Internet filter, <i>including GoGuardian.</i>

Naples CSD Student 4-12 Responsible Use Agreement & Device Contract (Acceptable Use Policy)

Consequences for violations may include:

- parent notification
- disciplinary action
- loss of a student's privileges to use the District's technology
- financial responsibility

Supervision and monitoring:

School personnel monitor the use of devices and the Internet to ensure student safety. We reserve the right to examine, use, and disclose any data found on the District's information networks or devices in order to further the health, safety, discipline, or security of any student or other person, or to protect property. We may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.

Opportunities for Instructional Use

Naples CSD makes every effort to select technology products that protect the confidentiality of students' personally identifiable information and avoid 3rd party promotional marketing material. In order for students to use some selected tools, it may be necessary for the District to provide basic information such as name or school email. Service providers communicate information about their collection, protection, use and disclosure of data through their own privacy policies. Please find a list of online educational providers and their contact information, at the following web address: <http://bit.ly/NCSPROVIDERS> This is a live document that will be updated periodically.

I, _____, understand the Responsible Use Agreement.

Student's signature

I, _____ have reviewed these guidelines with my student and I give consent for my student to use the above-mentioned online educational services.

Parent/Guardian's signature

Date

Naples CSD Student 4-12 Responsible Use Agreement & Device Contract **(Acceptable Use Policy)**

District Owned iPads and Chromebooks

Distribution/Collection

Devices will be distributed at the beginning of the school year and must be returned at the end of the school year. They may be collected during the year for maintenance and updates. If a student leaves NCS during the academic school year for any reason at all, the device will be returned to the school a week before departure.

Broken or Damaged Devices

The District will provide cases for the devices and some normal wear and tear is to be expected. If more than one device is damaged during a school year, the following damage fees may be assessed:

Cracked screen	\$50
Dented device (rendering it unusable)	\$50

Parents will be notified of damages by an initial phone call home and will subsequently receive an invoice from the business office. We are also happy to work with families on a payment plan.

District Owned Devices

iPads and Chromebooks are district owned devices and the contents on the iPad or Chromebook can be viewed at any time. The student should have NO expectation of privacy of materials found on a school supplied device or school supported email service.

Internet Connectivity

While at school, students will be accessing the Internet through the NCS network, which follows the required Children's Internet Protection Act (CIPA) regulations. When the device is out of school, it will access any available WiFi and follow the Internet controls associated with that network. We recommend that you talk to your children about the standards they should follow on the Internet just as you would on the use of all media information sources. We also recommend that student use of the Internet is monitored by an adult.

Contact person: Ben Pursell, bpursell@naplescsd.org 585-374-7962 This contract can be found on the District website (naplescsd.org) by selecting "Departments" and then "Technology". last update: 7/12/22

Naples CSD Student 4-12 Responsible Use Agreement & Device Contract
(Acceptable Use Policy)

I, _____, agree to the following:
Student's name , printed

Parent Initials	Student Initials	<i>Please take this opportunity to discuss the guidelines below as many of them can be applied at home as well.</i>
		I will bring my device to school each day I am at school, FULLY CHARGED.
		I will NOT use any personal accounts on my school-owned device.
		I will not put on a passcode that blocks access on my device.
		I will follow classroom rules and expectations regarding appropriate use of the device and installed apps.
		I have read and will follow the Naples Central School District Responsible Use Policy.
		I understand that the device can be inspected at any time without prior notice.
		I will not let anyone else borrow my device.
		I agree that I am (or my parents are) responsible for damage to my assigned device and accessories regardless if they are lost or stolen.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Contact person: Ben Pursell, bpursell@naplescscsd.org 585-374-7962 This contract can be found on the District website (naplescscsd.org) by selecting "Departments" and then "Technology". last update: 7/12/22

Letter to Parents for School Meal Programs

Dear Parent/Guardian:

Children need healthy meals to learn. **Naples Central School District** offers healthy meals every school day. **Breakfast costs \$1.75; lunch costs K-6 \$2.60 and 7-12 \$ 2.85.** Your children may qualify for free meals or for reduced price meals. **Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.**

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: **Deena Kingston 136 North Main Street, Naples NY 14512.**
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. Categorical eligibility for free meal benefits is extended to all children in a household when the application lists an Assistance Program's case number for any household member. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Households with children who are categorically eligible through an Other Source Categorically Eligible designation, as defined by law, may be eligible for free benefits and should contact the SFA for assistance in receiving benefits.
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. Foster children may also be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.
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 **Katherine Piedici --kpiedici@naplescscsd.org --585-374-7910** to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children may be approved as reduced price eligible if your household income is within the reduced-price limits on the Federal Eligibility Income Chart, shown on this letter. Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.
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 **585-374-7938** 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 up to the first 30 operating 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: **KEVIN SWARTZ- SUPERINTENDENT KSWARTZ@NAPLESCSD.ORG 585-374-7901.**
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**.

2022-2023 INCOME ELIGIBILITY GUIDELINES

REDUCED PRICE ELIGIBILITY INCOME CHART

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 25,142	\$ 2,096	\$ 1,048	\$ 967	\$ 484
2	\$ 33,874	\$ 2,823	\$ 1,412	\$ 1,303	\$ 652
3	\$ 42,606	\$ 3,551	\$ 1,776	\$ 1,639	\$ 820
4	\$ 51,338	\$ 4,279	\$ 2,140	\$ 1,975	\$ 988
5	\$ 60,070	\$ 5,006	\$ 2,503	\$ 2,311	\$ 1,156
6	\$ 68,802	\$ 5,734	\$ 2,867	\$ 2,647	\$ 1,324
7	\$ 77,534	\$ 6,462	\$ 3,231	\$ 2,983	\$ 1,492
8	\$ 86,266	\$ 7,189	\$ 3,595	\$ 3,318	\$ 1,659
*Each add'l person add	\$ 8,732	\$ 728	\$ 364	\$ 336	\$ 168

How to Apply: To get free or reduced price meals for your children carefully complete one application following the instructions for your household and return it to the designated office listed on the application. 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 any household member, 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 for free and reduced price benefits cannot be approved unless complete eligibility information is submitted, as indicated on the application and in the instructions.** Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application. No application is necessary if the household was notified by the SFA their children have been directly certified. If the household is not sure if their children have been directly certified, the household should contact the school.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year and up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first). 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.

Reduced Price Eligible Students: Beginning July 1, 2019, students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or disability

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 of such individual, a record of such an impairment or being regarded as having such an impairment. Major life activities include but are not limited to: functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. You must request meal modifications from the school and provide the school with medical statement from a State licensed healthcare professional. 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 statement 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,

Deena Kingston

Food Service Director

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Date Withdrew _____

F ____ R ____ D ____

2022-2023 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 the address listed below**. Call **585-374-7938**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Naples Central School District**
136 North Main Street
Naples, NY 14512

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 <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<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#

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all 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: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

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, complete only one application for your household using the instructions below. Sign the application and return the application to: **ATT: Deena Kingston 136 North Main Street, Naples NY 14512**. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: **585-374-7938** 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 SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (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 FDPIR 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) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) 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 FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). 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.

USE OF INFORMATION STATEMENT

Use of Information Statement: 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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program_intake@usda.gov

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

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.

If you have any questions or need help in filling out the application form, please contact:

Name: Deena Kingston

Title: _Food Service Director

Telephone Number: 585-374-7938



Naples Elementary School

2 Academy Street
Naples, New York 14512

Naples High School

136 North Main Street
Naples, New York 14512

FIELD TRIP PERMISSION SLIP

Dear Parents/Guardians,

If you wish for your child to participate in field trips, please complete the form below and return it to the school. This permission slip will cover all field trips (walking or bus) during the school year. Teachers will notify you as to when and where offsite field trips are scheduled.

_____ (Print Student's Name)

has my permission to participate in walking and bus field trips.

Please check: YES NO

_____ (Date)

_____ (Signature)