

REGISTRATION CHECKLIST FOR OFFICE TO COMPLETE

These are the items needed to register your child(ren).

	YES/Done	Needed	Comments
Meet School Principal			
Proof of Residence <i>Lease or Tax Bill</i>			
Parent's Driver's License/ID			
Birth Certificate		DOB :	
Custody/Guardianship	Mother	Father	
Physical within the year			Given to Nurse
Immunizations			Given to Nurse
Recent Transcript/Report Card			
Does Child have an IEP or 504 <i>Need a copy to start school</i>	No	Yes	
ADDRESS INFO	Yes/Done	Needed	
Mailing Address			
Resident Address			
Bus Stop - Clarification/location			
Home Phone #			
Emergency Contact listed			
Registration	Complete		Incomplete

Immunization required in State of NH

Varicella	K- 5 th Grades: 2 Doses	6 th -11 th Grades: 2 Doses	12 th Grades: 2 Doses
DTaP	6 yrs and under:	4 or 5 doses, with the last dose given on or after the 4 th birthday.	
DT/DTP	7 years and older:	3 or 4 doses, with the last dose given on or after the 4 th birthday.	
Td/Tdap	11 years and older:	1 dose of tdap is required for entry into 7 th grade. A tdap vaccine given on or after 7 th birthday meets the tdap requirement for grade 7.	
Polio	K-6 Grades :	3-4 doses with one dose on or after age four and the last two doses separated by 6 months.	
	7 -12 th Grades:	3 doses, with the last dose given on or after the 4 th birthday. Or 4 doses regardless of age at administration.	
MMR	K-12 th Grades:	3 doses required, at least one on or after the first birthday.	
Hepatitis B	K-12 th Grades:	3 doses at acceptable intervals	

1 Varicella vaccination or laboratory diagnosis of chicken pox disease is required.

2 Varicella vaccination or history of chicken pox disease.

3 If the child has a medical contraindication to pertussis vaccine, the child shall receive Tetanus diphtheria toxoid (Td) vaccine.

4 If a combined IPV/OPV schedule was used, 4 doses are always required, even if the 3rd dose was administered after the 4th birthday.

Parent/Guardian received	Student Handbook	___	Bus Route	___
	Welcome Letter	___	(Elem. – assign teacher)	
	Most Recent Newsletter	___		

NEW STUDENT REGISTRATION FORM

Date Beginning School: _____ Entry Code: _____ District ID: _____

SECTION 1: STUDENT INFORMATION

Student Name: _____
LAST FIRST MIDDLE

Gender: _____ Grade Level: _____ DOB: _____ / _____ / _____

Birthplace: City/Town: _____ State: _____

Preferred Name (i.e. Liz vs. Elizabeth): _____ Student Cell: _____

Primary Phone Number (to contact parent/guardian): _____

Is the student Hispanic or Latino? (Circle one) YES NO

What is the student's race? (Check all that apply) ☐ American Indian/Alaskan Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian/Other Pac Islander ☐ White

SECTION 2: RESIDENCY AFFIDAVIT

Physical Address: _____

Town: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Town: _____ State: _____ Zip: _____

Is this a temporary or permanent living arrangement? _____ TEMPORARY _____ PERMANENT

Proof of residence submitted: ☐ Lease agreement ☐ Tax Bill ☐ Already on file at school

I certify that the above information is true and correct and of my own personal knowledge.

Legal Guardian Signature: _____ Date: _____

SECTION 3: GUARDIAN INFORMATION

Please list the guardians below as notated on the student's birth certificate and/or legal adoption

Mother Name: _____ Email: _____

Mother address: _____
Street Town State Zip

Mother Home #: _____ Work #: _____ Cell #: _____

Student lives with Mother? ☐ Yes ☐ No Mother to receive school mailings? ☐ Yes ☐ No Can Pick Up? Yes No

Can we contact the mother for student information (academic, discipline, medical)? ☐ Yes ☐ No

Father Name: _____ Email: _____

Father address: _____
Street Town State Zip

Father Home #: _____ Work #: _____ Cell #: _____

Student lives with Father? ☐ Yes ☐ No Father to receive school mailings? ☐ Yes ☐ No Can Pick Up? Yes No

Can we contact the father for student information (academic, discipline, medical)? ☐ YES ☐ NO

IF SEPARATED, WHO IS THE PRIMARY CUSTODIAL PARENT? _____

GUARDIAN INFORMATION CONTINUED ON FOLLOWING PAGE

SECTION 3 (continued): LEGAL GUARDIAN INFORMATION

If student does not live with either parent:

Legal Guardian Name: _____

Relationship to Student: _____

Guardian Home #: _____ Work #: _____ Cell #: _____

SECTION 4: PARENT MILITARY STATUS

Is one or both parent/guardian(s) active duty in the United States Military (not including the National Guard)?

☐ NO

☐ YES, ONE PARENT

☐ YES, BOTH PARENTS

Is one or both parent/guardian(s) full time in the United States National Guard?

☐ NO

☐ YES, ONE PARENT

☐ YES, BOTH PARENTS

SECTION 5: ADDITIONAL HOUSEHOLD MEMBERS

Please list any other adults that live in the same household as the student.

Name: _____ Relationship to student: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relationship to student: _____

Home #: _____ Work #: _____ Cell #: _____

Name of brothers/sisters at home:

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

SECTION 6: EMERGENCY CONTACT INFORMATION

In the event of an emergency, the school will attempt to notify the members of the household first.

Please list 3 additional emergency contacts below.

#1 Name: _____ Relationship to student: _____

Physical address: _____
Street Town State Zip

Home #: _____ Cell #: _____ Can Pick up Student: Yes No

#2 Name: _____ Relationship to student: _____

Physical Address: _____
Street Town State Zip

Home #: _____ Cell #: _____ Can Pick up Student Yes No

#3 Name: _____ Relationship to student: _____

Physical address: _____
Street Town State Zip

Home #: _____ Cell #: _____ Can Pick up Student: Yes No

SECTION 7: PREVIOUS SCHOOL INFORMATION

Last school attended: _____ Last day: _____ If First USA school date entered: _____

School address: _____
Street Town State Zip

School Phone: _____ Fax: _____

Does your child have a 504 plan? ☐ YES ☐ NO

Does your child have an IEP? ☐ YES ☐ NO

Does your child receive special education services? ☐ YES ☐ NO

If yes, please state what service(s):

- | | | |
|--|---|---|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> Self-Contained Room | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Title I | <input type="checkbox"/> Para support | |
| <input type="checkbox"/> Other -specify: _____ | Medical concerns: _____ | |

SECTION 8: SCHOOL MESSENGER

Lin-Wood Public School uses Blackboard Connect, a system used to send messages to guardians via phone calls and emails in the case of an emergency or for Lin-Wood Public School announcements. Please identify the phone numbers and email addresses you wish to receive these messages.

NOTE: The PRIMARY phone number will receive ALL messages.

PRIMARY #1: _____ PRIMARY #2: _____

EMAIL 1: _____ EMAIL 2: _____



SAU 68
Lin-Wood Public School

Lincoln-Woodstock Cooperative School District
72 Linwood Drive
Lincoln, New Hampshire 03261
Telephone (603) 745-2214



RELEASE OF RECORDS

Today's Date _____

Student's Name _____

Grade Entering _____ Date of Birth: _____

Previous School _____

School's Address _____

City/State/Zip _____

Telephone _____ Fax _____

The student named above has transferred to Lin-Wood Public School. Please forward the following information at your earliest convenience.

- _____ Official Transcript (signed and sealed)
 - _____ Withdrawal Grades
 - _____ Health Records
 - _____ Cumulative Folder
 - _____ Discipline Records
 - _____ Testing Results
 - _____ Special Education - copy of IEP or 504 Records (if applicable)
 - _____ SASID Number _____
- Please Fax 603-745-6797**

Parental permission is no longer required when authorized school personnel request records. Family Education Rights & Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, pg 24678. A reasonable attempt will be made to notify parents of the transfer of records.

Please fax a copy of the student's birth certificate, immunizations and current physical as soon as possible. Thank you.

_____ Lin-Wood Public School Registrar

_____ Parent/Guardian

Middle/High School Fax Number (603) 745-6797
Elementary Fax (603) 745-3730
Accredited by New England Association of Schools and Colleges

STUDENT HEALTH FORM

Parent or Guardian to Complete

Student's Name: Last:		First:	Middle:	Sex: M or F	DOB:
School Year:	Grade Level:	Teacher Name:			
Home Phone:	Father's Work/Cell Phone:	Mother's Work/Cell Phone:			
Parent/Guardian(s) Name(s):					

Complete all boxes that apply to your child. Parent or guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms.

Over the counter medications available from School Health Office: All doses given per label recommendation, according to age and weight. Please check the ones you give permission for your child to receive at school.

- | | | |
|---|--|--|
| <input type="checkbox"/> ACETAMINOPHEN (Tylenol) | <input type="checkbox"/> VASELINE/LIP BALM (Chapped lips/nose) | <input type="checkbox"/> SALINE SOLUTION/EYE RINSE |
| <input type="checkbox"/> TUMS | <input type="checkbox"/> TRIPLE ANTIBIOTIC OINTMENT | |
| <input type="checkbox"/> BENADRYL (Allergic reaction) | <input type="checkbox"/> HYDROCORTISONE CREAM (Itching/Rashes) | |
| <input type="checkbox"/> COUGH DROPS | | |
| <input type="checkbox"/> IBUPROFEN (Motrin) | | |

I agree by signing this statement that I will not hold liable the school nurse, deans, or designee, in assisting my child in taking the above named non-prescription medicine.

Student: _____ Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

☐ **I DO NOT give permission to administer medication at school**

My child has a medical condition that may affect his or her school day: ☐ YES ☐ NO (Please Indicate Below)

ALLERGIES

Allergy Type:

- ☐ Bee Sting
- ☐ Medication List medication(s): _____
- ☐ Food List food(s): _____
- ☐ Other List Other: _____

Reactions: ☐ Coughing ☐ Hives ☐ Rash ☐ Difficulty Breathing ☐ Local Swelling ☐ Wheezing

Will supply epinephrine at school ☐ YES ☐ NO *If yes, please complete the Health Management form*

ASTHMA

Triggers: ☐ Exercise ☐ Environmental ☐ Other (list) _____

Physical Education Restrictions: ☐ None ☐ Self-limits ☐ Other _____

Symptoms or reactions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Chest tightness, discomfort or pain | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Throat itch, tightness or soreness |
| <input type="checkbox"/> Coughing hoarseness | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Other _____ |

Date of last hospitalization related to asthma: _____

Will supply inhaler at school ☐ YES ☐ NO *If yes, please complete the Health Management form*

CONTINUE ON REVERSE

DIABETES

Currently prescribed treatment to be used *IN SCHOOL*:

Insulin: ☐ Syringe ☐ Pen ☐ Pump ☐ Pod ☐ Blood sugar testing ☐ Glucagon ☐ Oral medication(s)

SEIZURE DISORDER

Type of seizure:

☐ Absence (staring, unresponsive) ☐ Complex partial ☐ Generalized tonic-clonic (grand mal, convulsive)

☐ Other (explain): _____

Date of last seizure: _____ **Length of seizure:** _____

MENTAL HEALTH CONCERNS

☐ Depression ☐ Anxiety ☐ Bi-Polar ☐ ADD/ADHD ☐ Autism

Other: _____

VISION/HEARING CONDITIONS

☐ Contacts ☐ Glasses ☐ Hearing Aids ☐ Other: _____

PHYSICAL EDUCATION RESTRICTIONS

☐ NO ☐ YES (Please explain) _____

OTHER CONDITIONS OR SPECIAL PROCEDURES

Please explain: _____

MEDICAL RELEASE

I authorize the school's representative(s) to transport, request and authorize treatment for my son/daughter in the event of an accidental injury or illness. I agree that I will not hold this person(s) liable while he/she is acting in accordance to these directions. Copy of this authorization is of equal validity as original document.

Please check the box that applies: ☐ YES ☐ NO

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Please print): _____

PROVIDER EXCHANGE PERMISSION

I authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form and any medically relevant concern. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Please check the box that applies: ☐ YES ☐ NO

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Please print): _____

Physicals and Immunizations: All new registrations to the district must provide a copy of your child's most recent physical exam. Immunization records on file must be current in order to be in compliance with the state law. Your child may not be allowed to begin school or may be excluded from attending until the school nurse receives them. Please refer to the Department of Health and Human Services at www.dhhs.nh.gov or by calling 1-800-852-3345 ext. 4482 for more information.

HEALTHCARE MANAGEMENT

Parent or Guardian to Complete

Student's Name: Last:	First:	Middle:	Sex: M or F	DOB:
School Year:	Grade Level:	Parent/Guardian(s) Name(s):		

MEDICAL PROVIDER(S)

Physician Name: _____

Address: _____ **Phone:** _____

Dentist Name: _____

Address: _____ **Phone:** _____

Student's Insurance Company: ☐ No Health Insurance ☐ Medicaid Carrier: _____

☐ Private/HMO: Name of Company: _____

MEDICATIONS

Medications to be given as needed *IN SCHOOL*: (rescue inhaler, epi pen, etc...)

Medication Name: _____ Dose: _____

What does this medication treat? _____

Medication Name: _____ Dose: _____

What does this medication treat? _____

Medications scheduled *IN SCHOOL*: (to be taken at a set time on a regular schedule)

Medication Name: _____ Dose: _____

What does this medication treat? _____

Medication Name: _____ Dose: _____

What does this medication treat? _____

Medications *TAKEN AT HOME*:

Medication Name: _____ Dose: _____

What does this medication treat? _____ Time Given: _____

Medication Name: _____ Dose: _____

What does this medication treat? _____ Time Given: _____

Please Note: No medication will be given at school until the school nurse receives the appropriate Medication Permission Form and the medication ***in the original container, labeled with the student's full name***. Medications that are prescribed by a provider will require an order from the provider. *All medication, prescription or over the counter, must be transported to and from school by a parent/guardian and will be kept in the Health Services office. Certain emergency medications may be carried on the person only with the medical provider's written consent.*

Non-prescription Medication: All non-prescription medication should be delivered to the school nurse directly. It should be in the original container, should include the student's name, name of medication, and reason and times it should be given. The school nurse **MUST** receive the appropriate Medication Permission form for any over the counter medications that are not supplied by the Health Office (*medications that are supplied can be found on the Medical History form*).

Home Language Survey

School: _____ District: _____ Date: _____

Instructions for survey administrator:

1. Please ensure this survey is in a language which is comprehensible to the parent/guardian who is completing it, and provide an interpreter to translate the survey when necessary.
2. If responses indicate a language other than English, contact the Student Services Coordinator or ESOL/ELL Program Coordinator in your school or district immediately.
3. Note the date of referral to Student Services/ESOL Program: *Month: _____ Day: _____ Year: _____ (initial)*
4. File the original *Home Language Survey* in the student's cumulative folder.

Information for parents and guardians:

All public school districts in the United States are required to provide language assistance to the parents and guardians of students in their local schools. In addition, it is the school's responsibility to identify any and all students who may have a language influence other than English. This is in order to determine whether the school is obligated to provide additional academic language services. In New Hampshire, these services are usually called ESOL or ELL Services.

Student Information: Please complete this general information about your son or daughter.

First name:	Last name:	Date of Birth:	Gender: o female o male
Country of Birth:		Date first enrolled in a U.S. school: Month _____ Year _____	Current grade:

Family Information: Please complete this information about your family.

Name of parent/legal guardian:	Phone number:
Address:	Would you like school notices translated? If yes, in which language: _____

Questions about Language: Please answer the following questions about the languages that you and your family use.

What language(s) does your child hear or speak in your home?

Which language(s) did your child first hear or speak?

*If English is the only language listed above, you may skip over the next questions.
 If another language is listed, please answer the following questions.*

What language(s) do you use with your child?

What language(s) does your child hear or use at home with relatives and friends?

What language(s) does your child use with people in your community?

Parent/Guardian Signature: _____ Date: _____



SAU 68
Lin-Wood Public School
Lincoln-Woodstock Cooperative School District
72 Linwood Drive
Lincoln, New Hampshire 03251
Telephone (603) 745-2214



Annual Photo & Media Release

For more information please contact the main office within the school

2023-2024

We request your permission to allow the LWCS D to photograph and/or interview your child during this school year. Photographs or interview may be used by the Lincoln-Woodstock Cooperative School District for informational, press, and/or marketing materials. This can include printed materials, electronic media, or other mediums for the purposes of press coverage, display, or exhibition. Photographs and interviews may also be used by members of the media to broadcast events at our school.

Regular school photos will be used for yearbook purposes. Additional information is available by contacting the main office at either the Elementary or Middle/High School.

☐ I/We hereby authorize the Lincoln-Woodstock Cooperative School District (LWCS D) and/or parties designated by the LWCS D to photograph and interview my/our child.

☐ I/We hereby do not authorize the Lincoln-Woodstock Cooperative School District (LWCS D) and/or parties designated by the LWCS D to photograph and interview my/our child.

STUDENT INFORMATION

Last Name	First Name	Grade	DOB

Parent/Guardian Signature: _____

Date: _____

For Office Use Only:
ID # _____

LIN-WOOD PUBLIC SCHOOL CALENDAR 2023-2024



AUGUST 2023

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

(4 days)

SEPTEMBER 2023

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

(19 days)

OCTOBER 2023

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

(20 days)

NOVEMBER 2023

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

(18 days)

DECEMBER 2023

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

(16 days)

JANUARY 2024

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

(21 days)

FEBRUARY 2024

M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	

(17 days)

MARCH 2024

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

(19 days)

APRIL 2024

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

(16 days)

MAY 2024

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

(22 days)

JUNE 2024

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

(8 days)

	FIRST/LAST DAY OF SCHOOL
	NO SCHOOL
	NO SCHOOL-TEACHER IN-SERVICE
	EARLY DISMISSAL
	STUDENT LEAD CONFERENCES
	AMERICAN EDUCATION WEEK

(180 SCHOOL/STUDENT DAYS)

August 22-24	Teacher In-Service Days	January 1	New Year's Day
August 28	First Day of School	January 15	MLK Day/Civil Rights Day
September 1-4	Labor Day Weekend	February 26-March 1	Winter Break
October 6	Teacher In-Service Day	March 12	Teacher In-Service Day/Town Mtg.
October 9	Columbus Day/Indigenous Peoples' Day	April 11	Student Lead Conf. 3PM-6PM
November 10	Veteran's Day (Observed)	April 12	Teacher In-Service Day
November 13 - 17	American Education Week	April 12	Student Lead Conf. 8AM-12PM
November 15	Early Dismissal/Parent Conferences	April 22-26	Spring Break
November 22-24	Thanksgiving Break	May 27	Memorial Day
December 25-29	Holiday Break	June 12	Early Dismissal/Last Day of School

Please note: This calendar may be changed by School Board action or by inclement weather conditions. School cancellations, e.g., snow days may extend the school year. Snow make-up days if needed: June, 13, 14, 17, 18, and 19. The Board and the Administration will set the date for graduation in late January or early February.

INTERIM CLOSURES	INTERIM DISTRIBUTED	REPORT CARD CLOSURES	REPORT CARD DISTRIBUTED
September 29	October 4	November 3	November 8
December 8	December 13	January 22	January 25
March 20	March 23	April 2	April 5
May 10	May 15	June 12	June 14

Lincoln-Woodstock Cooperative School District

Pupil Services Questionnaire

TO BE FILLED OUT BY ALL INCOMING STUDENTS

This form will be given to the Director of Pupil Services

CONFIDENTIAL

Students Name: _____

Date: _____

Date of Birth: _____

Grade: _____

Identify the student's current living arrangements

Please check all that apply

- ☐ In a shelter, domestic violence shelter, group home, transitional housing, or FEMA trailer (not section 8 housing)
- ☐ In a foster home or awaiting foster care
- ☐ In a home of a friend or relative temporarily (due to lack of housing or financial conditions)
- ☐ In a motel/hotel
- ☐ In a place NOT considered traditional housing (car, campground, park, abandoned building)
- ☐ In your own home without adequate utilities (running water, heat, electricity)
- ☐ Living alone as a minor student(s) without an adult (unaccompanied youth)
- ☐ In a home of a friend or relative permanently
- ☐ In own home (includes section 8 housing)

Medicaid:

Is the above student apart of any Medicaid Program such as Katie Beckett, NH Healthy Family WellSense, or Medicaid?

If YES, please write the student's Medicaid number: _____

Special Education:

Has the student ever been referred for Special Education Services? YES OR NO

Section 504:

Has the student ever been referred for 504 services? YES OR NO

If YES, does the student have a current 504 plan? YES OR NO

English Speakers of Other Languages (ESOL):

Has the student ever been referred for ESOL services? YES OR NO

If YES, does the student have a current ESOL plan? YES OR NO

If YES, what time of day is best to set up a meeting: _____

The best phone number: _____ and email address _____

Parent/Guardian Signature: _____

Date: _____

Student Signature (If 18 years or older): _____

Date: _____



SAU 68

Lin-Wood Public School

Lincoln-Woodstock Cooperative School District
72 Linwood Drive
Lincoln, New Hampshire 03251
Telephone (603) 745-2214



Dear Parent or Guardian,

We regret to inform you that at this time the USDA Universal Free Meals program that has been in place for the past two school years has not been renewed.

Meals will no longer be free to all students starting in the 2023-2024 school year.

For any student to be able to receive free meals, families must take one of the following actions:

- Enroll in the Supplemental Nutrition Assistance Program (SNAP)
 - This program can be applied for online at:
<https://nheasy.nh.gov/#/apply-benefits>
- Submit a meal benefit application to our school district
 - Applications can be downloaded at: www.lin-wood.org Click on Parents / Food Service
 - A copy of the application will be distributed to all students with back-to-school packets
 - Contact Billie Barnett if you need a copy of the application or need assistance in completing the application. bbarnett@lin-wood.org

We strongly urge all families to apply for meal benefits through one of the methods listed above, even if your family has not qualified for benefits in the past. Enrollment in the meal benefits program assists our district and our students far beyond the positive impacts on student health. Additional funding for student education, technology, scholarships, and more are all tied to meal benefit enrollment.

Students who are not enrolled in free meals through one of the methods above and choose to participate in the school meals program will be charged per meal and need to have funds added to their food service program account. Prices for meals in the 2022-2023 school year are:

	Breakfast	Lunch
Elementary	\$2.00	\$3.00
Middle School	\$2.25	\$3.25
High School	\$2.25	\$3.25
Reduced price (all levels)	\$.00	\$.40

Funds can be added to student accounts online at any time at: www.myschoolbucks.com

Funds can also be added to student accounts by check made out to Lin-Wood Foodservice submitted to your child's homeroom teacher.

Any meals that are ordered by students but not paid for at the time of delivery will be handled in accordance with the School Board's meal charging policy EF-R, attached at the end of this letter.

SCHOOL MEAL CHARGING AND PAYMENT

The Lincoln-Woodstock School District believes that no child can learn while hungry. Therefore in order to support the success of our schools, any student that is hungry and wants to eat, either breakfast or lunch, will be fed a complete, reimbursable meal, regardless of the balance of their student account. No student will be turned away, no meals will be taken away at the point of service and no student will be given an alternative meal as a result of no funds to purchase a meal.

All complete, reimbursable meals will be charged to the student account at the appropriate meal costs (Reduced Price or Paid). As an Offer versus Serve (OVS) School, our definition of a complete, reimbursable meal includes the following food components: Meat/Meat Alternate, Grain, Fruit, Vegetable, Milk. The student must take at least 3 food components, with one of the selections being either a Fruit or a Vegetable.

A la carte food items or incomplete, non-reimbursable meals will not be allowed to be purchased if a student has a negative account balance.

Schools may not do the following (reference United States Department of Agriculture, Food and Nutrition, Instruction 765-7, Revision 2):

- Deny meals to free students regardless of any other charges at the school;
- Deny meals to any student for disciplinary reasons;

Payment to the students' food service accounts may be made by cash or check to the Food Service Director or at the Point of Service (register). Payment may also be made using the School District's current online school payment system.

It is the responsibility of each household to maintain a positive balance in their student's food service account. When the student account balance goes below \$0.00, the Building Administrator or designee will contact the household by email or letter. The Food Services Director shall also attempt to contact the household by telephone to establish a payment arrangement prior to small claims. The District's Free and Reduced Determining Official shall reach out to families and provide paperwork and resources as needed. All attempts to collect outstanding funds will be documented and collected through small claims court at the expense of the child's parents/legal guardians.

Any processing fees incurred for returned checks will be charged to the student's food service account for payment by the household.

If a student leaves the district, for any reason, their food service account will be reimbursed to the household in full.

At the end of the school year, any account that is still delinquent will be written off as bad debt and will be made whole by the school district.

Legal References:

A Provision of the Healthy, Hunger-Free Kids Act of 2010, USDA

Legal References Disclaimer: *These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.*



Application Prototype Cover Page

OMB Number: 0584-0026
Expiration Date: 07/31/2023

This information is being collected to assist the Food and Nutrition Service (FNS) in providing program operators an application prototype for participation in the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). This application prototype meets all of the regulatory requirements. While it is voluntary for program operators to use this application prototype, the information it collects is required for applicants to obtain program benefits in accordance with the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. § 1758). FNS does not use the information collected at the local level. This collection requests personally identifiable information under the Privacy Act of 1974; all responses are to be kept private to the extent provided by law. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0584-0026. The time required to complete this information collection is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Child Nutrition, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314, ATTN: PRA (0584-0026). Do **not** return the completed form to this address.



SAU #68
LINCOLN-WOODSTOCK
COOPERATIVE SCHOOL DISTRICT
PO Box 846, 78 Main Street #3, Lincoln NH 03251
Telephone: (603) 745- 2051 / Fax: (603) 745-2352
www.lin-wood.org



SCHOOL YEAR 2023-2024

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Lin-Wood Public School** offers healthy meals every school day. **Breakfast costs Elem. \$2.00 & M/HS \$2.25; lunch costs Elem. \$3.00, M/HS \$3.25**. Your children may qualify for free meals or for reduced price meals. Reduced price is **Free** for breakfast and **\$.40** for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **State SNAP, the Food Distribution Program on Indian Reservations [FDPIR]** or **State TANF**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2023-2024			
Household size	Yearly	Monthly	Weekly
1	\$ 26,973	\$ 2,248	\$ 519
2	\$ 36,482	\$ 3,041	\$ 702
3	\$ 45,991	\$ 3,833	\$ 885
4	\$ 55,500	\$ 4,625	\$ 1,068
5	\$ 65,009	\$ 5,418	\$ 1,251
6	\$ 74,518	\$ 6,210	\$ 1,434
7	\$ 84,027	\$ 7,003	\$ 1,616
8	\$ 93,536	\$ 7,795	\$ 1,799
Each additional person:	+ \$ 9,509	+ \$ 793	+ \$ 183

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 **Billie Barnett**, bbarnett@lin-wood.org **603-745-2214 ext. 240**.
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: **Billie Barnett**, bbarnett@lin-wood.org **603-745-2214 ext. 240**.
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 **Billie Barnett**, bbarnett@lin-wood.org 603-745-2214 ext. 240 immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit lin-wood.org to begin or TO learn more about the online application process. Contact **Billie Barnett**, bbarnett@lin-wood.org 603-745-2214 ext. 240 if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. 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.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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.
10. 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: **Judith McGann**, jmcgann@lin-wood.org, 603-745-2051 ext. 212.
11. 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.
12. 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.
13. 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.
14. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
15. 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 **Billie Barnett**, bbarnett@lin-wood.org 603-745-2214 ext. 240 to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP**, **TANF**, **FDPIR** or other assistance benefits, contact your local assistance office or call 603-271-9700 or 844-275-3447.

If you have other questions or need help, call 603-745-2214 ext. 240.

Sincerely,

Billie Barnett
Lin-Wood Public School

This institution is an equal opportunity provider.

APPLY ONLINE: www.lin-wood.org
RETURN TO (School/District Name): Lin-Wood Public School
ADDRESS: 72 Linwood Drive, Lincoln NH 03251

Need space for more names.

List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

are not applying for benefits. This includes children not related to you in your household.

Grade	Check all that apply									
	Foster Child	Migrant	Runaway	Homeless						
	<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"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

NUMBER):=

Write only one case number in this space.

(including you.)

Household Member listed, if they receive income, report total gross income (before taxes and less any exclusions) for the year. If a household member is not listed, do not report. If a household member is listed but has no income, leave the field blank. Do not report income for a household member who is not a U.S. resident or who is not a U.S. citizen or permanent resident alien.

Public Assistance, Child Support, Alimony		How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other		How often received?			
		Weekly	Every 2 weeks	2x/Month	Monthly			Weekly	Every 2 weeks	2x/Month	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"/>	<input type="radio"/>	<input type="radio"/>

1001

Weekly
O

Weekly	Every 2 Weeks	2x/Month	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Check if no social Security Number

How often received?

Every 2 Weeks	2 to 4 Months	Monthly	Annually
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Please see application's back for list of income sources.

at school address here

on is given in connection with the receipt of Federal funds, and that school officials may verify prosecution under applicable State and Federal laws."

[illegible]

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> 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
		<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
		<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly $\times 52$, Every 2 Weeks $\times 26$, Twice a Month $\times 24$, Monthly $\times 12$. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?				Household size	Categorical Eligibility	Eligibility			
	Weekly	Every 2 Weeks	2x/Month	Monthly			Annual	Free	Reduced	Denied
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Determining Official's Signature	<input type="text"/>	Date	<input type="text"/>	Confirming Official's Signature	<input type="text"/>	Date	<input type="text"/>	Verifying Official's Signature	<input type="text"/>	

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, Check if no Social Security Number: Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442, or
program.intake@usda.gov

*Do not mail applications to this address, only complaints of discrimination.

Return completed form to your child's school.

This institution is an equal opportunity provider.