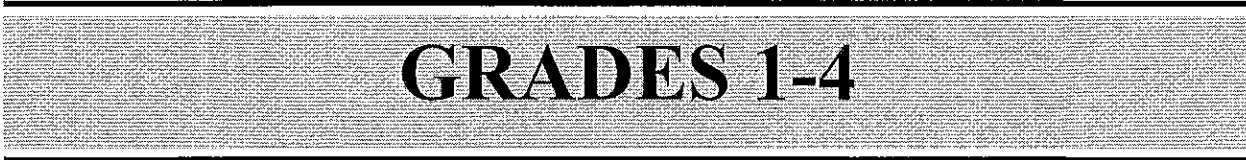


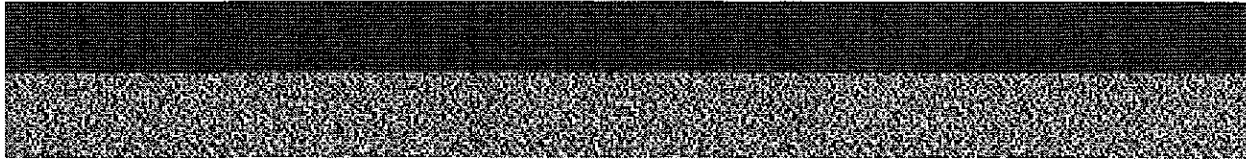
**Wilbur McMahon School
REGISTRATION FORMS
Little Compton Public Schools**



GRADES 1-4

Wilbur McMahon School, P.O. Box 178, 28 Commons, Little Compton, RI 02837 (401) 635-2351

Student:



Student Registration Requirements

Little Compton School Department Requirements

Welcome to Wilbur McMahon School. We look forward to having your child join our Little Compton Learning Community. To register your child, you will need the following information at the registration appointment:

1. Birth certificate (Official copy), Passport or Military ID
2. Immunization Records – DPT-5 doses, OPV-4 doses, Hepatitis B-3 doses, Lead Screening, Varicella, Entrance Physical
3. Parent/Guardian Photo ID
4. Proof of Residency- Students must reside in Little Compton with parent/guardian. A true and current copy of two of the following will be accepted as proof of residency:
 - Little Compton Property Tax Bill
 - Copy of Lease/Copy of Rental Agreement verified by Town Hall
 - Notarized Letter attached to Property Tax Bill from Little Compton Resident verifying residency of occupant AND
 - Current Utility Bill (Phone, Electric or Gas)
5. Please bring a copy of your child's latest progress report/report card/transcript to assist in class placement and provide the best possible school experience as your child enters the Little Compton School Department community.

Little Compton School District Residency Requirements

If it is determined that a student's residency in Little Compton was claimed fraudulently and/or under false pretenses, responsible parents or guardians will be charged tuition for each day the student or students attended Little Compton schools without properly being a resident of the Little Compton District for school purposes under Rhode Island law. Enrollment in Little Compton schools will cease.

Student Registration

Throughout the school year, registrations for grades K-8 are accepted at the Wilbur & McMahon located at 28 Commons, Little Compton, Rhode Island. Enrollment into the specific class is conducted after the registration process. You must complete the registration requirements and make an appointment to register for your child.

Appointments

Appointments will be scheduled Monday through Friday between 9:00 a.m. and 2:00 p.m. All requirements and forms must be completed prior to the appointment and brought to the school at that time. Should your child have an Individualized Education Plan (IEP), please present that at the time of registration. The School will notify the Guidance Office for follow-up concerning the child's placement.

- **Grades K-8 Registration:** Please contact Heather Fitzgerald at 401-635-2351 ext. 1000 or hfitzgerald@lcsd.k12.ri.us to schedule an appointment for students entering grades K-8.
- **Pre-School Registration:** To register a child for the pre-school we offer through the Newport County Regional Special Education Program for students ages 3, 4 and 5, please contact Early Childhood Coordinator Anne Marie McAndrews at 401-847-3916 or 401-952-9263 or amcandrews@mpsri.net. *Students will go through a screening process first and then submit registration paperwork at Wilbur McMahon School.*



28 Commons – P.O. Box 178
Little Compton, RI 02837-0178
Telephone: (401) 635- 2351
Fax: (401) 635 –2191
www.lcsd.k12.ri.us

Sonya P. Whipp
Principal

Dr. Robert B. Power
Superintendent

Consent for Release of Information

Student: _____ DOB: _____

I, _____, hereby authorize the Little Compton School Department
(parent/guardian)
to receive academic school-records from:

Name of School: _____

Address: _____

Phone Number: _____

Please send us a complete record of his/her grades, including estimated grades to the date of withdrawal; attendance records; and an explanation of your grading system. We also need standardized test results, health records, and any other information that would be helpful in the proper placement and counseling of this student. Thank you for your prompt attention to this request. Please forward this request to your Special Education Program if the students received services as required by Public Law 94-142.

Sincerely,
Anne M. Anthony, M.Ed.
School Counselor

I understand that these records are protected under the Federal Confidentiality Regulations and cannot be disclosed or released without my written consent except as otherwise specifically provided by law. I have read this notice and consent prior to signing and understand its contents.

Signature: _____ Relationship: _____ Date: _____

Student Name: _____

Student Address: _____

Affirmation of Residency Form for Little Compton Public Schools

The student listed above must be a legal resident of Little Compton. Please provide two items of proof of residency (*such as lease agreement, vehicle registration, tax bill, recently dated cable or utility bill, or a government housing form.*)

I certify that this student is legally residing permanently with me at the address listed above and is not merely in residence only to attend school in Little Compton. Should the student's address change at any time, I will immediately notify the Little Compton School District.

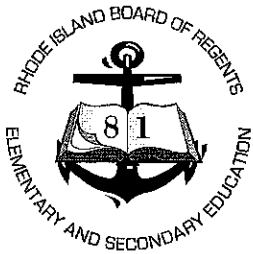
I certify that the provided information is true and may be relied upon in enrollment in the Little Compton Schools at public expense.

Signature of Parent/Guardian	Relationship to Student	Date
------------------------------	-------------------------	------

Notary Public Signature: _____

Printed Name of Notary: _____

Printed Address of Notary: _____



State of Rhode Island and Providence Plantations
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
255 Westminster Street
Providence, Rhode Island 02903-3400

Deborah A. Gist
Commissioner

RI Department of Education Home Language Survey

The information requested on this form is necessary for the most appropriate placement for your child as required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f)) and will not be used for any other purposes. Thank you for your cooperation.

To be completed by parent or guardian:

Student Name: _____
Registration _____ Date of Birth: _____
Date: _____ Birth: _____

1. What language do you use most often when speaking to your child?

2. What language did your child first learn to speak?

3. What language does your child use most often when speaking to you?

4. What language does your child use most often when speaking to other adults in the home or to their primary caretaker?

5. What language does your child use most often when speaking to siblings or other children in the home?

6. What language does your child use most often when speaking to friends or neighbors outside the home?

Signature of Parent or Guardian _____ Date _____

Print Parent/Guardian Name _____

Telephone (401) 222-4600 Fax (401) 222-6178 TTY 800-745-5555 Voice 800-745-6575
www.ride.ri.gov

The RI Board of Regents does not discriminate on the basis of age, color, sex, sexual orientation, race, religion, national origin, or disability.

UNITED STATES DEPARTMENT OF EDUCATION RACE AND ETHNICITY FORM

The United States Department of Education has set guidelines on the collection of data on race and ethnicity for all public school students and staff. The federal government, which requires all states to collect this information, has developed new categories to provide a more accurate picture of the nation's ethnic and racial diversity.

Since 2010, Wilbur McMahon School has been asking families of newly enrolled student and of all current students to complete a brief form to update information on their children's ethnicity and race. This racial and ethnic data will continue to be used by the federal government in reporting and analyzing test results. For additional information, please visit <http://www.ride.ri.gov/ride/docs/raceethnicity.implementation.pdf>.

Please complete and return this form.

STUDENT'S NAME: _____ GRADE: _____

ETHNICITY

What is this student's ethnicity? (Please choose only one)

- Hispanic or Latino
- Not Hispanic or Latino

RACE

What is this student's race? (Please choose one or more)

- American Indian/Alaskan Native
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Black or African American

Wilbur McMahon School Student Biographical Data

STUDENT INFORMATION

Name:		Phone #:	
Street:		Grade:	
Town:		Birth Date:	
State & Zip Code:		Gender:	

Student lives with: *(please circle one)* Mother / Father / Both / Guardian / Other

PARENT OR GUARDIAN INFORMATION

Relationship to Student:		Relationship to Student:	
Name:		Name:	
Address:		Address:	
Town:		Town:	
State & Zip Code:		State & Zip Code:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Employer:		Employer:	
Has Custody	YES NO	Has Custody	YES NO

EMERGENCY CONTACT OTHER THAN PARENT

Name:		Name:	
Relationship:		Relationship:	
Phone #:		Phone #:	

MEDICAL

Doctor's Name:	
Phone #:	
Medical Alert? If yes, include:	
Hospital Choice:	

STUDENT MAY ALSO BE RELEASED TO THE FOLLOWING PEOPLE

Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	

Is either parent employed by the Federal Government? YES NO

Signature: _____ Relationship: _____ Date: _____

Student Arrival and Dismissal Procedures

THE WILBUR McMAHON SCHOOL DAY IS FROM 8:30 AM TO 2:55 PM

ARRIVAL

All children are expected to arrive at school promptly. Supervision on school grounds begins at 8:00 a.m. For the safety of our students, please do not send your child to school before this time. Upon arrival, students in grades K-4 should report to the playground. Students in grades 5-8 should report to the basketball courts.

If it is raining or below freezing, students enter the building as soon as they arrive at school and wait for school to begin. The building is open at 8:00 a.m. Students should not come to school before that time.

LATE ARRIVAL

All students arriving at school after the 8:30 a.m. start time must be signed in by a parent or guardian at the school's main office. Students will be given a tardy slip and then will report to class.

EARLY DISMISSAL

Students who need to leave school early must submit a note to the office via the teacher. For the safety of students, a verbal change in a child's routine will not be accepted. **All changes must be submitted in writing by either the parent or legal guardian.**

DISMISSAL

All children are expected to leave the school grounds promptly. Please read the following options for your child's dismissal at 2:55 p.m. and indicate which option you will be using. Whenever possible we urge you to use the bus transportation to and from school. We also strongly encourage you to maintain a consistent routine for your child. This allows us to maintain the smoothest and safest arrival and dismissal routine for all Wilbur McMahon students.

If you need to change your child's dismissal procedure, please submit the change in writing to the school. You can drop off a note at the school or send it into the school via your child. Unless it is an emergency, we cannot accept any verbal changes to your child's dismissal routine. If your child does not have a note, your child will follow his or her normal dismissal routine.

OPTION 1: WALKERS: All students who choose this option must walk to and from school following a safe routine established by parents or guardians. Once released from our doors, children are considered "walkers" and are the responsibility of the parent or guardian. Parents meeting younger children or parents in cars are urged to choose option 2.

OPTION 2: PICK-UP: Parents are asked to pick up their child in the school cafeteria. All students should be picked up by 2:55 p.m. Only the individuals listed on your child's emergency contact card will be allowed to pick up your child. Positive proof of identification may be required. No student will be released to any person other than the parent/legal guardian or the names of individuals that the parent has listed on the Emergency Contact Card. Written notification is required to release a child to anyone other than the legal guardians.

OPTION 3: BUS: Students will be dismissed by class and proceed to the busses in an orderly manner. PLEASE CHOOSE THIS OPTION WHENEVER POSSIBLE!

OPTION 4: AFTER SCHOOL PROGRAMS: This option is for children who are registered for the After School Club, Brownies, Girl Scouts, Cub Scouts, etc. Students will be picked up by the chaperone in the back of the gymnasium.

WILBUR MCMAHON SCHOOL

STUDENT NAME: _____ GRADE: _____

DISMISSAL PROCEDURES:

- Option 1:** Walker (*walk to and from school*)
- Option 2:** Pick-up (*student is picked up in the school cafeteria at 2:55 p.m.*)
- Option 3:** Bus (*student is transported home by the school bus*)
- Option 4:** After-School Programs (*student attends after-school care/programs*)

NOTE: If you selected Option 1, 3, or 4, please indicate where your child is going and the address if it differs from your child's home address:

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

VIDEO/MEDIA RELEASE:

- I do** give permission for my child to be photographed and appear and be identified in the school newspaper, website or local newspaper. I also give my permission for my child to be included in any videotaped events and activities authorized by Wilbur McMahon School Administration.
- I do not** give permission for my child to be photographed and appear and be identified in the school newspaper, website or local newspaper. I also do not give my permission for my child to be included in any videotaped events and activities authorized by Wilbur McMahon School Administration.

STUDENT HANDBOOK:

- My child and I have reviewed the Student Handbook on the Wilbur McMahon School website www.lcsd.k12.ri.us. We are aware of the regulations and policies.

STUDENT DIRECTORY:

- I do want** our family to be included in the School Directory. *This means our name, address, home phone number and email information will be listed in the directory.*
- I do not want** our family to be included in the School Directory.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



I understand that it is a privilege to use the Little Compton, Wilbur & McMahon School's (LCWMS) technology responsibly, including LCWMS's devices, internal network and its connection to the Internet. Responsible use is defined by the following guidelines contained in this document and Policy LC 1062. Should problems or questions arise, I agree to seek help, and if I become aware of any abuses, I agree to contact an appropriate faculty or staff member. I further agree to abide by any additional rules and regulations governing the use of technology put forth by LCWMS.

Terms and Conditions:

Information gathered via the Internet shall be related to the educational purposes of enhancing the teaching program and student achievement, providing support for instructional and curricula goals, and assisting students in the attainment of skills necessary to continue their development as lifelong learners in a technologically advanced world.

- I will use appropriate language on the Internet and/or when creating content (documents, presentations, etc.)
- I understand Internet traffic is monitored and I will not deliberately access inappropriate material/sites or content
- I will respect and uphold copyright laws
- I will protect my password and will not use another individual's password or gain unauthorized access to devices and/or the Internet/Intranet
- I will not use technology to bully, harass or threaten others
- I will not publish material on the Internet/Intranet that has not been approved by appropriate school personnel
- I will use all technology at LCWMS carefully and in a manner that avoids/minimizes damage or unnecessary wear and tear
- I will not attempt to access the LCWMS network, data, or devices without proper authorization
- I will not attempt to bypass security and/or content filters to access internet content

Examples of prohibited conduct include:

- Downloading\installing software, streaming music\video, public domain, shareware or any other unauthorized programs
- Accessing social websites (e.g. myspace, flickr, facebook, twitter, tumblr, pinterest) without appropriate approvals
- Participating on message boards or in live chat rooms without faculty/staff supervision or directions

Technology User

I understand and will abide by the terms and conditions for using the technology at the Little Compton, Wilbur & McMahon School. I understand that any violation of the guidelines set forth in this document, may be determined to be unethical and will be addressed accordingly.

Name of Technology User (Print)	Technology User's Signature	Date
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Parent/Guardian

I hereby release LCWMS and its personnel from any and all claims and damages that may arise from the use of technology at the Little Compton, Wilbur & McMahon School. I will instruct my child regarding the rules of use of the resources contained in this document. I understand that it is impossible for LCWMS to restrict access to all materials deemed as questionable, and I will not hold the LCWMS responsible for such materials accessed using LCWMS technology resources. I also agree to report any inappropriate use of technology to the administration.

As the parent/guardian of this student, I have read the Student Technology Acceptable Use Agreement and Policy LC 1062. I acknowledge that my child may have access to LCWMS's technology to leverage instructional resources with access to the Internet.

Parent/Guardian's Name	Parent/Guardian's Signature	Date
-------------------------------	------------------------------------	-------------

Little Compton School Department

Policy on Social Networking and Text Messaging**PURPOSE**

The Little Compton School Department ("Department") recognizes the increasingly important role that technology plays in the educational process as well as in the personal lives of the students, faculty and staff of the Department. Online discourse through social computing, including the use of networking sites, text messaging, and the like empowers educators and students in the scope of their respective interactions. Instead of "mass communication" this environment represents "masses of communicators." The Department respects the importance of open exchange and teaming related to enhancing the educational environment in Little Compton and supports this process.

Within this context, it is important that all participants feel free to express their thoughts and ideas in a manner that does not disrupt the educational process, or create unnecessary distractions to, or adversely impact, the interpersonal relationships between the students, faculty and staff. The Policy is intended to foster a thoughtful, responsible use of social networking and related technological communication tools that will minimize risk and be appropriately professional and respectful.

POLICY GUIDELINES

No student ("Student"), employee, faculty or staff of the Little Compton School Department ("School Personnel") shall post, forward, or otherwise disseminate any data, documents, photos, images, videos, or other information using any technology medium, including social networking websites (e.g. Facebook, MySpace, Twitter, Flickr), which might result in a disruption of classroom activity or the educational process. Fraternization, including, but not limited to, stalking, sexual harassment, and other objectively inappropriate behavior enabled by a position of authority, via the Internet, instant messaging, text messaging, or otherwise between School Personnel and Students (whether by mobile telephone, computer, or other communication medium) is prohibited. Students are prohibited from engaging in stalking, sexual harassment, and other objectively inappropriate behavior among and/or between fellow Students, via the Internet, instant messaging, text messaging, or otherwise (whether by mobile telephone, computer, or other communication medium).

In addition to this Policy, all School Personnel are encouraged to attend an in-service training *on Internet Safety for Students, Teachers, and Administrators*. The purpose of this Policy is to protect and maintain professionalism in the workplace for all School Personnel and to avoid, wherever possible, the appearance of impropriety in School Personnel-Student relationships. Any violation of this Policy by School Personnel will be subject to those disciplinary sanctions included in either the Employee Handbook or the Collective Bargaining Agreement applicable to said Personnel. Any violation of this policy by Students will be subject to those disciplinary sanctions included in the Student Handbook. Nothing in this Policy prohibits School Personnel or Students from using educational websites, such as www.schoolnotes.com or the Little Compton School Department's websites, since these sites are used solely for educational purposes. Access of social networking websites for personal use during school hours shall be reserved for School Personnel's authorized breaks or unassigned periods only and shall not be accessed during regular work hours, including classroom instruction time.

Adopted: January 19, 2011

Little Compton Schools Policy on Social Networking and Text Messaging

Little Compton School Department

A Message from the School Nurse

Jean S. Dunn, RN, MS, CSNT

To ensure the health and safety of all students at school, I would like to remind parents of these important policies:

- ❖ The RI Department of Health requires that students who have not been previously enrolled in a public or non-public school in RI, and students entering kindergarten and seventh grade, have a physical exam. Exams that are done within the 12-month period prior to the first day of school are acceptable. Otherwise, the physical exam must be completed within six months of the school year.
- ❖ Immunization records must be on file by the first day of school. If immunization requirements are not met, students may be subject to exclusion from school.
- ❖ The RI Department of Health requires that students shall be given a vision screening examination upon entry to school and in grades 1, 2, 3, 4, 5 and 7. If satisfactory evidence is presented that the same series of tests has been conducted within the preceding six months by an ophthalmologist, optometrist, or primary care provider, the students shall be exempt from this examination requirement for the school year. The examination shall include distance visual acuity, near vision acuity, ocular alignment and color vision.
- ❖ The RI Department of Health requires that every student in grade K-5 have an annual dental screening by a licensed dentist or dental hygienist. Please have your child's dentist provide documentation that a screening has been conducted and the date and results of the exam. Dental cards may be obtained from the school nurse's office.
- ❖ The RI Department of Health requires that students in grades 6-8 have an annual scoliosis-screening exam. Your child's physician may provide documentation of the exam or you may choose to have your child participate in the school scoliosis-screening program.
- ❖ If your child has any health problems such as asthma, diabetes, bee sting allergy, and food allergy or any other allergy or medical concern, please contact me to discuss a procedure for care during school hours.
- ❖ A medication permission form must be completed if your child is to receive medication during school hours. Permission forms can be obtained from the school nurse. Prescription medication must be labeled by the pharmacy with the child's name, medication and dosage. You may want to ask your pharmacist for two labeled bottles, one for home and one for school. Over-the-counter medications must be in the original labeled bottle. All medications must be transported to school and given to the school nurse by a responsible adult. Students are not to transport medication to and from school. All medications are secured in a locked cabinet in the Nurse's Office.
- ❖ Elementary students should bring a mid-morning snack each day. Healthy snacks such as fruit, yogurt, cheese, plain popcorn or crackers are recommended.

- ❖ There are students in our school who have a severe allergy to nuts. Your child's classroom may be designated as a NUT FREE CLASSROOM. Foods containing peanuts/tree nuts, peanut butter, or other nut-based products will be prohibited in this classroom. We have a designated "NUT FREE" table in the cafeteria dedicated to students with nut allergies.
- ❖ There are students in our school who have a severe allergy to Latex. Latex balloons are prohibited within the school building.
- ❖ Head lice screening is routinely done on all students near the beginning of the school year. Head lice can happen to anyone and is not a sign of being dirty or having poor healthy habits. It is important to frequently check your child's hair for whitish eggs (nits) or gray/brown bugs. If lice are found, treat promptly to avoid infestation of your family and community. Ask your doctor, pharmacist or school nurse for treatment instructions. Please promptly report any diagnosis of head lice to the school nurse.
- ❖ If your child is diagnosed with a communicable disease (such as conjunctivitis (pinkeye), strep throat, chicken pox), please notify the school nurse. During the school year, contagious illness is common. Please remember the following guidelines:
 - Children with a temperature of 100 degrees or more should stay home from school. Children should remain at home until the fever has been gone for 24 hours.
 - It is not necessary to keep your child home from school due to a common cold. However, students with a persistent cough or continuous runny nose should stay at home.
 - A child should remain at home for 24 hours after episodes of vomiting or diarrhea.
- ❖ If you have any questions or concerns, please call or stop by my office. If you do not have health insurance for your child and would like information about RI Rite Care or Health and Dental Services at reduced fees, I will be happy to assist you. I look forward to a healthy and happy school year.



Immunizations for Rhode Island Students

Required Immunizations

Kindergarten – requirements for entry		
Name of vaccine	Diseases it protects against	Doses required
DTaP	Diphtheria, tetanus, pertussis	5
Hepatitis B vaccine	Hepatitis B	3
MMR	Measles, mumps, rubella	2
Polio vaccine	Polio	4
Varicella vaccine	Varicella (chickenpox)	2 *

7th Grade – requirements for entry		
Name of vaccine	Diseases it protects against	Doses required
HPV vaccine	Human papillomavirus	1 **
Meningococcal conjugate	Meningitis	1
Tdap	Diphtheria, tetanus, pertussis	1

12th Grade – requirements for entry		
Name of vaccine	Diseases it protects against	Doses required
Meningococcal conjugate	Meningitis	1 (booster dose)

Recommended immunizations

- Flu: Everyone 6 months of age and older should be vaccinated against the flu every year.
- Hepatitis A: All children should be vaccinated against hepatitis A when they are 1 year old.

More information

More information about these requirements, see www.health.ri.gov/immunization/for/schools
If you have questions about the immunizations that students need, contact the Rhode Island Department of Health at 401-222-5960 / RI Relay 711.

* A signed note by a doctor stating that the child has had a history of chickenpox can meet the requirement for varicella immunizations.

** A 3-dose HPV immunization requirement is being phased in. For fall 2015, 1 dose will be required for 7th graders. For fall 2016, one dose will be required for 7th graders and 2 doses will be required for 8th graders. For fall 2017, 1 dose will be required for 7th graders, 2 doses will be required for 8th graders, and 3 doses will be required for 9th graders.

Dear Parents/Guardians,

Please complete this health history. If you have any questions or concerns, please give me a call or email me at jdunn@lcsd.k12.ri.us.

Thank you

Jean S. Dunn, RN, MS, CSNT

**Little Compton School Department
Student Health History**

Student Name: _____ **Grade:** _____ **DOB:** _____

Physician: _____

Dentist: _____

Is your child under a doctor's care for a specific medical problem? If so, please explain: _____

Does your child have any condition that may interfere or influence his/her learning experience? _____

Does your child have any physical disabilities? _____

Is your child able to participate in full physical activity? _____

Does your child have any allergies? (insects, medications, food, environment, etc.) List allergy, type of reaction and date of last reaction. _____

Does your child's allergy require an EPI-PEN? _____

Please check any health conditions that the school nurse should be aware of:

Asthma

Known asthma triggers (please list) _____

Asthma management (inhaler, nebulizer) _____

Seizure disorder _____

Nose bleeds _____

Heart condition (please indicate type) _____

Scoliosis (please indicate type of treatment) _____

- Recent surgeries _____
- Vision problem (please indicate type of problem) _____
- Does your child wear glasses _____ contact lenses _____
- Hearing problem (please indicate type of problem) _____
- Does your child require hearing aides? Left _____ Right _____ Both _____
- Frequent ear infections _____
- Tubes in ears Left _____ Right _____ Both _____
- Insertion Date _____ Removal Date _____
- Other conditions (please indicate) _____
- Recent illnesses or accidents (please indicate) _____
- Braces or other orthodontic devices (please indicate) _____
- Other corrective devices (orthopedic etc.) _____

Does your child currently taken any medications prescribed by a physician? (Please indicate name of medication and reason child is taking medicine) _____

Will your child require medication during the school day? _____

If your child has prescribed medication that must be taken during the school day, a medication form signed by you and your child's physician is required.

Parent/Guardian Signature: _____ Date: _____

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS 2016-2017

Dear Parent/Guardian:

Children need healthy meals to learn. **Little Compton Schools** offers healthy meals every school day. Breakfast costs [**\$1.25**]; lunch costs [**\$2.75**]. **Your children may qualify for free meals or for reduced price meals.** Reduced price is [**\$.30**] for breakfast and [**\$.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 SNAP or RI Works, 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.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2016-2017			
Household size	Yearly	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,930	\$5,663	\$1,307
8	\$75,589	\$6,304	\$1,455
Each additional person:	+7,696	+642	+148

- 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 **Anne Anthony, Guidance**, aanthony@lcsd.k12.ri.us or call (401) 635-2351 ext. 1004
- 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: **Wilbur & McMahon School, Attn: Carolyn Sedgwick, Director of HR, PO Box 178, 28 Commons, Little Compton, RI 02837**
- 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 **Wilbur & McMahon School, Attn: Carolyn Sedgwick, Director of HR, PO Box 178, 28 Commons, Little Compton, RI 02837** 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, through [date]. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
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.
9. 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: **Wilbur & McMahon School, Attn: John McNamee, Business Manager, PO Box 178, 28 Commons, Little Compton, RI 02837.**
10. 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.
11. 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.
12. 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.
13. 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, 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. Any additional combat pay resulting from deployment is also excluded from income.
14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Wilbur & McMahon School, Attn: Carolyn Sedgwick, Director of HR, PO Box 178, 28 Commons, Little Compton, RI 02837** to receive a second application.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **RI SNAP** or other assistance benefits, contact your local assistance office or call **URI SNAP Outreach Project 1-866-306-0270.**

Sincerely,

Carolyn Sedgwick, Director of HR
Wilbur and McMahon School
401-635-2351 xtn. 1500
csedgwick@lcsd.k12.ri.us

2016-2017 Rhode Island Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	School	Grade	Student?		Foster Child	Homeless, Migrant, Runaway
						Yes	No		
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.						<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

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

Case Number: _____

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space.

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

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income: \$ _____

How often?	
Weekly	Monthly
<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work		Public Assistance/Child Support/Alimony		Pensions/Retirement/All Other Income	
	Weekly	Monthly	Weekly	Monthly	Weekly	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"/>

Total Household Members (Children and Adults) _____

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 and Email (optional) _____

Signature of adult _____ Today's date _____

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.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino 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:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Further, the Rhode Island Department of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion, national origin or disability. To file a complaint of discrimination with the State of Rhode Island, write to the Rhode Island Department of Education, Director, Office of Equity and Access, 255 Westminster Street, Providence RI 02903 or call (401) 222-8979.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

Weekly	Bi-Weekly	2x-Month	Monthly
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Eligibility:

Free	Reduced	Denied
<input type="text"/>	<input type="text"/>	<input type="text"/>

Categorical Eligibility

Determining Official's Signature Date

Confirming Official's Signature Date

Verifying Official's Signature Date