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St. John – Hudson USD 350

505 N. Broadway
St. John, Kansas 67576
Ph. (620) 549-3564
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Dear Parents,

The weeks of summer vacation are coming to a close and the start of school is just around the corner. Student enrollment will be held on **August 8th from noon until 7:00pm** in the school cafeteria. The first day of school is Thursday, August 24th.

This packet of information includes the forms needed to enroll your child in school for the upcoming school year. Our goal is to keep this process quick and easy for all involved. Parents can fill out the necessary paperwork at home, bring the forms to enrollment, and pay the fees. Be sure to fill out each form completely on both sides and add students' names where requested.

School staff will be available at enrollment to answer any questions and a Spanish language interpreter will also be available.

Look for the back-to-school newsletter to arrive in your mailbox very soon. If you are unable to make it to enrollment, please schedule a time with the office after August 8th. We are anxious to get the kids back in the building and are excited for the upcoming school year.

Respectfully,

Josh Meyer, Superintendent / Elementary Principal

Board of Education

Chad Fisher, President Barb Alpers, Vice Pres. Carl Behr Darin Brummer Vance Fisher Derek Foote Debby Waddle

Enrollment Form for St. John Elementary

Student Personal Information

Student Name:	Preferred Name:	
Address:	City, State, Zip:	
Social Security #:	Birth Date:	Age:
Phone:	Birthplace:	Grade:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		

Family Information

Relationship:	Relationship:
Name:	
Employer:	
Emp. Address:	
Work Phone:	
Cell Phone:	
Home E-mail:	
Work E-mail:	
Family Situation:	
District Newsletter will be on the USD 350 website. Do you wish to receive it by mail? Yes No	

Alternate Household

Name:	Relationship:
Home Address:	Home Phone:
Employer:	Emp. Address:
Cell Phone:	Work Phone:
Home E-mail:	Work E-mail:
Receive Mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact Information

Emergency Contact Name:	Relationship to Student:
Emergency Contact Address:	Emergency Contact Home Phone:
Emergency Contact Work Phone:	Hospital Preference:
Family Physician:	Family Physician Phone:
Medical Notes:	

Siblings (Other Children Living at Same Address)

Name (First, Middle, Last):	Birthdate:
Name (First, Middle, Last):	Birthdate:
Name (First, Middle, Last):	Birthdate:
Name (First, Middle, Last):	Birthdate:
Name (First, Middle, Last):	Birthdate:

St. John-Hudson USD 350
REQUEST FOR ADMISSION BY NON-RESIDENT STUDENT

Name: _____ Date: _____

Birth Date: _____ Gender: M / F Class/Grade: _____

Address: _____

Phone: _____

Name of Parent or Guardian: _____

Occupation/Employer: _____

Address (if different than student): _____

Phone (if different than student): _____

Is the student currently suspended or expelled from another school? ___Yes ___No

Reason for this application: _____

This application will be evaluated on the following criteria:

1. Evaluation of the validity of the reason for requesting admittance.
2. The student's academic record from previous schools.
3. The student's attendance and discipline record from previous schools.

This application must be approved before the student attends school in USD 350. If approval is granted, it is only valid for the current school year.

I agree to adhere to the expectations and policies of USD 350.

_____ Date

Student Signature

_____ Date

Parent/Guardian Signature

For Office Use Only

Approve / Disapprove _____ Date

Principal

Approve / Disapprove _____ Date

Superintendent

USD 350 Technology Acceptable Use Policy

BOE Policy IIBF August 2014

Purpose

The district provides computer network and internet access for its students and employees. This service allows employees and students to share information, learn new concepts, research diverse subjects, and create and maintain school-based websites. The district has adopted the following Acceptable Use Guidelines to govern the conduct of those who elect to access the computer network or district Internet.

Acceptable Use Guidelines

Users shall adhere to the following guidelines of acceptable use:

- All use of the Internet will be in support of educational activities.
- Users will report misuse and breaches of network security.
- Users shall not access, delete, copy, modify, nor forge other users' e-mails, files, or data.
- Users shall not use other users' passwords nor disclose their password to others.
- Users shall not pursue unauthorized access, disruptive activities, nor other actions commonly referred to as "hacking," internally or externally to the district.
- Users shall not disclose confidential information about themselves or others.
- User shall not utilize unlicensed software.
- Users shall not access or permit access to pornography, obscene depictions, or other materials harmful to minors.
- Students shall not disable or attempt to disable Internet filtering software.

Prohibitions

Although the district reserves the right to determine what use of the district network is appropriate, the following actions are specifically prohibited:

- Transferring copyrighted materials to or from any district network without the express consent of the owner of the copyright.
- Use of the network for creation, dissemination, or viewing of defamatory, factually inaccurate, abusive, obscene, profane, sexually oriented, threatening, harassing, or other material prohibited by law or district policy.
- Dissemination of personnel or student information via the network when such information is protected by law, including the Family and Educational Rights Act or Student Data Privacy Act.
- Utilization of the network to disseminate non-work-related material.
- Utilization of the network as a means for advertising or solicitation.

Monitoring

The school district reserves the right to monitor, without prior notice, any and all usage of the computer network and district Internet access, including, but not by way of limitation, e-mail transmissions, and receptions. Any information gathered during monitoring may be copied, reviewed, and stored. All such information files shall be and remain the property of the school district, and no user shall have any expectation of privacy regarding his/her use of the computer network or the district Internet.

Internet Safety

In compliance with the Children's Internet Protection Act (CIPA) and the Kansas Children's Internet Protection Act, the school district will implement filtering and or blocking software to restrict access to Internet sites containing child pornography, obscene depictions, or other materials harmful to minors. The school district, however, cannot and does not guarantee the effectiveness of filtering software. Any student who connects to such a site must immediately disconnect from the site and notify a teacher. An employee who accidentally connects to such a site must immediately disconnect from the site and notify a supervisor. If a user sees another user accessing inappropriate sites, he or she should notify a teacher or supervisor immediately. The school district administration reserves the right to prohibit access to any network or Internet it deems inappropriate or harmful. The school district shall instruct students regarding appropriate online behavior including cyberbullying.

Penalties for Improper Use

Access to the network and Internet is a privilege, not a right, and inappropriate use will result in the restriction or cancellation of the access. The district has the right to make the determination of what constitutes inappropriate use and use as an educational tool. Inappropriate use may lead to any disciplinary and/or legal action, up to and including suspension and/or expulsion of district students and suspension and/or termination of employees. Law enforcement shall be notified of inappropriate use which may constitute a violation of Federal or state law, and such use may result in criminal prosecution.

Agreement

I have read and understand the Technology Acceptable Use Policy and Guidelines.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

USD 350 Student Data Privacy

Annual Notice of Authorized Student Data Disclosures

In accordance with the Student Data Privacy Act and board policy IDAE, student data submitted to or maintained in a statewide longitudinal data system may only be disclosed as follows. Such data may be disclosed to:

- *The authorized personnel of an educational agency or the state board of regents who require disclosures to perform assigned duties; and*
- *The student and the parent or legal guardian of the student, provided the data pertains solely to the student.*

Student data may be disclosed to authorized personnel of any state agency, or to a service provider of a state agency, educational agency, or school performing instruction, assessment, or longitudinal reporting, provided a data-sharing agreement between the educational agency and other state agency or service provider provides the following:

- *purpose, scope and duration of the data-sharing agreement;*
- *recipient of student data use such information solely for the purposes specified in agreement;*
- *recipient shall comply with data access, use, and security restrictions specifically described in agreement; and*
- *student data shall be destroyed when no longer necessary for purposes of the data-sharing agreement or upon expiration of the agreement, whichever occurs first.*

**A service provider engaged to perform a function of instruction may be allowed to retain student transcripts as required by applicable laws and rules and regulations.*

Unless an adult student or parent or guardian of a minor student provides written consent to disclose personally identifiable student data, student data may only be disclosed to a governmental entity not specified above or any public or private audit and evaluation or research organization if the data is aggregate data. "Aggregate data" means data collected or reported at the group, cohort, or institutional level and which contains no personally identifiable student data.

The district may disclose:

- *Student directory information when necessary and the student's parent or legal guardian has consented in writing;*
- *directory information to an enhancement vendor providing photography services, class ring services, yearbook publishing services, memorabilia services, or similar services;*
- *any information requiring disclosure pursuant to state statutes;*
- *student data pursuant to any lawful subpoena or court order directing such disclosure; and*
- *student data to a public or private postsecondary educational institution for purposes of application or admission of a student to such postsecondary educational institution with the student's written consent.*

As the parent or legal guardian of the named student(s), I acknowledge that I have been provided with notice of authorized student data disclosures under the Student Data Privacy Act.

Student Name(s): _____

Parent/Guardian Signature: _____

USD 350 Permission to Publish

The St. John-Hudson school district takes serious its legal and moral obligation to protect the privacy of its students and their families in online and print publications. Situations may arise during the school year where student work and/or photographs will be used in school newsletters, the school website, school social media pages, or other school publications. This is done to promote the schools mission, recognize student success, and keep the community informed.

There may also be times when news media (such as the St. John News) would be publishing student photos as part of positive stories about our school. USD 350 requires parent permission to publish student work and photographs or allow this information to be published by a third party. Please note that permission is not required when students are part of a large group or part of an activity where privacy is not expected (such as an athletic event).

Please Check One Below:

- I hereby **give full consent** to publish my child's name, photographs, images, and school-related work.
- I hereby **give limited consent** to publish my child's information subject to the special instructions below.
- I **do not give consent** to publish my child's photographs, images, and school-related work.

Student Name(s): _____

Parent/Guardian Signature: _____

Please note any special instructions for school staff:

Health Information Form

Student's Name _____ Birthdate _____ Age _____

Medical History

1. Has your child ever been a patient in a hospital?

Yes (Explain below)

No (Go to question 2)

My student was in the hospital because...	When

2. Is your child taking any prescription medication?

Yes (Explain below)

No, my child does not take any prescription medicines (Go to question 3)

Name of Medicine	Amount/ Size of Pill	How many pills or doses does your child take at...
		<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
		<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
		<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
		<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime

(Please attach list if more medications)

3. What over-the-counter medicines does your child take regularly?

Vitamins

Herbal Medicine (please list) _____

Other (please list) _____

NONE my child does not take any over-the-counter medicine regularly

4. Does your child have any **allergic reaction (bad effect)** from any of the following?

Outside or Indoor Allergies (for example: hay fever, grass, pollen, cats, dust)

Food Allergies (For example: peanuts, milk, wheat, strawberries)

Insect or Animal Allergies (For example: bee, wasp, cats)

Medicine or Shot (immunization) (Explain on following page)

No My child does not have any allergies that I know of

****Please turn page over****

My child is allergic to:	What happens when your child has a reaction?

5. Has your child had any of the following medical problems or injuries?

Problem/Injury	Yes	No
Surgery:		
Head Injury or Concussion		
Ear infections (often or ear tubes)		
Nose problems (frequent sinus infections, nose bleeds)		
Eye Problems (blurry vision, needs to wear glasses)		
Should wear glasses to see <u> </u> Far away <u> </u> to read		
Hearing problems (has trouble sometimes, wears hearing aid)		
Mouth or throat problems (strep throat, swallowing difficulty)		
Constipation (problems having a bowel movement)		
Problems Peeing (bed wetting, pain when peeing)		
Back problems (crooked back, back pain)		
Muscle or bone problems (weak muscles, pain in joints)		
Skin problems (acne, flaking skin, rashes, hives)		
Seizures		
ADD/ADHD (problems paying attention, sitting still)		
Breathing problems (asthma, cough)		
Other:		

Did you answer Yes to any of the above? Please explain

___ I allow the school nurse to access and update Kansas Web IZ, the Kansas database for immunizations, including name, address, and current immunization record.

Signature of person filling out form

Relationship

Date

ST. JOHN-HUDSON UNIFIED SCHOOL DISTRICT 350

505 N BROADWAY

ST. JOHN, KS 67576

620-549-3518 EXT 1020

620-549-3678

Request for Over the Counter Medication during School Hours

NAME OF STUDENT: _____ DOB: _____

MEDICATION: _____ DOSAGE _____

Reason for RX: _____

Time of day medication is to be given: _____

Anticipated number of days to be administered at school _____

I hereby request and give permission for the above named student to take the above over the counter medication at school. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers the over the counter medication listed above in accordance with the instructions for age furnished with the product shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such medication.

Date: _____ Signature of Parent/Guardian: _____

Note: 1. Medication brought to school must be in the original container.

ST. JOHN-HUDSON UNIFIED SCHOOL DISTRICT 350

505 N BROADWAY

ST. JOHN, KS 67576

620-549-3518 EXT 1020

620-549-3678

Request for Medication to be Administered during School Hours

NAME OF STUDENT: _____ DOB: _____

MEDICATION: _____ DOSAGE _____

Reason for RX: _____

Time of day medication is to be given: _____

Anticipated number of days to be administered at school _____

Date: _____ Signature of Physician: _____

I hereby request and give permission for the above named student to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.

I hereby authorize USD 350 school nurse to exchange information regarding this request with the prescribing physician and with the pharmacy as identified on the affixed pharmacy label if clarification is required.

Date: _____ Signature of Parent/Guardian: _____

Note: 1. Medication brought to school must be in the original container appropriately labeled by the pharmacy, or physician, stating the name of the student, the name of the medication and dosage. If you are giving the medication at home please request two bottles from the pharmacy.

About Your Child



Current grade

Last Name

First Name

Address

Date of Birth

Gender

Primary Language

Allergies/Special diet

Parent/Guardian

Name (Parent/Guardian 1)

Relationship to child

Address

Home phone

Mobile phone

Work phone

Email address

Name (Parent/Guardian 2)

Relationship to child

Address

Home phone

Mobile phone

Work phone

Email address

Scheduled Days for 2017-2018

M

T

W

TH

F

Part-Time (1-2 days/week)

\$10.00 per month

Full Time (3+ days/week)

\$20.00 per month

(Due by the 20th of each month to the grade school office.)

Pick-Up Information

My child may be picked up by any of the following people:

Name

Relationship

Phone number

Name

Relationship

Phone number

Name

Relationship

Phone number

My child may walk home at 5:10 pm unless otherwise specified.

Does your child require any additional accommodations or support services to be successful in this program? If so, please explain.

Are there any special circumstances or needs that your family has which the program should know about ?

Please list and explain any chronic health concerns:



Dismissal/Pick-up of students

The LIFE After-School Program ends at 5:10 pm. Students will be dismissed at this time. Please make sure your student(s) know if they will be picked-up or are to walk home. No bus transportation is available. ***Parents/Guardians picking up students may wait in the foyer of the library for dismissal. Students may be signed-out earlier if needed.

Student Schedule

The LIFE After-School Program makes daily plans based on the number of students scheduled to attend. Therefore, if you need make a change to the attendance schedule, please contact LIFE After-School Office from 2:30 pm- 5:00 pm. Please call the office if your child will be absent from the program on any given day (illness, appointments, family events, etc.).

Behavior Expectations

The LIFE After-School Program will follow all behavior policies/expectations set forth in the USD 350 Handbook. Students with continual behavior issues may be suspended or dismissed from the program.

Parent/Guardian Signature

I certify that I have read this form, supplied accurate information and that documentation of physical examination and immunizations in accordance with USD 350 policy are on file at St. John/Hudson Elementary School /Jr. High.

I also understand that when my child is released at 5:10 pm, the LIFE After-School Program is no longer responsible for my child

Parent/Guardian

Date

Parent/Guardian

Date

**Please return to:
K-8 LIFE After-School Program
406 N. Monroe
St. John, KS 67576**

Telephone: (620) 549-3227 ... Goodman Library

Notice of nondiscrimination: Applicants for admission and employment, students, parents, employees, sources of referral of applicants for admission and employment and all unions or professional organizations holding negotiated agreements or professional agreements with the district are hereby notified that this district does not discriminate on the basis of race, religion, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning the USD 350's compliance with the regulations implementing Title VI, Title IX, and Americans with Disability Act of 1990 is directed to contact the coordinator who has been designated to coordinate the educational institution's efforts to comply with the regulations implementing these laws.

Release Information

I hereby give permission for my child to participate in after-school activities sponsored by LIFE.

_____ (Please Initial)

I hereby give permission for LIFE to use photos of my child and copies of my child's work for program advertisement, without use of my child's name.

_____ (Please Initial)

I hereby give permission for my child to attend activities within the City of St. John and within 20 minutes walking distance from 406 N. Monroe. Locations to include St. John Recreation building, KSU Extension office, and other possible locations as allowed by programming.

_____ (Please Initial)



St. John – Hudson USD 350

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irvinem@usd350.com

Josh Meyer

Superintendent

meyerj@usd350.com

Dear Parents:

Our school will be administering the *Kansas Communities That Care Student Survey**. This survey is taken by 6th, 8th, 10th and 12th grade students statewide. We believe this survey is a valuable tool to help us understand how students behave, think and feel about alcohol, marijuana and other drug use, bullying and school safety.

The KCTC survey measures teen substance use, delinquency, and related problem behaviors and the factors that predict those problems in schools and communities. In addition, it provides a baseline for participation in, perception of, and attitudes toward positive behavior.

The survey gives us insight into the problems students face and shows what we can do to help them succeed. We use the survey data to make changes to our school policies and programs in order to improve our school and better meet the needs of our students. It is also essential for planning effective prevention programs in our school and community.

The survey is available to view at <http://tiny.cc/kctcsurvey>. You may also be interested to know the following:

- 1. It is completely anonymous.** Students will not be asked for their names on the questionnaire, nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results. To further guarantee anonymity, results will not be reported on any particular question without sufficient response from enough students.
- 2. Participation is entirely voluntary.** Your child may decline to participate in the survey, or may simply skip any particular question they do not wish to answer.
- 3. Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

We hope you will allow your child to participate. Please check the appropriate box below. ***All parents must sign and return this form to school upon enrollment.*** Thank you in advance for your cooperation. Feel free to contact us directly with questions.

Sincerely,

Josh Meyer, Superintendent / Elementary Principal

Travis Olive, Jr/Sr High School Principal

Please check one:

- Yes, I give permission** for my child to participate in the *Kansas Communities That Care Student Survey*.
- No, I do not give permission** for my child to participate in the *Kansas Communities That Care Student Survey*.

Name of Student

Parent/Guardian Signature

*The survey is provided by the Kansas Department for Aging and Disability Services Behavioral Health Services and administered by the Southeast Kansas Education Service Center Grants and Evaluation Department.



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Fishera@usd350.com

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Josh Meyer
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St. John – Hudson USD 350
505 N. Broadway
St. John, Kansas 67576
Ph. (620) 549-3564
FAX (620) 549-3964

USD 350 ST. JOHN HUDSON

Dear Parent/Guardian:

Children need healthy meals to learn. USD 350 St. John-Hudson School District offers healthy meals every school day. **Your children may qualify for free meals or for reduced price meals.**

Meal Charges	Elementary		Middle or Jr. High		High School	
	Full Price	Reduced Price	Full Price	Reduced Price	Full Price	Reduced Price
Lunch	2.65	.40	2.85	.40	2.85	.40
Breakfast	1.80	.30	1.80	.30	1.80	.30

An application for free or reduced price meal benefits and a set of detailed instructions is included with this letter or available online at www.usd350.com. Contact Diane Burgan 620-549-3277 with questions or to request an application be sent. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Food Assistance (FA), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Families (TAF)** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start/Even Start programs are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	7,733	645	149

- ### 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?
- Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Josh Meyer, Superintendent at meyerj@usd350.com or call 620-549-3564.

Form 3-A – Letter to Household 4/2017

Board of Education

Chad Fisher, President Derek Foote, Vice Pres. Carl Behr Darin Brummer Vance Fisher Barb Alpers Debby Waddle



St. John – Hudson USD 350

505 N. Broadway

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3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Diane Burgan, Food Service Secretary 505 N. Broadway St. John, KS 67576 620-549-3277.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Diane Burgan, Food Service Secretary 505 N. Broadway St. John, KS 67576 620-546-3277, burgandi@usd350.com immediately.
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. **If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.**
6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. 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.
9. 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: **Josh Meyer, Superintendent 505 N. Broadway St. John, KS 67576 620-549-3564 meyerj@usd350.com**
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. 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.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

Board of Education

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Superintendent

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14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Diane Burgan, Food Service Secretary 505 N. Broadway St. John, KS 67576 620-546-3277 burgandi@usd350.com to receive a second application.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Food Assistance (FA) or other assistance benefits, contact your local assistance office or call 1-888-369-4777.

If you have other questions or need help, call 620-549-3277.

Sincerely,

Diane Burgan
Food Service Secretary

This institution is an equal opportunity provider.

Form 3-A – Letter to Household 6/16

Board of Education

Chad Fisher, President Derek Foote, Vice Pres. Carl Behr Darin Brummer Vance Fisher Barb Alpers Debby Waddle

APPLICATION PACKET FOR FREE AND REDUCED PRICE SCHOOL MEALS

How to Apply for Free and Reduced Price School Meals. For translated materials, go to www.kn-eat.org, School Nutrition Programs, Administration, Foreign Language Translation. Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in USD 350 St. John-Hudson School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Diane Burgan 620-549-3277 dianej@burgan@usd350.com.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
 - Students attending USD 350 St. John-Hudson, regardless of age.

<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Is the child a student at USD 350 St. John-Hudson? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend USD 350 St. John-Hudson. If you marked 'Yes,' write the name of the school and the grade level of the student in the 'School' and 'Grade' columns to the right.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FOOD ASSISTANCE, TAF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- Food Assistance (FA).
- Temporary Assistance for Families (TAF).
- The Food Distribution Program on Indian Reservations (FDPIR).

<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for FA, TAF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact Kansas Department for Children and Families. • Go to STEP 4.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children", printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN			
<p>A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.</p> <p><i>What is Child Income?</i> Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>			
3.B REPORT INCOME EARNED BY ADULTS			
Who should I list here?			
<ul style="list-style-type: none"> When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own.</u> Do NOT include: <ul style="list-style-type: none"> People who live with you but are not supported by your household's income AND do not contribute income to your household. Infants, Children and students already listed in STEP 1. 			
<p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. See detailed instructions on the back of the application.</p> <p><i>What if I am self-employed?</i> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>	
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>	<p>F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>	
STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE			
<p><i>All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.</i></p>			
<p>A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Mail Completed Form to: USD 350 St. John-Husdon, 505 N. Broadway, St. John, KS 67576</p>	<p>D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.</p>

2017-2018 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</p>	Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster Child Homeless, Migrant, Runaway	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, TAF, or FDPIR?

If **NO** > Go to STEP 3.

If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Flip the page to learn how to report Income from Self Employment.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income \$ Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
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 gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature. Mail completed form to: <insert address>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult	Daytime Phone and Email (optional)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	Today's date		

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> Social Security <ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
<ul style="list-style-type: none"> Income from person outside the household 	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

Income from Self Employment: Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment.

For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Gross Annual Income Before Any Deductions.
Computed Monthly Income	\$ _____	Gross Annual Income ÷ 12 = Computed Monthly Income. Report in Step 3.

OPTIONAL

Children's Racial and Ethnic Identities

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

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA) Temporary Assistance for Families (TAF) 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.

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.

Do not fill out

For School Use Only – Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12

<input type="checkbox"/> Total Income: \$ _____ How Often (Circle One): W BW 2M M Multiple=Yearly Household Size: _____	Eligibility: <input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price OR <input type="checkbox"/> Denied Notes: _____
<input type="checkbox"/> Categorical Eligibility (FA, TAF, FDPIR, Foster)	
Determining Official's Signature: _____	Approval/Denial Date: _____ Notification Date: _____
Processor's Initials: _____	Confirming Official's Signature (ONLY for applications to be verified): _____ Review Date: _____