

# MONTEZUMA 2021-2022 REGISTRATION FORM

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

| Gender | Last Name | First Name | Middle Name | Birthdate | Grade | Social Security Number | *Race Ethnicity |
|--------|-----------|------------|-------------|-----------|-------|------------------------|-----------------|
|        |           |            |             |           |       |                        |                 |
|        |           |            |             |           |       |                        |                 |
|        |           |            |             |           |       |                        |                 |
|        |           |            |             |           |       |                        |                 |
|        |           |            |             |           |       |                        |                 |

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

|                                 |  |         |                               |
|---------------------------------|--|---------|-------------------------------|
| Primary Contact<br>Phone Number |  | Address | Place of work<br>phone number |
| Primary Contact<br>Phone number |  | Address | Place of work<br>phone number |

|   |  |
|---|--|
| <b>Children live with</b> (circle one) Mother    Father    Both   | <b>Primary language spoken at home:</b><br>English - Spanish - Other_____  |
| <b>Are there any legal restrictions concerning non-custodial parent?</b><br>Yes_____ No_____<br>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<br>If riding the bus, where do they get picked up_____<br>dropped off_____ |

| EMERGENCY CONTACT (WITHIN 25 MILES) | PHONE # | RELATIONSHIP TO STUDENTS |
|-------------------------------------|---------|--------------------------|
|                                     |         |                          |
| EMERGENCY CONTACT (WITHIN 25 MILES) | PHONE # | RELATIONSHIP TO STUDENTS |
|                                     |         |                          |

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



| BOOK FEES                              |         |        | YEARBOOK    |             |        | ACTIVITY TICKETS |                 |
|--|---------|--------|-------------|-------------|--------|------------------|-----------------|
| Grades BGN - 5<br>(no book fee for PS) | \$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. 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 grades by visiting the schools website at [www.montezuma-schools.org](http://www.montezuma-schools.org), parent resources, JMC.

Breakfast: \$1.95 for all students. Reduced price for Breakfast- \$.30

Lunch: PK-5<sup>th</sup> grades -\$2.70; 6-12<sup>th</sup> grades - \$2.85. Reduced price for Lunch- \$.40

**If you qualify for free or reduced lunches:** \*Free or reduced prices are for just breakfast and/or lunch. \*Preschool – 2<sup>nd</sup> grade afternoon 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.

ALERGIES: \_\_\_\_\_

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 2020-21 school year. \_\_\_\_ Yes \_\_\_\_ No

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

Email Address \_\_\_\_\_ Please list your email for communication purposes only.





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**

**2021-2022 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:

- \_\_\_\_\_ 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)



# Montezuma Community School

504 N. 4th Street

Montezuma, IA 50171

Phone: 641 623-5121

Fax: 641 623-5733



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

# Montezuma Community School District

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: ☐ Male ☐ Female

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

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States? ☐ Yes ☐ No  
If yes, in which state? \_\_\_\_\_  
If no, in what other country? \_\_\_\_\_
2. Has your child attended any school in the United States for any three years during their lifetime? ☐ Yes ☐ No  
If yes, please provide school name(s), state, and dates attended:  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_
3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_
4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Is your child's first-learned or home language anything other than English? ☐ Yes ☐ No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? \_\_\_\_\_
7. What language does your child most frequently speak at home? \_\_\_\_\_
8. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_
9. Please describe the language understood by your child. (Check only one)  
A. ☐ Understands only the home language and no English.  
B. ☐ Understands mostly the home language and some English.  
C. ☐ Understands the home language and English equally.  
D. ☐ Understands mostly English and some of the home language.  
E. ☐ Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

| OFFICE USE ONLY |                  |               |  |
|-----------------|------------------|---------------|--|
| Student ID      | Date Distributed | Date Received |  |

# Montezuma Community School District

## Student Race and Ethnicity Reporting

Student Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

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

Person Completing This Form: ☐ Parent/Guardian ☐ Student ☐ Other: \_\_\_\_\_

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: ☐ Yes ☐ No  
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

### 2. Racial Categories:

- ☐ American Indian or Alaska Native  
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- ☐ Asian  
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American  
Origins in any of the black racial groups of Africa
- ☐ Native Hawaiian or Other Pacific Islander  
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White  
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: MONTEZUMA COMMUNITY SCHOOL Phone Number: 641-623-5121  
504 North 4th St., Box 580  
Address: MONTEZUMA, IOWA 50171-0580 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 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 MCSD 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          |                                       |



Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is

**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 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?<br>Yes No | Child's School | Grade | Foster Child | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|---------------|--------------------|----------------|-------|--------------|----------------------------|
|                    |    |                   |               |                    |                |       |              |                            |
|                    |    |                   |               |                    |                |       |              |                            |
|                    |    |                   |               |                    |                |       |              |                            |
|                    |    |                   |               |                    |                |       |              |                            |

Check all that apply

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

Circle one: Yes / No 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: (delete if NA)

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

Are you unsure what income to include here?

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.

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here. Total 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. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet.

| Name of Adult Household Members (First and Last) | C. Earnings from Work | How often?            |                       |                       |                       |                       | D. Public Assistance/<br>Child Support/Alimony | How often?            |                       |                       |                       | E. Pensions/Retirement/<br>All Other Income | How often?            |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
|  |                       | Weekly                | Bi-Weekly             | 2x Month              | Monthly               | Annually              |  | 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"/> |

F. Total Household Members  
(Children and Adults)
G. Last Four Digits of Social Security Number (SSN) of  
Primary Wage Earner or Other Adult Household Member
Check if no SSN ☐**STEP 4 Contact Information and Adult Signature**

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.

|   |        |      |  |     |                          |                  |
|---|--------|------|--|-----|--------------------------|------------------|
| Street Address (if available)             | Apt. # | City | State                                  | Zip | Daytime Phone (optional) | Email (optional) |
|   |        |      |  |     |                          |                  |
| Printed name of adult completing the form |        |      | Signature of adult completing the form |     |                          | Today's date     |

**DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.**

Date Received by SFA: \_\_\_\_\_

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Household Income: \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-Weekly ☐ Twice Monthly ☐ Monthly ☐ Annually Household Size: \_\_\_\_\_Application Approved: ☐ Income ☐ Foster Child ☐ FIP/SNAP ☐ Head Start (documentation required) ☐ Homeless/Migrant/Runaway-Local Official Documentation RequiredEligibility Determination: ☐ Free ☐ Reduced ☐ Free Milk Application Denied: ☐ Incomplete ☐ Over income limits

Determining Official

Effective Date

Confirming Official

Date

Follow-up Signature

Date

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

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

**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/>."

This institution is an equal opportunity provider.

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

Waiver Information

## 2021-2022 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

### Additional Children in Your Household (not listed on page 1)

| Child's First Name | MI                       | Child's Last Name | Student?                 |                          | Child's School | Grade | Foster Child Homeless, Migrant, Runaway |                          |
|--------------------|--------------------------|-------------------|--------------------------|--------------------------|----------------|-------|---|--------------------------|
|                    |                          |                   | Yes                      | No                       |                |       |   |                          |
|                    | <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"/> |

Check all that apply

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)

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

### 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   | \$ _____   |
| <b>TOTAL</b>  | <b>\$ _____ Gross Annual Income Before Any Deductions.</b> |

**Computed Monthly Income** \$ \_\_\_\_\_ (Gross Annual Income ÷ 12 = Computed Monthly Income.)

The computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income.



## INFORMATION LETTER-Seamless Summer Option

### Frequently Asked Questions About Free And Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Montezuma School offers healthy meals every school day. Your school is offering no cost meals in school year 2021-2022 through the Seamless Summer Option. The free and reduced price application may be needed by your school for other programs, such as P-EBT. Return or mail the completed application to: Angie Radeke Box 580 Montezuma, IA 50171

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines below. (Requires submitting an Application for Free and Reduced Price Meals/Milk.)

#### FEDERAL INCOME ELIGIBILITY GUIDELINES for School Year 2021-2022

| Household Size          | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
|-------------------------|--------|---------|-----------------|-----------------|--------|
| 1                       | 23,828 | 1,986   | 993             | 917             | 459    |
| 2                       | 32,227 | 2,686   | 1,343           | 1,240           | 620    |
| 3                       | 40,626 | 3,386   | 1,693           | 1,563           | 782    |
| 4                       | 49,025 | 4,086   | 2,043           | 1,886           | 943    |
| 5                       | 57,424 | 4,786   | 2,393           | 2,209           | 1,105  |
| 6                       | 65,823 | 5,486   | 2,743           | 2,532           | 1,266  |
| 7                       | 74,222 | 6,186   | 3,093           | 2,855           | 1,428  |
| 8                       | 82,621 | 6,886   | 3,443           | 3,178           | 1,589  |
| Each additional person: | 8,399  | 700     | 350             | 324             | 162    |

2. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your notification, contact: Angie Radeke at 641-623-5121 or [aradeke@montezuma.k12.ia.us](mailto:aradeke@montezuma.k12.ia.us) immediately as eligibility for free or reduced price meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from DHS, submit this letter to your children's school. You may add any students living in your household who are not listed on the letter. Also, if someone in your household receives food assistance and you did not receive either of these letters, you may complete an application listing the case number as this will qualify all school age children in your household for free meals. If you were informed that your children will get reduced price meals automatically, see the income guidelines above and if you feel you would qualify for free meal benefits, complete an application for free and reduced price meals.
3. WHAT IF WE HAVE FOSTER CHILDREN? Households with foster and non-foster children may choose to include the foster child as a household member, as this may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
4. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact: Angie Radeke at 641-623-5121 or [aradeke@montezuma.k12.ia.us](mailto:aradeke@montezuma.k12.ia.us)
5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through October 7, 2021 (30 operating days from the first day of school)]. You must send in a new application unless the school told you that your child is eligible for the new school year. When the carry-over period ends, unless you are notified that your children will receive free meals

or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Stacie Cameron** at [staciesuecameron@outlook.com](mailto:staciesuecameron@outlook.com)
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. There are currently no active Military Housing Projects in Iowa as found on [Active Military Housing Projects](#). Any additional combat pay resulting from deployment is also excluded from income.
15. DO I NEED TO PROVIDE MY SOCIAL SECURITY NUMBER? Only the last four digits of the Social Security Number of the household's primary wage earner or another adult household member (or an indication of "none") is needed.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a Supplemental Worksheet, and attach it to your application. Contact **Angie Radeke** at 641-623-5121 or [aradeke@montezuma.k12.ia.us](mailto:aradeke@montezuma.k12.ia.us) to receive a Supplemental Worksheet.
17. WHO CAN GET FREE MILK? If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, they are not eligible to receive free milk.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for Hawki information. A school waiver form is available from your school.
19. CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS? If a child has a disability, as determined by a licensed medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.

If you have other questions or need help, call **Angie Radeke** at 641-623-5121

*Sincerely,*

**Angie Radeke, Food Service Director**

## 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. 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 Montezuma Schools, 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 Schools 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 Schools]. 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 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**

**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. Use the chart below to determine if your household has child income to report.

| Sources of Child Income   | Example(s)  |
|---|---|
| <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:**

- B) List Adult Household member's name.** Print the name of each household member in the boxes marked "All Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.**
- C) 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.

- D) 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.
- E) 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/<br/>Alimony/Child Support</b>   | <b>Pensions/Retirement/All Other<br/>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> |

- 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.**

- 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>.



## STUDENT FEE WAIVER AND REDUCTION PROCEDURES

The board recognizes that while certain fees charged students are appropriate and authorized, certain students and their families are not financially able to pay the fees. The school district will grant either full waivers, partial waivers or temporary waivers depending upon the circumstances and the student or student's parents' ability to meet the financial criteria.

- A. **Waivers -**
  - 1. **Full Waivers** - a student will be granted a full waiver of fees charged by the school district if the student or student's parents meet the financial eligibility criteria for free meals under the Child Nutrition program, Family Investment Program, or transportation assistance under open enrollment. Students in foster care are also eligible for full waivers.
  - 2. **Partial Waivers** - a student will be granted a partial waiver of fees charged by the school district if the student or the student's parents meet the financial eligibility criteria for reduced price meals offered under the Child Nutrition program. A partial waiver is based on the same percentage as the reduced price meals.
  - 3. **Temporary Waivers** - a student may be eligible for a temporary waiver of fees charged by the district in the event the student's parents are facing financial difficulty. Temporary waivers may be applied for at any time throughout the school year and will not extend beyond the end of the school year.
- B. **Application** - Parents or students eligible for a fee waiver will make an application on the form provided by the school district. Applications may be made at any time but must be renewed annually.
- C. **Confidentiality** - The school district will treat the application and application process as any other student record and student confidentiality and access provisions will be followed.
- D. **Appeals** - Denials of a waiver may be appealed to the school districts need to include their own appeal process.
- E. **Fines or charges** assessed for damage or loss to school property are not fees and will not be waived.
- F. **Notice** - the school district will annually notify parents and students of the waiver. The following information will be included in registration materials.

Students whose families meet the income guidelines for free and reduced price lunch, the Family Investment Program (FIP), or transportation assistance under open enrollment, or who are in foster care are eligible to have their student fees waived or partially waived. Students whose families are experiencing a temporary financial difficulty may be eligible for a temporary waiver of student fees. Parents or students who believe they may qualify for temporary financial hardship should contact the secretary for a waiver form. This waiver does not carry over from year to year and must be completed annually.

STANDARD FEE WAIVER APPLICATION

Date \_\_\_\_\_ School year \_\_\_\_\_

All information provided in connection with this application will be kept confidential.

Name of student: \_\_\_\_\_ Grade in school \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade in school \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade in school \_\_\_\_\_

Attendance Center/School: \_\_\_\_\_

Name of parent, guardian: \_\_\_\_\_  
or legal or actual custodian

Please check type of waiver desired:

Full waiver \_\_\_\_\_ Partial waiver \_\_\_\_\_ Temporary waiver \_\_\_\_\_

Please check if the student or the student's family meets the financial eligibility criteria or is involved in one of the following programs:

Full waiver

- \_\_\_\_\_ Free meals offered under the Children Nutrition Program (CNP)
- \_\_\_\_\_ The Family Investment Program (FIP)
- \_\_\_\_\_ Transportation assistance under open enrollment
- \_\_\_\_\_ Foster care

Partial waiver

- \_\_\_\_\_ Reduced priced meals offered under the Children Nutrition Prog

Temporary waiver

If none of the above apply, but you wish to apply for a temporary waiver of school fees because of serious financial problems, please state the reason for the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent, guardian: \_\_\_\_\_  
or legal or actual custodian

## WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees ONLY. I certify that I am the parent/guardian of the child(ren) for whom application is being made. **YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



## BackPack Program 2021-2022

Dear Parents/Guardians,

Montezuma Community School is partnering with the Northeast Iowa Food Bank to provide the BackPack Program to students during the 2021-2022 school year. The program is scheduled to begin in September 2021 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

Kurt Hanna  
PS-5 Principal  
Montezuma Community School District  
641-623-5129



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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 2021-2022 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

## 2021-2022 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)**

2 standard pencils- Ticonderoga Brand  
1 metal blade scissors - Fiskars Brand  
4-8 glue sticks - elmers Brand  
4 boxes of 8 crayons - Crayola Brand (NO bigger boxes PLEASE)  
1 small pencil box (8 1/2" x 5 1/2")  
1 large box of Kleenex  
1 set of watercolor paint- Crayola Brand  
1 pocket folder  
1 sketch pad  
1 box of 10 markers - Crayola Brand  
1 gallon freezer Ziploc bags

### **KINDERGARTEN**

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

### **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  
P.E. Shoes / Headphones

### **BEGINNERSGARTEN**

Nap rug or mat (no pillows or sleeping bags)  
2 – 12 packs pencils (bring 12 sharpened)  
Fiskars scissors with metal blades  
Large eraser  
1 box of Kleenex  
2 – 1-gallon freezer Ziploc bags  
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  
1 wide ruled notebook

### **FIRST GRADE**

1 box of 48 or 64 crayons  
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 & pencil top erasers - Ticonderoga Brand  
2 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 notebook paper  
Durasharp or Fiskars scissors  
P.E. Shoes / Headphones

**FOURTH GRADE**

clear plastic box (shoe box size)  
 Several #2 pencils - NO MECHANICAL PENCILS  
 2 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  
 4 pocket folders  
 crayons or colored pencils  
 2 Black Sharpies  
 2 - wide ruled notebooks  
 1 composition notebook  
 Durasharp or Fiskars scissors  
 clear protractor  
 3- gallon size ZIPLOC baggies  
 1"- 3- ring binder  
 1 pkg. loose leaf paper- wide rule  
 Big Eraser  
 P.E. Shoes / Headphones

**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: Binder for notes

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

**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  
**No binders please.**  
 P.E. Shoes / Headphones

**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

**Math & RTI**

loose leaf paper  
 Kleenex