



Welcome to Alfred-Almond Central School

Elementary Enrollment Packet

The following documentation needs to be submitted prior to your child entering Alfred-Almond School District. Your child will not be eligible to attend until all paperwork has been submitted and approved.

- ☐ Completed Enrollment Packet
- ☐ Copy of original Birth Certificate
- ☐ Proof of Residency
- ☐ Current physical, one that is dated one year or less from the date of enrollment
- ☐ Immunization Record with all immunizations up to date or letter of medical exemption from Physician
- ☐ Interval Health History Form completed by Parent/Guardian
- For High School Enrollment Only
- ☐ Sports Sign up Form if planning to participate
- ☐ Sports Health History Form Completed by Parent/Guardian and signed by Parent
- ☐ Concussion Management Form Signed by Parent and Athlete

<u>For Office Use Only</u>	
Documentation Received By:	
Date Documentation Received:	
Date Approved:	

ALFRED-ALMOND CENTRAL SCHOOL

STUDENT RESIDENCY QUESTIONNAIRE

Name of Student: _____ Sex: ☐ Male
Last First Middle ☐ Female

Birth Date: ____/____/____ Age: ____ Social Security #: _____
Month Day Year (or student identification number)

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

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

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

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subject the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____
Signature of Unaccompanied Youth _____ Date _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

School _____ Grade: _____

Student's

Legal Name

Please Print Last Name First Name Middle

Name Called _____

Office Use Only

Student ID _____

Teacher/HMRM _____

FAMILY HEAD OF HOUSEHOLD

Home Telephone: _____ Unlisted: ____ Yes ____ No

Parent Status: Married: ____ Separated: ____ Divorced: ____ Single: ____

Student Resides With: Both Natural Parents ____ One Natural Parent ____ Natural Parent/Step Parent ____ Guardian ____ Foster ____

Dwelling Address :

County:

Apt: Lot:

Subdivision/Apt Complex

Mailing Address :

Parent/Guardian 1: _____ Relationship: _____ Type Day Ext.

Last Name First Name Middle Phone 1

Does student live with you? Yes ____ No ____ Phone 2

Occupation/Employer: _____ Phone 3

Address (if different): _____ Email: _____

Parent/Guardian 2: _____ Relationship: _____ Type Day Ext.

Last Name First Name Middle Phone 1

Does student live with you? Yes ____ No ____ Phone 2

Occupation/Employer: _____ Phone 3

Address (if different): _____ Email: _____

Do you: own () rent () or share () residence with another family?

If you share this residence with another family, list family/owner's name here: _____

Is either parent or guardian a civilian employee on federal property or on active duty in the uniformed services? Yes ____ No ____

STUDENT INFORMATION

Male: ____ Female: ____ Birth Date _____ Social Security Number: _____

MM / DD / YYYY

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

Ethnic Group/Race:

Alaska Native ____ American Indian: ____ Asian: ____ Black: ____ Hispanic: ____ Pacific Islander ____ Multiracial: ____ White: ____

Ninth grade entry date: _____

Entry Date in US _____

Birth Place: _____ Entry Date to Public School: _____

City

State

Country

MM / DD / YYYY

What was the first language your student learned? _____ Language spoken most often _____

Pre-K Experience (Choose One): _____
 (For all students)

1. Pre-K Program – Public School	5. Private – Not for profit
2. Publicly Sponsored (including Title I)	6. Private – For profit
3. Headstart	7. Did not attend a Pre-K program
4. Other Public School	

High School Program of Study: _____

Last School Attended: _____ Address: _____

County + State –OR- Country of last school attended: _____

Has the student you are enrolling today EVER attended Alfred-Almond school before? Yes ____ No ____

If yes, list the grade/year enrolled: _____

Names and ages of siblings under 18:

_____ Last	_____ First	_____ Middle	_____ Age	_____ Last	_____ First	_____ Middle	_____ Age
_____ Last	_____ First	_____ Middle	_____ Age	_____ Last	_____ First	_____ Middle	_____ Age

Does your student need to take medication at school? Yes ____ No ____ Medication _____

Special medical problems/drug allergies? _____

Licensed Health Care Provider: _____ Licensed Health Care Provider Phone: _____

SPECIAL SERVICES PARTICIPATION

Does your student receive any of these services?

Accelerated Learning _____ ESL _____ Special Education/IEP _____ Speech _____
 504 Plan _____

Other (Please explain) _____

OFFICE USE ONLY

Entry Date: _____	Proof of Residency: _____	W/D Date: _____	W/D Code: _____
Birth Certificate: _____		School: _____	
Registered by: _____	Withdrawal Form: _____	Address: _____	
Handbook/Parent Information Guide: _____		Date Records Sent: _____	
Bus Number: _____		Date Records Requested: _____	
Immunization Records Received: _____		Date Records Received: _____	

Please fill out the following information in case of an emergency.

Doctor: _____

Phone number: _____

Dentist: _____

Phone number: _____

List two people that we can contact in the event of an emergency and you cannot be reached:

Person 1: _____ Relationship to student: _____

Phone number: _____

Person 2: _____ Relationship to student: _____

Phone number: _____

Please Provide a list of people authorized to pick your child up from school. This is a list of any person you may send to pick your child up (grandparent, babysitter, sibling, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Alfred-Almond Central School
Health History to be completed by Parent/Guardian
Please Return Completed Form

Student Name:	DOB:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (Name of person completing this form)	Phone: Email:	Date:	

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	
Has an Epi-Pen	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation or hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Ever diagnosed with a heart condition/murmur	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|--|---|--|
| <input type="checkbox"/> ADHD
<input type="checkbox"/> Asthma/trouble breathing
<input type="checkbox"/> Autism/Asperger
<input type="checkbox"/> Dental Injuries
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Condition
<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Urinary Condition
<input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Scoliosis
<input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle)
<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Speech Condition
<input type="checkbox"/> Other: _____ |
|--|---|--|

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school (Doctor's Order Needed)	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐ No ☐ Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

Parent/Guardian Signature: _____ Date: _____

Reviewed by School Nurse: _____

2022-23 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older		3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³		Not applicable		1 dose
Polio vaccine (IPV/OPV) ⁴	3 doses		4 doses or 3 doses if the 3rd dose was received at 4 years or older	
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose		2 doses	
Hepatitis B vaccine ⁶	3 doses		3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine ⁷	1 dose		2 doses	
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses			Not applicable
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses			Not applicable



Department
of Health

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019 and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6, 7 and 8: 10 years; minimum age for grades 9 through 12: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2022-2023, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6, 7 and 8; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 9 through 12.
 - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella. At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7, 8 and 9: 10 years; minimum age for grades 10 through 12: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. PCV is not required for children 5 years or older.
 - f. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

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 the person listed on the front of this application.

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. 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, audiotope, 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: Michelle Miller or Tori Parmenter, Food Service Management
Telephone Number: 607-276-6550

Date Withdrew _____

F ____ R ____ D ____

Alfred Almond CSD 2022-2023 Application for Free and Reduced Price School Meals

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 **607-276-6550**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to:

Alfred Almond CSD Food Service Office
6795 Route 21
Almond, NY 14804

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 LatinoRace: ☐ 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: _____

Acceptable Use Policy

I, _____ the student, have read the district's Acceptable Use Policy and agree to abide by their provisions. I understand that violation of these provisions may constitute suspension or complete loss of system access and related privileges.

(Student's Signature)

(Date)

(Grade)

I, the parent/guardian of _____, have read the district's Acceptable Use Policy in consideration for the privilege of using the district's computer network and in consideration for having access to the public networks. I hereby release the district, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use, or inability to use, the system including, without limitations, the type of damage identified in the district's policies and regulations.

(Parent/Guardian Signature)

(Date)

The Acceptable Use Policy is included in this packet. Please read and sign this page. Detach the Policy your records. Thank you.

ALFRED-ALMOND CENTRAL SCHOOL STUDENT ACCEPTABLE USE POLICY

As Alfred-Almond Central School gains access to new technological resources we also assume new responsibilities. Our goal is to provide access to diverse technology, to support learning and enhance instruction, and to do so in a manner that is both ethical and consistent with promoting educational excellence.

I Purpose of Acceptable Use Policy

This Acceptable Use Policy establishes a set of guidelines for students, teachers, administrators, and all other users of the Alfred-Almond Central School computer networks and technological equipment. It is designed to reinforce honesty, integrity, respect for the rights of others, and respect for the law. Violations of the Acceptable Use Policy will result in loss of access, as well as other disciplinary or legal action, if applicable.

II. Terms and Conditions

Alfred-Almond Central School is now providing access to various computerized information resources through the use of the district's computer system. This may include access to electronic mail, on-line services, and the Internet. Unlike most traditional instructional or library media materials, our district will allow access to external computer networks not controlled by the school district, where it is impossible to screen or review all of the available materials. Use of this system is conditioned upon written agreements by both the user and parent/guardian that uses of our system will conform to the requirements of this policy.

It should be noted that use of the AACS computer equipment, Internet accounts, and networks and information is a privilege, not a right. As such, these privileges can be restricted, denied, revoked or suspended.

All data files stored on district equipment, like school lockers, remain the property of the school district and are subject to control and inspection. Student e-mail is subject to search under Federal Law. Any messages transmitted are under school jurisdiction and should be considered private.

III. Standards of Behavior

- Use of the district computer resources for non-academic reasons will only be allowed with authorization from proper school personnel.
- Diskettes, paper, ribbons, etc. are the property of Alfred-Almond Central School and should not be wasted, treated improperly, or removed from their designated areas.
- Software and hardware are the property of Alfred-Almond Central School and should not be treated improperly or removed from their designated areas.

There should be no violation of privacy and personal safety. Do not give out personal information such as age, phone number, address, etc. over the AACS computer network. Violations of the privacy of others will be considered a severe offense.

IV. Lawful Use of Copyright Materials

Unlawful duplication of computer related material or violations of copyright laws is prohibited.

- No person is allowed to install personal software on district computers without proper authorization.
- No person is allowed to install district software without proper authorization.

Only public domain files (files available for public use) and files in which the author has given expressed written consent may be uploaded to the system. Individuals may download copyrighted material only for their own use following the provisions set forth in the U.S. Copyright law.

V. Illegal and Commercial Uses of the Internet

- Use of AACS computer networks for political, illegal, commercial, obscene, or other inappropriate purposes is not acceptable and will be addressed under the severe clause.
- Do not abuse computer or network hardware.
- Do not fraudulently use another person's name to send or receive messages. Violation will be considered a severe offense.

VI. Accessing Information Inappropriate for Students

Speech and actions that are inappropriate in an educational setting and violate current school policy are prohibited. These include:

- Inappropriate Language or Graphics — obscene, offensive, disrespectful, harassing, threatening, prejudicial, false, defamatory, or disrupts the educational process/environment.
- Dangerous Information - Information that, if acted upon, could cause damage or danger.

VII. Use For Work or Activity That is Consistent With Educational Purpose

- Material accessed from Alfred-Almond Central School computer networks will be used to promote educational excellence.
- Internet usage will be guided by the educational objectives of Alfred-Almond Central School.

VIII. Use of Unauthorized Software

- Do not copy or modify server or network system files.
- Do not copy any software or files that are property of AACS.

- No attempt should be made to infiltrate a computing system or damage or alter the software components or network.

IX. Unauthorized Access to Files

- All files stored on the district technology systems are the property of Alfred-Almond Central School and may be viewed by the network administrator and/or school administrators at any time.
- Keep passwords confidential.
- Do not try to learn the passwords of others.
- Do not try to read, modify, or delete files of other individuals.

X. Disclaimer of Responsibility

Alfred-Almond Central School will take caution and make reasonable efforts to monitor proper technology use; however, the student and parent/guardian must also accept responsibility. There are areas of the Internet which may contain questionable material and inaccurate information. As a result, Alfred-Almond Central School disclaims any responsibility for any inappropriate or objectionable materials that a student may obtain through school use of the Internet. Any information furnished by an individual to another user via the Internet is at the user's own risk. Alfred-Almond Central School specifically denies any responsibility for the accuracy or quality of Information obtained through its Internet services. In addition, Alfred-Almond Central School is not responsible for loss of data caused by the negligence or the users errors or omissions.

XI. Internet Violations

Inappropriate use of the Alfred-Almond Central School computer information networks will result in the following school disciplinary action. In addition to the conditions set forth below, users may also face other consequences if applicable. These may include equipment repair or replacement, debugging charges, suspension, or legal action.

1st violation - Loss of access for 2 school weeks

2nd violation - Loss of access for 4 school weeks

3rd violation - Loss of access for 10 school weeks

Severe Clause - If the violation is of such a serious degree that the individual will harm others or breach the intent of the Acceptable Use Policy, the individual will immediately have all access terminated until proper assessment of the situation. These include, but are not limited to, such things as illegal acts, violating the privacy of others, and modifying server software.

Parent Portal Information

Parent Portal provides you with 24/7 access to your child's academic information. With a parent portal account, you may log on at any time to view information regarding your child's schedule, grades, and attendance.

To create a new account, please visit our site at: www.aacsapps.com and select the Portal login link. Underneath the login button, first time users can use the **click here** to create a new account.

- Type your name as it appears on correspondence sent from the school (do not use nicknames like Ed for Edward)
- Obtain student ID # from report card or student schedule
- Only sign up for one child, once your account is approved you will automatically gain access to all of your children.
- Use an email address that is not likely to change. If your email address changes, you will need to request a new account.

Once you have successfully submitted your account request, district personnel will review your request and approve or deny it. Once an account is approved, you will receive an email containing a link to activate that account. Once you have activated your account, you are ready to login and view your child's information.

To use your portal account after creation, please visit our site (www.accsapps.com) and follow the link to the parent portal login page. Once at the login page, use the email address and password that were used to create the account and click **Login**. Finally, you must agree to the terms and conditions of the site before gaining access to student information.

Once you are successfully logged into the parent portal, you will be brought to your homepage. The home page will contain links to each of your children as well as district wide announcements. You will also see a *My Account* link at the top of the page. Use that link to change your password at any time you feel your password needs to be changed.

To view academic information about your child, you must first select the child from the list on the home page. Once a child is selected, a tabbed browsing screen will display. Each tab corresponds to specific reporting that is generated from the eSchoolData student management system. These tabs include Report Cards, Assignments, Schedules, Attendance, and Transcripts. Depending on the way information is managed, some tabs may not be available to all students. To view information, simply click on the tab containing the information you are looking for.

The parent portal will allow you instant access to your child's academic information. However, grades may take some time to appear as it is up to the teacher when they post this information. Please be considerate and patient at times.