

NEWFIELD CENTRAL SCHOOL DISTRICT
ELEMENTARY SCHOOL REGISTRATION

The following documentation is required (as applicable) for student registration. Please keep a copy of all documentation in the student file. A copy of the DSS form must be sent to the Business Office.

- Two Proofs of Residency
 - Driver's license
 - Electric bill
 - Phone bill
 - Lease
 - Other _____

- Registration Form (green, double-sided)
- Custody/Guardianship Papers
- Birth Certificate
- Immunization Record
- Verification of
 - DSS – Foster Care (SEND ONE COPY TO THE BUSINESS OFFICE)
 - Order of protection
 - Law Guardian
 - Not Applicable

- Health History (pink)
- Home Language Questionnaire
- Home Residency Questionnaire
- Emergency Information Form
- Transportation Information Form (blue)
- Community Eligibility Provision (CEP) Form
- Consent for Release of Records
- Computer Use/Internet Use Form (goldenrod)
- Schedule Interview with Building Principal

NEWFIELD CENTRAL SCHOOL DISTRICT
STUDENT REGISTRATION FORM

STUDENT INFORMATION

Student Name (First) _____ (Middle) _____ (Last) _____
Date ____ / ____ / ____ Grade level _____ Gender ____ M / F ____
Date of Birth ____ / ____ / ____ Place of Birth _____

1. Hispanic or Latino Yes No

2. Ethnic Origin (please check all that apply)

- White American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander
-

PARENT/GUARDIAN INFORMATION (This student resides with):

Name 1 _____ Relation to student _____
Current Address _____
Previous Address _____
Home phone _____ Work phone _____ Cell phone _____
Email _____

Name 2 _____ Relation to student _____
Address (if different from Name 1) _____
Previous Address (if different from Name 1) _____
Home phone _____ Work phone _____ Cell phone _____
Email _____

Has this student been named in a custody order (if YES, please attach)? Yes No

Does this student have any court documents of which the school needs to be aware (ex. Order of Protection, Law Guardian, etc.) If YES, please attach. Yes No

Has this student ever attended Newfield Central School District? Yes No
If YES, when? _____

Does this student have an Individualized Education Plan (IEP) for Special Education Services (ex. Resource Room, Inclusion class, Consultant teacher, testing accommodations, etc.)? If YES, please attach. Yes No

Is this child currently in Foster Placement? Yes No

Is this child part of a migrant family? Yes No

PREVIOUS PLACEMENT

Previous School District: _____

Address: _____ City/State/Zip _____

Phone number: _____ Fax number: _____

ADDITIONAL INFORMATION

The following person(s), as a parent of this student in addition to the above-named individuals, should receive school documents:

Name:	Address:
Name:	Address:

I hereby grant permission for my child to be released from school to the following person(s) when necessary*:

Name:	Relationship to Student	Phone Number

*NOTE: These persons may NOT make changes to your child's dismissal plans. The parent/guardian **must** send in a note to have anyone other than him/herself pick up the child for routine or non-emergency situations.

Please list all others living in this household (not included above) and their relationship to the enrollee:

Full Name (include middle names):	Relationship to Student	Date of Birth

I verify that all information provided in this registration packet is true and understand that providing false information is considered a serious offense and may result in legal action.

Parent/Guardian Signature

Date

NEWFIELD CENTRAL SCHOOL DISTRICT
STUDENT HEALTH HISTORY AND INFORMATION

Student Name _____ Date of Birth ____ / ____ / ____ Gender (circle) M / F

CONTACT INFORMATION

Doctor _____	Phone _____
Dentist _____	Phone _____
Emergency contact _____	Phone _____
Emergency contact _____	Phone _____
Emergency contact _____	Phone _____

HISTORY

1. Does student have any ongoing health concerns? Yes No
(ex. asthma, diabetes, seizures, injuries, etc.) If YES, please describe:

2. Does student have any allergies (ex. bee, insect, food, seasonal, pet)? Yes No
If YES, please describe and indicate whether hospitalization or emergency treatment was required.

3. Has student had any hospitalizations, significant injuries, or surgeries? Yes No
If YES, please describe:

4. Is the student taking any medications? Yes No
If YES, please describe:

5. Please provide any additional concerns or information that you feel the school nurse and/or teacher should know:

I, the undersigned, do hereby authorize officials of the Newfield Central School District to contact directly the persons named on this form, and I do authorize the named physicians to render treatment as may be deemed necessary in an emergency, for the health of named child. In the event that parents or physicians cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the named child. This is not a waiver of any legal rights, which may accrue out of an accident and under which parents of students may seek to recover for medical expenses. In the event of an emergency and contact with a parent is not possible, the school principal has permission to make life-saving medical decisions for my child.

Signature of Parent/Guardian _____ Date _____



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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ *Please print or type clearly*

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____
Month: _____ Day: _____ Year: _____

STUDENT IDENTIFICATION NUMBER _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: Possible LEP
 English Proficient

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence?
 English Other _____
specify
- What language(s) are spoken most of the time to the student, in the home or residence?
 English Other _____
specify
- What language(s) does the student understand?
 English Other _____
specify
- What language(s) does the student speak?
 English Other _____
specify
- What language(s) does the student read?
 English Other _____ Does Not Read
specify
- What language(s) does the student write?
 English Other _____ Does Not Write
specify
- In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other _____

Date _____

Month: _____ Day: _____ Year: _____



CUESTIONARIO SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR
("Home Language Questionnaire, HLQ") - Spanish

Estimado Padre/Madre o Guardián:
Para poder ofrecer a su hijo(a) la mejor educación posible, necesitamos determinar cuán efectivamente él o ella entiende, habla, lee y escribe el idioma inglés. Su ayuda será apreciada si contesta estas preguntas.

Gracias.

PARA SER COMPLETADO POR EL PERSONAL ESCOLAR
(TO BE COMPLETED BY SCHOOL PERSONNEL)

DISTRITO (District)	IMPRIMA O ESCRIBA CLARAMENTE (Please print or type Clearly)		
ESCUELA (School)	GRADO (Grade)		
NOMBRE DEL ESTUDIANTE (Student Name)			
FECHA DE NACIMIENTO (Date Of Birth)			
Mes: (Month)	Día: (Day)	Año: (Year)	
NÚMERO DE IDENTIFICACION DEL ESTUDIANTE (Student Identification Number)			
PAIS NATAL O ASCENDENCIA (Country of Birth/ Ancestry)			
NÚMERO DE AÑOS MATRICULADO EN ESCUELA(S) FUERA DE LOS E.U. (Number of years enrolled in school outside the U.S.)			
NOMBRE/POSICIÓN DEL PERSONAL ESCOLAR LLENANDO ESTA SECCION (Name/Position School Personnel Completing This Section)			
DETERMINACIÓN: (Determination)	<input type="checkbox"/> Posiblemente LEP (Possibly LEP) <input type="checkbox"/> Dominante en Inglés (English Proficient)		

(✓ Marque las casillas que aplican)

- ¿Qué idioma(s) se habla en el hogar o residencia del estudiante? Inglés Español Otro _____
(Especifique cuál)
- ¿En qué idioma(s) se le habla al estudiante la mayor parte del tiempo en el hogar o residencia? Inglés Español Otro _____
(Especifique cuál)
- ¿Qué idioma(s) entiende el estudiante? Inglés Español Otro _____
(Especifique cuál)
- ¿Qué idioma(s) habla el estudiante? Inglés Español Otro _____
(Especifique cuál)
- ¿En qué idioma(s) lee el estudiante? Inglés Español Otro _____ No lee
(Qué idioma)
- ¿En qué idioma(s) escribe el estudiante? Inglés Español Otro _____ No escribe
(Qué idioma)
- ¿En su opinión, qué tan bien el estudiante entiende, habla, lee y escribe inglés?

	Muy bien	Un poco	Nada
Entiende Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habla Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lee Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escribe Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Firma del Padre/Madre/Guardián/Otro
(Signature of Parent/Guardian/Other)

Mes:
(Month)
Fecha
(Date)

Día:
(Day)

Año:
(Year)

NEWFIELD CENTRAL SCHOOL DISTRICT

STUDENT RESIDENCY QUESTIONNAIRE

Student Name _____ Date of Birth ____ / ____ / ____ Gender (circle) M / F

School: _____ Social Security # _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C.11435. The answers to this residency questionnaire help to determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No

2. If yes, is this temporary living arrangement due to the loss of housing or economic hardship? Yes No

If you answered YES to both of the above questions, please complete the remainder of the form below. If you answered NO to either question, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel/hotel
- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship ("doubled-up")
- A place not designed for ordinary sleeping accommodations (i.e. car, park, bus, train, campsite)
- Other temporary living situation (please describe) _____

Name of Parent(s)/ Legal Guardian(s)/ Unaccompanied Youth PLEASE PRINT	Address

Presenting a false record or falsifying records is an offense under Section 37.10 of the Penal Code. Enrollment of a child under false documents subjects the person to liability for tuition or other costs.

Signature of Parent/Legal Guardian/Unaccompanied Youth

Date

NEWFIELD CENTRAL SCHOOL DISTRICT

Emergency Contact Information

Student Name _____ Date of Birth ____/____/____ Gender (circle) M / F

Physical Address: _____ Mailing Address: _____

Student lives with _____ Home Phone: _____

Contact Name: _____ Home Phone _____
Address: _____ Cell Phone _____
_____ Work Phone _____
Employer _____ Email _____

Relation to Student:

Receives mailings (circle one)

Yes No

Contact Name: _____ Home Phone _____
Address: _____ Cell Phone _____
_____ Work Phone _____
Employer _____ Email _____

Relation to Student:

Receives mailings (circle one)

Yes No

Alternate person(s) to contact in the event parent/guardian is not available:

#1 Name: _____ Relationship: _____

H: _____ W: _____ C: _____

#2 Name: _____ Relationship: _____

H: _____ W: _____ C: _____

#3 Name: _____ Relationship: _____

H: _____ W: _____ C: _____

Emergency School Closing Contact (one name only, please):

Name: _____ Relationship: _____

H: _____ W: _____ C: _____

Date: _____ Signature of parent/guardian: _____

NEWFIELD CENTRAL SCHOOL DISTRICT
TRANSPORTATION INFORMATION FORM

Student's Name (please print)	Date of Birth	Gender	Grade
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	

Current Address:

House # and street name

City State Zip code

Previous Address (if moving within Newfield:

House # and street name

City State Zip code

AM Pick-Up Location: _____
(example – home, relative's house, daycare, etc. – give address if different from home address)

PM Drop-Off Location: _____

Daycare Provider's Name/Address: _____

If school closes early, where does your child go? _____

People who have your permission to get your child from the bus stop (must be adults only):

1. _____
2. _____
3. _____
4. _____

Dear Parent/Guardian:

Letter to Parents for School Meal Programs 2017-18

Children need healthy meals to learn. **Newfield Central School District** offers healthy meals every school day. **Breakfast is AT NO COST TO ALL STUDENTS. Our lunches are at NO COST in the elementary and \$2.25 in the middle & high school*.** Your children may qualify for free meals or for reduced price meals. **Reduced price is \$.25 for lunch in 6TH – 12TH grs.**

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: **MS. Robin Wood 247 Main St. Newfield, NY 14867 (607) 564-9955 ext. 4024.**
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 **Cheryl Jackson @ (607) 564-9955 ext. 1026** or email at **cjackson@newfieldschools.org** to see if they qualify.
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 **564-9955 ext.4024** 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 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 **Joanne James (607) 564-9955 ext.4121 or jjames@newfieldschools.org**
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**.

2017-2018 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	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	\$ 30,044	\$ 2,504	\$ 1,252	\$ 1,156	\$ 578
3	\$ 37,777	\$ 3,149	\$ 1,575	\$ 1,453	\$ 727
4	\$ 45,510	\$ 3,793	\$ 1,897	\$ 1,751	\$ 876
5	\$ 53,243	\$ 4,437	\$ 2,219	\$ 2,048	\$ 1,024
6	\$ 60,976	\$ 5,082	\$ 2,541	\$ 2,346	\$ 1,173
7	\$ 68,709	\$ 5,726	\$ 2,863	\$ 2,643	\$ 1,322
8	\$ 76,442	\$ 6,371	\$ 3,186	\$ 2,941	\$ 1,471
*Each additional person add	\$ 7,733	\$ 645	\$ 323	\$ 298	\$ 149

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 FDIPIR 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, 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.

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,

Dr. Cheryl Thomas
Superintendent of Newfield Schools

**2017-18 Community Eligibility Provision (CEP)/Provision 2 non-base year
Household Income Eligibility Form**

Newfield Elementary School is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete only one form for your household, sign your name and return it to the school named above. Call Robin Wood at 564-9955 x 4024 if you need help.

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. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

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"/>

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: _____

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 Eligibility Reduced Eligibility Denied Eligibility
 Signature of Reviewing Official _____

CEP/ Provision 2 Non-Base year Household Income Form INSTRUCTIONS

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

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** – Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living 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.

PRIVACY ACT STATEMENT

The School District and its designated officials will take action necessary to protect the privacy of students eligible to receive free/reduced price meals and shall not publish, post, or announce the names of these students in any manner. No overt identification of any such students by use of special tokens or tickets, or by any other means will be made. Further assurance is given that students eligible for free/reduced price meals shall not be required to work for their meals, use a separate lunch room, go through a separate serving line, enter the lunch room through a separate entrance, eat meals at a different time, eat a different meal from the meal sold to students paying the full price of such a meal. The School District will use a fair hearing procedure in cases of appeal by parents/guardians of the school's decision on applications. If a challenge to correctness of information contained in an application or to the continued eligibility of any student for a free/reduced price meal is made on the part of the District, the students shall be provided a free/reduced price meal until a final determination is made.

Collection Procedure

In making collections from students who pay for their meals, and in accounting for the number of free/reduced price meals served, the methods used will be such that no other student in the school will be made aware, by the procedure, of the identity of the students receiving free or reduced price meals.

Provisions for Transfer

If a student transfers from one school building to another within the School District, his/her eligibility for a free/reduced price meal will be transferred to and honored by the receiving school.

Records

The District will maintain a file of the following records for three years plus the current year after the end of the fiscal year to which they pertain: 1. All applications and Direct Certification letters returned and documentation of action taken; 2. Records of all appeals and challenges and their disposition; 3. All notifications of eligibility determinations, including benefit rejection letters; 4. Records of all verification efforts and resulting eligibility changes.

NEWFIELD CENTRAL SCHOOL DISTRICT
PARENT'S AUTHORIZATION AND CONSENT
FOR RELEASE OF SCHOOL RECORDS

Student Name _____ Date of Birth ____ / ____ / ____ Gender (circle) M / F

I hereby authorize the Newfield Central School District to receive copies of all school records, including but not limited to medical, psychological, audiological, Individual Educational Plans, attendance, behavioral, and all other educational records and information for the above named student.

I hereby authorize the release of the above named student's records, including but not limited to medical, psychological, audiological, Individual Educational Plans, attendance, behavioral, and all other educational records and information to the following agency (give name and address of school or other agency):

Signature of Parent/Legal Guardian

Date

NEWFIELD CENTRAL SCHOOL DISTRICT

COMPUTER USE AGREEMENT

The Newfield Central School District is pleased to offer students and staff access to a computer network for Internet use and E-mail (staff only). To gain access to the Internet, all students must obtain parental permission. Should a parent prefer that a student not have Internet access, use of the computers is still possible for word processing, local library research and classroom projects.

What is Possible?

Access to the Internet will enable students to explore thousands of libraries and databases. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. The District uses Filters (see policy below) to prevent access to these sites. While our intent is to make Internet access available for educational purposes, some students may find ways around the filters to access these other materials. These students will lose their school Internet privileges. We believe that the benefits to students of having Internet access – information resources and opportunities for collaboration – exceed the disadvantages. However, since parents and guardians are responsible for setting boundaries for their children, the Newfield Central School District supports and respects each family's right to decide whether or not to apply for Internet access in school.

Filtering Policy

Pursuant to the Children's Internet Protection Act, Newfield Central School District has developed an Internet Filtering Policy. Every computer in the District with Internet access shall be subjected to filtering. Such filtering software shall also be designed and it shall operate so that images and text which are deemed harmful to minors by the Newfield Central School District shall not be displayed. The District's Internet filtering methodology is based on groups and policies. All Internet traffic is monitored and logged. Comprehensive reports can be produced at any time with the Superintendent's approval. Logs will be archived and kept indefinitely.

Student E-mail

Student personal E-mail accounts are not permitted. Classroom accounts and special situation E-mail accounts may be issued.

What is expected?

Students are responsible for appropriate behavior on school computer networks just as they are in a classroom or school hallway. Communications on the network are public in nature. General school rules for behavior and communications apply.

Access is a privilege, not a right and may be revoked if abused. The network is provided for students to conduct research and communicate with others. Access to network services is given to students to agree to act in a considerate and responsible manner.

Individual users of the District's computer networks are responsible for his/her actions in accessing and utilizing the District's computer resources. It is expected that users will comply with District standards and will honor the agreements signed. When student users access files that may be considered inappropriate, the parent/guardian will be informed. Adult users who access inappropriate sites may be disciplined and/or reported to law enforcement.

**PLEASE COMPLETE THE REVERSE SIDE AND RETURN TO THE DISTRICT
OFFICE (ADULT USER) OR TO YOUR SCHOOL OFFICE (STUDENT USER).**

NEWFIELD CENTRAL SCHOOL DISTRICT
PERMISSION FORM FOR USE OF COMPUTERS

As a user of the Newfield Central School District's computer network, I hereby agree to follow the guidelines (see reverse) and to use the school computers (including accessing the Internet if permitted to do so) in an appropriate manner.

Student/User Last Name (please print)

Student/User First Name (please print)

Grade/Graduation Year: _____

Student/User Signature

Date

.....

PERMISSION FORM FOR USE OF INTERNET

(For students only)

No. Please do not allow my child to access the Internet at school.

Yes. My child may use the Internet while at school and in accordance with the rules outlined in this document.

As the parent or legal guardian of the student signing above, I grant permission for my son or daughter to access networked computer services while at school and for educational or instructional purposes. I understand that s/he may be held liable for violations of District policy regarding computer/Internet use and that I will be contacted if my son/daughter is accessing questionable material.

Parent's Name (please print)

Phone Number

Signature

Date