

# Southwick-Tolland-Granville Regional School District

## New Student Enrollment Checklist Preschool/Kindergarten



Please complete the attached paperwork and submit the completed forms along with the required documents to Woodland School.

### PLEASE COMPLETE THE FOLLOWING:



- Registration Form
- Preschool/Kindergarten Questionnaire
- Early Childhood Education Survey
- Blackboard Connect Form
- Student Health & Emergency Form
- Hearing Test Permission Form
- Military Family Status Form
- Home Language Survey
- Race & Ethnicity Form
- Transportation Form
- Authorization for Release of Records
- Student Services Survey \*

\*IF APPLICABLE

### PLEASE BRING THE FOLLOWING:



- Birth Certificate
- Report Card/Transcript
- Immunization Records
- Current Physical Examination Records (within past 12 months)
- All Custodial/Guardian Documents
- Proof of Residence (**See Below**)

### PLEASE KEEP THE FOLLOWING:

- Non-Custodial Rights Information
- School Lunch Program Information

## PROOF OF RESIDENCE REQUIREMENTS

Documents must be pre-printed with the name and address of the student's parent or guardian and must be presented to the school at the time of registration. Please submit one option from Column A **AND** Column B **AND** Column C

Column A	Column B	Column C
<ul style="list-style-type: none"> <li>◆ Copy of Deed <b>AND</b> record of most recent mortgage payment</li> <li>◆ Copy of Lease (including HUD leases) <b>AND</b> record of most recent rent payment</li> <li>◆ Legal affidavit from landlord affirming tenancy (notarized) <b>AND</b> record of most recent rent payment</li> <li>◆ Section 8 Agreement</li> </ul>	<p>A utility bill or work order dated within the past 60 days, including:</p> <ul style="list-style-type: none"> <li>◆ Gas Bill</li> <li>◆ Oil Bill</li> <li>◆ Electric Bill</li> <li>◆ Home Phone Bill</li> <li>◆ Cable Bill</li> </ul>	<ul style="list-style-type: none"> <li>◆ Valid Driver's License</li> <li>◆ Current Vehicle Registration</li> <li>◆ Valid Massachusetts Photo Identification Card</li> <li>◆ Valid Passport</li> </ul> <p><i>Dated within the past year:</i></p> <ul style="list-style-type: none"> <li>◆ W-2 Form</li> <li>◆ Excise (vehicle) Tax Bill</li> <li>◆ Property Tax Bill</li> </ul> <p><i>Dated within the past 60 days:</i></p> <ul style="list-style-type: none"> <li>◆ Letter from approved government agency</li> <li>◆ Payroll Stub</li> <li>◆ Bank or Credit Card Statement</li> </ul>



Welcome to



# Woodland School

Please complete the Pre-K or Kindergarten  
Registration paperwork that is provided in this  
packet.

(A screening is mandatory prior to enrolling into preschool as a peer partner.)

Once the registration paperwork is complete you  
can submit it via email (preferred) to:

[WES\\_office@stgrsd.org](mailto:WES_office@stgrsd.org)

OR

It can be dropped off or mailed to:

Woodland School  
80 Powder Mill Road  
Southwick, MA 01077

If you have any questions please call Woodland  
School for assistance. Messages are checked  
daily.

413-569-6598

# **Southwick-Tolland-Granville Regional School District (STGRSD)**

## **Preschool Program**

### **Frequently Asked Questions**

#### **Who can attend the STGRSD Preschool Program?**

The STGRSD Preschool program is for students with disabilities. Public schools are required to offer free and appropriate educational services for children ages three to five (and older) who have a disability as outlined by state and federal requirements under the Individuals with Disabilities Education Act (IDEA).

#### **Can students without disabilities attend the STGRSD Preschool Program?**

The STGRSD Preschool program is open to a limited number of peer role models (Peer Partners) on a first come-first serve basis.

#### **What are the preschool hours?**

Our preschool students attend school Monday through Friday. Our AM Session is 9:00-11:30, and our PM Session is 12:30-3:00.

#### **Are School of Choice slots available in the STGRSD Preschool program?**

No. Preschool is not part of the School Choice program. Preschool students must reside in Southwick, Tolland or Granville.

#### **Is Transportation provided?**

Transportation is provided for special education students, but not for Peer Partners.

Special Education preschool students from Granville and Tolland are automatically assigned to an AM session as transportation scheduling necessitates. Special Educations preschool students from Southwick will be assigned to an AM or PM class based on the pickup and drop off address and students ride time. All routes are reviewed and revised each year based on pickup and drop off locations and enrollment; therefore, session assignment could change from year to year.

#### **What is the criteria to be a Peer Partner?**

- Must be 3 years old
- Must be toilet trained
- Successfully pass a preschool screening

## How do I enroll my child in the Preschool Program?

1. All students must complete an enrollment packet and provide required documentation
2. All students must have a Preschool Screening. Screenings can be scheduled by calling the Woodland School office at 413-569-6598.

If the screening finds that your student requires additional evaluations and is then found eligible for our special education Preschool Program:

- A session will be provided based on location (see above, Is Transportation Provided?)
- The assigned teacher will write an Individualized Education Plan (IEP) for the student. Once written and signed by the parent/guardian, the Woodland School office will contact the parent/guardian with a start date.

If the screening finds that your student is eligible as a Peer Partner:

- The student will be placed in a session on a first come-first serve basis.
- A deposit must be made in the form of cash or check (payable to STGRSD)  
AM Session is \$150/month – Deposit of \$300 is required  
PM Session is \$140/month – Deposit of \$280 is required

Once Peer Partner slots are full, your student will be placed on a wait list and accepted in the order in which completed enrollments (registration packet and screenings) were received.

Screenings results for all students will be mailed home by the end of the month that your child is screened.

# REGISTRATION FORM

Completion of this registration form conditionally enrolls your child into the Southwick-Tolland-Granville Regional School District. The Massachusetts Department of Public Health requires all students be fully immunized to attend school. Immunization records are required **prior** to entry. In accordance with Massachusetts Law (Chapter 71, Section 37L), we require all records from your child's previous school prior to classroom placement.

STUDENT FIRST NAME: \_\_\_\_\_ FULL MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

GRADE ENTERING: \_\_\_\_\_ GENDER: FEMALE MALE NON-BINARY

ADDRESS: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_ SECONDARY PHONE NUMBER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER'S ADDRESS: (IF DIFFERENT THAN STUDENT) \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S ADDRESS: (IF DIFFERENT THAN STUDENT) \_\_\_\_\_

STEP MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STEP FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STUDENT LIVES WITH: (check all that apply) Both Parents Mother Father Step Parent Guardian

Legal Guardian (if other than parent): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any COURT-MANDATED custody/visitation orders limiting access to this student? Y N

If yes, please provide LEGAL ORDERS.

Is the student: (check any that apply) State Ward Foster Child Adopted

LIST SIBLINGS: (Preschool – Grade 12)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

Has the student ever been enrolled in the Southwick-Tolland-Granville Regional School District before: Y N

If yes, when: \_\_\_\_\_

## For Office Use Only:

School Choice: Y N Letter Attached: Y N Student Start Date: \_\_\_\_\_ Transcripts Rec'd: Y N

504  IEP Teacher: \_\_\_\_\_ Homeroom: \_\_\_\_\_

SASID#: \_\_\_\_\_ LASID#: \_\_\_\_\_ Bus#: \_\_\_\_\_

# PRESCHOOL/KINDERGARTEN QUESTIONNAIRE

STUDENT NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

Has the student had a preschool experience before entering Kindergarten? Y N

Check all that apply: Private Preschool Head Start Licensed Family Childcare Public Preschool

## **BIRTH HISTORY:**

During the pregnancy, were there any problems? Y N If yes, please explain:

\_\_\_\_\_

Was your child premature? Y N If yes, how many weeks: \_\_\_\_\_

Your child's birth weight: \_\_\_\_\_

Did your child have any breathing problems? Y N If yes, please explain:

\_\_\_\_\_

Were there any complications after birth: Y N If yes, please explain:

\_\_\_\_\_

How long after birth did you take your baby home: \_\_\_\_\_

## **CHILD'S MEDICAL HISTORY:**

Does your child suffer from frequent colds?: Y N

Does your child take any medication on a regular basis?: Y N

If yes, please describe (what, how often, why): \_\_\_\_\_

Does your child have allergies?: Y N

If yes, please describe: \_\_\_\_\_

Does your child have vision problems?: Y N

If yes, please describe: \_\_\_\_\_

Does your child have emotional, adjustment or behavioral problems?: Y N

If yes, please describe: \_\_\_\_\_

Have there been any serious injuries, illnesses, surgeries or hospitalization?: Y N

If yes, please describe: \_\_\_\_\_

## **CHILD'S DEVELOPMENT:**

Is your child toilet trained? Y N

Has your child ever experienced a problem with: (check all that apply)

Crawling Climbing Running Walking Reaching Holding on to things  
Riding a bicycle/tricycle Ball skills

Please explain: \_\_\_\_\_

Is your child able to:

- |  |   |   |
|--|---|---|
| Use a spoon and/or fork to eat?          | Y | N |
| Wash and dry his/her hands?              | Y | N |
| Dress himself/herself?                   | Y | N |
| Use crayons/markers to draw or scribble? | Y | N |
| Follow simple directions?                | Y | N |

Speech, language and hearing:

How old was your child when he/she began to say meaningful words? \_\_\_\_\_

Has your child had ear infections? Y N

If yes, how frequently: \_\_\_\_\_

Have tubes ever been considered? Y N

If yes, are they presently in place? Y N

Has your child's hearing ever been evaluated? Y N

Do you have concerns about your child's speech, language, or hearing? Y N

If yes, explain: \_\_\_\_\_

Does your child play with other children? Often Sometimes Rarely

Describe your child's favorite activities and toys: \_\_\_\_\_

Describe your child's eating habits (appetite, picky eater, etc.): \_\_\_\_\_

What is the daily number of hours he/she watches television? \_\_\_\_\_

My child is: Highly Active Very Quiet Can attend to an activity for 15-20 minutes

What are your child's strengths and weaknesses: \_\_\_\_\_

Does your child have a 504 or IEP? Y N

If yes, please fill out the Student Services Survey and submit it with the required enrollment paperwork.

# EARLY CHILDHOOD EDUCATION EXPERIENCE SURVEY

PLEASE CHECK THE OPTION THAT BEST DESCRIBES YOUR CHILD'S PRESCHOOL EXPERIENCE IN THE SCHOOL YEAR PRIOR TO ENTERING KINDERGARTEN. SELECT ONE OPTION ONLY AND PROVIDE HOURS WHERE APPLICABLE.

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

My child did not have any formal early childhood program experience.

My child did not have formal early childhood program but participated in Coordinated Family and Community Engagement (CFCE) services.

**Coordinated Family and Community Engagement (CFCE)** services: locally based programs serving families with children birth through school age (i.e. parent/child playgroups, parent/child activities)

My child did not have formal early childhood program but participated in Parent Child Home Program (PCHP) services.

**Parent Child Home Program (PCHP)** services: home visiting model program funded through the Department of Early Education and Care.

My child did not have formal early childhood program but participated in **BOTH** Coordinated Family and Community Engagement (CFCE) and Parent Child Home Program (PCHP).

My child attended a Licensed Family Child Care Provider. (*indicate hours below*)

Less than 20 hours per week

20+ hours per week

**Licensed Family Child Care Provider:** EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

My child attended a Center-Based Care Program. (*indicate hours*)

Less than 20 hours per week

20+ hours per week

**Center-Based Care Program:** care of children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

My child attended **BOTH** a Licensed Family Child Care Provider and a Center-Based Care Program. (*indicate hours*)

Less than 20 hours per week

20+ hours per week





***Blackboard Connect Emergency Email and Phone Contact Information Update***

Each year the Southwick-Tolland-Granville Regional School District updates the information used for Blackboard Connect telephone notification. Please complete this form, and return it to your child's school as soon as possible. Under no circumstances may you list your child's cell phone number below.

1. **Primary Phone:** The parent's cell phone or the home phone will be called for all emergency alerts, A.M. school cancellation/delay notices, and for general announcements from the principal or superintendent.
2. **Secondary phone:** The parent's alternative cell phone *or* an alternative adult contact phone will be called in addition to the above below for emergency alerts including early dismissal, school evacuation, or delayed dismissal when alternative transportation/parent pick up may be needed.

The Blackboard Connect system WILL NOT call extensions.

Routine announcements such as morning delays/cancellations will go to the primary number only, but in an emergency alert, up to two designated phone numbers will be automatically dialed. If you have any questions about Blackboard Connect, or need additional guidance to designate the best possible contact information, please call the building secretary at your child's school.

If the numbers change at any time during the year, please notify the school office.

Student's name: \_\_\_\_\_

**Primary Contact:**

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Contact:**

Secondary Contact Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

# STUDENT HEALTH AND EMERGENCY INFORMATION

**PLEASE COMPLETE BOTH PAGES OF THIS FORM AND RETURN THEM TO THE SCHOOL.**

**PLEASE ADVISE SCHOOL OF ANY CHANGES TO THIS INFORMATION DURING THE COURSE OF THE SCHOOL YEAR**

STUDENT'S LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

GRADE: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: MALE FEMALE NON-BINARY

STUDENT'S ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

TYPE OF INSURANCE: PUBLIC (i.e. Mass Health, other) PRIVATE (i.e. BCBS, Tufts, Health New England, other)

STUDENT LIVES WITH: BOTH PARENTS MOTHER FATHER LEGAL GUARDIAN

TRANSPORTATION TO SCHOOL: PARENT DRIVES STUDENT WALKS SCHOOL BUS # \_\_\_\_\_

TRANSPORTATION FROM SCHOOL: PARENT DRIVES STUDENT WALKS SCHOOL BUS # \_\_\_\_\_

STUDENT GOES TO REC CENTER IN: AM PM BOTH AM & PM

**STATE ORDER OF PREFERENCE FOR CALLS BY PUTTING A NUMBER ON EACH LINE BELOW:**

\_\_\_\_\_ MOTHER/GUARDIAN: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALT. PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_ FATHER/GUARDIAN: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALT. PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Name of others who may provide assistance/transportation to your child during the school day if you are not available:

FIRST CHOICE CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

SECOND CHOICE CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**Are there any court-mandated custody/visitation orders limiting access to this student? Y N**

SIBLINGS IN THE SCHOOL DISTRICT:

\_\_\_\_\_ GRADE: \_\_\_\_\_

\_\_\_\_\_ GRADE: \_\_\_\_\_

It is agreed that your signature authorizes the school to take whatever emergency medical action it deems necessary, at your own expense, if the above contacts are not available. In case of an emergency, the school will attempt to contact parent/guardian before calling student's primary care provider (physician). Your child will be transported by ambulance to an emergency care facility if necessary. Only those people listed here have permission to dismiss your child from school.

BY MY SIGNATURE BELOW I CERTIFY THAT THE ABOVE NAMED STUDENT IS A LEGAL RESIDENT OF THE TOWN OF \_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE COMPLETE PAGE 2**

**STUDENT HEALTH INFORMATION**

**PLEASE ANSWER THESE HEALTH QUESTIONS ABOUT YOUR CHILD.** *Please explain all "YES" answers in the space below.*

Any health concerns	Y	N	Any broken bones/dislocations	Y	N
Allergies to food or bee stings	Y	N	Any muscle or joint injuries	Y	N
Allergies to medication	Y	N	Any neck or back injuries	Y	N
Any other allergies	Y	N	Problems running	Y	N
Any daily medications (list below)	Y	N	"Mono" (past 1 year)	Y	N
Any problems with vision, glasses/contacts	Y	N	Has only 1 kidney or testicle	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N
Any problems with speech	Y	N	Concussion	Y	N
ADHD/ADD	Y	N	Fainting or blacking out	Y	N
Dental braces, caps, or bridges	Y	N	Chest pain	Y	N
Diabetes	Y	N	Heart problems	Y	N
Problems breathing or coughing	Y	N	High/Low blood pressure	Y	N
History of Asthma	Y	N	Bleeding more than expected	Y	N
Asthma treatment (past 3 years)	Y	N	History of Seizures/Epilepsy	Y	N
Anyone smoke in the home	Y	N	Hospitalization or Emergency Room visit	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

These products shall be used: Benadryl cream, Calamine/Caladryl lotion and triple antibiotic ointment as per the nursing procedures on file.

Does the student require:      EPI-PEN      YES      NO      ASTHMA INHALER      YES      NO

Will an EPI-PEN or asthma inhaler be kept at the school?      YES      NO

**If the student will require an EPI-PEN or asthma inhaler at school, doctor's orders will need to be submitted to the school nurse. Doctor's orders are also needed if the student self-carries an EPI-PEN and/or asthma inhaler.**

Please list any **medications** your child will need to take **in** school:

\_\_\_\_\_

\_\_\_\_\_

*All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.*

Allergist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I also give permission to exchange information with my child's health care provider, for the purpose of referral, diagnosis, treatment and well-being.

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_



# WOODLAND SCHOOL

80 Powder Mill Road, Southwick, MA 01077

Phone: (413) 569-6598

FAX: (413) 569-1721

**Michael Pescitelli**

*Principal*

[mpescitelli@stgrsd.org](mailto:mpescitelli@stgrsd.org)

## Preschool Screening

The Massachusetts Department of Public Health requires that all students be fully immunized **prior to the first day of Preschool** (Massachusetts General Law c.76, s.15 and related regulations, 105 CMR 220.000). Students who do not have a signed and dated physician certificate of immunization in their school health record before the first day of school will not be allowed to start and will be excluded from school until the vaccine(s) is administered or documentation of immunizations is submitted.

The following vaccines are required:

- 1. DTAP/DTP (diphtheria, tetanus, pertussis): 4 doses**
- 2. Polio (IPV): 3 doses**
- 3. MMR (measles, mumps, rubella): 1 dose given on or after the 1<sup>st</sup> birthday**
- 4. Hepatitis B (Hep B): 3 doses**
- 5. Chicken Pox (Varicella): 1 dose given on or after the 1<sup>st</sup> birthday OR a physician certified reliable history of chicken pox**
- 6. HIB (Haemophilus Influenzae Type B): 1 to 4 doses**

The following information is also required for entry into Preschool:

- 1. Lead test date/results:** The Massachusetts Department of Public Health requires documentation for each child entering into Preschool compliance with Lead Poisoning Screening as codified under Massachusetts General Law c.111, s.193
- 2. Recent Physical Exam (completed within the past 12 months):** The Massachusetts Department of Public Health requires a copy of a physical exam (signed by the medical professional) for school age children for entrance to **Preschool** (Massachusetts General Law c.71, s.57).

Thank you,

Deb Carellas, BSN, RN, NCSN

Woodland School

Southwick-Tolland-Granville Regional School District

(P) 413-569-6598 x3111

(F) 413-569-4107

[dcarellas@stgrsd.org](mailto:dcarellas@stgrsd.org)



# WOODLAND SCHOOL

80 Powder Mill Road, Southwick, MA 01077

Phone: (413) 569-6598

FAX: (413) 569-1721

**Michael Pescitelli**

*Principal*

[mpescitelli@stgrsd.org](mailto:mpescitelli@stgrsd.org)

## **Kindergarten Screening**

The Massachusetts Department of Public Health requires that all students be fully immunized **prior to the first day of Kindergarten** (Massachusetts General Law c.76, s.15). Students who do not have a signed and dated physician certificate of immunization in their school health record before the first day of school, will not be allowed to start and will be excluded from school until the vaccine(s) is administered or documentation of immunizations is submitted.

The following vaccines are required:

- 1. DTAP/DTP (diphtheria, tetanus, pertussis): Total of 5 doses (last dose no earlier than age 4)**
- 2. Polio Vaccine: Total of 4 doses (last dose no earlier than age 4)**
- 3. MMR (measles, mumps, rubella): Total of 2 doses**
- 4. Hepatitis B: Total of 3 doses**
- 5. Varicella vaccine: Total of 2 doses OR a physician certified reliable history of chicken pox**

The following information is also required for entry into Kindergarten:

- 1. Lead Test date/results** (Massachusetts General Law c.111, s.193)
- 2. Recent Physical Exam (completed within the past 12 months):** The Massachusetts Department of Public Health requires a copy of a physical exam (signed by the medical professional) for school age children for entrance to **Kindergarten**, and in 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grade thereafter (Massachusetts General Law c.71, s.57).
- 3. Vision Screening** (Massachusetts General Law c.71, s.57): The Massachusetts Department of Public Health requires certification that the child has passed a vision screening within the previous 12 months for children entering Kindergarten.

Thank you,

Deb Carellas, BSN, RN, NCSN

Woodland School

Southwick-Tolland-Granville Regional School District

(P) 413-569-6598 x3111

(F) 413-569-4107

[dcarellas@stgrsd.org](mailto:dcarellas@stgrsd.org)

# Massachusetts School Immunization Requirements 2020-2021<sup>§</sup>

Massachusetts school immunization requirements are created under authority of [105 CMR 220.000 Immunization of Students Before Admission to School](#)

**Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.**

## Childcare/Preschool<sup>¶†</sup>

Attendees <2 years should be immunized for their age according to the [ACIP Recommended Immunization Schedule](#). Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called K0 or K1.

Hib	<b>1-4 doses;</b> the number of doses is determined by vaccine product and age the series begins
DTaP	<b>4 doses</b>
Polio	<b>3 doses</b>
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable
MMR	<b>1 dose;</b> must be given on or after the 1 <sup>st</sup> birthday; laboratory evidence of immunity acceptable
Varicella	<b>1 dose;</b> must be given on or after the 1 <sup>st</sup> birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## Grades Kindergarten – 6<sup>¶†</sup>

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	<b>5 doses;</b> 4 doses are acceptable if the fourth dose is given on or after the 4 <sup>th</sup> birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	<b>4 doses;</b> fourth dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

<sup>§</sup> Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

<sup>¶</sup> Meningococcal vaccine requirements (see Grades 7-10 and 11-12) also apply to residential students in Grades pre-K through 8 if the school combines these grades in the same school as students in Grades 9-12.

<sup>†</sup>Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

See page 2 for Grades 7-10, Grades 11-12, and page 3 for College (Postsecondary Institutions)

# Massachusetts School Immunization Requirements 2020-2021<sup>§</sup>

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## Grades 7 – 12<sup>†</sup>

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	<b>1 dose;</b> and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since last Tdap
Polio	<b>4 doses;</b> fourth dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## NEW – Meningococcal Requirements

Grade 7	<b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement.
Grade 11 <sup>‡</sup>	<b>2 doses;</b> second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

## Meningococcal Vaccine Phase-In Schedule

	2020-2021	2021-2022	2022-2023	2023-2024
1 Dose MenACWY	Grade 7	Grades 7-8	Grades 7-9	Grades 7-10
2 Doses MenACWY	Grade 11	Grades 11-12	Grades 11-12	Grades 11-12

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

‡ Students who are 15 years old in grade 11 are in compliance until they turn 16 years old.

# Massachusetts School Immunization Requirements 2020-2021<sup>§</sup>

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## College (Postsecondary Institutions)<sup>†</sup>

Requirements apply to all full-time undergraduate and graduate students under 30 years of age and all full- and part-time health science students. Meningococcal requirements apply to the group specified in the table below.

Tdap	<b>1 dose;</b> and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at $\geq 7$ years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been $\geq 10$ years since Tdap.
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given $\geq 28$ days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given $\geq 28$ days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students
Meningococcal	<b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16 <sup>th</sup> birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the <a href="#">MDPH Meningococcal Information and Waiver Form</a> provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement

<sup>§</sup> Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

<sup>†</sup>Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.



# MASSACHUSETTS SCHOOL HEALTH RECORD

## Health Care Provider's Examination

Name \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

### Medical History

### Pertinent Family History

### Current Health Issues

**Y** **N**  
  Allergies: Please list: Medications \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_  
History of Anaphylaxis to \_\_\_\_\_ Epi -Pen®:  Yes  No  
  Asthma: Asthma Action Plan  Yes  No (Please attach)  
  Diabetes:  Type I  Type II  
  Seizure disorder: \_\_\_\_\_  
  Other (Please specify) \_\_\_\_\_

**Current Medications (if relevant to the student's health and safety)** Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

### Physical Examination

**Date of Examination:** \_\_\_\_\_

Hgt: \_\_\_\_\_ (\_\_\_\_%) Wgt: \_\_\_\_\_ (\_\_\_\_%) BMI: \_\_\_\_\_ (\_\_\_\_%) BP: \_\_\_\_\_

(Check = Normal / If abnormal, please describe.)

<input type="checkbox"/> General _____	<input type="checkbox"/> Lungs _____	<input type="checkbox"/> Extremities _____
<input type="checkbox"/> Skin _____	<input type="checkbox"/> Heart _____	<input type="checkbox"/> Neurologic _____
<input type="checkbox"/> HEENT _____	<input type="checkbox"/> Abdomen _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dental/Oral _____	<input type="checkbox"/> Genitalia _____	

### Screening:

	(Pass) (Fail)		(Pass) (Fail)		(Pass) (Fail)
Vision: Right Eye	<input type="checkbox"/> <input type="checkbox"/>	Hearing: Right Ear	<input type="checkbox"/> <input type="checkbox"/>	Postural Screening:	<input type="checkbox"/> <input type="checkbox"/>
Left Eye	<input type="checkbox"/> <input type="checkbox"/>	Left Ear	<input type="checkbox"/> <input type="checkbox"/>	(Scoliosis/Kyphosis/Lordosis)	
Stereopsis	<input type="checkbox"/> <input type="checkbox"/>				

**Laboratory Results:**  Lead \_\_\_\_\_ Date \_\_\_\_\_  Other \_\_\_\_\_

**The entire examination was normal:**

**Targeted TB Skin Testing:**  Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

TB Test Type:  TST  IGRA Date: \_\_\_\_\_ Result:  Positive  Negative  Indeterminate/Borderline

Referred for evaluation to: \_\_\_\_\_ Date: \_\_\_\_\_  Low risk (no TB test done)

This student has the following problems that may impact his/her educational experience:

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Fine/Gross Motor Deficit
<input type="checkbox"/> Emotional/Social	<input type="checkbox"/> Behavior	<input type="checkbox"/> Other	

Comments/Recommendations: \_\_\_\_\_

Y  N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: \_\_\_\_\_

Y  N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date \_\_\_\_\_

\_\_\_\_\_  
Please print name of Examiner.

Group Practice \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Please attach additional information as needed for the health and safety of the student.

MDPH 08/15/13

# CERTIFICATE OF IMMUNIZATION

Name: \_\_\_\_\_

Date of Birth:     /     /

Gender: \_\_\_\_\_

Please indicate vaccine type (e.g., DTaP-Hib, etc.), not brand name.

Vaccine	Date	Vaccine Type	Vaccine	Date	Vaccine Type
<b>Hepatitis B</b> (e.g., HepB, Hep B-CpG, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1		<b>Measles, Mumps, Rubella</b> (e.g., MMR, MMRV)	1	
	2			2	
	3		<b>Varicella</b> (Var, MMRV)	1	
	4			2	
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, Td, Tdap)	1		<b>Meningococcal Quadrivalent</b> MenACWY-Conjugate (MCV4) or Polysaccharide (MPSV4)	1	
	2			2	
	3		<b>Meningococcal Serogroup B (Men B)</b> MenB-FHbp (Trumenba) MenB-4C (Bexsero)	1	
	4			2	
	5			3	
	6		<b>Seasonal Influenza</b> Inactivated (e.g., IIV4, RIV4, cclIV4, IIV3, IIV3-HD, allIV3, RIV3, IIV4-ID)  Live Attenuated (e.g., LAIV, LAIV4)	1	
	7			2	
	8			3	
<b>Haemophilus influenzae type b</b> (e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-IPV/Hib, Hib-MenCY)	1			4	
	2			5	
	3			6	
	4			7	
<b>Polio</b> (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)	1		<b>2009 H1N1 Influenza</b> Inactivated or Live	1	
	2			2	
	3		<b>Pneumococcal Polysaccharide</b> (PPSV23)	1	
	4			2	
	5				
<b>Pneumococcal Conjugate</b> (PCV13, PCV7)	1		<b>Hepatitis A</b> (HepA, HepA-HepB)	1	
	2			2	
	3		<b>Human Papillomavirus</b> (9vHPV, 4vHPV, 2vHPV)	1	
	4			2	
<b>Rotavirus</b> (e.g., RV5: 3-dose series, RV1: 2-dose series)	1		<b>Zoster (Shingles)</b>  (RZV [Shingrix], ZVL [Zostavax])	1	
	2			2	
	3			3	

Please see next page ➡



# HEARING TEST PERMISSION FORM

I give my permission for my child to have a hearing screening.

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Please answer the following questions:

Does your child have ear tubes?    YES        NO        Left ear        Right ear

Does your child have a perforation of the ear drum?:

YES        NO        If yes:    Left ear        Right ear

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

You will be notified if any problem with your child's hearing has been identified. Please bring this form to the screening.

## PURE TONE TEST

	PASS	FAIL	UNABLE TO TEST
Right Ear	_____	_____	Due to _____
Left Ear	_____	_____	Due to _____

\_\_\_\_\_ The child appeared to have a cold at the time of the screening.

Tested by: \_\_\_\_\_ Date: \_\_\_\_\_



MILITARY FAMILY STATUS

In May 2012, as part of the VALOR Act, Massachusetts became a member of the *Interstate Compact on Educational Opportunity for Military Children*. The Compact aims to make the transition to a new school easier for military children in areas such as enrollment, assessment, graduation, etc. The provisions of the Compact apply to students whose Parent/Guardian is currently deployed, or who was discharged from active duty due to disability or death while on active duty within the past year.

If applicable, please complete the information below and return the form to your child’s school at your earliest convenience.

For more information, please visit the ***Military Interstate Children’s Compact Commission (MIC3)*** website: [www.mic3.net](http://www.mic3.net)



Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

**There is a Parent/Guardian in the student’s household who:** *(Please check the box that applies)*

- Is a member of the uniformed services or National Guard and Reserve on full-time active duty orders
- Is currently deployed
- Is a veteran who retired within the past year
- Was medically discharged within the past year
- Died while serving our country within the past year
- Other: \_\_\_\_\_

Name of Service Member: \_\_\_\_\_

Date of discharge, retirement, death, deployment, military transfer, etc. \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_

# HOME LANGUAGE SURVEY

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

## STUDENT INFORMATION:

_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME
_____	_____	_____
DATE OF BIRTH	COUNTRY OF BIRTH	
GENDER: FEMALE MALE NON-BINARY	DATE FIRST ENROLLED IN ANY U.S. SCHOOL _____	

## SCHOOL INFORMATION:

_____	_____	_____
START DATE IN NEW SCHOOL	NAME OF FORMER SCHOOL AND TOWN	CURRENT GRADE

## QUESTIONS FOR PARENTS/LEGAL GUARDIANS:

What is the native language(s) of each parent/legal guardian?

_____	CHECK ONE:	MOTHER	FATHER	GUARDIAN
_____	CHECK ONE:	MOTHER	FATHER	GUARDIAN

Which language(s) are spoken with your child? (include relatives—grandparents, aunts, uncles, as well as caregivers)

_____	CHECK ONE:	SELDOM	SOMETIMES	OFTEN	ALWAYS
_____	CHECK ONE:	SELDOM	SOMETIMES	OFTEN	ALWAYS

Which language did your child first understand and speak? \_\_\_\_\_

Which language do you use most with your child? \_\_\_\_\_

What other language(s) does your child know?

_____	CHECK ALL THAT APPLY:	SPEAK	READ	WRITE
_____	CHECK ALL THAT APPLY:	SPEAK	READ	WRITE

Which language(s) does your child use?

_____	CHECK ONE:	SELDOM	SOMETIMES	OFTEN	ALWAYS
_____	CHECK ONE:	SELDOM	SOMETIMES	OFTEN	ALWAYS

Will you require written information from school in your native language? YES NO

Will you require an interpreter/translator at Parent-Teacher meetings? YES NO

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_



**SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT**  
**86 Powder Mill Road, Southwick, MA 01077-9550**

www.stgrsd.org

**Jennifer C. Willard**  
Superintendent

**Joseph P. Turmel**  
Director of Finance &  
Operations

**Robin Gunn**  
Director of  
Student Services

**Jenny Sullivan**  
Director of  
Curriculum & Instruction

TEL: (413) 569-5391

FAX: (413) 569-1711

Dear Parent or Guardian:

Every school district in Massachusetts is required to report to the Massachusetts Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government, but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

You may now identify your child by ethnic group (either Hispanic/Latino or not Hispanic/Latino) **and** by *one or more* racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). All schools in Massachusetts must report student data to the Department of Education using these categories.

Please complete the enclosed form and send it to your child's school by as soon as possible. If we do not hear back from you, we will continue to report based on the student data we currently have. Please contact your child's school principal if you would like to check the student data currently on file for your child.

For more information about the student data reporting categories, please see:  
[http://www.doe.mass.edu/infoservices/data/guides/race\\_faq.html](http://www.doe.mass.edu/infoservices/data/guides/race_faq.html).

Sincerely,

  
Jennifer C. Willard  
Superintendent

Enclosure

# RACE AND ETHNICITY FORM

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**Please answer BOTH questions 1 and 2.**

1. Is this student Hispanic or Latino? (*choose only one*)

No, not Hispanic or Latino

Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? (*choose one or more*)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_





**SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT**  
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**Jenny Sullivan**  
Director of Curriculum  
& Instruction

**TEL: (413) 569-5391**

**FAX: (413) 569-1711**

Dear Parent/Guardian:

To help us plan school transportation services for your child for the school year, we ask that you please read this notice, fill out the form found on [THIS LINK](#) and on <https://www.stgrsd.org/Transportation Form>.

Parents of Woodland School and Powder Mill School students must declare a standard 5-day pick-up and 5-day drop-off location that will remain in effect for the whole school year. We are unable to accommodate multiple pick-up or drop-off locations within a school week.

If the daily pick-up and drop-off address for your child will be at or near your legal residence, simply write in your address for the pick-up and drop-off locations.

Students in grades K – 6 are only allowed to ride their assigned bus.

Parents of students in grades K – 6 must send a note to the school each day they intend to pick-up their child after school.

Divorced parents who both live within the boundaries of the school district and who have joint legal custody of their children are allowed to establish different pick-up and drop-off locations for their children throughout the week, **provided the pick up and drop off locations are along an existing route to and from the student's school.** The alternating drop-off and pick-up location must, however, remain constant throughout the school year and must be verified by a copy of the legal document indicating the joint custody. A monthly calendar noting which residence the child will be at must also be supplied.

Should you have any further questions, please feel free to contact our transportation provider, LPVEC Transportation Office at 789-3291 or email [jlynch@lpvec.org](mailto:jlynch@lpvec.org) or [jnilsson@lpvec.org](mailto:jnilsson@lpvec.org).

We look forward to serving your school transportation needs during the upcoming school year.

Rev. 5/30/23

# **SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT**

**CODE: USE OF VIDEO AND AUDIO RECORDING DEVICES ON SCHOOL TRANSPORTATION VEHICLES**

**Category: Students**

**Adopted: 6/20/2017**

**File No.: EEAEF**

**Revised:**

To ensure the provision of a safe and secure environment for students, it is the policy of the Southwick-Tolland-Granville Regional School District to utilize video and audio recording devices on any or all school transportation vehicles (i.e. school buses, vans, mini-vans) used to provide transportation for District students. This authority shall extend additionally to all vehicles contracted by the District for the transportation of its students.

The presence of video and audio recording devices on school transportation vehicles shall be announced by signage displayed prominently on the vehicle. No additional notice of video & audio recording devices on school grounds shall be required. After its initial adoption, the District shall provide notice of this policy annually to students and parents in the respective student/parent handbooks and also any beginning of the year bus letters that may go home. Drivers will be notified annually or upon hire.

All recordings are considered confidential and will only be viewed on an “as needed” basis by those individuals authorized by federal and state law and this policy.

After a recording on a school transportation vehicle has been made, the District will retain the recording in a secure location. Digital recordings shall require password protection to access software to view files. The District may access recordings for the purpose of investigating complaints against students, staff, and the public. Recordings may be used as evidence in the discipline/prosecution of students, staff and the public. Recordings used for said purpose shall be retained by the District until the final resolution of any discipline/prosecution, including the time period for appeal or a court ordered retention period (if any). Recordings not used for discipline, law enforcement or court action will be erased and the recorded media reused at the direction of the Superintendent or designee. Access to recordings shall be limited to the following individuals, unless expressly granted to another by the Superintendent of Schools.

- Superintendent of Schools
- Transportation Supervisor or designee
- School Business Manager or Chief Fiscal Officer
- School Principals
- Special Education Director
- Law Enforcement Officers
- Students and/or Parents of Students directly involved in a particular incident or complaint (subject to following considerations\*)
- District Counsel

Any request for the viewing and/or listening of a recording must be approved by the Superintendent or designee. The Superintendent or designee will determine if an individual requesting to view and/or listen

## **SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT**

to the recording is considered authorized pursuant to federal and state law and this policy. A recording shall only be viewed if there is a report of a serious incident as determined by the Superintendent or designee, or a complaint relative to conduct. The Superintendent or designee will be responsible for maintaining a log of the date and names of all individuals who review a recording.

\*Video and audio recordings used as part of disciplinary or other proceedings regarding students shall be considered an educational record for purposes of the Family Educational Rights and Privacy Act (“FERPA”). Release of such video and audio recordings will only occur pursuant to disclosure requirements of FERPA and such recordings may not be released to parents without the express, written permission of the parents of all identifiable students. Only the portion of the video and/or audio recording which is relevant to the incident or complaint will be reviewed or released in accordance with state and federal law and this policy.

New Student      Address Change      Change pick up or drop off      \*School Choice  
\*School Choice must first contact Transportation Department to verify availability

Town of Residence:    Southwick      Tolland      Granville      Other \_\_\_\_\_  
School To Attend:    Woodland      Powder Mill      Southwick Regional School  
                                 CTEC              Westfield Tech Academy

**STGRSD TRANSPORTATION REQUEST FORM:**

**Parents must declare standard pick-up and drop-off locations for their children that will remain in effect for the entire school year.**

**NOTE: No additions or changes to pick-up or Drop Off locations will be made between August 14 and September 14.**

The bus stops for all children are based on the legal residence of the child. If your child's pick-up and drop-off location is at his or her home, simply write in your address for both the pick-up and drop-off locations. The AM bus stop does not have to be the same as your PM bus stop, but each bus stop must remain the same Monday through Friday.

**Student Name:** \_\_\_\_\_ **Student Home Address:** \_\_\_\_\_

**Monday-Friday Pick Up Address:** \_\_\_\_\_

**Monday-Friday Drop-Off Address:** \_\_\_\_\_

**Requested Start Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Gender:**    Male              Female              Non-Binary

<b>Lasid # (Office Use Only)</b> _____
---

**NO BUS-(PARENT TRANSPORT / OR WALKER)**

**Child attends:**    SOUTHWICK REC CENTER    BOYS & GIRLS CLUB    OPEN ARMS

**OTHER:** \_\_\_\_\_

**PARENT/GUARDIAN PRINTED NAME:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**PARENT / GUARDIAN / DAYCARE PHONE NUMBER:** \_\_\_\_\_

<b>AM</b> Bus # _____
<b>AM Pick up time</b> _____
<b>PM</b> Bus # _____
<b>PM Drop off time</b> _____
New bus assigned Office Use Only

<b>Previous AM Bus:</b> _____ <b>Previous PM Bus:</b> _____
Date entered in VersaTrans _____
Date entered in Rediker _____
Date given to driver _____ (Office Use Only)

\*Please complete a new form for changes that occur during the school year.  
Allow a minimum 2 work days for changes to take place.

New Student  
School attending:

Address Change  
Woodland

Change pick up or drop off  
Powder Mill SRS

**STGRSD METCO TRANSPORTATION REQUEST FORM**

**Parents must declare standard pick-up and drop-off locations for their children that will remain in effect for the entire school year.**

**NOTE: No additions or changes to pick-up or drop-off locations will be made between August 14 through September 14.**

There are 3 designated group bus stops for the METCO program. Please choose from the stops below and list it on the pickup and drop off spaces below. The AM bus stop does not have to be the same as your PM bus stop, but each bus stop must remain the same Monday through Friday.

**THE THREE STOPS AVAILABLE ARE:**

- 1) **BRECKWOOD SHOPPES:** 457 Breckwood Blvd, Springfield MA 01109  
(This is the parking lot where Hot Tables is located.)
- 2) **BOYS AND GIRLS CLUB:** 100 Acorn Street, Springfield MA 01109  
(Before and after school programs are available here.)
- 3) **DUNBAR COMMUNITY CENTER:** 33 Oak Street, Springfield MA 01109  
(Before and after school programs are available here.)

Student Name: \_\_\_\_\_ Student Home Address: \_\_\_\_\_  
 Student Gender: Male Female Non-Binary Lasid # (Office Use Only) \_\_\_\_\_  
 Requested Start Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Monday through Friday group stop Pick Up Address: \_\_\_\_\_

Monday through Friday group stop Drop-Off Address: \_\_\_\_\_

**NO BUS-(PARENT TRANSPORT)**

**STUDENT WILL ATTEND THE BEFORE OR AFTERNOON PROGRAM AT:**

DUNBAR COMMUNITY CENTER: AM PM OR SPRINGFIELD BOYS AND GIRLS CLUB: AM PM

SOUTHWICK REC CENTER: AM PM WESTFIELD BOYS & GIRLS CLUB: AM PM

PARENT/GUARDIAN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN/DAYCARE PHONE NUMBER: \_\_\_\_\_

**ALTERNATE RELEASE AUTHORIZATION: I authorize \_\_\_\_\_ (full printed name) to receive my child at the designated bus stop if I am unable to.**

AM Bus # \_\_\_\_\_  
 AM Pick up time \_\_\_\_\_  
 PM Bus # \_\_\_\_\_  
 PM Drop off time \_\_\_\_\_  
 New bus assigned Office Use Only

Date entered in VersaTrans \_\_\_\_\_  
 Date entered in Rediker \_\_\_\_\_  
 Date given to driver \_\_\_\_\_  
 (Office Use Only)



# STUDENT SERVICES SURVEY

Please complete this survey if the student is currently receiving Special Education Services or if the student is currently receiving 504 Services. If the student is **NOT** currently receiving services you do not need to complete this form.

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT IS CURRENTLY RECEIVING: *(Check all that apply)*

Special Education Services

504 Services

Please give a brief description of the services being provided to the student:

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Current IEP and/or 504 Plan is available from the following school:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

CHECK ONE:

Attached is a copy of the student's IEP and/or 504 plan along with copies of any and all reports and assessments.

Copies of current IEP and/or 504 plan can be obtained from the school mentioned above. I have signed the Authorization for Release of Records (attached).

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

# SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT

CODE: NON-CUSTODIAL PARENTS RIGHTS

Category: COMMUNITY RELATIONS

Adopted: 3/20/07

File No.: KBBA

Revised:

As required by Massachusetts General Law Chapter 71, Section 34H, a non-custodial parent may have access to the student record in accordance with law and Department of Education Regulations. The school district will follow the law and the regulations developed by the Massachusetts Department of Education to standardize the process by which public schools provide student records to parents who do not have physical custody of their children ("non-custodial parents").

As required by M.G.L. c. 71, § 34H, a non-custodial parent may have access to the student record in accordance with the following provisions.

- (a) A non-custodial parent is eligible to obtain access to the student record unless the school or district has been given documentation that:
  1. The parent has been denied legal custody or has been ordered to supervised visitation, based on a threat to the safety of the student and the threat is specifically noted in the order pertaining to custody or supervised visitation, or
  2. The parent has been denied visitation, or
  3. The parent's access to the student has been restricted by a temporary or permanent protective order, unless the protective order (or any subsequent order modifying the protective order) specifically allows access to the information contained in the student record, or
  4. There is an order of a probate and family court judge which prohibits the distribution of student records to the parent.
- (b) The school shall place in the student's record documents indicating that a non-custodial parent's access to the student's record is limited or restricted pursuant to 603 CMR 23.07(5)(a).
- (c) In order to obtain access, the non-custodial parent must submit a written request for the student record to the school principal.
- (d) Upon receipt of the request the school must immediately notify the custodial parent by certified and first class mail, in English and the primary language of the custodial parent, that it will provide the non-custodial parent with access after 21 days, unless the custodial parent provides the principal with documentation that the non-custodial parent is not eligible to obtain access as set forth in 603 CMR 23.07 (5)(a).
- (e) The school must delete all electronic and postal address and telephone number information relating to either work or home locations of the custodial parent from student records provided to non-custodial parents. In addition, such records must be marked to indicate that they shall not be used to enroll the student in another school.
- (f) Upon receipt of a court order which prohibits the distribution of information pursuant to G.L. c. 71, §34H, the school shall notify the non-custodial parent that it shall cease to provide access to the student record to the non-custodial parent.

LEGAL REF.: M.G.L. 71:34D; 71:34H  
603 CMR 23.07 (5) Access Procedures for Non-Custodial Parents  
20 U.S.C. §1232g Family Education Rights and Privacy Act (FERPA)

SOURCE: MASC  
REVISED: January 25, 2007





**Southwick-Tolland-Granville Regional School District**  
**School Nutrition Department**  
**Public Release 2019-2020**

The Southwick-Tolland-Granville Regional School District (STGRSD) is happy to announce its policy for determining free and reduced price meals served under the National School Lunch Program. Free and Reduced Meal Benefits are available to qualifying families. Meal applications are available on the school website at [https://www.stgrsd.org/departments/school\\_nutrition](https://www.stgrsd.org/departments/school_nutrition) or can be sent home with students if requested. You may apply for Free and Reduced Price Meals at any time during the school year.

Who is eligible for Free or Reduced Price Meals?

Your children may qualify for Free or Reduced Price Meals if your household income falls within the limits on the chart below.

The Federal Income Eligibility Guidelines for July 1, 2019 through June 30, 2020 are as follows:

Household Size	Free Meals					Reduced Price Meals				
	Year	Month	Twice per Month	Every Two Weeks	Week	Year	Month	Twice per Month	Every Two Weeks	Week
<b>1</b>	\$16,237	\$1,354	\$677	\$625	\$313	\$23,107	\$1,926	\$963	\$889	\$445
<b>2</b>	21,983	1,832	916	846	423	31,284	2,607	1,304	1,204	602
<b>3</b>	27,729	2,311	1,156	1,067	534	39,461	3,289	1,645	1,518	759
<b>4</b>	33,475	2,790	1,395	1,288	644	47,638	3,970	1,985	1,833	917
<b>5</b>	39,221	3,269	1,635	1,509	755	55,815	4,652	2,326	2,147	1,074
<b>6</b>	44,967	3,748	1,874	1,730	865	63,992	5,333	2,667	2,462	1,231
<b>7</b>	50,713	4,227	2,114	1,951	976	72,169	6,015	3,008	2,776	1,388
<b>8</b>	56,459	4,705	2,353	2,172	1,086	80,346	6,696	3,348	3,091	1,546
<b>Each additional family member, add:</b>	+5,746	+479	+240	+221	+111	+8,177	+682	+341	+315	+158

If anyone in your household participates in any of the following assistance programs, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or MA SNAP, Temporary Assistance for Needy Families (TANF) or MA TANF, or The Food Distribution Program on Indian Reservations (FDPIR).  
Households receiving any of these benefits are only required to provide the recipient's name, their Agency ID, TANF or FDPIR number, student name(s) and adult signature when submitting an application.
- Foster children that are under the legal responsibility of a foster care agency or court.
- Students who are homeless, migrant, runaway or enrolled in an eligible Head Start or pre-kindergarten program are also eligible for benefits

### Do I need to reapply each year?

For up to 30 operating days into the new school year, eligibility from the previous year will continue. When the carry-over period ends, unless the household is notified their children are directly certified\* or the household submits an application that is approved, the children must pay full price for school meals.

### What is Direct Certification?

Direct certification is yearly notification by the State to the School Nutrition Department that your child is automatically eligible for free school meals. If your child is directly certified, you will receive a notice from STGRSD and you do not need to complete an application.

If you receive a notice of Direct Certification for your child to receive free school meals and there are other children in your household that are not listed, please contact the STGRSD School Nutrition Department at 413-569-6870 to have benefits extended to them.

Households notified of their child's eligibility must contact the Southwick-Tolland-Granville Regional School District at 413-569-6870 or submit in writing if they want to decline the free meal benefits.

Application forms for all other households must list the names of all household members, all household income with the amount, source and frequency of the income received by each household member. An adult signature is required along with the last 4 digits of the adult's Social Security Number or the box checked that the applicant does not have a Social Security Number. Completed applications should be submitted to the Southwick-Tolland-Granville Regional School District, ATTN: Matthew Lillibridge, Director of School Nutrition, 86 Powder Mill Road, Southwick, MA 01077.

If you have any questions, please contact the School Nutrition Department at 413-569-6870.

### USDA Non-Discrimination Statement

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, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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 [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 [School/school district contact here; phone and email preferred].

**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 [school/school system here], regardless of age.

**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.

**B) Is the child a student at [name of school/school system here]?**  
Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend [name of school/school district here]. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

**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**.  
Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

**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 complete all steps of the application.

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, 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:**

- The Supplemental Nutrition Assistance Program (SNAP) or [insert State SNAP here].
- Temporary Assistance for Needy Families (TANF) or [insert State TANF here].
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**

- Leave **STEP 2** blank and go to **STEP 3**.

**B) If anyone in your household participates in any of the above listed programs:**

- Write the Agency ID for SNAP, TANF, or FDPIR. You only need to provide one Agency ID. If you participate in one of these programs and do not know your Agency ID, contact: [State/local agency contacts here].
- Go to **STEP 4**.

## 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.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- 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

**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.

**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

#### 3.B REPORT INCOME EARNED BY ADULTS

##### Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - 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.**

**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).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

**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.

**What if I am self-employed?** 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.

**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. Do not report the cash value of any public assistance benefits NOT listed on the chart. 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.

**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.

**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.

**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.”

### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

*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.*

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**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.

**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."

**C) Mail Completed Form to: Insert School/District address here**

**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.



# 2019-2020 Massachusetts Application for Free and Reduced Price School Meals

If you have received a **Notice of Direct Certification – FREE** from the school district for free meals, **do not** complete this application. If you have received a **Notice of Direct Certification – REDUCED PRICE** from the school district for reduced price meals, this application may be submitted. **DO** let the school know if any children in the household are not listed on the **Notice of Direct Certification – FREE** letter you received.

## 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)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related." 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.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student? Circle Yes or No	Foster	Homeless	Migrant	Runaway
						Check all that apply			
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Write the **Agency ID Number**, then go to **STEP 4** (Do not complete STEP 3) **EBT number not accepted; SNAP award letter may be requested** Agency ID Number: \_\_\_\_\_

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

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

### 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	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Total Household Members (Children and Adults)

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

XXX-XX-  Check if no SSN

## STEP 4 Contact Information and Adult Signature **Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE**

"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"/>	
Printed name of adult signing the form	Signature of adult	Today's date		Error prone <input type="checkbox"/>

