



28 Commons – P.O. Box 178
Little Compton, RI 02837-0178
Telephone: (401) 635- 9593
Fax: (401) 635 –2191
www.littlecomptonschools.org

Mr. James M. Gibney
Principal

Mrs. Kathryn M. Crowley
Superintendent

September 1, 2010

Dear Parents/Guardians:

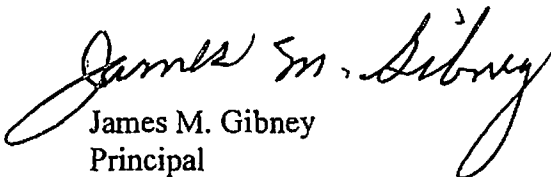
On behalf of the staff at the Wilbur & McMahon School, I extend a warm welcome to our new and returning students and their families for the 2010-2011 school year. I am eager for an exciting and challenging academic year.

Our Back to School Night will be Wednesday, September 15th from 6:30 to 8:00 P.M. in the gymnasium. Please come in and see our wonderful school! The evening will begin promptly at 6:30 so please plan to join us at that time. More information regarding this special event will be sent home next week.

The beginning of each school year brings with it the requirement to distribute and/or complete a variety of important notices. Each of the school notices has been attached and listed below for your reference. Please return the necessary forms by Friday, September 3, 2010.

Please feel free to contact me with any questions. I look forward to working together to create the best learning environment for your child. I am confident that our journey into the year ahead will be a successful one.

Yours truly,


James M. Gibney
Principal

Attachments: Student Biographical Data Sheet; Telephone Number Information; School Lunch/Breakfast Forms; School Insurance; Verification of Notification and Video/Media Release Form; Health Forms; Dismissal Choice; Computer/Internet Permission Form; List-Serve sign-up

All Parents/Guardians of all students need to fill out these forms even if you have done so in the past.

LITTLE COMPTON PUBLIC SCHOOLS SCHOOL CALENDAR 2010-2011

<u>Month</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>	<u>(days)</u>		<u>Month</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>	<u>(days)</u>
August		31				(0)		February		1	2	3	4	(15)
September			1	2	3	(20)			7	8	9	10	11	
	X	7	8	9	10				14	15	16	17	18	
	13	X	15	16	17				X	X	X	X	X	
	20	21	22	23	24				28					
	27	28	29	30				March		1	2	3	4	(23)
October					1	(20)			7	8	9	10	11	
	4	5	6	7	8				14	15	16	17	18	
	X	12	13	14	15				21	22	23	24	25	
	18	19	20	21	22				28	29	30	31		
	25	26	27	28	29			April					1	(16)
November	1	X	3	4	5	(16)			4	5	6	7	8	
	8	9	10	X	12				11	12	13	14	15	
	15	16	X	18	19				X	X	X	X	X	
	22	23	X	X	X				25	26	27	28	29	
	29	30						May						(21)
December			1	2	3	(16)			2	3	4	5	6	
	6	7	8	9	10				9	10	11	12	13	
	13	14	15	16	17				16	17	18	19	20	
	20	21	22	X	X				23	24	25	26	27	
	X	X	X	X	X				X	31				
January						(20)		June			1	2	3	(13)
	3	4	5	6	7				6	7	8	9	10	
	10	11	12	13	14				13	14	15	16	17	
	X	18	19	20	21									
	24	25	26	27	28									
	31													
														Total
														180

X = **NO SCHOOL**

August

31 Teacher Orientation

September

1 Students Report
6 Labor Day (no school)
14 State Primary Election (no school)

October

11 Columbus Day (no school)

November

2 State General Election (no school)
11 Veterans' Day Celebrated (no school)
17 Parent Teacher Conference (no school)
24 Professional Development (no school)
25-26 Thanksgiving (no school)

December

23-31 Holiday Recess (no school)

January

1-2 Holiday Recess (no school)
3 Schools Reopen
17 Martin Luther King Day (no school)

February

21-25 Winter Recess (no school)

April

18-22 Spring Recess (no school)

May

30 Memorial Day (no school)

June

17 or 180th day Schools Close
20 Professional Development for Teachers

**WILBUR & MCMAHON SCHOOL
STUDENT BIOGRAPHICAL DATA**

Please Print

NAME: _____
 ADDRESS: _____
 CITY: _____
 MAILING: _____
 STATE: _____
 PHONE NO. _____
 STUDENT LIVES WITH: _____
 Circle: Mother / Father / Both / Guardian / Other

PARENT OR GUARDIAN
 RELATIONSHIP to student: _____
 NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 HOME PHONE: _____
 WORK PHONE: _____
 CELL PHONE: _____
 EMPLOYER: _____

HAS CUSTODY? YES _____ NO _____
 e-mail: _____

EMERGENCY CONTACT OTHER THAN PARENT
 NAME _____
 RELATIONSHIP _____
 TEL # _____
 NAME _____
 RELATIONSHIP _____
 TEL # _____
 NAME _____
 RELATIONSHIP _____
 TEL # _____
 DOCTORS NAME _____
 TEL # _____
 Doctor's Phone # _____

MEDICAL ALERT? [IF YES, STATE BELOW]
 ALERT _____
 Hospital & Comments _____

This form will replace our student information cards
 Please correct and return to school as soon as
 possible. Thank You

IN ADDITION TO THE PERSONS LISTED -
 STUDENTS MAY BE RELEASED TO FOLLOWING

NAME _____
 RELATIONSHIP _____
 TEL # _____

NAME _____
 RELATIONSHIP _____
 TEL # _____

NAME _____
 RELATIONSHIP _____
 TEL # _____

NAME _____
 RELATIONSHIP _____
 TEL # _____

NAME _____
 RELATIONSHIP _____
 TEL # _____

IS EITHER PARENT EMPLOYED BY THE
 FEDERAL GOVERNMENT? YES _____ NO _____

DATE _____ / _____ / _____
 SIGNATURE _____
 RELATIONSHIP _____

HmRmTeacher _____
 HmRm/Teacher _____
 GRADE _____
 SOC SECURITY # _____
 BIRTH DATE _____
 GENDER _____

PARENT OR GUARDIAN
 RELATIONSHIP to student: _____
 NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP _____

HOME PHONE _____
 WORK PHONE: _____
 CELL PHONE: _____
 EMPLOYER: _____

HAS CUSTODY? YES _____ NO _____
 e-mail: _____

The purpose of this information is to allow the school to notify a parent during the school day if a particular need arises and to notify all parents in the event of an emergency.

All information will be confidential.

2010-2011 School Year

Telephone Number Information

Student Name _____

Home Address (Not P.O. Box) _____

Mailing Address (if P.O. Box) _____

Home Telephone (please indicate if unlisted) _____

Mother's Business Telephone _____

Father's Business Telephone _____

Mother's email address _____

Father's email address _____

Nearest (relative/guardian/neighbor) _____

Telephone _____

Emergency Cell Phone _____

E-Mail Address _____

Important Information Read Carefully and Return

The school day is from 8:30 a.m. to 2:50 p.m.

All children are expected to arrive and leave the grounds promptly. Supervision begins at 8:15 A.M. FOR THE SAFETY OF OUR STUDENTS, PLEASE DO NOT SEND YOUR CHILD TO SCHOOL BEFORE THIS TIME. Upon arrival, students should report to the playground to line up with their classes.

Early Dismissal/Change in 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.

Rainy Day/Cold Weather Procedure:

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 8:15 a.m., students should not come to school before that time.

For dismissal, parents should make clear, definite plans in advance, so that their child will understand what is to be done when rainy days occur.

Parent Request:

No student will be released to any person other than the parent/legal guardian or the names of individuals that parent have listed on the Emergency Card. Written notification is required to release a child to anyone other than the legal guardians.

VERIFICATION OF NOTIFICATION AND SIGN-OFF SHEET

PLEASE SIGN AND RETURN THIS FORM TO SCHOOL TOMORROW.

Student's Name _____

Grade/Teacher _____

My child and I have reviewed the Student Handbook. We are aware of the regulations and policies.

Parent
Signature _____

Date _____

VIDEO/MEDIA RELEASE

Please indicate your preference regarding this issue below:

_____ I **do** give permission for my child to appear and be identified in the school newspaper, website, or local paper. Further, I **do** give my permission for my child to be included in any videotaped events/activities authorized by the administration of the Wilbur McMahan Schools.

_____ I **do not** give permission for my child to appear and be identified in the school newspaper, website, or local paper. Further, I **do not** give my permission for my child to be included in any videotaped events/activities authorized by the administration of the Wilbur & McMahan Schools.

Parent
Signature _____

Date _____

Wilbur McMahon LIST SERVE

Receive the latest school news through e-mail!
If you haven't already joined, please e-mail
JGIBNEY@littlecomptonschools.org or fill out the form
below.

Please provide your first and last name, and e-mail
address.

Please note:

*This will be a READ only list serve. You will not be able to respond
directly.*

*Please add my name to the Wilbur McMahon List
Serve!*

Name _____

Email Address _____

Please Note: *If you have previously submitted
this form and wish to remain on the list, there is
no need to resubmit this information*

Little Compton Public Schools
Computer and Internet Acceptable Use Policy

Student-Parent/Guardian Acceptance and Permission
For
Computer and Internet Use*

The Parent/Guardian:

As the parent/guardian of the student named below I have read the Little Compton School Department's "Internet Acceptable Use Policy" and I understand and agree to all of the provisions, rules, and regulations outlined within. I hereby give permission for my child to use the Internet service provided by the Little Compton Public Schools. I do understand that my child is required to follow this policy. I further understand that there is a potential for my son/daughter to access information on the Internet that is inappropriate for students and that every reasonable effort will be made on the part of the faculty and staff of the Little Compton School Department to restrict access to such information but that my son/daughter is ultimately responsible for restricting himself/herself from inappropriate information.

_____ I request that my son/daughter be granted computer and internal network access.
I give permission for my son/daughter to be granted Internet access.

_____ I request that my son/daughter be granted computer and internal network access.
I request that my son/daughter be denied Internet access and be provided alternative activities not requiring Internet use.

_____ I request that my son/daughter be denied all computer access, including internal network and Internet access.

Print Parent/Guardian's
Name

Parent/Guardian's Signature

Date

The Student (user):

I have received my parent/guardian's permission and read the Little Compton School Department's Computer and Internet Acceptable Use Policy and I understand and agree to all of the provisions, rules, and regulations outlined within. I understand that any violation of the guidelines will result in immediate suspension of my computer and Internet privileges. As a result of such violation, further disciplinary measures may be taken.

Print Student's Name

Student's Signature

Date

Grade

**Please note:* If you have previously submitted this form you only need to resubmit if there is a change in status.

Little Compton School Department
A Message from the School Nurse
Jean S. Dunn, RN, MS

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 7th 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 student shall be exempt from this examination requirement for that 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 health 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.

Dear Parents/Guardians:

I would like to update your child's school health record. Please complete this health history and return it to school.

If you have any questions or concerns please give me a call, or e-mail me at lcwm0006@ride.ri.net.

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 take any medications prescribed by a physician? (please indicate name of medication and reason) _____

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

Parent/Guardian Signature _____ Date _____

Important Information Read Carefully and Return

STUDENT DISMISSAL- 2:50P.M.

Please read the following options for you child's dismissal and indicate which type of dismissal they will be using. Whenever possible we urge you to use **BUS TRANSPORTATION** to and from school. We also **URGE** you to maintain a **CONSISTENT** routine for your child. This allows us to maintain the smoothest and safest arrival and dismissal.

In the event that a dismissal procedure needs to be changed... We will only change a child's dismissal procedure if a parent or guardian submits written notification! **WE WILL NO LONGER** accept any verbal changes in dismissal. All changes need to be made in writing; this can be done by sending a note with your child or by dropping a note off at the school. Additionally, **NO CHANGES** will be made after 1:45 PM.

OPTION 1: WALKERS

All walkers must walk to and from school following a safe route established by parents and/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 use option 2.*

OPTION 2: PICK-UP

All students being picked up from school will wait in the cafeteria to be picked up by a parent or guardian. Parents must park in the designated areas, and come in for their child by the back door of the cafeteria. All students should be picked up by 2:50. Individuals listed on the emergency card will be allowed to pick up your child, positive ID may be required.

OPTION 3: BUS

Bus students (grades K-4) will report to the gym at the end of the day to be dismissed to their buses in front of the school. Grades 5-8 will report directly to the buses upon dismissal. *Please choose this option whenever possible!

OPTION 4 : AFTERSCHOOL PROGRAMS

This option is for children who are registered for the Afterschool Club, Brownies, Boy Scouts, Etc. Students will be picked up by the chaperone in the back of the gymnasium.

PLEASE BE SURE TO RETURN THIS SHEET ASAP WITH YOUR CHILD.

STUDENT NAME _____ GRADE _____

Please place a check in the appropriate place.

___ My child will be using OPTION # _____ M-F. (Bus Number _____)

___ My child will be using different options on different days, see below.

Comments:

Monday	OPTION _____	_____
Tuesday	OPTION _____	_____
Wednesday	OPTION _____	_____
Thursday	OPTION _____	_____
Friday	OPTION _____	_____

If you have selected OPTION 1,3,or 4..please use the comment area to indicate where your child is going and the address (ie. home, babysitters, daycare provider, etc)

I understand I must notify you of any changes in this routine.

(we appreciate a 5 hour notice of any changes)

Parent Signature _____ Date _____

Wilbur & McMahon Schools

28 Commons – P.O. Box 178
Little Compton, Rhode Island 02837-0178
Telephone: (401) 635-2351
FAX: (401) 635-2191
www.littlecomptonschools.org
TTI/VOICE RELAY / 800-RI55555

Kathryn M. Crowley
Superintendent

James M. Gibney
Principal

Dear Parent/Guardian:

Children need healthy meals to learn. Little Compton Schools offers healthy meals every school day. Breakfast costs \$1.00 lunch costs \$2.75 Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch.

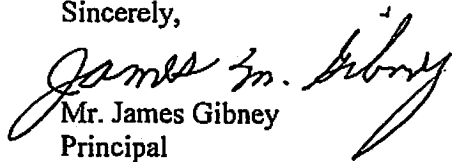
- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Cheryl Sylvia, Little Compton Schools, P.O. Box 178, 28 Commons, Little Compton, RI.
- 2. Who can get free meals?** Children in households getting Food Stamps or FIP and most foster children can be eligible for free meal benefits. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children get free meals?** Please call Anne Anthony, Guidance Counselor to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. 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 Income Chart, shown on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Give the Direct Certification Letter to the school and you will not have to complete an application for the child whose name appears on the letter.
- 6. 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 an application.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, FIP or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 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: Mr. James Gibney, Principal.
- 10. 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 a U.S. citizen to qualify for free or reduced price meals.
- 11. 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). You must include yourself and all children who live with you.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

... dedicated to preparing students for educational and life experiences ...

13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call Cheryl Sylvia, (401)635-2351 ext. 416.

Sincerely,


Mr. James Gibney
Principal

One Application per Household Effective July 1, 2010
FREE AND REDUCED PRICE MEAL BENEFIT FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or FIP case # (if any). Skip to Part 5 if you list a Food Stamp or FIP case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at (401)635-2351
 Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>Jane Smith</i>	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the Letter to Households.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino
 Mark one or more racial identities: Asian White Black or African American Other
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is 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: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household gets SNAP (Food Stamps) OR FIP (Family Independence Program), follow these instructions:

- Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or FIP case number.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

If no one in your household gets SNAP (Food Stamps) or FIP (Family Independence Program) benefits and any child in your household is homeless, a migrant or runaway, follow these instructions:

- Part 1:** List child(ren)'s name, school and grade.
- Part 2:** Check the appropriate box.
- Part 3:** Skip this part.
- Part 4:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 5:** Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.
- Part 6:** Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1:** Use a separate application for each foster child. List the child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Check the box and list the child's personal use monthly income, if any.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, school, and grade.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total household income from last month.
 - Column 1—Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
 - Column 2 —Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
 - Column 3—Check if no income:** If the person does not have any income, check the box.
- Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6:** Answer this question if you choose to.

Chartwells®

STUDENT DEPOSIT FORM TO BE RETURNED WITH ADVANCED PAYMENT

Student Name: _____ PIN# _____ Grade _____

Parent/Guardian Name: _____

Cash Amount: _____ Check Amount: _____ Check #: _____
(Please make check payable to: Little Compton School Food Service Program)

CHOOSE PAYMENT OPTION:

OPTION 1: CASH ON ACCOUNT: CASH OR CHECK AMOUNT: _____

OPTION 2: PREPAID MEALS ONLY:

OF BREAKFASTS _____ x \$1.00 =CASH/CHECK AMOUNT: _____

reduced)# OF BREAKFASTS _____ x \$.30 =CASH/CHECK AMOUNT: _____

OF LUNCHES _____ x \$2.75 =CASH/CHECK AMOUNT: _____

reduced)# OF LUNCHES _____ x \$.40 =CASH/CHECK AMOUNT: _____

OPTION 3: CASH ON ACCOUNT AND PREPAID MEALS

OF BREAKFASTS _____ x \$1.00 =CASH/CHECK AMOUNT: _____

reduced)# OF BREAKFASTS _____ x \$.30 =CASH/CHECKS AMOUNT: _____

OF LUNCHES: _____ x \$2.75 =CASH/CHECK AMOUNT: _____

reduced)# OF LUNCHES: _____ x \$.40 =CASH/CHECK AMOUNT: _____

TOTAL PAYMENT: _____