CANTON PUBLIC SCHOOLS

Dr. Jennifer Fischer-Mueller
Superintendent of Schools

Debra L. Bromfield
Director of Student Services

Patricia Kinsella
Assistant Superintendent

Barry S. Nectow
School Business Administrator

960 Washington Street, Canton, MA 02021
Telephone: 781-821-5060
Fax: 781-575-6500
www.cantonma.org

To develop students who are competent and creative thinkers, curious and confident learners, and compassionate citizens.

January 2019

Dear Parents and Guardians:

Welcome to Canton and the Canton Public School District. As our vision states, we are committed to developing students who are competent and creative thinkers, curious and confident learners, and compassionate citizens. We look forward to our partnership with you as we strive to achieve our vision and prepare our students with 21st Century Skills to meet the expectations of higher education and the workforce. We look forward to enrolling your child(ren) in our district.

To assist you in this process, we have included all needed forms. Please fill these out and return them to us as soon as you can.

In this packet, you will find the following items:

1. Student Enrollment Application
2. Emergency Student Information
3. Health History
4. Release of Information
5. Certification of Residency
6. Residency and Registration Policy
7. Homeless Student Information
8. Home Language Survey
9. Race and Ethnicity Chart
10. Transportation Form (NOT APPLICABLE FOR PRESCHOOL STUDENTS)

You will be required to provide the following items:

1. Proof of Residency (must have one from each category)
   a. Copy of most recent mortgage payment **OR** copy of lease **and** copy of most recent rent payment
   b. Copy of a utility bill (ex. gas, oil, electric, or cable)
   c. Copy of driver's license, vehicle registration, or excise tax bill
2. Student's Official Birth Certificate with Seal
3. Up-to-date Immunization Record
4. Current Physical Exam (dated within one year of enrollment date)

*For further information on required documents please see the Enrollment Application (pg2)

Sincerely,

Jennifer Fischer-Mueller
Superintendent of Schools

The Canton Public Schools does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, disability or homelessness. Equal Opportunity Employer (EOE)

Canton Public Schools

Student Enrollment Application

Return completed packets and required documents to:
Brett McCloud
Rodman Administration Building
960 Washington Street
781-821-5060 ext 1156
mccloudb@cantonma.org

PLEASE PRINT CLEARLY

Student Information:

Last Name _____ First Name _____ Full Middle Name _____

Date of Birth (mm/dd/year) _____ City of Birth _____ State of Birth _____

Home Address _____ Home Phone _____ / Cell Phone _____ Gender: Male Female

FAMILY: Guardian #1 Name _____ Guardian #2 Name _____

Student resides with: ☐ Both Guardians ☐ Guardian #1 ☐ Guardian #2 ☐ Other (please explain): _____

Please list name(s) and age(s) of other children in the family: _____

Any other family members who reside with you? _____

Primary language: _____ Other language: _____ Do you need a translator: ☐ Yes ☐ No

Has your child ever attended a Massachusetts public school? ☐ Yes ☐ No
Has your child ever attended a Canton Public School? ☐ Yes ☐ No If so, which school? _____

Current or last School: _____ Address: _____

City/State/Zip: _____ Telephone # : _____

Has your child ever been on an Individual Education Plan (IEP) or 504 Plan? ☐ Yes ☐ No If yes, please provide current copy
If yes, are they currently on that plan? Please explain: _____

Is someone in your child's family, immediate or extended, enlisted in the military? ☐ Yes ☐ No

Federal law requires the Department of Education to report race for the purpose of monitoring enforcement of civil rights laws and to ensure that students are receiving equal opportunities. Please refer to the race & ethnicity chart enclosed in this enrollment packet for your appropriate two-digit code.

Race Code: ___ ___ ***For correct code, please refer to the Race and Ethnicity Chart at the end of this packet***.

Proof of Residency (You need one from each category)

Category 1	Category 2	Category 3
- Copy of most recent mortgage payment *(If you no longer pay a mortgage on your home, you must submit a copy of the property deed or a copy of the discharge of mortgage.)* - Purchase and Sales Agreement - Property tax bill - Copy of Lease (including BHS and HUD leases, student's names must be included on the lease) ***and*** record of most recent rent payment.* ****You must submit both of these documents.***	- Utility bill or work order within the past 60 days: → Gas bill → Oil bill → Electric bill → Cable bill If you live in a household where all utilities are in someone else's name, and if this is noted on your lease or affidavit, then you may submit a utility bill in the name of the homeowner.	- Valid government issued photo identification, e.g., Massachusetts driver's license, or state issued ID card with a valid Canton, MA address on it. Dated within the past year: - W-2 form (private information may be blocked out) - Vehicle registration - Excise tax bill

The student's original Birth Certificate, up-to-date Immunization Record, and a current physical exam (dated within one year of enrollment date) must be presented at time of enrollment.

FOR OFFICIAL USE ONLY

Medically cleared ☐ _____ _____
Pre-Registration Nurse Signature Date

School Assignment _____ Entrance Date _____ Grade _____

PLEASE NOTE: Canton Public Schools reserves the right to verify all the information provided in this packet*

KINDERGARTEN GUIDELINE: *Your child must reach their fifth birthday on or before September 1st – NO EXCEPTIONS!*
FIRST GRADE GUIDELINE: *Your child must reach their sixth birthday on or before September 1st – NO EXCEPTIONS!*

Revised 01/18/2017

CANTON PUBLIC SCHOOLS
EMERGENCY STUDENT INFORMATION

Student Name: _____ **Date of Birth:** _____

PLEASE NOTIFY THE SCHOOL MAIN OFFICE IF ANY OF THE INFORMATION LISTED BELOW CHANGES

PLEASE PRINT CLEARLY

Guardian #1:

_____
Name

_____
Home Address (if different from student)

_____ / _____
Home Phone Cell Phone

_____
Work Name

_____
Work Address

_____
Work Phone Ext

_____
Email Address

Guardian #2:

_____
Name

_____
Home Address (if different from student)

_____ / _____
Home Phone Cell Phone

_____
Work Name

_____
Work Address

_____
Work Phone Ext

_____
Email Address

OTHER EMERGENCY CONTACTS:

_____ _____ _____
Name Relationship Daytime Phone Number

_____ _____ _____
Name Relationship Daytime Phone Number

*Please designate one person **in your neighborhood** who would be willing to take your child home in the event of an illness or an unexpected early dismissal due to severe weather (should you be unable to meet the bus or pick up at school):*

_____ _____ _____
Name Relationship Daytime Phone Number

EMERGENCY MEDICAL INFORMATION:

Physician's Name: _____ Physician's Phone #: _____

Dentist's Name: _____ Dentist's Phone #: _____

Health Insurance Company: _____ Mass Health/ Medicaid ☐ Yes ☐ No If Yes, Policy #: _____

If you do not have health insurance, Mass Health is available to uninsured children. Please contact school nurse for more information. All communication will be kept confidential.

I give the school nurse permission to share relevant medical information with school staff, emergency medical personnel and my child's physician.

Parent/ Guardian Signature: _____ Date: _____

IF YOUR CHILD HAS A MEDICAL ISSUE PLEASE MAKE AN APPOINTMENT WITH THE SCHOOL NURSE

Canton Public Schools – Health History

Name of Student: _____

Date of Birth: _____/_____/_____ Male _____ Female ____ Grade: _____ Place of Birth: _____

Birth History
Full Term (over 37 weeks): _____
Pre Term (# of weeks gestation): _____
Early Intervention? Yes ☐ No ☐

Developmental Delays: Did your child have any significant developmental delays (crawling, walking, talking)? Yes ☐ No ☐
When? _____
What happened? _____
_____

Allergies: Does your child have any significant allergies (latex, medication, environmental)? Yes ☐ No ☐

Does your child have an Epi-Pen Yes ☐ No ☐

Has your child ever been stung by a bee or insect? Yes ☐ No ☐
When? _____
What happened? _____

Are there any foods your child should not eat or is allergic to:
What: _____
Reason: _____

Has your child ever had al allergic reaction to any medication?
Name of medication: _____
What happened? _____

Medication: Is your child taking any medication on a regular basis at home or in school? Yes ☐ No ☐
Name of medications: _____
For what reason? _____
_____
_____

Will medication be needed at school or on a field trip?
Yes ☐ No ☐
Which medications? _____

Has your child had any:

Operations	Yes ☐ No ☐	Serious accidents	Yes ☐ No ☐
Fractured bones	Yes ☐ No ☐	Concussion	Yes ☐ No ☐
Hospitalizations	Yes ☐ No ☐	Serious head injury	Yes ☐ No ☐

Please give dates/details _____
_____
_____
_____
_____
_____
_____

Does your child have a history of:

ADD/ADHD	Yes ☐ No ☐
Is he/she aware of the diagnosis	Yes ☐ No ☐
Asthma/Wheezing	Yes ☐ No ☐
Bleeding disorder	Yes ☐ No ☐
Bone or joint disease	Yes ☐ No ☐
Chicken Pox or Shingles	Yes ☐ No ☐
Diabetes	Yes ☐ No ☐
Depression	Yes ☐ No ☐
Frequent nosebleeds	Yes ☐ No ☐
Headaches:	Yes ☐ No ☐
Chronic	Yes ☐ No ☐
Migraine	Yes ☐ No ☐
Hearing difficulties	Yes ☐ No ☐
Heart conditions	Yes ☐ No ☐
High blood pressure	Yes ☐ No ☐
Skin problems	Yes ☐ No ☐
Stomach/Bowel problems	Yes ☐ No ☐
Scoliosis	Yes ☐ No ☐
Seizure Disorder	Yes ☐ No ☐
Last Seizure? _____	Yes ☐ No ☐
Seizures with fever	
Visual problems	Yes ☐ No ☐
Urinary problems	Yes ☐ No ☐
Weight concerns (obesity, eating disorder)	Yes ☐ No ☐
Other	Yes ☐ No ☐

Does your child use any of these aids?

Contact lenses	Yes ☐ No ☐	Eye glasses	Yes ☐ No ☐
Hearing aid	Yes ☐ No ☐	Tubes in ears	Yes ☐ No ☐
Crutches	Yes ☐ No ☐	Wheelchair	Yes ☐ No ☐
Brace for arm or leg		Yes ☐ No ☐	
Palate expander		Yes ☐ No ☐	
Orthodontic braces/retainer		Yes ☐ No ☐	

Other, please specify:
_____
_____
_____

I give health personal permission to share relevant medical information with school staff, emergency medical personnel and my child's physician.

_____
Parent/Guardian Signature Date

Please call the school nurse to discuss any of the above information or to ask questions. If needed, use the reverse side of the paper to make additional comments.

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RELEASE OF INFORMATION FORM

Revised 7/1/2015

I hereby authorize and give permission to release my accumulated school records to:

☐ Canton High School
900 Washington Street
Attn: Registrar
Canton, MA 02021
781-821-5050 Fax: 781-575-5052

☐ William H. Galvin Middle School
55 Pecunit Street
Canton, MA 02021
781-821-5070 Fax: 781-575-6509

☐ John F. Kennedy Elementary School
100 Dedham Street
Canton, MA 02021
781-821-5080 Fax: 781-575-6543

☐ Lt. Peter M. Hansen Elementary School
25 Pecunit Street
Canton, MA 02021
781-821-5085 Fax:781-575-6552

☐ Dean S. Luce Elementary School
45 Independence Street
Canton, MA 02021
781-821-5075 Fax: 781-575-6528

☐ Rodman Early Childhood Program
960 Washington Street
Canton, MA 02021
781-821-5060 Fax: 781-575-6500

☐ Office of Student Services 960 Washington Street, Canton, MA 02021 781-821-5060 Fax: 781-821-5039

To share, transfer, and receive information/records regarding my child:

Student's Name: _____ Student's DOB: _____

Student's Address: _____ Year of Graduation: _____

Student's City/State/Zip: _____ SSN (*if applicable*): _____

To and from the following third party/school (*students previous school of attendance*):

Name: _____

Address: _____ Telephone #: _____

City/State/Zip: _____ Fax Number: _____

Information/Records to be released includes, but not limited to the following:

Cumulative Records
Transcript Information (includes identifying information, course titles, grades or their equivalent, and grade level completed)
Teacher and Counselor Evaluations and Comments
Psychological Reports
Other_____

Discipline Records
Attendance Record
Medical Records/Immunizations
Standardized Test Scores
Special Education/IEP/504 Plan

_____ _____
* Name of parent/guardian or student (please print) Date

_____ _____
**Signature of parent/guardian or student Date

*This form may be signed by a student or former student of fourteen years of age or older, or a student in the ninth grade or above, or a parent/guardian.
**Chapter 71, Section 37L (as amended by Section 37 of Chapter 71 of the Acts of 1993) of the Massachusetts General Laws. A student transferring into a local system must provide the new school with school record of the entering student. Said record shall include, but not limited to any incidents involving suspension or violation of criminal acts, or any incident reports in which such student was charge suspended act.
***Release is good for 1 year only. Release can only be used for intended purpose.

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Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: Canton Public Schools 0050

School/District Contact: Debra Bromfield, Director student Services bromfieldd@cantonma.org

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.

2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.

3. If you give the school district permission to share information with and request reimbursement from MassHealth:
   a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
   b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
   c. Your permission will not lead to any changes in your child's MassHealth rights; and
   d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.

4. If you give permission, you have the right to change your mind and withdraw your permission at any time.

5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	**Date of Birth:**	**SASID # (for district to add):**
Child's Name:	**Date of Birth:**	**SASID # (for district to add):**
Child's Name:	**Date of Birth:**	**SASID # (for district to add):**

Add more children

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Certification of Residency Form

It is the policy of the Canton Public Schools that proof of residence must be established by the student and his/her parent/guardian in accordance with the Canton Public Schools Residency and Registration Policy.

All persons registering a student with the Canton Public Schools shall be required to sign a certification of residency statement, which includes the penalties of perjury regarding the information provided. In addition, any person who falsely claims that a student lives with them, or the parents of that student, may be required to pay the full cost of the student's tuition to the Canton Public Schools, as well as any legal necessary legal fees.

Certification of Residency

This is to certify that I have submitted the proof of residency documents required by the Canton Public School Committee to enroll_____in the Canton Public Public Schools. I understand that residency means that the student resides in the town of Canton and I certify that_____returns to_____ at the end of the day and spends the night at this address. I understand that if the Canton Public Schools investigates and finds these statements to be false, I may be held liable for repayment of any tuition or educational costs due to the Canton Public Schools for the education of the above referenced child(ren).

(Name of student)

(Name of Student) (Address)

Signed under the pains and penalties of perjury this_____day of_____,_____

(Month) (Year)

_____
(Signature) Parent

_____
(Signature) Guardian

_____
(Signature) Canton resident with whom student resides
A homeowner/landlord or caregiver affidavit must be submitted in addition to this signature.

The Canton Public Schools does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, disability or homelessness.
Equal Opportunity Employer (EOE)

File: JF-E

RESIDENCY POLICY

A. Residency Requirements

Only children of school age who actually reside in the Town of Canton are entitled to attend the Canton Public Schools (M.G.L., c. 76, s. 5). "Residence" is the primary place where a person dwells permanently, and is the place that is the center of his or her domestic, social, and civic life. Temporary residence in the Town of Canton for the purpose of enrolling in the Canton Public Schools, shall not be considered residency. (M.G.L. c. 76, s. 6). Persons who are found to temporarily reside in Canton for the special purpose of enrolling in the Canton Public Schools will be dismissed immediately from the Canton Public Schools and the parent(s), guardian(s), or others may be jointly and severally liable to the school district for tuition and other costs and fees.

Before any student is assigned to or attends any Canton public school, the student's parent or legal guardian must provide documents demonstrating proof of permanent residency in Canton. The student cannot be enrolled until residency is established. Residency can, and does, change for students and their families, therefore the Canton Public Schools reserves the right to request additional, updated information at any time, and to routinely verify the residency of students entering grades kindergarten, six and nine. The Canton Public Schools will implement administrative procedures consistent with this policy.

Exceptions to the residency requirements include:

(1) students whose families move out of town during their senior year of high school;
(2) students in any other grade whose families move out of town after April 1st, who would like to finish the current school year and who pay the daily per pupil cost to remain enrolled and any future costs the District incurs on student's behalf;
(3) students for whom another community or state agency may pay approved tuition rates; and
(4) homeless students entitled to a free, appropriate public education in accordance with the provisions of the McKinney-Vento Homeless Education Assistance Act. (See Policy JFABD for additional details).

Decisions regarding residency may be appealed to the Superintendent of Schools who may exercise discretion if the situation warrants it. The Superintendent's decision shall be final.

B. Investigation

Once the student has enrolled, school principals are required to look into situations in which there is reason to believe that the phone number and the address do not appear to be authentic. The principals will report questionable situations to the Superintendent or his/her designee.

The Canton Public Schools may conduct an investigation into the residency of any student at any time. If the school department suspects that a family of a current Canton Public School student lives outside Canton, an investigation and/or recertification will take place. If a case warrants closer inspection, the Superintendent may authorize a home visit and/or utilize the Canton Police Department or private investigator to further investigate a residency concern.

C. Removal of Non-Resident Students

If it is discovered that a Canton student is a nonresident, the student's parent or legal guardian

will be notified of the violation and instructed to enroll the student in the school district of the city or town where he or she actually lives. Failure to transfer the student out of the Canton Public Schools within five (5) school days will result in the student's immediate dismissal from the Canton Public Schools, unless there are fewer than ten (10) school days left in the marking period/school year; in which case, the student will be transferred at the end of the marking period/school year.

A student, other than a high school senior, who becomes a non-resident on or after April 1st, may elect to pay the daily per pupil tuition cost, plus any future costs the district incurs on student's behalf, and complete the rest of the school year in his/her present school. Only students whose families move out of town during their senior year of high school will be allowed to complete the school year tuition free.

D. Tuition

When a violation is determined, the Canton Public Schools will take action to recover tuition and other costs expended on behalf of the child during the period of non-residency. Parent(s), guardian(s), and other(s) may be jointly and severally liable to the Canton Public Schools for the student's tuition and other academic or related costs, as well as any investigation costs or legal fees incurred by the District as a result of any violations.

E. Elementary Neighborhood Schools

All students shall attend their neighborhood elementary school unless there is a space issue, bullying issue, necessary special needs education classroom, or any Superintendent determined compelling reason.

Adopted 02/04/2016

KIDS WITHOUT A PERMANENT ADDRESS HAVE A RIGHT TO GO TO SCHOOL

Worried about where you're going to sleep tonight?

Concerned about your education or your child's?

If you, your family, or someone you know…

- Usually sleeps on someone's couch or in a car or an abandoned building
- Lives with relatives or friends
- Lives in a temporary trailer park or campground
- Lost or left your/his/her home

…Then there are some things you should know about.

The law states that students without a permanent place to live have the right to:

- **Be enrolled in a school, including public pre-school**
  - No matter where you live or how long you've lived there.
  - Continue to go to the school the child is attending or choose the school closest to where you are staying now, if feasible.
  - Attend school without giving a permanent address.
  - School arranges for collection of transfer information and immunization records.
  - While the school and the student resolve disputes over enrollment.

- **Obtain free lunch (and breakfast, if offered).**

- **Receive transportation, if requested**
  - To the school the child last attended, if requested.
  - To and from school programs, if applicable.

- **Participate in school programs (like athletics and other student activities).**

- **Receive the same support and services provided to all other students, as needed.**

If you have questions about getting your child in school,
please contact Canton Public School's Homeless Liaison
Stephanie Shapiro at 781-821-5050 extension 2107.

For More Information,
please visit our Registration Website and click on Homeless Information Link.
https://www.cantonma.org/student-services/homeless-student-information

CANTON PUBLIC SCHOOLS

960 Washington Street
Canton, MA 02021
781-821-5060

School: _____ Grade: _____

ENGLISH HOME LANGUAGE SURVEY ENGLISH

Student's Name: _____Telephone #: _____

Address: _____

1. What language did your child first learn to speak? _____
2. What language do you use most often when speaking to your child at home? _____
3. What language does your child use most often when speaking to you at home? _____
4. What language does your child use most often when speaking to brothers, sisters, friends and other adults such as grandparents, etc.? _____

_____ _____ --_____
Date Parent/Guardian Signature

ESPANOL SPANISH

CUESTIONARIO PARA SABER QUE IDIOMA SE HABLA EN EL HOGAR

Nombre del estudiante: _____Telephono: _____

Direccion: _____

1 Cual fue el primer idioma que su jijo/a aprendio a hablar? _____
2. Cual es el idioma que usted usa mas cuando habla con su jijo/a en casa? _____
3. Cual es el idioma que su jijo/a usa cuando habla con usted en casa? _____
4. Cual es el idioma que usa mas su jijo/a cuando habla con sus hermanos/as, amigos, y otros adultos como abuelos/as y demas miembros de la familia? _____

_____ _____
Date Firma del Padre/Madre/Encargado

한국어 KOREAN

가정의 언어 설문조사

Student's 이름: _____ 전화 #: _____

주소: _____

1. 당신의 아이는 첫번째로 어떤 언어를 말하는 것을 배웠느냐? _____
2. 집에서 당신의 아이에게 말을 걸 때 당신은 어떤 언어를 가장 자주 사용하느냐? _____
3. 집에서 당신에게 말을 걸 때 어떤 언어가 당신의 아이 사용을 가장 자주 하느냐? _____
4. 형제, 여동생, 친구와 조부모, 등같은 다른 성인에게 말을 걸 때 어떤 언어가 당신의 아이 사용을 가장 자주 하느냐?

_____

날짜 _____ 부모 / 보호자 서명 _____

PORTUGUÊS PORTUGUESE

PESQUISA DE IDIOMA DE CASA

Nome de estudante: _____Telephone #: _____

Endereço: _____

1. Que idioma aprendeu sua criança primeiro para falar? _____
2. Que idioma usa freqüentemente você quando falando com sua criança em casa? _____
3. Que idioma usa freqüentemente sua criança quando falando com você em casa? _____
4. Que idioma usa freqüentemente sua criança quando falando com irmãos, irmãs, amigos e outros adultos como avós, etc.?

_____

Date _____ _____ de Assinatura de pai / Guardião

УКРАЇНСЬКИЙ UKRAINIAN

ОМАШНІЙ ОГЛЯД МОВИ

Студент Назва: _____ #: _____

Адреса: _____

1. Яка мова ваша дитина спочатку довідуються до висловлювати? _____
2. Яка мова ви використовуєте найбільш часто розмовляючи з вашою дитиною вдома? _____
3. Яка мова ваша дитина використовує найбільш часто розмовляючи з вами вдома? _____
4. Яка мова ваша дитина використовує найбільш часто розмовляючи з братами, сестрами, друзями та іншими дорослими людиною такий, як дід і баба, etc.? _____

Дата _____ Батько/Охоронець Підпис _____

РУССКИЙ RUSSIAN

ДОМОЙ ЯЗЫК ОБОЗРЕНИЕ

Студент Имя: _____ #: _____

Адрес: _____

1. Какой языковый ваш ребенок сначала узнал переговорить? _____
2. Какой язык вы используете наиболее часто говоря с вашим ребенком дома? _____
3. Что языковый ваш ребенок использует наиболее часто говоря с вами дома? _____
4. Что языковый ваш ребенок использует наиболее часто говоря с брат, сестрами, друзьями и другими взрослыми как, например, grandparents, etc.? _____

Дата _____ Родитель/Охранник Подпись _____

华人 CHINESE

家语言调查

学生的名字:_____电话 #:_____

住址:_____

1. 你的孩子首先学习什么语言说? _____
2. 当在家跟你的孩子说话的时候，你最时常使用什么语言呢? _____
3. 当在家跟你说话的时候，你的孩子最时常使用什么语言呢? _____
4. 当跟兄弟，姊妹, 朋友和其他的成人 , 像是祖父或祖母, 等等。说话的时候，你的孩子最时常使用什么语言呢?

_____

约会 _____ 父母/保护的签字 _____

FRANÇAIS FRENCH

ÉTUDE DE LA LANGUE DE LA MAISON

Le Nom d'étudiant: _____Telephone #: _____

Adresse: _____

1. Quelle langue est-ce que votre enfant a appris en premier pour parler? _____
2. Quelle langue est-ce que vous utilisez plus souvent quand vous parlez à votre enfant à la maison? _____
3. Quelle langue est-ce que votre enfant utilise le plus souvent quand vous parlez à la maison? _____
4. Quelle langue est-ce que votre enfant utilise le plus souvent quand il parle aux frères, soeurs, amis et d'autres adultes tel que grands-parents, etc.?

_____

Date _____ _____ de la Signature de parent / Gardien

Canton Public Schools
960 Washington St. Canton, MA 02021

Dear Parent/Guardian:

Children need healthy meals to learn. CANTON PUBLIC SCHOOLS offers healthy meals every school day. Breakfast costs $2.00, lunch costs are: Rodman $2.75, Elementary Schools $3.00, Galvin Middle Schools $3.30, Canton High School $3.30-$3.50. Your children may qualify for free meals or for reduced price meals. Reduced price is $0.30 for breakfast and $0.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

Frequently Asked Questions

WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **MA SNAP**, **MA TAFDC, or specific categories of Medicaid** 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 2018-2019			
Household size	**Yearly**	**Monthly**	**Weekly**
1	$22,459	$1,872	$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	+7,992	+666	+154

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 *Ms. Debra Bromfield at 781-821-5060, bromfieldd@cantonma.org*

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: the main office at your child's school.

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 *Martha Lawless, 960 Washington St. Canton, 781-821-5060 x 1246,* lawlessm@cantonma.org immediately.

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 www.cantonma.org to begin or to learn more about the online application process. Contact *Martha Lawless, 960 Washington St. Canton, MA 02021 781-821-5060 x 1246* lawlessm@cantonma.org If you have any questions about the online application.

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.

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 a completed application.

WILL THE INFORMATION I GIVE BE CHECKED?

Yes. We may also ask you to send written proof of the household income you report.

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.

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**:** *[Superintendent Jennifer Fischer-Mueller, 960 Washington St. Canton, MA 02021. 781-821-5060*

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.

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.

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.

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.

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 Martha Lawless, 960 Washington St. Canton, MA 02021- 781-821-5060 ext 1246 lawlessm@cantonma.org to receive a second application..

MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for **MA SNAP** or other assistance benefits, contact your local assistance office or call **the MA SNAP Hotline at 1-866-950-3663**.

If you have other questions or need help, call *781-821-5060 x 1246*

Sincerely,

Martha Lawless, Food Service Director
July 2, 2018

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section of 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"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."

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Canton Public Schools. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Martha Lawless, Food Service Director at 781-821-5060 x1246. lawlessm@cantonma.org

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Canton Public Schools, regardless of age.

A) List each child's name.	B) Is the child a student at [name of school/school system here]?	C) Do you have any foster children?	D) Are any children homeless, migrant, or runaway?
Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend [name of school/school district here]. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.	If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF) . The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in any of the above listed programs:
• Leave **STEP 2** blank and go to **STEP 3.**	• Write the Agency ID for SNAP, TANF, or FDPIR. You only need to provide one Agency ID. If you participate in one of these programs and do not know your Agency ID, contact: Massachusetts Department of Transitional Assistance. • Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled **"Sources of Income for Adults"** and **"Sources of Income for Children,"** printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

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

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

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

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

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in **STEP 1**. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**	**C) Report earnings from work.** Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. ***What if I am self-employed?*** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.	**D) Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.	**F) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.	**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	**B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."	**C) Mail Completed Form to: Insert School/District address here**	**D) Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

2018-2019 Massachusetts Application for Free and Reduced Price School Meals

If you have received a **Notice of Direct Certification – FREE** from the school district for free meals, **do not** complete this application. If you have received a **Notice of Direct Certification – REDUCED PRICE** from the school district for reduced price meals, this application may be submitted**. DO** let the school know if any children in the household are not listed on the **Notice of Direct Certification – FREE** letter you received.

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

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related." Children in **Foster care** and children who meet the definition of **Homeless**, **Migrant** or **Runaway** are eligible for free meals. Read ***How to Apply for Free and Reduced Price School Meals*** for more information.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student? *Circle Yes or No*	Foster	Homeless	Migrant	Runaway
						Check all that apply			
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐

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

Write the ***Agency ID Number***, then go to **STEP 4** (Do not complete STEP 3) ***Do not provide EBT card number***. **Agency ID Number:** _____

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

Review the charts titled "**Sources of Income**" for more information. The "**Sources of Income for Children**" chart will help you with the Child Income section.
The "**Sources of Income for Adults**" chart will help you with the All Adult Household Members section

A. Child Income

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

Child Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

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

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/ Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions / Retirement / All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	◎		○	○	○	◎		○	○	○	◎

Total Household Members (Children and Adults) ☐☐

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member **XXX-XX-** ☐☐☐☐ **Check if no SSN** ☐

STEP 4 Contact Information and Adult Signature

Mail Completed Form To: CANTON PUBLIC SCHOOLS 960 WASHINGTON ST. CANTON MA, 02021

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) | Apt # | City | State | Zip | Daytime Phone and Email (optional)

Printed name of adult signing the form | Signature of adult | Today's date

Error prone ☐

INSTRUCTIONS — Sources of Income

Sources of Income for Children	
Sources of Child Income	**Example(s)**
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages

- Social Security
  - Disability Payments
  - Survivor's Benefits
	- A child is blind or disabled and receives Social Security benefits
	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits

-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

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

OPTIONAL — Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (check one or more):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

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

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

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For School Use Only

2018-2019 Massachusetts Application for Free and Reduced Price School Meals

Total Income _____ **Household Size** _____

Only annualize income if there are multiple pay frequencies

How often?

Weekly	Bi-Weekly	2x Month	Monthl	Annually
○	○	○	○	○

Annual Income Conversion:

Weekly	x **52**
Every 2 Weeks	x **26**
Twice A Month	x **24**
Monthly	x **12**

Eligibility:

Free	Reduced	Denied
○	○	○

Categorical Eligibility ☐

Determining Official's Signature _____ **Date** _____

Confirming Official's Signature _____ **Date** _____

Verifying Official's Signature _____ **Date** _____

Sharing Information with Medicaid/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals,* ***unless you tell us not to.*** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in.

(Sending in this form will not change whether your children get free or reduced price meals).

❑ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Signature of Parent/Guardian: _____Date: _____

Printed Name: _____

Address: _____

_____

For more information, you may call Martha Lawless at 781-821-5060 or email at lawlessm@cantonma.org
Return this form to: **Canton Public School, 960 Washington St. Canton, MA 02021**

Sharing Information with OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Canton Public Schools Pay and Ride Student Transportation.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Canton Public Schools Athletic Department.**
- ❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Canton Public Schools Extra Curricular Activities.**

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Signature of Parent/Guardian: _____Date: _____

Printed Name: _____

Address: _____

_____

For more information, you may call Martha Lawless at 781-821-5060 ext 1246 or email at lawlessm@cantonma.org

I Speak Statements

- ☐ أنا أتكلم اللغة العربية. (Arabic)
- ☐ Ես խոսում եմ հայերեն (Armenian)
- ☐ 我说**中文** (Chinese Simplified)
- ☐ 我說**中文** (Chinese Traditional)
- ☐ Ja govorim **hrvatski**. (Croatian)
- ☐ . صحبت می کنم **فارسی** اینجانب به زبان (Farsi)
- ☐ Je parle **français**. (French)
- ☐ Μιλάω **ελληνικά**. (Greek)
- ☐ હું **ગુજરાતી** બોલુ છું (Gujarati)
- ☐ Mwen pale **Kreyòl**. (Haitian Creole)
- ☐ मैं **हिंदी** बोलता हूँ (Hindi)
- ☐ Kuv hais **lus hmoob**. (Hmong)
- ☐ 私は**日本語**を話します。 (Japanese)
- ☐ ខ្ញុំនិយាយភាសា**ខ្មែរ** (Khmer)
- ☐ 본인의 모국어는 **한국어**입니다. (Korean)
- ☐ .ئه ز زمانی **کوردی** ده ئاخڤم (Kurdish)
- ☐ ຂ້າພະເຈົ້າເວົ້າ **ພາສາລາວ**. (Lao)
- ☐ Yie gorngv **Mienh** waac. (Mien)
- ☐ Mówię **po polsku**. (Polish)
- ☐ Eu falo **Português**. (Portuguese)
- ☐ ਇ ਸਪੋਆਕ **ਪੰਜਾਬੀ** (Punjabi)
- ☐ Я говорю **по-русски**. (Russian)
- ☐ Ou te tautala **faaSamoa**. (Samoan)
- ☐ Govorim **srpski**. (Serbian)
- ☐ Waxaan ku hadlaa **Somali**. (Somali)
- ☐ Yo hablo **español**. (Spanish)
- ☐ أتحدث **السودانية** (لغوي سوداني) (Sudanese)
- ☐ Marunong po akong magsalita ng **Tagalog**. (Tagalog)
- ☐ ข้าพเจ้าพูด **ภาษาไทย** (Thai)
- ☐ ኣነ **ትግርኛ** ይዛረብ ኣየ. (Tigrinya)
- ☐ Я розмовляю **українською**. (Ukrainian)
- ☐ . ہوں بولتی/ بولتا **اردو** میں (Urdu)
- ☐ Tôi nói tiếng **Việt**. (Vietnamese)

USDA is an equal opportunity provider and employer.

Student Name: _____
School: _____ Grade: _____

If your child is eligible for free or reduced school meals, your child may also be eligible for

free or low cost health insurance

through MassHealth.

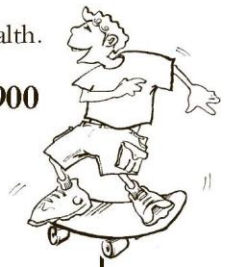
To learn more call: 1-800-841-2900

Si su niño es eligible para almuerzo gratís o reducido, su niño pueda ser eligible para

seguro de salud gratís o de bajo costo

por medio de MassHealth.

Para saber mas, llame al: 1-800-841-2900



covering Kids

MA Free and Reduced Price School Meal Application
School Year 2018-2019

Canton Public Schools

2018/2019 Bus Transportation Information

The Massachusetts General Laws governing school transportation require school departments to provide transportation for students in grades kindergarten through grade 6, living 2 miles or more from their school. We are pleased to offer transportation for all of our students in all grades but doing so is an expensive endeavor. The total cost for transportation to and from school for the 2018/2019 school year will be approximately $1,250,000. We charge fees to Canton students, who we are not legally obligated to transport, to offset the overall cost of the program. During the 2018-2019 school year, the amount of the offset will be approximately $250,000 or 20% of the overall cost.

Bus Rider Categories

There are three (3) categories of transportation and all students fall into one of these categories:

Category #1. Students grades K- 6, **who live more than 2 miles from the school they attend**, OR cross or walk on Route 138 (safety), will be transported without a fee.

Category #2. Students in grades K-6, who live less than 2 miles from the school they attend, are eligible to apply and pay for the Pay and Ride Program.

Category #3. All students in grades 7-12 (regardless of distance) are eligible to apply and pay for Pay and Ride Program

Please Circle the correct category on the application. Please be sure to initial the line on the application that states that you DO want transportation or that you DO NOT want transportation. All families must return this an application for each child whether or not they are requesting transportation.

Transportation Fees

If you are required to pay a transportation fee for your child(ren), the School Committee voted the fees for the 2018-19 school year as $250.00 for the first child, $235 for the second child and $215 for the third child, with a family cap of $700.00 subject to the terms and conditions on the Pay and Ride Transportation Program Application. Applications are due by June 15, 2018.

Each child is eligible for one seat on one bus. If you require a child to be picked up and dropped off at an additional location requiring a second bus, you will need to purchase a second seat at regular price.

Application Timing

All applications must be returned by June 15, 2018. Applications received after May 25, 2018 and before June 15, 2018 will be subject to a late fee of $50.00 per student. Applications received after June 15th will be processed and if seats are available, transportation will be provided on a first come, first serve basis, beginning in October 2018.

Payment Options and Information

1. You may pay by check to “Town of Canton”. Please write one check per family. Clearly note on the check and application for which children the check is covering.
2. You may pay on-line at cantonma.org/pages/Cantonpublicschools/departments/transportation. **In addition, even if you pay on-line, you still need to submit applications.**
3. If you have questions about the amount to remit, please contact Brett McCloud at the email listed at the bottom of this letter. Checks with incorrect totals will be returned and the application will not be complete until the proper amount has been paid.
4. New Parents/Guardians: If your student is new to Canton, the only payment option is by check.
5. Any family that has a payment balance from 2017-18 year for preschool, athletics, food services or transportation will not be permitted to apply for a bus pass for the 2018-19 school year until the balance is reconciled.

Bus Passes

Families will receive bus passes in the mail before the start of school. If you have not received a bus pass by August 30, 2018, please contact the transportation office.

No student will be permitted on the bus without a bus pass.

If you have any questions about transportation, please email Brett McCloud, Canton Public Schools Transportation Manager, at mccloudb@cantonma.org.

Student Transportation Information
2018-2019 Pay and Ride Program Application

www.cantonma.org/pages/CantonPublicSchools/Departments/Transportation

Contact Brett McCloud: mccloudb@cantonma.org or 781-821-5060 x1156
960 Washington St, Canton, MA 02021

Applications received after June 15, 2018 will not be processed until October 2018

Student Last Name		
Student First Name		
Home Street Address		
Parent/Guardian Name		
Home/Cell Telephone	(H)	(C)
Parent Email Address		
School Name for 2018-19		
Grade for 2018-19*	*Not available for Pre-K*	

ALL STUDENTS MUST RETURN THE TRANSPORTATION FORM EACH YEAR

My Child WILL need transportation for the 2018-19 school year. _____ **(parent initials)**

My Child will NOT need transportation for the 2018-19 school year. _____ **(parent initials)**

The following categories will be offered for the 2018-2019 school year. **CHECK the correct category for your child:**

☐ **Category #1**. Students grades K- 6, **who live more than 2 miles from the school they attend**, OR cross or walk on Route 138 (safety), will be transported without a fee. NO FEE DUE.

☐ **Category #2**. Students in grades K-6, who live less than 2 miles from the school they attend, are eligible to apply and pay for the Pay and Ride Program. Full Payment is due with application. See fees below.

☐ **Category #3**. All students in grades 7-12 (regardless of distance) are eligible to apply and pay for Pay and Ride Program. Full Payment is due with application. See fees below.

***NO PAYMENT** is due for families that meet Federal Low Income Guidelines for free/reduce school lunch.*

☐ *(Check here)* If you have completed the Free/Reduced Lunch form

If you circled Category #2 or #3, full payment is due with this application: New registrants cannot pay on-line.

Check Number: _____ **Checks are payable to "Town of Canton"** Payment Amount: _____

If you paid on-line, please provide confirmation number: _____

Annual Fees for Pay and Ride Program

$250/Yr. 1st Student $235/Yr. 2nd Student $215/Yr. 3rd Student $700/Yr. Family Maximum

Payments made after May 25, 2018 will include a $50 late fee per student.

(Late fee does not apply to new student enrollments)

Parent/Guardian Signature: _____

Race and Ethnicity Chart

The following table outlines the possible combinations of race and ethnicity information and the associated two-digit code for purposes of reporting to the MA Department of Elementary and Secondary Education.

	Not Hispanic or Latino	Hispanic or Latino
One race		
White	01	33
Black or African American	02	34
Asian	03	35
American Indian or Alaska Native	04	36
Native Hawaiian or Other Pacific Islander	05	37
Combination of Two Races		
White & Black or African American	06	38
White & Asian	07	39
White & American Indian or Alaska Native	08	40
White & Native Hawaiian or Other Pacific Islander	09	41
Black or African American & Asian	10	42
Black or African American & American Indian or Alaska Native	11	43
Black or African American & Native Hawaiian or Other Pacific Islander	12	44
Asian & American Indian or Alaska Native	13	45
Asian & Native Hawaiian or Other Pacific Islander	14	46
American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	15	47
Combination of Three Races		
White & Black or African American & Asian	16	48
White & Black or African American & American Indian or Alaska Native	17	49
White & Black or African American & Native Hawaiian or Other Pacific Islander	18	50
White & Asian & American Indian or Alaska Native	19	51
White & Asian & Native Hawaiian or Other Pacific Islander	20	52
White & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	21	53
Black or African American & Asian & Native Hawaiian or Other Pacific Islander	22	54
Black or African American & Asian & American Indian or Alaska Native	23	55
Black or African American & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	24	56
Asian & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	25	57
Combination of Four Races		
White & Black or African American & Asian & American Indian or Alaska Native	26	58
White & Black or African American & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	27	59
White & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	28	60
White & Black or African American & Asian & Native Hawaiian or Other Pacific Islander	29	61
Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	30	62
Combination of Five Races		
White & Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	31	63