

GRADE: _____

STUDENT NAME: _____

**WEST HOLT PUBLIC SCHOOLS
STUDENT HANDBOOK ACKNOWLEDGEMENT CERTIFICATION**

I hereby acknowledge having received a copy of the West Holt Public Schools Handbook for 2021-2022. I understand that I will be responsible for knowing and following procedures and regulations outlined in this Handbook. I will also take the Handbook home for my parents to read in order that they understand the procedures and regulations of the school.

"THIS RECEIPT SHALL SERVE TO DEMONSTRATE THAT YOU AS PARENT OR GUARDIAN OF A STUDENT ATTENDING THIS SCHOOL DISTRICT HAVE RECEIVED NOTICE OF THE STANDARDS OF CONDUCT OF THE SCHOOL DISTRICT EXACTED OF STUDENTS CONCERNING THE ABSOLUTE PROHIBITION AGAINST THE UNLAWFUL POSSESSION, USE, OR DISTRIBUTION OF ILLICIT DRUGS OR ALCOHOL ON SCHOOL PREMISES OR AS A PART OF ANY OF THE SCHOOL'S ACTIVITIES AS DESCRIBED IN SCHOOL BOARD POLICY OR ADMINISTRATIVE REGULATION. THIS NOTICE IS BEING PROVIDED TO YOU PURSUANT TO P.L. 101-226 AND 34 C.F.R. PART 86, BOTH FEDERAL LEGAL REQUIREMENTS FOR THE SCHOOL DISTRICT TO OBTAIN ANY FEDERAL FINANCIAL ASSISTANCE. YOUR SIGNATURE ON THIS RECEIPT ACKNOWLEDGES THAT YOU AND YOUR CHILD OR CHILDREN WHO ARE STUDENTS ATTENDING THIS SCHOOL DISTRICT FULLY UNDERSTAND THE SCHOOL DISTRICT'S POSITION ABSOLUTELY PROHIBITING THE UNLAWFUL POSSESSION, USE, OR DISTRIBUTION OF ILLICIT DRUGS OR ALCOHOL ON SCHOOL PREMISES OR AS A PART OF THE SCHOOL'S ACTIVITIES AS HEREINABOVE DESCRIBED AND THAT COMPLIANCE WITH THESE STANDARDS IS MANDATORY. ANY NON-COMPLIANCE WITH THESE STANDARDS CAN AND WILL RESULT IN PUNITIVE MEASURES BEING TAKEN AGAINST ANY STUDENT FAILING TO COMPLY WITH THESE STANDARDS."

Student Signature _____

Parent / Guardian Signature _____

_____ Date _____

_____ Date _____

MILITARY SERVICE

(Check One)

YES NO - During the 2021-2022 a parent/guardian WILL BE in active or reserve duty in the U.S. military.

INFINITE CAMPUS

YES NO – I have verified all information regarding household & non-household contacts.

YES NO – I have completed the Free/Reduced Lunch Application
(Remember: This benefits your family, your school, and your community. All applications help.)

IF YOU HAVE ANSWERED NO TO ANY OF THESE QUESTIONS, PLEASE CONTACT THE OFFICE FOR ASSISTANCE IN GETTING THESE THINGS COMPLETED.

Gmail & Google Apps for Education Parental Consent Form

By signing below, I agree to the terms and conditions in this document, G Suite for Education Agreement, and permit my student to use Google Apps for Education, which includes the use of Gmail.

Parent Signature _____ Date _____

WEST HOLT PUBLIC SCHOOLS STUDENT INFORMATION SHEET

Grade: _____ Student Name: _____ DOB: _____ GENDER: _____

PLEASE UPDATE THE FOLLOWING INFORMATION (YES/NO)

During the summer or past school year, has your mailing address changed? YES NO

If Yes, please list new address: _____

Does your child wear **Glasses** YES NO **Contacts** YES NO

Emergency Treatment YES NO

Permission to seek emergency treatment to the nearest medical facility for this student if we are unable to contact you.

Health Screening YES NO

Permission is granted for my child to be screened by licensed health professional.

Field Trip Permission YES NO

Permission to participate in student/class field trips (i.e. Career Fair, Work Fair Trips, etc.)

Media Release: Picture YES NO Work YES NO

Permission to release or provide name and/or photo to media or post on the school website or social media.

Parental Insurance Waiver YES NO

We have adequate insurance for our child in case of an accident.

HEALTH: Please answer Yes / No (If Yes, please be specific)

During the summer or past school year, did your child have any of the following:

- Illness/Injury/Procedure (Please List): _____
- Immunizations (Type/Date): _____

Allergies: _____

Health Conditions: _____

Medications: _____

Inhaler/Nebulizer/Epi-Pen: _____

REQUEST TO PROVIDE OVER THE COUNTER MEDICATIONS DURING SCHOOL

(Please initial each medication that you are providing permission to give.)

Tylenol _____ Ibuprofen _____ Tums _____

NON-HOUSEHOLD / EMERGENCY CONTACTS

PLEASE LIST 2 ADDITIONAL PEOPLE THAT ARE NON-HOUSEHOLD / EMERGENCY CONTACTS

NAME (F, L)	RELATIONSHIP	PHONE NUMBERS
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1. _____	_____	_____
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2. _____	_____	_____
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Parent Signature

Date

Return Completed Application to: WEST HOLT PUBLIC SCHOOLS PO BOX 457 ATKINSON NE 68713

Part 1: Children in School

List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Foster Child <input type="checkbox"/> Homeless, Migrant, Runaway <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"/>

Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: Total Household Gross Income – You must tell us how much and how often.

1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.	2. Gross Income (before taxes) and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often
Total Number of Household Members: (Children and Adults) _____	Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____					Check if no SSN <input type="checkbox"/>

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

"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."

Sign here: _____ Print name: _____ Date: _____
Street Address (if available): _____ Zip: _____ Daytime Phone: _____

Part 5: Children's Ethnic and Racial Identities – Optional

Check one Ethnic Identity: – and – **Check one or more Racial Identities:**

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12

Total Household Size: _____

Total Income: _____ per _____
 Year Month 2 X Mo Every 2 Wks Week

Free Reduced Denied
 Income Reason for denial:
 Categorically eligible: Income too high
 SNAP/TANF/FDPIR Incomplete application
 Foster Child
 Homeless/Migrant/Runaway:
(Offering Documentation Required at School)

Signature of Determining Official: _____ Date Approved: _____

FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official: _____	Date Confirmed: _____	Date Withdrawn From School: _____
Signature of Verifying Official: _____	Date Verified: _____	

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART for School Year 2021-22					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each additional person:	8,399	700	350	324	162

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