

Cuba, Missouri 65453
Ph: (573) 885-2534
Fax: (573) 885-3128
School Dist. Code: 028-102
Building Code: 4020

Cuba Elementary

Mr. Joe Cross, Principal
Ms. Heather Allen, Assistant Principal
Mrs. Mollie Fancher,
Elem. Administrative Assistant

REQUEST FOR STUDENT RECORDS

Date of Request _____ Date of Enrollment _____

Student _____ Grade _____

Age _____ Date of Birth _____

Previous School Information

School _____ County _____

Address _____

Phone # _____ Fax# _____

I hereby authorize the release of any/all of the following records concerning my child:

- | | | |
|-------------------------|----------------------------|-------------|
| *Medical (Heath Record) | *Educational (Transcripts) | *I.E.P |
| *Psychological | *Other | *Discipline |
| *Birth Certificate | *Social | *Attendance |
| *MOSIS # | *Diagnostic Summary | |

Release and send (or fax) record within five working days of receipt of this request as per Safe Schools Act to:

Cuba Elementary School
#1 Wildcat Pride Dr.
Cuba, MO 65453
Fax: 573.885.3128

Parent/Guardian Signature _____

Date _____

As per Senate Bill 182 Article 5, Re: Privacy of Pupil Records (Section 19047) Parent release not required for transfer of school records between schools as per HB 1301 and 1298. Re: Safe Schools Act.



Crawford County R-II Data Sheet



Student Full Name: _____ Birth Date: _____ M / F

Grade: _____ Student Social Security #: _____

Check all that apply:

- White
- Black (African American)
- Hispanic
- Asian
- Native Hawaiian (or other Pacific Islander)
- American Indian (or Alaska Native)

Physical Address: _____ Home Phone: _____

Mailing Address: _____

Household Parent 1: _____ Relationship to Student: _____

Name: _____ Birth Date: _____ Driver's License#: _____

Cell Phone: _____ Email: _____

Workplace: _____ Work#: _____

Household Parent 2: _____ Relationship to Student: _____

Name: _____ Birth Date: _____ Driver's License#: _____

Cell Phone: _____ Email: _____

Workplace: _____ Work#: _____

Non-Resident Parent: _____ Spouse: _____

Address: _____ Phone: _____

Allow mailings if requested Y N Are both parents authorized to pick up student Y N

****If no, you must provide a court-order stating the non-custodial parent is not allowed to pick up student.****

Are you a military family? No (NM)

Yes, active duty (AD) or National Guard/Reserve (NGR)

The following individuals have permission to pick up my child from school and may be contacted in case of an emergency: (must be at least 18 years of age)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent/Guardian Signature: _____

Crawford County R-II School District Housing Verification Form

The term "homeless children and youth" means individuals who lack a fixed, regular, and adequate nighttime residence. This includes; Children living in hotels, motels, campers, tents shelters or transitional housing, living with family members, unaccompanied youth who are not in the physical custody of a parent, legal guardian, or awaiting foster care.

Student Name: _____ **Parent/Guardian:** _____

1. Are you sharing the housing of other individuals due to a loss of housing, economic hardship, or similar reason?
___Yes ___No If Yes, explain _____
2. Are you currently sharing housing with a relative, friend, or other individual?
___Yes ___No If yes, list who _____
3. Are you currently residing at a motel, hotel, or campground due to the lack of alternative adequate housing?
___Yes ___No If Yes, note location _____
4. Are you currently residing in an emergency or transitional Shelter? ___Yes ___No
If yes, note location _____
5. Has the student been abandoned in a hospital? ___Yes ___No
6. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? ___Yes ___No
7. Are you currently living in a car, park, public space, abandoned building, substandard housing, bus, train, or similar setting? ___Yes ___No If Yes, explain _____

Proof of Residency

I hereby certify as follows:

I, _____, am the parent /guardian of _____, a student seeking to register in the Crawford County R-II School District. I am legally authorized to make education decisions for the student. I certify that all the information on this form are true and correct.

Current Address:

_____ Street _____ City, State, zip

_____ Parent Signature _____ Date

* If you have any questions or concerns please contact Melanie Perkins, BSW, K-12 School Based Social worker and Homeless Liaison for the District at mperkins@ccr2.org or 573-677-2528.

For Office Use Only

Melanie Perkins BSW, Homeless Liaison
K-12 School Based Social Worker

Reviewed Date

STUDENT ADMISSION and WITHDRAWAL
AFFIDAVIT REGARDING PRIOR DISCIPLINE

Form 2230.2

OATH or AFFIRMATION REGARDING PRIOR DISCIPLINE
TO BE COMPLETED PRIOR TO ENROLLMENT OR STUDENT

I, _____ having been duly sworn upon my oath, or having affirmed that
Parent/Guardian

I will tell to the truth, do hereby state and depose as follows: I am the parent/guardian, or other person having custody or charge of _____, a student seeking to enroll in the
Student

Crawford County R-II School District R-II School District, and am legally authorized to make educational decisions for the Student.

I hereby certify as follows: (Check one, and provide all additional information requested. WARNING: Under Missouri law, the failure to provide true, accurate, and complete information to each and every question and subpart thereto may result in your being charged with and convicted of a Class B Misdemeanor.)

___ The Student has **never been suspended or expelled** from any school in this state or any other state or any other state for any offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

___ The Student **has been suspended and/or expelled** from school in this state or another state for one or more offenses relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

For each and every suspension and/or expulsion, provide the following information (request additional sheets if necessary):

1. Name and Address of School District: _____
2. Name of School: _____
3. Nature of Offense: _____
4. Date of Offense: _____
5. Date of Suspension/Expulsion began: _____
6. Date of Suspension/Expulsion Ended/scheduled to end: _____

I hereby certify that I have provided true, complete and accurate information for each and every suspension and/or expulsion imposed upon the Student for each and every offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

I hereby swear or affirm that all information I have provided in this document is true, accurate and completed to the best of my knowledge.

I understand that if I have provided any false information in this document that I may be charged with and convicted of a Class B Misdemeanor.

I also understand that this registration document will be maintained as part of the Student' permanent scholastic record.

Parent/Guardian Signature

Date

CRAWFORD COUNTY R-II SCHOOLS
#1 Wildcat Pride Drive
Cuba MO 65453
573.885.2534

In accordance with 167.171, RSMO, no student may be readmitted or enrolled in the Crawford County R-II School District who has been convicted of or charged with an act which if committed by an adult would be one of the following:

1. First degree murder under section 565.020;
2. Second degree murder under section 565.021
3. First degree assault under section 565.050;
4. Forcible rape under section 566.030 as it existed prior to August 28, 2013, or rape in the first degree under section 566.030;
5. Forcible sodomy under section 566.060 as it existed prior to August 28, 2013, or sodomy in the first degree under section 566.060;
6. Statutory rape under section 566.032;
7. Statutory sodomy under section 566.062;
8. Robbery in the first degree under section 569.020 as it existed prior to January 1, 2017, or robbery in the first degree under section 570.023;
9. Distribution of drugs to a minor under section 195.212 as it existed prior to January 1, 2017, or delivery of a controlled substance under section 579.020;
10. Arson in the first degree under section 569.040;
11. Kidnapping or kidnapping in the first degree, when classified as a class A ~~felony~~ under section 565.110.

According to the Safe Schools Act (HB 1301/1298), no student may be admitted in another district during the time that they are suspended or expelled in another district.

As a parent/legal guardian, I certify that none of the above suspensions, expulsions, or convictions exist that apply to my student.

Parent Signature

Date



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF QUALITY SCHOOLS - MIGRANT EDUCATION

PARENT QUESTIONNAIRE

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE
DISTRICT MIGRANT CONTACT	ENROLLMENT DATE

DIRECTIONS

Please complete the following survey information. Your child may be eligible for special services to better serve them in their education. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for additional educational services.

MAIL the completed form to: Migrant Education, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102.

QUESTIONS: Contact Grants & Resources, Office of Quality Schools, P.O. Box 480, Jefferson City, MO 65102 or phone 573-526-6989.

RELOCATION HISTORY

Have you moved in the past three (3) years? Yes No

In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones?

- Working in a nursery (A place where plants are grown for sale, transplanting, or experimentation.)
- Planting or harvesting crops
- Feeding poultry, gathering eggs, working in a hatchery
- Processing meat, poultry, fruit, vegetables, dairy products
- Milking cows on a dairy farm
- Commercial fishing or working on a fish farm
- Growing and tending to trees to be sold

If you checked any box above, did you move to seek or obtain that job? Yes No

PARENT INFORMATION

PARENTS/GUARDIANS

ADDRESS	CITY	STATE	ZIP
HOME PHONE	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME	DATE OF MOVE		

STUDENT INFORMATION

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator - Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4767 or TTY 800-736-2966; email civilrights@deae.mo.gov.

CRAWFORD COUNTY R-II SCHOOL DISTRICT PARENT LINK POLICY

Crawford County R-II is excited to offer parents and guardians a web-based opportunity to view student information. Parents/Guardians will be able to log in to the password-protected, secure Crawford County R-II web site. In order to gain access, please complete the below information.

PARENT/GAURDIAN NAME: _____

PARENT/GUARIDAN TELEPHONE: _____

PARENT/GUARDIAN E-MAIL: _____
(Required)

CONFRIM EMAIL ADDRESS: _____

STUDENT NAME: (1) _____ GRADE: _____

STUDENT NAME: (2) _____ GRADE: _____

STUDENT NAME: (3) _____ GRADE: _____

STUDENT NAME: (4) _____ GRADE: _____

STUDENT NAME: (5) _____ GRADE: _____

STUDENT NAME: (6) _____ GRADE: _____

Parent Agreement: I understand that I am being provided with access to my child's student records via the Internet. I will not share my password with an unauthorized user. An unauthorized user is anyone who is not a parent/guardian of the student's listed above.

Parent/Guardian Signature: _____ Date: _____

OPT-OUT FORM for use of Student Identifying Information on District Facebook Site

The Crawford County R-II School District publishes a district Facebook page for educational and communication purposes. Your child's name or photo may be published on the district Facebook page.

As a school system, we are aware of the need to use stringent security when publishing information about school and student successes, but believe that the use of this information can be used to enhance communication to parents, students, and the community.

If you would not like for the District to publish any identifying information about your child on Facebook, please fill out and return this Opt-Out form to the main office in your child's school.

I REQUEST THAT THE CRAWFORD COUNTY R-II SCHOOL DISTRICT NOT PUBLISH INFORMATION THAT MAY IDENTIFY MY CHILD ON FACEBOOK.

Student Name: _____ Grade: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Proof of Residency

Or that request for waiver has been submitted

I hereby certify as follows:

I am the parent/guardian of _____, and am seeking to register him/her in the Cuba Elementary School, and am legally authorized to make educational decisions for the student.

I further certify as follows: (WARNING: under Missouri law, any person who knowingly submits false information with respect to the following questions, any subparts thereto, or the documents provided to support the responses to such questions, may be charged with and convicted of a Class A misdemeanor).

The Student is a legal resident of the District as established by the following:

I am a legal resident of the Crawford County R2 School District.

I reside and am legally domiciled (have my permanent home) at the following address:

Parent/Guardian signature: _____

Crawford County R-II School District

#1 Wildcat Pride Drive

Cuba, MO 65458

Special Services Form

Student _____ Grade _____

Dear Parent,

Was your child in any of the following classes in his/her previous school?

Learning Disabilities (LD) Yes ___ Date: _____ No ___

Emotional Disorder (ED) Yes ___ Date: _____ No ___

Self-Contained Special Education Yes ___ Date: _____ No ___

Resource Special Education Yes ___ Date: _____ No ___

Functional/Life Skills Yes ___ Date: _____ No ___

Speech & Language Yes ___ Date: _____ No ___

OT/PT Services Yes ___ Date: _____ No ___

Title Reading Yes ___ Date: _____ No ___

Did your child have a 504 plan at his/her previous school?

Yes ___ Date: _____ No ___

Other Special Program/Considerations

Parent Signature _____ Date _____

**Cuba Schools
Crawford County R-II Schools
#1 Wildcat Pride Drive, Cuba, MO 65453
573-885-2534**

In order to provide a safe and healthy school environment for your child, please provide the following information each school year; as well please contact the school nurse if your child's health condition changes throughout the school year. In order to provide medication during school hours, we must have a healthcare provider's signed order, parent/guardian signature; the parent/guardian must provide and refill the medication throughout the school year. If your child requires medication at school, please contact the school nurse. Thank you for your time and assistance.

Hailey Grayson, LPN Cindy Breese, LPN Trice Davis, RN
CES Nurse, ext. 1203 CMS Nurse, ext. 1202 CHS Nurse, ext. 1104

Student Name _____ **Grade** _____

Physician/NP _____ **Dentist** _____

Does your child have medical insurance? **MO Medicaid Private None**

Please list your child's medical conditions AND name of specialist healthcare provider (i.e., asthma, diabetes, heart condition, food allergies)

	Yes	No	At school?	Yes	No
Asthma medications-at home?					
Diabetes medication-at home?					
Seizure medications-at home?					
Psychotropic/Anti Depressants?					
Insulin/oral diabetic med-at home?					

Please list name AND time schedule of routine medications that your child takes at home or school _____

Does your child require special care procedures at school? **No Yes** _____

Medication and/or food allergies? **No Yes** _____

Does your child require an Epi Pen for above stated allergy? **Yes No**

Insect sting allergy? **No Yes** _____ Epi Pen? **No Yes**

It is ok for my child to have hearing and vision screenings done at school? **Yes No**

May the above information be shared with appropriate school personnel? **Yes No**

May school officials contact a physician if necessary? **Yes No**

Additional information _____

Parent/Guardian signature _____ **Date** _____

Please Note:

Asthma & Inhalers—require Action Plans from your doctor by the beginning of school year.
Allergies & EpiPens—require Action Plans from your doctor by the beginning of school year.
Diabetes & Insulin—require Action Plans from your doctor by the beginning of school year.

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

YES

NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of student: _____

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children

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

Sources of Income for Adults

Earnings from Work	Public Assistance/Alimony/Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) if you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

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 ethnicity/race is not selected, a visual identification will be determined.

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

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

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

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP 1.

List adult household members' names.
Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1 if a child listed in STEP 1 has income. Follow the instructions in STEP 3, part A.

Report earnings from work. Report all total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.
What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the Chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

Report income from pensions/retirement/all other income.
Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

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.

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.

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.

Print and sign your name and write today's date.
Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Mail Completed Form to:
Barb Robinson
c/o CCR-II
1 Wildcat Pride Drive
Cuba, MO 65453

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.

Crawford County R-II Schools

#1 Wildcat Pride Drive
Cuba, Missouri 65453
Phone # 573-885-2534

Jonathan Earnhart
Superintendent
www.cuba.k12.mo.us

August 2020

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Dear Parent/Guardian:

The State of Missouri makes available to local school districts funds titled, At-Risk Funding. The amount of money we receive is based on the number of students who qualify for the Free or Reduced Lunch Program. The School District then must spend the money on programs that directly impact student achievement; examples include educational materials students use in the classrooms or additional teachers to allow for smaller class sizes.

This funding has no effect on the local tax effort; it does not increase your tax burden. Completing and returning the application does not obligate a family to use the program. By filling out the application, you will help the District qualify for additional State Funding. Let me assure you that any information you provide us will be kept in the strictest confidence.

Thank you for helping us and if you have any questions about this program or the funding created by the program, please contact me.

Thank you,

Jonathan Earnhart
Jonathan Earnhart
Superintendent

JE/aj

LETTER TO PARENTS FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. The Crawford County R-II School District offers healthy meals every school day. Breakfast is free and a second breakfast costs \$0.85, lunch costs \$1.95 for K-3rd grade, and costs \$2.20 for 4th - 12th grade. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. 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 Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start 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 within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	Annually	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
For each add'l person add	+ 8,288	+ 691	+ 160

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **the School-Based Social Worker at mperkings@ccr2.org, or call 573-677-2528.**

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Barb Robinson, Food Service Director, 1 Wildcat Pride Drive, Cuba, MO 65453; brobinson@ccr2.org, 573-677-2506.**

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Barb Robinson, Food Service Director, 1 Wildcat Pride Drive, Cuba, MO 65453; brobinson@ccr2.org, 573-677-2506.** immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.