

### MONTEZUMA 2022-2023 REGISTRATION FORM

Make checks payable to **MONTEZUMA SCHOOLS**. One check may be used for fees and lunches.

Student's Last Name	First Name	Middle Name	Birthdate	Grade	Social Security Number	Gender	*Race Ethnicity

\*Please state one of the following: 1=American Indian, 2=Asian, 3=Hispanic, 4=Black, 5=White

<b>Primary Contact Name</b> Phone Number		<b>Address</b>	<b>Place of work</b>  phone number
<b>Primary Contact Name</b> Phone number		<b>Address</b>	<b>Place of work</b>  phone number

<b>Children live with</b> (circle one) Mother    Father    Both	<b>Primary language spoken at home:</b> English - Spanish - Other _____
<b>Are there any legal restrictions concerning non-custodial parent?</b> Yes_____ No_____ If yes, please provide legal documentation on restrictions.	<b>Will your child ride the bus?</b> Yes    No <b>Indicate choice:</b> AM    PM    BOTH If riding the bus, where do they get picked up _____ dropped off _____

EMERGENCY CONTACT (WITHIN 25 MILES)	PHONE #	RELATIONSHIP TO STUDENTS
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Email Address \_\_\_\_\_ *Please list your email for communication purposes only.*



BOOK FEES			YEARBOOK			ACTIVITY TICKETS	
Grades BGN - 5 <i>(no book fee for PS)</i>	\$30.00	x___=	Grades PS-5	\$12.00	x___=	Student	\$50.00 x___=
Grades 6-12	\$40.00	x___=	Grades 6-12	Jostens.com	-----	Adults	\$100.00 x___=
	Total	=	Total		=	Total	=

Lunch Money: \_\_\_\_\_ Total Fees: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**SNACKTIME MILK for PS - 2nd:** This will be debited from your student's lunch account on a daily basis – \$.35 a day/\$1.75 a week/roughly about \$63 a year. *(We are unsure if this price will remain the same this year. We will let you know if the price fluctuates).* You can add money to your lunch account at any time. *Milk for Preschool is not optional per our program guidelines, but Begindergarten -2nd grades are optional.*

**LUNCH:** You may deposit any amount in the lunch account. Please keep your lunch account current. Students are not allowed to charge when in the negative. *Low Balance Lunch Notifications are emailed/auto called home for any student if the lunch account is \$8.00 or below.* You can check lunch accounts and progress reports by visiting the school website at [www.montezuma-schools.org](http://www.montezuma-schools.org), parent resources, JMC - if you don't know your username and password, please contact the school office.

**PRICING FOR BREAKFAST AND LUNCH ARE PENDING.** We will know more once we hear about any government programs.

**If you qualify for free or reduced lunches:** \*Free and reduced prices are for just breakfast and/or lunch. \*Preschool- 2nd grade snacktime milk must be paid as full price. \*Just taking milk and not eating - milk must be paid as a full price item. \*Any extras taken at lunch or breakfast must be paid at full price.

**HEALTH HISTORY:** Please list any/all health problems/concerns that your child(ren) might have. This is very important for the health and safety of your child. Please list any medications that your child(ren) may be taking whether at school or at home.

\_\_\_\_\_  
 \_\_\_\_\_  
 ALLERGIES: \_\_\_\_\_  
 \_\_\_\_\_

Can we publish pictures of your child(ren) in the local paper, social media, and on the school's website?  Yes  No  
 I give my child(ren) permission to attend In Town Field Trips for the 2022-23 school year.  Yes  No

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

All Parents/Guardians: We invite you to visit the school website at [www.montezuma-schools.org](http://www.montezuma-schools.org).

## INTERNET ACCESS AND DEVICE ACCEPTANCE FORM

Your child has access to the Internet. The vast domain of information contained within the internet's libraries can provide unlimited opportunities to students.

Students will be expected to abide by the following network etiquette:

The use of the network is a privilege and may be taken away for violation of board policy or regulations. As a user of the Internet, students may be allowed access to other networks. Each network may have its own set of policies and procedures. Students will abide by the policies and procedures of these other networks.

- Students will respect all copyright and license agreements.
- Students will cite all quotes, references, and sources.
- Students will only remain on the system long enough to get needed information.
- Students will apply the same privacy, ethical and educational considerations utilized in other forms of communication.
- Students accessing Internet services that have a cost involved will be responsible for payment of those costs.
- Students must agree to abide by these provisions and understand that violation of these provisions may constitute suspension or revocation of Internet privileges.

Please sign the form below if you would like your child to be granted Internet access and return the permission form to your child's school.

To accept the Student Technology Device, parents and student must agree to the following:

- The device is MCS D property, provided as part of the educational tool set. School personnel may request access to the device at any time.
- Students and parents are responsible for the care of the device and will take precautions to keep the device in good condition. You will not attempt to repair the device nor take the device anywhere to be repaired. You must report any problems with the device to school.
- Should the device get damaged, you will accept responsibility up to and including the cost of this equipment.
- You will not let anyone other than the student use the device.
- Any files saved on the computer will be for the purpose of learning.
- You will return the device to the district when requested and/or upon the student withdrawal from the Montezuma School District.
- When using the device, students will abide by all policies of the Montezuma School District, as well as local, state, and federal laws.
- If the device is taken home, it will be charged at night and brought to school each day.
- Email, social networking, or any other computer communication should be used only for appropriate, legitimate, and responsible communication.
- In the event of damage, lost or stolen device within the student's control, it will be at the administration's discretion to determine if the damage was intentional or accidental. The district reserves the right to assess a fine not to exceed the full cost of the repair or replacement cost for any damages due to negligence or intentional misuse.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Device Issued by:	
Check out Date	
MCSCD Asset Tag Number	
Serial Number	
Type of Device	iPad      Chromebook      Other _____
Check In Person	
Check In Date	



# Montezuma Community School

504 N. 4th Street

Montezuma, IA 50171

Phone: 641 623-5121

Fax: 641 623-5733



## PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION

### 2022-2023 SCHOOL YEAR

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the counter". This form is required before over-the-counter medications can be administered at school.

#### PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

\_\_\_\_\_ I approve all medications listed below

\_\_\_\_\_ I do not want any OTC medications given to my student

Topical:

- \_\_\_\_\_ antibiotic ointment (ex. Triple antibiotic ointment)
- \_\_\_\_\_ Benadryl cream
- \_\_\_\_\_ eye drops for irritation and allergies (Refresh drops)
- \_\_\_\_\_ lip products (chap sticks, natural lip emollient)
- \_\_\_\_\_ sting relief spray (containing benzocaine, lidocaine, and/or ethyl alcohol)
- \_\_\_\_\_ unscented skin treatment for chapped hands/irritated skin (Aquaphor)
- \_\_\_\_\_ oral pain relief gel single-use packets (like Anbesol or Orajel)

Oral:

- \_\_\_\_\_ ibuprofen (Advil)
- \_\_\_\_\_ acetaminophen (Tylenol)
- \_\_\_\_\_ antacids (Tums)
- \_\_\_\_\_ antihistamine (Benadryl)
- \_\_\_\_\_ cough drops (plain or medicated)

**THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT**

\_\_\_\_\_

(SIGNATURE OF PARENT OR GUARDIAN)

\_\_\_\_\_

(DATE)



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Please check with the school nurse to see which medications are available for students in the school nurse office and which medications you will need to supply. OTC medications will be given at the manufacturer's recommended dosage.

If appropriate, OTC medications brought to school for student use must be in the original manufacturer's container with the label intact or the medication will not be accepted. *For safety purposes, parents are required to bring the medication directly to the nurse.* The medication should be sealed in an envelope in the original manufacturer's container.

**The school is not able to supply medication for frequent or daily use. For OTC medications not listed on this form or if medication is to be given on a schedule, please talk to the school nurse. Additional documentation may be required.**

This form must be completed yearly.

Prescription medications to be administered at school require a separate form to be filled out, including EPI Pens and Inhalers. Please contact the school for necessary paperwork for prescription medications.

Thank-you,  
Hannah Dengler  
[hdengler@montezuma.k12.ia.us](mailto:hdengler@montezuma.k12.ia.us)  
641-623-5121



## 2022-2023 MONTEZUMA SCHOOL SUPPLY LIST

**\*\*\*ALL STUDENTS will need a book bag or backpack that will fit a pocket folder and will fit easily in a locker, headphones and PE shoes (not new, but clean with white soles).**

*Please put name or initials on all items*

### **PRE-SCHOOL-(No headphones or PE shoes)**

- 1 regular sized backpack (no small/mini PLEASE)
- 1 metal blade scissors - Fiskars Brand
- 4-8 glue sticks - elmers Brand
- 6 boxes of 8 crayons - Crayola Brand (NO bigger boxes PLEASE)
- 1 large box of Kleenex
- 2 heavy duty pocket folders
- 4 pack of colored dry erase markers
- 1 box of 10 markers - crayola brand
- 1 box gallon freezer ziploc bags - AM only
- 1 box quart freezer ziploc bags - PM only

### **KINDERGARTEN**

- Nap rug or mat (no pillows or sleeping bags)
- 1 small pencil box (8 1/2" x 5 1/2")
- 2 – 12 packs pencils (bring 12 sharpened)
- Large eraser
- 2 boxes of Kleenex
- 8-10 large purple glue sticks
- 3 boxes of 8 and 1 box of 24 (no bigger) crayons
- 3 pocket folders
- 1 – 70 pg Wide ruled spiral notebooks
- 4 **basic** color fat Expo Markers & old sock for eraser
- Fiskars scissors with metal blades
- P.E. Shoes w/Velco
- 1 *composition notebook wide ruled*
- Headphones (no earbuds please)*

### **SECOND GRADE**

- 8" X 5" plastic pencil box
- 1 box (24 count or more) crayons
- 2 large erasers
- 3 pocket folders –NO TRAPPER KEEPERS
- 2 – 12 packs of pencils – no mechanical
- Dry erase markers & sock for eraser
- colored pencils optional
- 4 glue sticks
- pointed scissors (Durasharp/Fiskars)
- 1 composition notebook
- clear plastic shoebox with lid - Roorda only
- P.E. Shoes / Headphones
- 2 large boxes of kleenex - Dye only
- 1 box of markers
- one gallon Freezer bags

### **BEGINNERSGARTEN**

- Nap rug or mat (no pillows or sleeping bags)
- 1 small pencil box (8 1/2" x 5 1/2")
- 2 – 12 packs pencils (bring 12 sharpened)
- Fiskars scissors with metal blades
- Large eraser
- Velcro PE shoes
- 1 wide ruled notebook
- 2 heavy duty pocket folders
- Crayola crayons - 3 boxes of 8 and 1 box of 16 or 24
- 2 sketchpads
- 4 Expo markers
- 8-10 LARGE glue sticks (no small glue sticks)
- P.E. Shoes / Headphones

### **FIRST GRADE**

- 1 box of 48 or 64 crayons
- 1 small pencil box (8 1/2" x 5 1/2")
- 2 large erasers
- 1 white Elmer's glue & 8 or more glue sticks
- magic makers wide tip – no fluorescent
- 1 wide ruled notebook
- 1 composition notebook
- Scissors
- 2-3 pocket folders – NO TRAPPER KEEPERS PLEASE
- 2" - 3 ring binder
- 4 Expo markers & sock/rag for eraser
- 1 pkg. Highlighters (any color)
- 2 -12 packs of pencils
- small pencil box
- P.E. Shoes / Headphones(no earbuds)

### **THIRD GRADE**

- Several #2 wooden pencils - no mechanical - Ticconderoga Brand
- 4-6 large glue sticks
- 3 – wide-lined notebooks
- dry erase markers and a sock/rag for eraser(many throughout year)
- 1 pkg. highlighters, any color
- 2 red checking pens/2 black Sharpies
- crayons – 48 count or smaller/colored pencils
- 6 pocket folders
- 2 Large boxes of kleenex
- 1 composition notebook
- 2 packs 3x3 post it notes
- pencil box and book bag
- 1 pkg loose leaf wide ruled notebook paper
- Durasharp or Fiskars scissors
- P.E. Shoes / Headphones
- pencil top erasers

**FOURTH GRADE**

clear plastic box (shoe box size)  
 Several #2 pencils - NO MECHANICAL PENCILS  
 4 glue sticks  
 1 hand sanitizer  
 1 large box of Kleenex  
 1 pkg. Highlighters (any color)  
 8-10 dry erase markers and a sock/rag for eraser  
 2 pks 3x3 sticky notes  
 2 pocket folders  
 crayons or colored pencils  
 P.E. Shoes / Headphones  
 1- wide ruled notebook  
 Big Eraser  
 Durasharp or Fiskars scissors  
 clear protractor  
 3- gallon size ZIPLOC baggies  
 2"- 3- ring binder  
 1 pkg. loose leaf paper- wide rule (min. 200)

**SIXTH GRADE**

General school supplies  
 2 hi liters  
 Scissors  
 Scientific calculator  
 5 folders  
 5 composition notebooks  
 Pencils (any type)  
 Blue, Black pens  
 2 red pen  
 2 boxes of Kleenex.  
 8-10 dry erase markers  
 1 old sock for eraser  
 head phones  
 Glue sticks

**MISC HIGH SCHOOL ITEMS NEEDED:**

Ag 1: another 2' 3 ring binder

Intro to Pysch: notebook

Ag 2: 2' 3 ring binder and notebook with graphing paper

Social Studies : Poster Paper

Art: Photography - 8 GB or 16 GB Flash drive

Language Arts & Foreign Language : Earbuds or headphones

Online Classes - headphones or earbuds

**FIFTH GRADE**

Several ink pens - any color  
 2 Black Sharpies  
 Several #2 pencils or mechanical  
 8-10 dry erase markers and a sock/rag for eraser  
 2 large boxes of Kleenex  
 2 any color highlighters  
 Basic Calculator (no scientific calculators)  
 4 notebooks and 4 folders  
 12" ruler with metric and standard measurements  
 1 large Glue Stick  
 2 gallon sized Ziploc bags  
 Big Eraser  
 Colored pencils or crayons or markers  
 Durasharp or Fiskars scissors  
 5" x 8" pencil box  
**1 - 3 ring binder - 2 inch**  
 P.E. Shoes / Headphones  
 1 pkg. loose leaf paper- wide rule (min. 200)

**JH/High School****General Supplies**

Wire bound college ruled notebook - one per class  
 pencils - any type  
 blue, black and red pens  
 1 - 1 inch three ring binder  
 White board markers  
 Loose leaf paper  
 Eraseable pens  
**Scientific calculator - TI30**



## BackPack Program 2022-2023

Dear Parents/Guardians,

Montezuma Community School is partnering with the Northeast Iowa Food Bank to provide the BackPack Program to students during the 2022-2023 school year. The program is scheduled to begin in September 2022 and will continue through the school year.

**The BackPack Program is a free program that provides kid-friendly, non-perishable food for students most in-need, to eat over weekends and breaks when school meals are not available and there may be little or no food to eat. Please carefully consider your family's economic status and determine if the program is something needed by your child(ren). If the BackPack Program is something your family depends upon, please complete the attached registration form. If you are able to make do without this assistance, please allow this program to be used by others.**

Items distributed in the BackPacks may include cereal, shelf-stable milk, juice, fruit cups, pop-top meals, vegetables, and granola bars. The food will be placed in your child(ren)'s backpack at the end of the school day at the end of each week. **Please explain to your child that the food must not be eaten or opened until they are home.** If this happens, your child may lose the privilege of participating in the program.

Parents and guardians concerned with food allergies need to be aware that the BackPack Program items may include ingredients such as nuts, soy, wheat, eggs and milk. The Northeast Iowa Food Bank and Montezuma Community School will not assume liability for adverse reactions to food consumed.

The Northeast Iowa Food Bank strives to include healthy and safe food. All food is labeled and sealed by the manufacturer. **While some products might be past the marked best-by date, we have worked with the manufacturer to ensure they are still safe to consume.** If you open an item and notice a problem, please contact the Northeast Iowa Food Bank immediately.

Sincerely,

Sandi Dahm  
BackPack Site Coordinator  
Montezuma Community School  
641-623-1633

Kelly O'Rourke  
All School Principal  
Montezuma Community School District  
641-623-5121



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The BackPack Program is a program of the  
Northeast Iowa Food Bank  
1605 Lafayette Street  
P.O. Box 2397  
Waterloo, IA 50704  
(319) 235-0507  
[www.northeastiowafoodbank.org](http://www.northeastiowafoodbank.org)

# BackPack Program 2022-2023 REGISTRATION FORM

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

School your child(ren) attend: \_\_\_\_\_

**Please list children participating in the program.**

Name	Grade	Teacher	Any Food Allergies

By Signing this form, I agree to allow my child(ren) to participate in the BackPack Program of the Northeast Iowa Food Bank and Montezuma Community School.

I understand that for children with food allergies, the BackPack Program items may contain ingredients such as nuts, soy, wheat, eggs, and milk. Parents/guardians concerned with food allergies need to be aware of this risk. The Northeast Iowa Food Bank and Montezuma Community School will not assume any liability for any adverse reactions to food consumed.

The Northeast Iowa Food Bank strives to include healthy and safe food. **While some products might be past the marked best-by date, we have worked with the manufacturer to ensure they are still safe to consume.** If you open a package and notice a problem, please contact the Northeast Iowa Food Bank immediately.

To promote and expand the BackPack Program, the Northeast Iowa Food Bank and Montezuma Community School may wish to use images (but no names) of children who are participating in the BackPack Program in materials that may include (but not limited to) brochures, newsletters, and the Northeast Iowa Food Bank website.

I grant permission to use images of my child(ren). I understand that my child's name and personal information will not be used in conjunction with any images.

I deny permission to use images of my child(ren).

By signing this form I agree to assume any and all risks associated with my child(ren)'s participation in the BackPack Program including any adverse reaction my child may have to foods consumed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Required Notices

## NONDISCRIMINATION POLICY

The Montezuma Community School District will not discriminate on the basis of race, color, national origin, gender, disability, religion, creed, marital status and sexual orientation or gender identity. Any person having inquiries concerning the school district's compliance with the regulations implementing Title VI, Title VII, Title IX, the Americans with Disabilities Act (ADA) 504 or Iowa Code 280.2 is directed to contact the Superintendent of Schools at 641-623-5121, 504 North 4<sup>th</sup> St., Montezuma, IA, who has been designated by the school district to coordinate the district's efforts to comply with these regulations.

## AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Board of Directors of the Montezuma Community School District to extend equal opportunities to all employees and to applicants for employment who meet the qualifications established for the class or position for which they apply. No employee or applicant shall be discriminated against on the basis of race, color, national origin, gender, disability, religion, creed, marital status and sexual orientation or gender identity. Inquiries or grievances related to this policy may be directed to:

- Superintendent of Montezuma Community School District, Box 580 Montezuma, IA 50171
- Director of Civil Rights Commission, 211 E. Maple, Des Moines, IA
- Director Region VII Office, US Department of Education, 310 Wisconsin Ave., Suite 800, Milwaukee, WI 53202

## DRUG FREE AND TOBACCO FREE WORK PLACE

As required by law, the Montezuma Community School District has approved policies relating to providing drug free and tobacco free work areas. These policies apply to students, staff, parents and visitors in all school district facilities including school vehicles and school grounds. These policies are in effect at all times including school sponsored and non-school sponsored events.

## HOMELESS CHILDREN OR YOUTH OF SCHOOL AGE

The Montezuma Community School District will make reasonable efforts to identify homeless children and youth of school age within the district, encourage their enrollment and eliminate existing barriers to their receiving an education which may exist in district policies or practices. The designated coordinator for identification of homeless children and for tracking and monitoring programs and activities for these children is the Mary Jo Steele-Sheets who can be reached at 641-623-5121.

## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. They are:

- (1) The right to inspect and review the student's education records within 45 days of the day the district receives a request for access.  
Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
- (2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading or in violation of the student's privacy rights.  
Parents or eligible students may ask the school district to amend a record that they believe is inaccurate or misleading. They should write the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.  
If the district decides not to amend the record as requested by the parent or eligible student, the district will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
- (3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.  
One exception, which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the district has contracted to perform a special task (such as an attorney, auditor, AEA employees, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee or student assistance team, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the district discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. (Note: FERPA requires a school district to make a reasonable attempt to notify the parent or eligible student of the records request unless it states in its annual notification that it intends to forward records request.

- (4) The right to inform the school district that the parent does not want directory information, as defined below, to be released. Any student over the age of eighteen or parent not wanting this information released to the public must make object in writing by fall registration to the principal. The objection needs to be renewed annually.

NAME, ADDRESS, TELEPHONE LISTING, DATE AND PLACE OF BIRTH, E-MAIL ADDRESS, GRADE LEVEL, ENROLLMENT STATUS, MAJOR FIELD OF STUDY, PARTICIPATION IN OFFICIALLY RECOGNIZED ACTIVITIES AND SPORTS, WEIGHT AND HEIGHT OF MEMBERS OF ATHLETIC TEAMS, DATES OF ATTENDANCE, DEGREES AND AWARDS RECEIVED, THE MOST RECENT PREVIOUS SCHOOL OR INSTITUTION ATTENDED BY THE STUDENT, PHOTOGRAPH AND LIKENESS AND OTHER SIMILAR INFORMATION.

- (5) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

Family Policy Compliance Office, U.S. Department of Education,  
400 Maryland Ave., SW, Washington, DC, 20202-4605.

The School District may share any information with the Parties contained in a student's permanent record, which is directly related to the juvenile justice system's ability to effectively serve the student. Prior to adjudication information contained in the permanent record may be disclosed by the School District to the Parties without parental consent or court order. Information contained in a student's permanent record may be disclosed by the School District to the Parties after adjudication only with parental consent or a court order. Information shared pursuant to the agreement is used solely for determining the programs and services appropriate to the needs of the student or student's family or coordinating the delivery of programs and services to the student or student's family. Information shared under the agreement is not admissible in any court proceedings, which take place prior to a disposition hearing, unless written consent is obtained from a student's parent, guardian, or legal or actual custodian.

This agreement only governs a school district's ability to share information and the purposes for which that information can be used.

## ANTI-BULLYING/HARASSMENT POLICY

Harassment and bullying of students and employees are against federal, state and local policy, and are not tolerated by the board. The board is committed to providing all students with a safe and civil school environment in which all members of the school community are treated with dignity and respect. To that end, the board has in place policies, procedures, and practices that are designed to reduce and eliminate bullying and harassment as well as processes and procedures to deal with incidents of bullying and harassment. Bullying and harassment of students by students, school employees, and volunteers who have direct contact with students will not be tolerated in the school or school district.

The board prohibits harassment, bullying, hazing, or any other victimization, of students, based on any of the following actual or perceived traits or characteristics, including but not limited to, age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status. Harassment against employees based upon race, color, creed, sex, sexual orientation, gender identity, national origin, religion, age or disability is also prohibited.

This policy is in effect while students or employees are on property within the jurisdiction of the board; while on school-owned or school-operated vehicles; while attending or engaged in school-sponsored activities; and while away from school grounds if the misconduct directly affects the good order, efficient management and welfare of the school or school district.

If, after an investigation, a student is found to be in violation of this policy, the student shall be disciplined by appropriate measures up to, and including, suspension and expulsion. If after an investigation a school employee is found to be in violation of this policy, the employee shall be disciplined by appropriate measures up to, and including, termination. If after an investigation a school volunteer is found to be in violation of this policy, the volunteer shall be subject to appropriate measures up to, and including, exclusion from school grounds. "Volunteer" means an individual who has regular, significant contact with students.

Harassment and bullying mean any electronic, written, verbal, or physical act or conduct toward a student which is based on any actual or perceived trait or characteristic of the student and which creates an objectively hostile school environment that meets one or more of the following conditions:

- Places the student in reasonable fear of harm to the student's person or property;
- Has a substantially detrimental effect on the student's physical or mental health;
- Has the effect of substantially interfering with the student's academic performance; or
- Has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.

"Electronic" means any communication involving the transmission of information by wire, radio, optical cable, electromagnetic, or other similar means. "Electronic" includes but is not limited to communication via electronic mail, internet-based communications, pager service, cell phones, electronic text messaging or similar technologies.

Harassment and bullying may include, but are not limited to, the following behaviors and circumstances:

## Required Notices

- Verbal, nonverbal, physical or written harassment, bullying, hazing, or other victimization that have the purpose or effect of causing injury, discomfort, fear, or suffering to the victim;
- Repeated remarks of a demeaning nature that have the purpose or effect of causing injury, discomfort, fear, or suffering to the victim;
- Implied or explicit threats concerning one's grades, achievements, property, etc. that have the purpose or effect of causing injury, discomfort, fear, or suffering to the victim;
- Demeaning jokes, stories, or activities directed at the student that have the purpose or effect of causing injury, discomfort, fear, or suffering to the victim; and/or
- Unreasonable interference with a student's performance or creation of an intimidating, offensive, or hostile learning environment.

Sexual harassment means unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Submission to the conduct is made either implicitly or explicitly a term or condition of the student's education or benefits;
- Submission to or rejection of the conduct by a school employee is used as the basis for academic decisions affecting that student; or
- The conduct has the purpose or effect of substantially interfering with the student's academic performance by creating an intimidating, hostile, or offensive education environment.

In situations between students and school officials, faculty, staff, or volunteers who have direct contact with students, bullying and harassment may also include the following behaviors:

- Requiring that a student submit to bullying or harassment by another student, either explicitly or implicitly, as a term or condition of the targeted student's education or participation in school programs or activities; and/or
- Requiring submission to or rejection of such conduct as a basis for decisions affecting the student.

Any person who promptly, reasonably, and in good faith reports an incident of bullying or harassment under this policy to a school official, shall be immune from civil or criminal liability relating to such report and to the person's participation in any administrative, judicial, or other proceeding relating to the report. Individuals who knowingly file a false complaint may be subject to appropriate disciplinary action.

Retaliation against any person, because the person has filed a bullying or harassment complaint or assisted or participated in a harassment investigation or proceeding, is also prohibited. Individuals who knowingly file false harassment complaints and any person who gives false statements in an investigation shall be subject to discipline by appropriate measures, as shall any person who is found to have retaliated against another in violation of this policy. Any student found to have retaliated in violation of this policy shall be subject to measures up to, and including, suspension and expulsion. Any school employee found to have retaliated in violation of this policy shall be subject to measures up to, and including, termination of employment. Any school volunteer found to have retaliated in violation of this policy shall be subject to measures up to, and including, exclusion from school grounds.

The school or school district will promptly and reasonably investigate allegations of bullying or harassment. The building principal or designee will be responsible for handling all complaints by students alleging bullying or harassment. The superintendent or designee will be responsible for handling all complaints by employees alleging bullying or harassment.

It also is the responsibility of the superintendent, in conjunction with the investigator and principals, to develop procedures regarding this policy. The superintendent also is responsible for organizing training programs for students, school officials, faculty, staff, and volunteers who have direct contact with students. The training will include how to recognize harassment and what to do in case a student is harassed. It will also include proven effective harassment prevention strategies. The superintendent will also develop a process for evaluating the effectiveness of the policy in reducing bullying and harassment in the board. The superintendent shall report to the board on the progress of reducing bullying and harassment.

### TEACHER QUALIFICATIONS

Parents/guardians in the Montezuma Community School District have the right to learn about the following regarding their child's teacher's qualifications: state licensure status, special endorsements for grade level/subject area taught, and the baccalaureate/graduate certification/degree. Parents/guardians may request this information from the Superintendent of Schools, 641-623-5121.

### OPEN ENROLLMENT

Parents/guardians considering the use of the open enrollment option to enroll their child or children in another public school district in the state of Iowa should be aware of the following dates: March 1, 2023 is the last date for regular open enrollment requests for the 2022-23 school year and September 1, 2022 is the last date for open enrollment requests for students entering kindergarten for the 2022-23 school year. For further details and information contact the Superintendent of Schools at 641-623-5121.

### HUMAN GROWTH AND DEVELOPMENT

In accordance with Iowa Code Section 279.50, the Montezuma Community School District shall provide instruction regarding human sexuality, self-esteem, stress management, interpersonal relationships, and acquired immune deficiency syndrome as required in section 256.11 for grades one through twelve. We are also required to annually provide to parents/guardians of any students enrolled in the school district information about human growth and development curriculum used in the student's grade level and the procedure for inspecting the instructional materials prior to their use in the classroom. This notification serves to meet the state requirements.

The instructional materials used in Human Growth and Development may be inspected by contacting the student's teacher or building principal. A student shall not be required to take instruction in human growth and development if the student's parent or guardian files a written request on the form provided by the building principal that the student be excused from the instruction.

### INSTRUCTION AT A POST-SECONDARY EDUCATIONAL INSTITUTION

Students in grades nine through twelve may receive academic or vocational-technical credits that count toward the graduation requirements set out by the board for courses successfully completed in post-secondary educational institutions. The student may receive academic or vocational-technical credits through an agreement between a post-secondary educational institution or with the board's approval on a case-by-case basis.

Students in grades nine through twelve who successfully complete courses in post-secondary educational institutions under an agreement between the school district and the post-secondary educational institution will receive academic and vocational-technical credits in accordance with the agreement.

Students who have completed the eleventh grade but who have not completed the graduation requirements set out by the board may take up to seven semester hours of credit at a post-secondary educational institution during the summer months when school is not in session if the student pays for the courses. Upon successful completion of these summer courses, the students will receive academic or vocational-technical credit toward the graduation requirements set out by the board. The post-secondary educational institution determines successful completion of the course. The board will have complete discretion to determine the academic credit to be awarded to the student for the summer courses.

The following factors are considered in the board's determination of whether a student will receive academic or vocational-technical credit toward the graduation requirements set out by the board for a course at a post-secondary educational institution:

- The course is taken from a public or accredited private post-secondary educational institution;
- A comparable course is not offered in the school district. A comparable course is one in which the subject matter or the purposes and objectives of the course are similar, in the judgment of the board, to a course offered in the school district;
- The course is in the discipline areas of mathematics, science, social sciences, humanities, vocational-technical education, or a course offered in the community college career options program;
- The course is a credit-bearing course that leads to a degree;
- The course is not religious or sectarian; and
- The course meets any other requirements set out by the board.

Students in grades eleven and twelve who take courses, other than courses taken under an agreement between the school district and the post-secondary educational institution, are responsible for transportation without reimbursement to and from the location where the course is being offered.

Ninth and tenth grade talented and gifted students and all students in grades eleven and twelve will be reimbursed for tuition and other costs directly related to the course up to \$250. Students who take courses during the summer months when school is not in session are responsible for the costs of attendance for the courses.

Students who fail the course and fail to receive credit will reimburse the school district for all costs directly related to the course. Prior to registering for the course, students under age eighteen will have a parent sign a form indicating that the parent is responsible for the costs of the course should the student fail the course and fail to receive credit for the course. Students who fail the course and fail to receive credit for the course for reasons beyond their control, including, but not limited to, the student's incapacity, death in the family or a move to another district, may not be responsible for the costs of the course. The school board may waive reimbursement of costs to the school district for the previously listed reasons. Students dissatisfied with a school board's decision may appeal to the AEA for a waiver of reimbursement.

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household, even if your children attend more than one school in Montezuma School District. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. **Completed applications should be mailed or returned to Angie Radeke at Box 580, Montezuma, IA 50171].** If at any time you are not sure what to do next, please contact Angie Radeke at 641-623-5121.

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 Montezuma School District, *regardless of age.*

- A) List each child's name and date of birth.** Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.
- B) Is the child a student?** Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend Montezuma School District. If you marked 'Yes' write where the child attends school and 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 may meet 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 the Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) 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-formerly Food Assistance in Iowa)
- The Family Investment Program (FIP)
- The Food Distribution Program on Indian Reservations (FDPIR)

- A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- Circle 'NO' and go to STEP 3. (Leave the rest of STEP 2 blank)
- B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**



- Circle 'YES' and provide a case number for SNAP, FIP, or FDPIR. You only need to write one case number. If you participate in one of these programs and do not know your case number, it is located on your Notice of Decision. You must provide a case number on your application if you circled "YES".
- Go to STEP 4.

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

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 have known or available information 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.

- A) **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.
- B) **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.
- C) **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."
- D) **Report all income earned or received by children.** Refer to the table below titled "Sources of Income for Children" and 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 with the rest of your household (income from a part-time job or from any funds provided to the child for the child's personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

**Table 1. Sources of Income for Children**

<b>What is Child Income?</b>	
Child income is money received from outside your household that is paid <b>directly</b> to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.	
<b>Sources of Child Income</b>	<b>Example(s)</b>
<ul style="list-style-type: none"> <li>• Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>• A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)</li> </ul>
<ul style="list-style-type: none"> <li>• Social Security               <ul style="list-style-type: none"> <li>○ Disability Payments</li> <li>○ Survivor's Benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A child is blind or disabled and receives Social Security benefits.</li> <li>• A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from person <i>outside</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>• A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• A child receives regular income from a private pension fund, annuity, or trust.</li> </ul>

**FOR EACH ADULT HOUSEHOLD MEMBER:**

- E) List Adult Household member's name.** 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.**
- F) Report earnings from work.** Refer to the chart below titled "Sources of Income for Adults" and 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 self-employed business or farm owner, you will report your net income. If you need assistance with this, ask your children's school for the Supplemental Worksheet which has self-employment calculations.

**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 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.
- Children and students already listed in Step 1.

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

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask your school for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

- G) Report income from public assistance/child support/alimony.** Refer to the chart below titled "Sources of Income for Adults" and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value 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.
- H) Report income from pensions/retirement/all other income.** Refer to Table 2 below titled "Sources of Income for Adults" and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

**Table 2. Sources of Income for Adults**

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

**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.**

- 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 sign in the box labeled "Signature of adult completing the form."
- C) Mail or return completed form to: Angie Radeke Box 580, Montezuma, IA 50171. Please do not mail completed form to the Department of Agriculture as this will delay processing.**
- 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. If you do not select race or ethnicity, one will be selected for you based on visual observation.
- E) Decline having your information released to Hawki.** If you do not want your household information shared with Hawki, **print, sign and date in the box provided.**
- F) Obtaining translated applications.** If you need a translated application with instructions, they can be found in 49 languages at: <https://www.fns.usda.gov/school-meals/translated-applications>.

# 2022-2023 Iowa Application for Free & Reduced Price School Meals/Milk

Return completed form to: Angie Radeke

Complete one application per household. Use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted. **Date Received:**

**STEP 1 List ALL Household Members who are infants, children, and students up grade 12** (if more spaces are required for additional names, attach the supplemental worksheet)

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	Date of Birth	Student		Child's School	Grade	Check all that apply?	Foster Child	Homeless, Migrant, Runaway	
					Yes	No						

**STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP, or FDIPIR?**  
 Check one:  Yes /  No. If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3).

Write only one case number in this space. Medicaid, Title XIX & EBT card numbers are **not acceptable**. Case Number: \_\_\_\_\_ To Apply On-Line go to: \_\_\_\_\_

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

<b>A: Total Number of All Household Members (Children+Adults)</b>	<b>B. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-</b>	<b>C. Check No SSN (adult):</b>
<b>D. Child Income:</b> Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here.	<b>Total Income Received by All Children</b>	<b>How Often?</b>
		Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
<b>E. All Adult Household Members (include yourself):</b> List all Household Members not listed in STEP 1 even if they do not receive income. 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. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet.	\$	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Are you unsure what income to include here? Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

Names of All Adult Household Members	Gross Earnings from Work/All Other Income					Gross Public Assistance/Child Support/Alimony				Gross Pension/Retirement			
	Report income before deductions or taxes in whole dollars	How Often?				Report income before deductions or taxes in whole dollars	How Often?			Report income before deductions or taxes in whole dollars	How Often?		
First and Last Names. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 4 Contact Information and Adult Signature**

"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."

Signature of adult completing the form \_\_\_\_\_ Printed name of adult completing the form \_\_\_\_\_ Today's Date \_\_\_\_\_

Street Address (if available) \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (optional) \_\_\_\_\_ Email (optional) \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE FOR ADMINISTRATIVE USE ONLY** Application # \_\_\_\_\_ Date Received by SFA \_\_\_\_\_

Annual Income Conversion	<input type="checkbox"/> Weekly x52	<input type="checkbox"/> Bi-Weekly x26	<input type="checkbox"/> Twice Monthly x24	<input type="checkbox"/> Monthly x12	<input type="checkbox"/> Yearly
Household Size: _____			Annual Household Income: \$ _____		
Application Approval	<input type="checkbox"/> Income	<input type="checkbox"/> Foster Child	<input type="checkbox"/> FIP/SNAP	<input type="checkbox"/> Head Start (documentation required)	<input type="checkbox"/> Homeless/Migrant/Runaway-Local Official Documentation Required
Eligibility Determination	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Free Milk	Application Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Over Income Limits	

Signature & Effective Date of Determining Official \_\_\_\_\_ Signature & Date of Confirming Official \_\_\_\_\_ Signature & Date of Follow-Up \_\_\_\_\_

**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. If you do not select race or ethnicity, one will be selected for you based on visual observation.

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

**Low-Cost Health Insurance for Children**

If your children do not have health insurance, many families getting free or reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free and reduced price meal eligibility information with Medicaid & Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name & address. Medicaid & Hawki can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose or to share it with any other entity or program. You are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced price meals. **If you do NOT want your information shared with Medicaid or Hawki, you must tell us by completing the information below.** If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This will avoid another contact.

My signature below indicates I DO NOT want school officials to share information from my free and reduced price meal application with Medicaid or Hawki.

Parent/Guardian Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the 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 Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) 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.

**USDA Nondiscrimination Statement:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

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

1. \* mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

**\*only use this address if you are filing a complaint of discrimination.\***

This institution is an equal opportunity provider.

**Iowa Non-Discrimination Statement:** "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14<sup>th</sup> St. Des Moines, IA 50319-1004; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

Translated applications are available at:  
<http://www.fns.usda.gov/school-meals/translated-applications>

**Return completed form to:**  
**Angie Radeke**

**Waiver Information**



**2022-2023 Iowa Application for Free and Reduced Price School Meals/Milk Optional Supplemental Worksheet**  
**Additional Children in Your Household** (not listed on page 1)

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Check all that apply	Foster Child	Homeless, Migrant, Runaway
				Yes	No					

Any income earned by the above listed children should be included under Step 3 A on the first page of the application.

**Additional Adults in Your Household** (Not listed on page 1)

Names of All Adult Household Members	Gross Earnings from Work/All Other Income						Gross Public Assistance/Child Support/Alimony					Gross Pension/Retirement				
	How Often?						How Often?					How Often?				
First and Last Names. Include children who are temporarily away at school or in college.	Report income before deductions or taxes in whole dollars	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Report income before deductions or taxes in whole dollars	Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars	Weekly	Bi-weekly	2x Month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Self-Employment Income Calculations**

This guidance will assist you in calculating the amount to report if you engage in farming, are self-employed or have income from other sources.

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 or 1040-SR and Schedule 1. Add together the amounts reported on the following lines:

- Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7 \$ \_\_\_\_\_
- Business Income or (Loss) Schedule 1 Part 1, LINE 3 \$ \_\_\_\_\_
- Other Gains or (Losses) Schedule 1 Part 1, LINE 4 \$ \_\_\_\_\_
- Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5 \$ \_\_\_\_\_
- Farm Income or (Loss) Schedule 1 Part 1, LINE 6 \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$ \_\_\_\_\_ Gross Annual Income + 12)

Sources of Child Income	Earnings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Support (Adult Income Sources)	All Other Income (Adult Income Sources)
<ul style="list-style-type: none"> <li>• Earnings from work</li> <li>• Social Security(disability payments and survivor's benefits)</li> <li>• Income from person outside the household</li> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses (before deductions or taxes)</li> <li>• Net income from self-employment (farm or business)</li> <li>• If you are in the U.S. Military:                             <ul style="list-style-type: none"> <li>a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>b. Allowances for off-base housing, food and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Cash Assistance from State/local government</li> <li>• Supplemental Security Income</li> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Alimony or child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security</li> <li>• Disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>