

Homer Central School District

DOCUMENTS NEEDED FOR REGISTRATION

CHECKLIST

- _____ Birth certificate
- _____ Immunization record
- _____ Social security card (optional)
- _____ Custody documents
- _____ Completed Registration Packet
- _____ Proof of Residency

If you **OWN** your home: your most recent property or school tax bill, mortgage bill, or deed in the name of the parent or legal guardian at the specified residential address

If you **RENT** your home: a copy of your lease, rent receipt, utility bill, or U.S. Postal Service verification of change of address or other proof acceptable to a district administrator

REGISTRATION PACKET

for

New and Re-Entering Students



Homer Central School District
Central Registration Office
PO Box 500
Homer, NY 13077

607-749-7241, Press 2 or Enter 5041

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* indicates that completion of form is required

** indicates that completion of form is optional

HOMER CENTRAL SCHOOL DISTRICT

P.O. BOX 500

Homer, New York 13077-0500



Marci D'Angelo, District Registrar
Homer High School, Room 103

Phone: (607) 749-7241, Press 2 or Enter 5041
Fax: (607) 749-1217

Dear Parent/Guardian,

Welcome to the **Homer Central School District**. For **each** child that you register, you will need to present the following when you come in to register your child(ren) for school:

- birth certificate,**
- immunization records,**
- dental certificate (for students entering Kindergarten or Grade 1)**
- custody agreement and/or court orders,**
- proof of residency** (see list of acceptable forms of proof on next page).

If your child is disabled and receives services, you should bring a copy of your child's most current **IEP/504 Plan**. It is also helpful if you bring a copy of the student's **most recent report card**.

The items listed above will provide the District with the information that is needed to properly register your child(ren). All items are essential to the registration process.

Please call ahead for an appointment and allow about a half hour to present your completed registration materials, including this packet. If you have any questions, please feel free to contact the District Registrar's Office at 749-7241, Press 2 or Enter 5041. Our office hours are 8AM – 4PM during the school year and 8AM – 3PM during the summer.

After your completed registration materials are submitted to the Registrar's Office, you may then if you wish proceed to the individual building or office appropriate to each child who is being registered. Parents of students in Grades K – 6 should go to the Main Office of their building, and parents of students in Grades 7 - 12 should go to the Guidance Office of the building that the students will attend. The starting date of attendance will be determined by the appropriate building personnel. We wish your family a happy and successful school year!

Very truly yours,

Marci D'Angelo
District Registrar

Please Note: Important District phone numbers are included in this packet for your reference.

HOMER CENTRAL SCHOOL DISTRICT
PROOF OF RESIDENCY: List of Acceptable Forms

PLEASE NOTE: It will be necessary for you to provide one form of Primary Proof **AND** at least one form of Secondary Proof.

All forms of proof must be dated within three (3) months of presentation.

Acceptable Primary Forms of Proof (1)

OWN your home:

1. Residential tax bill for improved residential real property within the district, in the name of Parent or Legal Guardian, OR
2. Residential mortgage instrument, or deed, duly recorded in the Cortland County Clerk's Office (or appropriate County) in the name of Parent or Legal Guardian, which describes real property with a residential address within the district.

RENT your home:

Lease agreement and Rental Receipt in the name of Parent or Legal Guardian, for improved residential real property within the district, with name, address, and telephone number of Landlord for verification purposes.

AND

Acceptable Secondary Forms of Proof (at least 1)

1. Utility bill (electricity, telephone, water/sewer, or natural gas or propane) for service at a residential address within the district being billed in the name of Parent or Legal Guardian.
2. Utility company (electricity, telephone, water/sewer, or natural gas or propane) letter, indicating service to begin within thirty (30) days at a residential address within the district, being billed in the name of Parent or Legal Guardian.
3. Bank statement in the name of Parent or Legal Guardian, addressed to a residential address within the district.
3. Social Services correspondence or statement addressed in the name of Parent or Legal Guardian, addressed to a residential address within the district.
4. Social Security correspondence or statement addressed in the name of Parent or Legal Guardian, addressed to a residential address within the district.
5. U.S. Postal Service verification of change of address to a residential address within the district, in the name of Parent or Legal Guardian.
6. Federal or NYS income tax documentation with preprinted name and address addressed in the name of Parent or Legal Guardian, addressed to a residential address within the district, such as a W-2 form, preprinted label from government, or income tax return check with preprinted address.
7. A policy or binder of homeowner's or residential renter's insurance for residential real property within the district addressed and/or issued in the name of Parent or Legal Guardian.
8. Other proof acceptable to a district administrator.



Homer Central School District Staff

District Office, 749-7241

Ms. Nancy Ruscio
Superintendent

Mr. Russ Hearton
Director of Business and Finance

Instruction and Evaluation Office 749-1206

Ms. Linda Llewellyn
Director of Instruction and Evaluation

Special Education Office, 749-1226

Dr. Richard Passigli
Director of Special Education

Athletic Office, 749-1213

Mr. Michael Carboine
Athletic Director

Buildings & Grounds, 749-1234

Mr. Laird Updyke
Superintendent of Buildings and Grounds

Transportation Office

749-3873 or 749-1221

Mr. Chuck Paquette
Transportation Supervisor

Cafeteria Office, 749-1216

Ms. Wendy Swift
Food Service Director

Homer High School, 749-7246

Mr. Doug VanEtten, Principal
Mrs. Karen Lang, Vice Principal

Guidance Counselors

Mrs. Lisa Eves
Mrs. Sarah Hager (2011-2012)
Mrs. Darlene Latten

Mrs. Amber Lawrence, Nurse

Homer Junior High School, 749-1230

Mr. Thomas Turck, Principal

Guidance Counselor

Ms. Stacy Bell

Mrs. Tracey Randolph, Nurse

Homer Intermediate School, 749-1240

Mrs. Stephanie Falls, Principal

Mrs. Suzanne Schmitz, Building LPN

Homer Elementary School, 749-1250

Mr. Michael Falls, Principal

Mrs. Susan Rosato, Nurse

Hartnett Elementary School, 842-6216

Ms. Amanda McKenna, Principal

Mrs. Janie Connery, Nurse



Homer Central School District District Registration Form

- _____ Building
- _____ Special Education
- _____ Transportation
- _____ Athletics (Grades 9-12)
- _____ E-mail Notification List
- _____ Registrar

Student Information: Please print. Complete all the information requested and check the appropriate spaces.

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

Gender: Female [] Male [] Social Security Number _____ Residence Phone Number (_____) _____

Birth date _____ Birth place _____ Home language _____ US Citizen? Yes [] No [] County of residence _____

Is the student Hispanic, Latino, or of Spanish origin (Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race)?

[] YES, HISPANIC or [] NO, NOT HISPANIC

ALSO select ONE OR MORE races from the following 5 racial groups:

[] American Indian or Alaska Native; [] Asian; [] Native Hawaiian or other Pacific Islander; [] Black or African American; [] White

Registration Information (for school-age children only):

Previous School Attended _____ School Address _____ Phone Number _____

Entering into Homer High School (9-12) [] Homer Jr. High (7-8) [] Homer Intermediate (3-6) [] Homer Elementary (K-2) [] Hartnett Elementary (K-6) []

Entering District into Grade _____ Grades Repeated _____ Transportation by Bus # _____ Walk/Parent Transportation []

Has student ever attended Homer School District? Yes [] No [] If Yes, what year(s)? _____ Which school(s)? _____

Has student ever received Special Education Services? Yes [] No [] Is student currently classified? Yes [] No []

Is student receiving informal services? Yes [] No [] If yes, please check: Speech [] Occupational/Physical Therapy [] Reading [] AIS [] Adaptive PE []

Date of Grade 9 entry ____/____/____ Date of 1st polio vaccination ____/____/____

Reason for attending Homer Schools _____

For Office Use Only

Student ID # _____

Date Received _____

Registration Date _____

District BEDS Code 110701060000

Foster Child? Yes [] No []

Foreign Exchange Student? Yes [] No []

Tuition Student? Yes [] No []

Homeroom # _____

Building BEDS Code 11070106000 _____

Birth Certificate? []

Dental Certificate? []

Secondary Residence? []

Proof of Immunization? []

School Year 20____-____

Family Background:

Student lives with: Both parents [] Father [] Mother [] Other _____ Relationship _____

Legal custody: Both parents [] Father [] Mother [] Other _____ Relationship: _____

Legal documentation of custody? Yes (copies attached) [] No [] Explain: _____

Parent(s) deceased? Yes [] No [] If Yes, name of deceased parent(s) _____

Custodial Parent/Guardian Information:

Father/Guardian US Citizen? Yes [] No []

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Hours available to contact home _____

Employer _____ Work Phone & Extension _____ Hours available to contact work _____

E-Mail Address _____

Mother/Guardian US Citizen? Yes [] No []

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Hours available to contact home _____

Employer _____ Work Phone & Extension _____ Hours available to contact work _____

E-Mail Address _____

Other Children in the Home:

First Name AND Last Name	Age	Sex	Birth Date	School (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contacts: Below list up to four (4) local emergency contacts who are available during school hours.

Contact One (1)

Name _____ Address _____
Relationship _____ Telephone Number (____) _____ Cell Phone (____) _____

Contact Two (2)

Name _____ Address _____
Relationship _____ Telephone Number (____) _____ Cell Phone (____) _____

Contact Three (3)

Name _____ Address _____
Relationship _____ Telephone Number (____) _____ Cell Phone (____) _____

Contact Four (4)

Name _____ Address _____
Relationship _____ Telephone Number (____) _____ Cell Phone (____) _____

Thank you for your cooperation!

McKinney-Vento Registration Form

(Please complete one form for each child.)

Name of School _____ Grade _____ School Year _____ - _____

Name of Student _____
Last First Middle

Date of Birth: _____ Age ____ Sex: ___Male ___Female

The answers to these residency questions and the information given help us determine the services that the student may be eligible to receive.

- 1.) Is your current address a temporary living arrangement? ___ Yes ___ No
- 2.) If yes, is this temporary arrangement due to loss of housing or economic hardship?
___ Yes ___ No

OR

- 3.) Is this temporary arrangement voluntary? ___ Yes ___ No

If you answered YES to questions #1 **AND** #2, please complete the remainder of this form. If you answered NO to either question #1 or #2, you may stop here.

Where is the student presently living?

Student lives with parent/guardian

- ___ in a motel
 - ___ in a shelter
 - ___ with more than one family in a house or apartment
 - ___ moving from place to place
 - ___ in a car or campsite
 - ___ other (explain) _____
-

OR

with friends or family members (other than parent or guardian)

- ___ in a motel
 - ___ in a shelter
 - ___ in a car or campsite
 - ___ moving from place to place
 - ___ other (explain) _____
-

OR

with head of household (name) _____ (phone) _____

OR

Student lives by himself/herself

- ___ in a motel
 - ___ in a shelter
 - ___ in a car or campsite
 - ___ moving from place to place
 - ___ other (explain) _____
-

(continued over)

Name of Parent/Legal Guardian/Head of Household _____
(Circle One)

Address _____
Street City State Zip

Home Phone _____ Work Phone (Dad) _____
(Mom) _____

Signature _____ Date _____
Parent/Guardian/Head of Household

I am the parent/legal guardian/head of household of _____
Name of Student
who is seeking admission to the Homer Central School District. Since _____
Date
our family has been living under the above-mentioned temporary living arrangements.

___ We anticipate moving into a permanent residence by _____.
Date

___ We do not yet know when we will obtain permanent residency.

I declare under penalty of perjury under the laws of New York State that the information provided here is true and correct.

Signature _____ Date _____
Parent/Guardian

The District reserves the right to verify any and all information contained in the above form.

For Office Use Only:

I certify that the above named student does/does not qualify as a student in transition under the provisions of the McKinney-Vento Act.

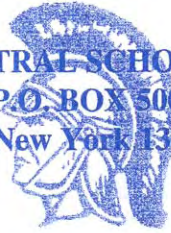
District McKinney-Vento Act Liaison

Date

HOMER CENTRAL SCHOOL DISTRICT

P.O. BOX 500

Homer, New York 13077-0500



Dear Parents,

Welcome to the Homer Central School District. All new students entering the district must adhere to the immunizations required by New York State law. On the reverse is a list of what is required. Any questions regarding immunizations may be directed to the nurse in the building where your child(ren) will be attending.

Physicals are also required of all new students entering the district. In your Registration Packet is a physical form for you to take to your physician. Please return the completed physical form to the nurse in your child's(ren's) building. If there is a problem with having this done please speak with the nurse directly, she will assist you with this. Parents of any prospective student athlete must speak with the nurse in the building where your child will be attending to obtain the appropriate forms prior to participation.

We look forward to working with you and your child(ren) to make their time at Homer healthy and productive. If there are ever any questions regarding health issues please do not hesitate to contact the nurse in your child's building.

Sincerely,

A handwritten signature in purple ink that reads 'Sue Rosato R.N.'.

Sue Rosato R.N.
School Nurse Coordinator
Homer Central School District

REQUIRED NYS IMMUNIZATIONS

Immunization Name	School Age (K-12)
Diphtheria Toxoid Containing Vaccine (DTP, Dtap) Dtap is the currently recommended vaccine	3 doses are required * children born after January 1, 1994, must have booster vaccinations for diphtheria, tetanus and pertussis upon entering the sixth grade starting school year 2007-2008
Polio (IPV, OPV)	3 doses of polio vaccine (IPV, OPV or any combination of IPV and OPV)
Measles, Mumps, Rubella (MMR)	Born on or after 1985 – 2 doses of measles containing vaccine and 1 dose each of mumps and rubella (preferably MMR)
Hepatitis B	Required of all students, 3 doses of recombivaxHB, Energix B or 2 doses of adult Hep B vaccine (recombivax for children 11-15)
Haemophilus Influenzae Type B (HIB)	Not applicable
Varicella (Chickenpox)	Born on or after 01/01/98 – 1 dose Effective 01/01/05 all students entering sixth grade need to be immunized against varicella (chickenpox) or have proof of having had the disease. The only acceptable proof is a titer level, which is done by a blood draw or a physician signed note stating the date of the disease. Parent recall of having had the disease is not acceptable proof per NYS law.



Dear Parent/Guardian,

Please complete the attached **HEALTH HISTORY FORM** in order to update your child's health record. If your child has a medical condition that requires that he/she receive medication in school and/or that requires limited activity in physical education, please see the Nurse to complete additional required forms.

Child's name _____

Date of birth _____

I give my permission for the school health personnel to explain my child's special health needs to necessary school staff. I also agree to emergency medical treatment as deemed necessary by the physicians designated by the school authorities.

Parent/Guardian's signature _____

Today's date _____

**Homer Central School District
P.O. Box 500
Homer, N.Y. 13077**

Child's Name _____

**HEALTH HISTORY FORM
TO BE COMPLETED BY PARENT**

Please answer the following questions yes or no and explain any "yes" answers.

Does your child have any allergies to food? _____ If so, which ones and what is the reaction? _____

Does your child have any medication allergies? _____ If so, which ones and what is the reaction? _____

Does your child have any environmental allergies? _____ If so, which ones and what is the reaction? _____

Is your child allergic to bee stings? _____ If so, does he/she require immediate medication? _____

If so, which ones? _____

Does your child have Asthma? _____ If so, what are the things that aggravate it? _____ Does

he/she require medication to control it? _____ If so, which ones? (name, dose, frequency) _____

If he/she will require these medications in school, please contact the nurse's office for the appropriate forms.

Does your child have diabetes? _____ If so, please explain what treatment he/she is receiving. _____

If fingersticks or medication is required in school, please contact the nurse's office for appropriate forms.

Does your child have a cardiac condition? This includes, but is not limited to, a murmur, chest pain, arrhythmia, elevated blood pressure, history of rheumatic fever or any history of cardiac surgery? _____

If your child is on any physical activity restrictions due to a cardiac condition, please contact the nurse's office.

Does your child have a history of any head injury, seizures, headaches, migraines, concussion or other neurological condition we should be aware of? _____

Does your child have any ear problems or hearing loss? _____

Does your child have any eye problems or vision loss? _____

Does your child wear glasses/contact lenses? _____

Does your child have any kidney/bladder problems, and/or only one kidney? _____

Does your child have any musculoskeletal problems including, but not limited to, arthritis, fractured/dislocated bones, any muscle strain, ligament tear, joint sprain, back pain, neck injury, or anything else you feel we should be aware of? Please include dates of any injuries. _____

Does your child have any history of anemia, injury to the spleen or frequent nose bleeds? _____

OVER

Please answer yes or no and explain any “yes” answers. Thank you.

Does your child have any history of gastrointestinal problems including, but not limited to, stomach ulcers, Crohn’s disease, irritable bowel syndrome, reflux, hiatal hernia or any condition you feel we should be aware of? _____

If medication is required in school for any of the above problems, please contact the nurse’s office.

Is there a current medical exam on file in the nurse’s office? _____

Has your child been ill for five (5) consecutive days, had an illness or injury that required him/her to go to the hospital either as a patient overnight or in the emergency room? Please explain. _____

Has your child ever had x-rays or required an operation? Please explain and include dates. _____

Is your child under medical care now? Please explain. _____

Has your child taken any medication in the past year? _____ If so, please include name, dose and reason for taking it. _____

Is your child taking any medication at present? _____ If so, please include name, dose, and reason for taking it. _____

Has there ever been a sudden death in a family member under fifty (50) years of age? _____

Does your child have orthodontic appliances? _____

Does your child have capped teeth? _____ If so, which one(s)? _____

Since your child’s last physical exam has your child had any injury or illness? _____

Has your child ever fainted during exercise? _____

Is there anything else you feel we should be aware of regarding your child’s health and/or well being? _____

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

Homer Central School District HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached PPD: Positive Negative Not done Date: _____
 Immunizations given since last Health Appraisal: Elevated Lead: Yes No Not done Date: _____
 Dental Referral: Yes No Not done Date: _____
 No immunizations given today

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____ . _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision - without glasses/contact lenses	R	L	Referral
	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

According to NYS law only inhalers may be carried by a student during the school day.

Student may self carry and self administer medication Yes No

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

Emergency Early Dismissal – Homer Central School District

(Please complete 1 form for each child.)

Student's Name _____ Teacher _____

Parent or Guardian _____ Date _____

My child is to do the following in event of an emergency early dismissal:

Check only one (the school will follow your choice in order to keep our telephone lines open so that we may contact our bus garage and other emergency agencies):

_____ Go home as usual (whether by bus or walking).

_____ Go to the sitter's or child care center as usual (whether by bus or walking).

_____ Walk to _____'s who lives on _____ Street in Homer and whose telephone number is (____)_____.

_____ Ride on Bus # _____ to _____'s who lives on _____ Road and whose telephone number is (____)_____.

_____ I will pick up my child at school.

.....

Student Release Information – Homer Central School District

Student's Name _____ Teacher _____

Parent or Guardian _____ Date _____

This information is to be kept on file by the school in accordance with an amendment to N.Y.S. Education Law which permits release of a child from school only to those persons whose names appear on the following list. Only law enforcement officials and child protective services workers may take custody of a child without this prior permission.

In case of emergency or change in regular dismissal procedure, the above named child may be released to the following person(s):

Name _____	Telephone No. (____) _____
Relationship _____	Cell Phone No. (____) _____

Name _____	Telephone No. (____) _____
Relationship _____	Cell Phone No. (____) _____

Name _____	Telephone No. (____) _____
Relationship _____	Cell Phone No. (____) _____

Name _____	Telephone No. (____) _____
Relationship _____	Cell Phone No. (____) _____

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, read and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

Please Print or type clearly

District _____

School _____

Grade _____

Student Name _____

Date of Birth _____

Student Identification number _____

Country of Birth/Ancestry _____

Number of Years enrolled in school outside the US _____

Name/Position of School Personnel completing this section _____

Determination _____

Possible LEP
 English Proficient

(boxes that apply)

- | | | |
|---|---------------|-------------|
| 1. What language(s) is spoken in the student's home or residence? | English _____ | Other _____ |
| 2. What language(s) are spoken most of the time to the student, in the home or residence? | English _____ | Other _____ |
| 3. What language(s) does the student understand? | English _____ | Other _____ |
| 4. What language(s) does the student speak? | English _____ | Other _____ |
| 5. What language(s) does the student read? | English _____ | Other _____ |
| 6. What language(s) does the student write? | English _____ | Other _____ |
| 7. In your opinion, how well does the student understand, speak, read and write English? | | |

	<i>Very Well</i>	<i>Only a little</i>	<i>Not at all</i>
--	------------------	----------------------	-------------------

Understands English	—	—	—
Speaks English	—	—	—
Reads English	—	—	—
Writes English	—	—	—

Signature of Parent/Guardian/Other

Date

**Homer Central School District
P.O. Box 500
Homer, N.Y. 13077**

Dear Parent, Guardian, and School Staff:

New York State Education Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty, and staff regarding the potential use of pesticides periodically throughout the school year. This form must be submitted each school year which begins on July 1st through the following June 30th.

The Homer Central School District is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48-hour prior written notification of certain pesticide applications. The following pesticide applications are not subject to prior notification requirements:

- a school remains unoccupied for a continuous 72-hours following an application;
- anti-microbial products;
- nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children;
- nonvolatile insecticidal baits in tamper resistant bait stations in areas inaccessible to children;
- silica gels and other nonvolatile ready-to-use pastes, foams, or gels in areas inaccessible to children;
- boric acid and disodium octaborate tetrahydrate;
- the application of EPA designated biopesticides;
- the application of EPA designated exempt materials under 40CFR152.25;
- the use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps, and hornets.

In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your school, please complete the form below and return it to the school district or you can go to our web site www.homercentral.org (under general information) and complete the form.

For further information on these requirements the school pesticide representative is Laird Updyke and may be reached at: P.O. Box 500, Homer, NY 13077, (607) 749-7241, Fax (607) 749-2312 or e-mail lupdyke@homercentral.org

<p>Homer Central School District Request for Pesticide Application Notification (please print)</p>		
<p>School Building _____ Date: _____</p>		
<p>Check One: _____ Parent _____ Staff _____</p>		
Name:		Address:
Day Phone:	Evening Phone:	E-Mail Address:

Homer Central School District

Letter to Parents for School Meal Programs

Dear Parent/Guardian:

Children need healthy meals to learn. Homer Central School District offers healthy meals every school day. Breakfast costs \$1.00; lunch costs \$1.40 K-6 and \$1.50 7-12. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.25** for breakfast and **\$0.25** for lunch.

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Joan Redfield, Homer High School, (607)749-1216.
2. Who can get free meals? All children in households receiving benefits from **food stamps, the Food Distribution Program on Indian Reservations or TANF**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. Can homeless, runaway, and migrant children get free meals? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Mike Falls, Homer Elementary School, (607)749-1250, to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at **749-1216** if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out a FREE/REDUCED PRICE MEAL application.
9. Will the information I give be checked? Yes and we may also ask you to send written proof.
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 and reduced price meals if the household income drops below the income limit.
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: Nancy Ruscio, Homer District Office, 80 S. West St., Homer, NY 13077, (607)749-7241.
12. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. 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.
15. We are in the military. do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

16. My spouse is deployed to a combat zone. is her combat pay counted as income? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. My family needs more help. Are there other programs we might apply for? To find out how to apply for **food stamps** or other assistance benefits, contact your local assistance office or call **1-800-342-3009**.

**2011-2012 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

REDUCED PRICE ELIGIBILITY INCOME CHART

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$20,147	\$1,679	\$840	\$775	\$388
2	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
*Each additional household member add:	\$7,067	\$589	\$295	\$272	\$136

How to Apply: To get free or reduced price meals for your children you may submit a Direct Certification letter received from the NYS Office of Temporary and Disability Assistance, OR carefully complete one application for your household and return it to the designated office. If you now receive food stamps, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household food stamp, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a food stamp, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF case number or complete the income portion of the application.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive food stamps.

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964. USDA is an equal opportunity provider and employer.

Meal Service to Children With Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,

Wendy Swift
Food Service Director
(607)749-1216

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

Food Stamp/TANF/FDPIR case number:

This must be the complete case number supplied to you by the agency including all numbers and letters, for example, E 123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number. All children with the same case number may be listed on the same application. If anyone in your household receives food stamps, all children living in your household are eligible to receive free meals at school.

Direct Certification:

If you receive food stamps or TANF, send in the Direct Certification Letter from the NYS Office of Temporary and Disability Assistance instead of completing the application. Make a copy for your records.

Foster Child:

A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household:

A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members:

All related and non-related people who are 21 years of age and older living in your house.

Financially Independent:

A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household.

Gross Income:

Is money earned or received by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of food stamps)
- Public Assistance payments
- Adoption assistance
- Strike benefits
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

If you have more than one job, you must list the income from all jobs.

If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources.

Current Income:

Your income at the present time before deductions. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Income Exclusions:

The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: Joan Redfield Title: Food Service Mng

Telephone Number: 749-1216

Date Withdrew _____

F ___ R ___ D ___
*Temp Free Expires _____

2011-2012 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to Joan Redfield, Homer High School. Call (607)749-1216, if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child <input checked="" type="checkbox"/>	No Income <input checked="" 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"/>

2. Food Stamp or TANF Benefits:

If anyone in your household receives either food stamp, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE # _____

3. If any child you are applying for is homeless, migrant or a runaway, please call this number:

Homeless Migrant Runaway

(607)749-1216 Mike Falls
(Homeless Liaison/Migrant Education Coordinator)

4. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income <input checked="" 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"/>

5. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____ Last Four Digits of Social Security Number: ***-**-____

I do not have a SS#

Home Phone _____ Work Phone _____ Home Address _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

Food Stamp/TANF/Foster
 Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
 Free Meals Reduced Price Meals Denied/Paid Temporary Free 45 Days Expires ____/____/____

Date Notice Sent: _____ Signature of Reviewing Official _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to Joan Redfield, Homer High School. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: (607)749.1216. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
 - (2) List their grade and school.
 - (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.
-

PART 2 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 5.

- (1) List a current Food Stamp, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
 - (2) An adult household member must sign the application in PART 5. SKIP PART 4. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.
-

**PART 3 Before completing an application for a child who may be homeless, a migrant education student, or a runaway, please call your school's homeless liaison or migrant education coordinator at this number:
Mike Falls, Homer Elementary School, (607)749-1250;
(Homeless Liaison/Migrant Education Coordinator name and Phone Number)**

PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
 - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
 - (3) The application must include the last four digits only of the social security number of the adult who signs **PART 5** if Part 4 is completed. If the adult does not have a social security number, check the box. If you listed a food stamp, TANF or FDPIR number, a social security number is not needed.
-

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."