

HUNTINGDON AREA HIGH SCHOOL

2400 Cassady Avenue, Suite 1 Huntingdon, PA 16652

Phone: (814)643-1080 Fax: (814)643-3800 Website: <http://huntsd.org>

Mr. Travis R. Lee,
Secondary Principal

Mr. Brent A. Stoltzfus,
Assistant Principal

"ALL LEARNERS, ALL FUTURES"

To: Learners, Parents, and Guardians
From: Mr. Travis Lee, High School Principal
Re: HAHS Beginning of the Year (BOY) Materials
Date: August 27, 2020

Dear Parents and Guardians,

We have revised our process for providing many of the Beginning of the Year (BOY) school materials and documents to you. Rather than sending many letters home with learners, we are providing this information to you prior to the first day of school via the attached PDF. This information is posted to the HAHS website, and is available in hard copy form by request to the High School office. The process for completing the online forms is shared on the reverse side of this message. Please complete and/or return all forms by **Friday, September 11, 2020**.

Items included in the BOY Packet include:

- Learner Handbook/Acceptable Use Policy Acknowledgment
- iPad Off-Campus Usage Memo
- iPad Off-Campus Use Form
- iPad Insurance Form
- Permission to Photograph/Publish
- High School FERPA Form (Institutes of Higher Learning and Military Release info)
- Gaggle Memo
- HASD School Calendar
- HAHS Lunch Menu
- Child Health Insurance Information (CHIP)
- Early Dismissal and Excuse for Absence or Tardiness Form
- Attendance Reminder
- HASD Emergency Information Record
- Transportation Safety Disability/Medical Questionnaire
- Free and Reduced Price Lunch Form

Thank you for your cooperation, and let's have a great start to the year!

Travis R. Lee,
HAHS Principal

BOY Material Completion and Return

Forms to be submitted or returned by

Friday, September 11, 2020

Required Forms: Complete the two Online Google Forms via the links below. These forms are the same across HASD.

1. [HASD 2020-21 Beginning of Year Forms](#)
 - a. When you complete this form, it will direct you to complete the form below
2. [HASD Emergency Information Record 2020-2021 School Year](#)

Note: You will need your learner's **Skyward Student ID Number**. This number can be found via the Skyward Family Access portal. Learners will also receive a copy of their ID number with their school-issued ID

Note: Hard copies of these forms are available upon request in the High School Office.

Optional Forms: Complete and return if necessary/applicable to your family. These forms are to be returned to the High School Office

1. Free or Reduced Price Lunch Application (available on the HASD website, within the attached PDF, or available at the HAHS office)
2. iPad Insurance Form (provided to learners in homeroom and included in the attached PDF)

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Dear Parents/Guardians and Learners,

It is extremely important that you review with your son/daughter the HAHS Learner Handbook with special emphasis on Attendance and the Code of Learner Conduct sections. The handbook is located on the HASD website (huntsd.org) under the High School section. We will also provide the HAHS Learner Handbook to all learners in their Google classroom, and send the HAHS Learner Handbook to parents/guardians that have provided an email on Skyward. If you do not have access to technology and would like a copy of the HAHS Learner Handbook, please contact the High School office.

The Learner Handbook also references and includes specific policies such as the following:

Board Policy

- 204 - Attendance
- 210 - Medication
- 210.1 - Possession/Use of Asthma Inhalers/Epinephrine Auto-Injectors
- 226 - Searches
- 233 - Expulsion
- 247 - Hazing
- 248 - Unlawful Harassment
- 249 - Bullying/Cyber Bullying
- 252 - Dating Violence
- 815 - Acceptable Use of Internet, Computers and Network Resources
- 819 - Suicide Awareness, Prevention and Response
- 823 - Naloxone

By signing this form, you are acknowledging that you have read and understand the rules and expectations contained in the 2020-2021 Huntingdon Area High School Learner Handbook. You understand that the learner is responsible for all rules and expectations stated in this handbook.

Learner's Name _____ Grade _____ Homeroom # _____

Learner Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

THIS FORM MUST BE SIGNED AND RETURNED BY September 11, 2020

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"ALL LEARNERS, ALL FUTURES"

HAHS iPad Off-Campus Usage Memo

August 27, 2020

Dear High School Parents and Guardians:

Please review the iPad Guidelines and Insurance Information provided in the learner handbooks. An iPad Insurance Form and iPad Off-Campus Usage Form accompany this memo.

Please note that purchasing insurance is not a requirement for iPad off-campus use. However, it is strongly recommended that insurance be purchased as a protection for the family from accidental loss or damage to the iPad.

Once learners complete and return their signed Handbook/AUP form (note that this will be completed electronically this year) and their Off-Campus use form, they will be issued their Off-Campus Usage sticker for their iPads. Please submit these forms with the rest of the beginning of year materials by Friday, September 4, 2020. Learners may take iPads home prior to receiving their stickers so that they can utilize them as needed during the first weeks of school.

We hope that by permitting learners to utilize their iPads off-campus, they will have extended opportunities to learn and to accomplish school tasks, in an environment where learning is not confined to the hours of the school day. Please note that learners will not be required to take the iPads home, and those that have permission to do so can decide when and how often they will actually need to utilize the device off-campus. As we prepare for another year of uncertainty with the COVID-19 pandemic, having the ability to utilize iPads off-campus should we need to proceed with remote learning.

If you have any questions, please contact the school office at (814)643-1080.

Sincerely,



Travis R. Lee,
High School Principal

Huntingdon Area School District iPad Off-Campus Usage Form

Guidelines/Expectations

To continue learning any time, anywhere, learners are permitted to take their assigned devices home for educational use. Learners wishing to take their iPads home must meet the following requirements:

- Learners and their parents/guardians have an **Off Campus Usage** form on file;
- Learners and their parents/guardians have submitted a signed **Acceptable Use Policy** form;
- Learners must follow all guidelines for acceptable and appropriate use of the device.
- Unless directed by their teacher, learners are not authorized to use other learner's iPads. In addition, learners are not permitted to allow others to access their assigned district iPad, including family members and friends.
- Learners who forget their iPads at home will not be provided a loaner device and will be considered unprepared for class. This may result in disciplinary action or revocation of off campus privileges.
- Learners are responsible for having their iPads fully charged for the day upon arrival to school.
- iPad internet use will continue to be monitored/filtered, even off campus, with the school's designated program (i.e., Securly).
- All iPads and cases must remain free of any writing, drawing, stickers, decals or labels that are not the property of the District.
- The district recommends that all learners taking their assigned device home use an additional protective iPad sleeve and/or a backpack or bag with a protective device compartment to protect the iPad while in transit. Learners are responsible for the safe transport of the iPad.
- Charger Use: All learners have been issued a charger in their homeroom cart/designated iPad storage location. These chargers are not permitted to leave the carts and be taken home. A limited supply of chargers are available to check out from school libraries.

The school strongly suggests that learners and families purchase insurance for the iPads. This is not a requirement for off-campus use and remote learning, but families are financially responsible for all repair or replacement costs of the device and accessories or insurance is not purchased.

By signing below, the learner and family agrees to follow all of the guidelines and expectations outlined above, and explained in the Learner Handbook, and give permission for the learner to have off campus iPad use, and understand that the privilege for off campus use can be revoked at any time if the expectations are not followed.

Learner Name

Learner Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Huntingdon Area School District 2020-2021 iPad Insurance Form

The Huntingdon Area School District is offering families the opportunity to protect district-owned Chromebook/iPads ("device") utilized by learners. This optional plan protects the device against accidental damage (drops/spills), loss or theft, fire, flood, and natural disasters. The plan will also act as an extension of the manufacturer's warranty against defects. Insurance is highly recommended, although it is not mandatory. **Insurance is not mandatory if the learner's parent/guardian chooses to allow the device to be taken home, but is strongly recommended.** If you choose **not** to purchase insurance, the parent/guardian is financially responsible for all repair or replacement costs of the device and its accessories.

Parents/Learners purchasing insurance will be responsible for the following deductibles:

- **1st Claim:** \$25
- **2nd Claim:** \$150 or cost of repair (whichever is less)
- **3rd Claim:** Full value of repair/replacement (iPad: \$350, Chromebook: \$200)

Claims submitted are per individual child, not per family and are on a per-year basis. Learners will be responsible for the care of devices and device accessories, including, but not limited to: keyboard, case and charger. Devices can be tracked by their serial numbers. The insurance fee scale for the 2020-2021 school year is listed below. If you qualify for free or reduced lunch status, you also qualify for reduced insurance costs.

Fees will be assessed for all learners/families wishing to purchase insurance for the 2020-2021 school year.

Fee Schedule

| Status: | Not Eligible for Free or Reduced Lunch | Eligible for Reduced Lunch | Eligible for Free Lunch |
|------------------|--|----------------------------|-------------------------|
| INDIVIDUAL PLAN: | \$30 | \$20 | \$10 |
| FAMILY PLAN: | \$50 | \$25 | \$15 |

Please include a check or money order payable to Huntingdon Area School District with this form, or visit the Bearcat Pay link on the district website (<https://huntsd.egovpayments.com/egov/apps/payment/center.egov>) for credit card payments. Check the box below if using Bearcat Pay. Only one form per family is necessary. If your check is returned for insufficient funds, an additional fee will be charged. Fees are reviewed annually based on claims incurred district-wide.

I will submit payment via Bearcat Pay rather than check or money order.

Parents/guardians will be responsible for the entire cost of replacement or repair for devices damaged through active misuse, abuse or intentional damage. If the iPad/Chromebook is misplaced, lost or stolen you must notify the school immediately and file a report with the School Resource Officer. iPad insurance is voided if an iPad is in an unapproved case.

_____ **YES!** I would like to purchase insurance for the electronic device(s). (Please circle coverage level from the fee schedule above & attach payment or submit via Bearcat Pay.)

_____ **NO!** I would NOT like to purchase insurance for the electronic device(s) at this time.

Forms are due by September 11, 2020

Parent/Guardian Signature: _____ Date: _____

Parent Name (Printed) _____

| Learner Name (Please Print) | Student ID Number | Grade Level |
|-----------------------------|-------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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Mr. Travis R. Lee,
Secondary Principal

Mr. Brent A. Stoltzfus,
Assistant Principal

"ALL LEARNERS. ALL FUTURES"

August 27, 2020

TO: Parents and/or Guardians of HAHS Students
FROM: Travis R. Lee, Principal
RE: Permission to Photograph/Publish Photographs and Release Names

Throughout the school year, various activities are documented through photographs, digital images, or video recordings. These documents are a great way to highlight the learning and school spirit at HAHS. In addition, these documents may be utilized for the purpose of professional learning opportunities by teachers and administrators. In order for these pictures, recordings, or images to be displayed and/or shared electronically via the internet, in other displays, in the news media, in school-based social media, and/or for professional learning, permission must be granted by the parents and/or guardians of our learners.

Please note that this information will remain in effect until September 1, 2020, or until this form can be submitted at the start of the next academic year.

I give the Huntingdon Area School District permission to:

Photograph my child: Yes No
Video Record my child: Yes No

I give the Huntingdon Area School District permission to publish my child's name and/or photograph in:

School Bulletin Board Yes No
School Yearbook Yes No
School Newsletters Yes No
Newspaper Yes No
District Website Yes No
School wide celebrations Yes No
School/Club Social Media Yes No

Learner Name

Grade

Homeroom

Parent Signature

Date

THIS FORM MUST BE SIGNED AND RETURNED BY September 11, 2020!

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YOUR RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

August 27, 2020

Attention Parents/Guardians:

Both federal and state laws **require** that Superintendents provide military recruiters or institutions of higher learning, upon request, access to high school students and directory information on those students. The state military affairs law requires the release of directory information consisting of a list of secondary male and female students **by name, home address, and telephone number.**

Under the Family Educational Rights and Privacy Act (FERPA) and Section 9528 of the Every Student Succeeds Act, **parents may request that their child's name, address and telephone listing be excluded from the list and not be released without prior written consent.** Parents/guardians of HAHS learners wishing to exercise the right to "opt out" must sign the form below and return it to the High School Guidance Office by **August 30, 2019** or as soon as possible after enrollment, otherwise your child's name will be included on the list. Also, please know that parents are responsible for changing the status of the authorization. For example, if you allowed your child to be on the list, but later decided that you did not want him or her included, you are responsible for contacting the Guidance Office to complete a "do not release" form. According to the law, any authorization will remain in effect unless parents request otherwise at later date by notifying the High School Guidance Office.

Please note to ONLY complete the section below if choosing to OPT OUT of one or both options.

Institutions of Higher Learning: I choose to opt out of having my child's name released to institutions of higher learning. I acknowledge that this may affect information in regards to releasing transcripts and getting various information about colleges and/or scholarships.

(Print Name of Student)

(Current Grade)

(Parent/Guardian's Signature)

(Date)

Military Recruiters: I choose to opt out of having my child's name released to military recruiters.

(Print Name of Student)

(Current Grade)

(Parent/Guardian's Signature)

(Date)

HUNTINGDON AREA SCHOOL DISTRICT



Administrative Offices

2400 Cassady Avenue, Suite 2, Huntingdon, PA 16652-2602

Phone (814) 643-4140 Fax (814) 643-6244

"ALL LEARNERS, ALL FUTURES"

Fred E. Foster
Superintendent

Dr. Kim Rieffannacht, Ed.D.
Director of Education

Chris Evans
Dir. of Student Services

August 27, 2020

Dear Families,

Beginning in the 2018-2019 school year the Huntingdon Area School District and Gaggle established a partnership to keep learners safe when they use Google(G) Suite for Education from Google. HASD will use Gaggle Safety Management for G Suite to further promote learner and educator productivity in a safe and controlled environment.

Gaggle Safety Management combines technology with expert Safety Representatives, who review content 24/7 to assure learners are safe. Gaggle identifies inappropriate words and images in Gmail, Google Drive, Google Docs and more. Trained professionals then apply consistent approved policies for positive intervention, alerting school officials if there is an imminent threat to a learner.

Gaggle has been providing safe online learning products and solutions to the K-12 market since 1999. The company's focus remains on learner safety so educators can have the confidence to allow learners to take advantage of current technology for communication, collaboration, and learning. To learn more about Gaggle, visit <http://www.gaggle.net>.

Learners in grade K - 2 do not have access to an email address. Learners are issued an email address in grade 3, that stays with them through graduation. After evaluation and consideration of usage, learners in grades 3 - 8 will now only have access to email internally (to communicate with huntsd.org addresses). Learners in grades 9 - 12 will have complete internal and external email access.

We want to reiterate that our use of the internet and applications are for educational purposes and are not accessed without a filter on our network. YouTube will be accessible to all learners, unless otherwise indicated on our COPPA (ages 13 and under) permission form. Please note that educational benefits and experiences may be limited for learners that do not have access to these educational tools. Learners are still expected to abide by the Acceptable Use Policy 815, and that use of devices and programs can be limited due to misuse.

Sincerely,

The Huntingdon Area School District Administrative Team

HUNTINGDON AREA SCHOOL DISTRICT 2020-2021 CALENDAR

Approved 2/24/20
Revised 8/24/20

August 2020

T-4 L-1

| S | M | T | W | TH | F | S |
|----|-----|----|----------|----------|----------|----|
| | | | | | | |
| 16 | NTI | PD | NTP D | NTP D | NTP D | 22 |
| 23 | SD | SD | IN | 27 | 28 | 29 |
| 30 | FD | | | | | |

September 2020

T-21 L-21

| S | M | T | W | TH | F | S |
|----|----|----|-----|----|----|----|
| | | 1 | A80 | 3 | 4 | 5 |
| 6 | VA | 8 | BH | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

October 2020

T-22 L-22

| S | M | T | W | TH | F | S |
|----|----|----|----|----|----|----|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

November 2020

T-17 L-17

| S | M | T | W | TH | F | S |
|----|-----|-------------|--------------|----|----|----|
| 1 | 1MP | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | A80/ PTC | VA | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | ED/ PTCTD | VA | VA | 28 |
| 29 | VA | | | | | |

December 2020

T-16 L-16

| S | M | T | W | TH | F | S |
|----|----|----|----|----|----|----|
| | | VA | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | ED | VA | VA | 26 |
| 27 | VA | VA | VA | VA | | |

January 2021

T-20 L-20

| S | M | T | W | TH | F | S |
|-----------|-----|----|-----|----|----|----|
| | | | | | VA | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | A80 | 19 | 1SM | 21 | 22 | 23 |
| 24/ 31 | 25 | 26 | 27 | 28 | 29 | 30 |

February 2021

T-18 L-18

| S | M | T | W | TH | F | S |
|-----------|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | VA | 13 |
| 14 | VA | 16 | 17 | 18 | 19 | 20 |
| 21/ 28 | 22 | 23 | 24 | 25 | 26 | 27 |

March 2021

T-23 L-23

| S | M | T | W | TH | F | S |
|----|-----|----|----|----|-----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | A80 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 3MP | 27 |
| 28 | 29 | 30 | 31 | | | |

April 2021

T-19 L-19

| S | M | T | W | TH | F | S |
|----|----|----|----|----|----|----|
| | | | | VA | VA | 3 |
| 4 | VA | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

May 2021

T-20 L-20

| S | M | T | W | TH | F | S |
|----|----|----|----|----|----|----|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | VA | | | | | |

June 2021

T-7 L-6

| S | M | T | W | TH | F | S |
|---|---|--------------|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | LD/ED/ GR | IN | 10 | 11 | 12 |

**Half day dismissal
times will be
11:15 a.m. for Middle
School & High School
Learners and
11:45 a.m. for
Elementary Learners**

August 17 - New Teacher Induction
August 18 - Professional Development
August 19 through August 21 - New Teacher Professional Development
August 24 & 25 - Staff Development
August 26 - Inservice Day
August 31 - First Day of School
September 2 - Act 80 Day
September 7 - Labor Day - No School
September 9 - Blended Hybrid Day - Remote Learning
November 2 - End of 1st Marking Period
November 10 - Act 80 Half Day / Parent-Teacher Conferences
November 11 - Vacation Day - No School
November 25 - Early Dismissal / Parent-Teacher Conference Trade Day
November 26 through December 1 - Thanksgiving Break - No School
December 23 - Early Dismissal
December 24 through January 1 - Winter Break - No School
January 18 - Act 80 Day
January 20 - End of 1st Semester
February 12 & February 15 - Vacation Days - No School
March 8 - Act 80 Day
March 26 - End of 3rd Marking Period
April 1 through April 5 - Spring Break - No School
May 31 - Memorial Day - No School
June 8 - Last Day of School/Early Dismissal/Graduation
June 9 - Inservice Day

Weather Make up Days

February 12, February 15, April 1 & April 5

Parent/Teacher Conferences

Elementary Schools - November 10 from 12:15 p.m. to 7:15 p.m.

Middle School & High School - 11:45 a.m. to 6:45 p.m.

PSSA Testing Window

English Language Arts - April 19 - 23, 2021

Mathematics, Science & Make-ups - April 26 - 30, 2021

Keystone Exams Testing Window

Winter Wave 1 - December 1 - 15, 2020

Winter Wave 2 - January 4 - 15, 2021

Spring - May 17 - 28, 2021

August 2020

High School Lunch

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------|---------|-----------|----------|--------|
| 3 | 4 | 5 | 6 | 7 |
| 10 | 11 | 12 | 13 | 14 |
| 17 | 18 | 19 | 20 | 21 |
| 24 | 25 | 26 | 27 | 28 |
| 31 | | | | |

| | | | | |
|---|---|--|--|--|
| <ul style="list-style-type: none"> Breaded Chicken Patty Steamed Broccoli Applesauce | <p>Vegetable Bar Options:</p> <ul style="list-style-type: none"> Fresh Baby Carrots Fresh Celery Sticks Fresh Broccoli Florets Garden Salad With Romaine | <p>Fruit Bar Options:</p> <ul style="list-style-type: none"> Red Delicious Apple Fresh Petite Banana Fresh Citrus Orange Juicy Apple Slices Citrusy Mandarin Oranges Juicy Sliced Peaches Diced Pears Tropical Pineapple Tidbits Cinnamon Apple Slices Fruit Cocktail | <p>Milk:</p> <ul style="list-style-type: none"> Chocolate 1% Lowfat Milk Strawberry 1% Lowfat Milk Fat Free Milk Vanilla Fat Free Milk 1% Low Fat Milk | <p>Condiments:</p> <ul style="list-style-type: none"> Maple Syrup Bbg Sauce Chunky Salsa Mayo Hot Sauce Margarine Mustard Ketchup Homemade Ranch Dressing Homemade Italian Dressing |
|---|---|--|--|--|

Lunch Prices

Menu Subject to Change

More Details: huntsd.nutrislice.com/menu/high-school/middle-school-lunch/
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September 2020

High School Lunch

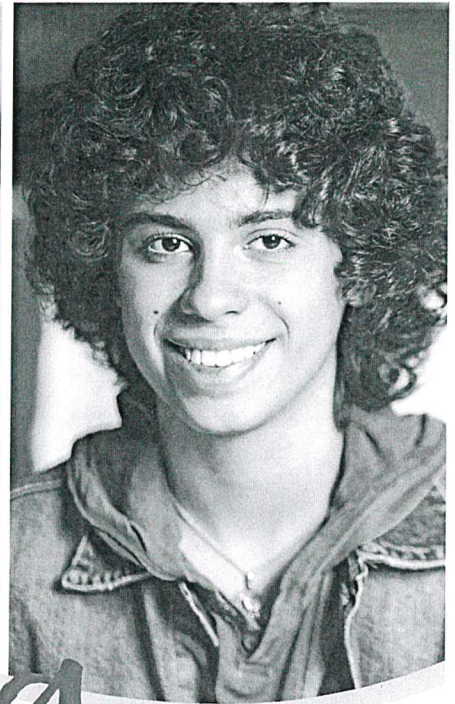
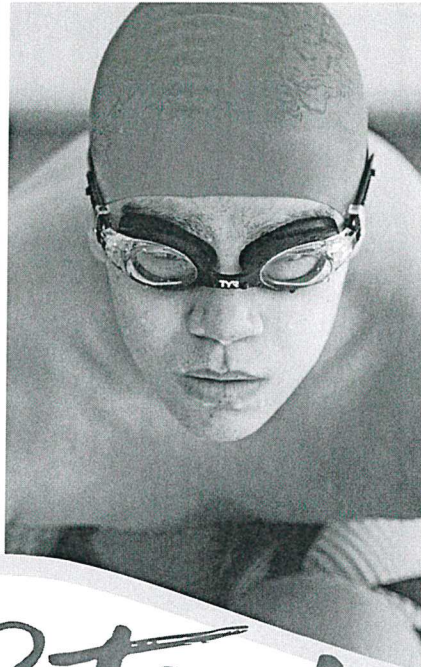
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|--|--|
| 1 <i>Vegetable Bar Options:</i> <ul style="list-style-type: none"> • Fresh Baby Carrots • Fresh Celery Sticks • Fresh Broccoli Florets • Garden Salad With Romaine | 2 <ul style="list-style-type: none"> • Bite Sized Popcorn Chicken W/fresh Sliced Bread • Mashed Potatoes • Diced Peaches | 3 <ul style="list-style-type: none"> • Italian Panini • Vegetarian Baked Beans • Applesauce | 4 <ul style="list-style-type: none"> • Chicken Burrito Bowl • Steamed Broccoli • Apple Slices | <ul style="list-style-type: none"> • Breaded Chicken Patty Sandwich • Steamed Tomatoes • Diced Pears |
| 7 Labor Day - No School | 8 <ul style="list-style-type: none"> • Macaroni and Cheese W/dinner Roll • Steamed Tomatoes • Applesauce | 9 <ul style="list-style-type: none"> • Breaded Pork Patty • Mashed Potatoes • Diced Pears | 10 <ul style="list-style-type: none"> • Buffalo Chicken Alfredo W/ Fresh Sliced Bread • Steamed Broccoli • Bagged Apple Slices | 11 <ul style="list-style-type: none"> • Freshly Baked Italian Dunkers • Steamed Peas W/ Margarine • Diced Peaches |
| 14 <ul style="list-style-type: none"> • Beef Cheese Nachos With Fluffy Rice • Vegetarian Baked Beans • Diced Peaches | 15 <ul style="list-style-type: none"> • Buffalo Chicken Grilled Cheese • Crispy Tator Tots • Banana | 16 <ul style="list-style-type: none"> • Bbq Rib Sandwich • Steamed Broccoli • Tropical Pineapple Tidbits | 17 <ul style="list-style-type: none"> • Popcorn Chicken Bowl W/ Fresh Sliced Bread • Mashed Potatoes • Diced Pears | 18 <ul style="list-style-type: none"> • Pepperoni Pinwheel • Steamed Carrots • Citrusy Mandarin Oranges |
| 21 Professional Development Day | 22 <ul style="list-style-type: none"> • Bacon Cheeseburger • Oven Roasted Carrots • Diced Pears | 23 <ul style="list-style-type: none"> • General Tso Chicken Bowl • Steamed Broccoli • Applesauce | 24 <ul style="list-style-type: none"> • Cheese-steak Hoagie • Crispy Potato Wedges • Citrusy Mandarin Oranges | 25 <ul style="list-style-type: none"> • Freshly Baked Italian Dunkers • Green Beans • Tropical Pineapple Tidbits |
| 28 <ul style="list-style-type: none"> • Breaded Chicken Tenders W/dinner Roll • Crispy Tator Tots • Diced Pears | 29 <ul style="list-style-type: none"> • Beef Cheese Soft Taco • Vegetarian Baked Beans • Diced Peaches | 30 <ul style="list-style-type: none"> • Pepperoni Stromboli/calzone • Steamed Peas W/ Margarine • Applesauce | <i>Fruit Bar Options:</i> <ul style="list-style-type: none"> • Red Delicious Apple • Fresh Petite Banana • Fresh Citrus Orange • Juicy Apple Slices • Citrusy Mandarin Oranges • Juicy Sliced Peaches • Diced Pears • Tropical Pineapple Tidbits • Cinnamon Apple Slices • Fruit Cocktail | <i>Milk:</i> <ul style="list-style-type: none"> • Chocolate 1% Lowfat Milk • Strawberry 1% Lowfat Milk • Fat Free Milk • Vanilla Fat Free Milk • 1% Low Fat Milk |

Condiments: Maple Syrup, Bbq Sauce, Chunky Salsa, Mayo, Hot Sauce, Margarine, Mustard, Ketchup, Homemade Ranch Dressing, Homemade Italian Dressing

Lunch Prices

Menu Subject to Change

More Details: huntsd.nutrislice.com/menu/high-school/middle-school-lunch/
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chip Strong

High-quality health care coverage from CHIP helps keep kids strong

CHIP COVERS

- Routine check-ups
- Prescriptions
- Hospitalization
- Dental
- Eye Care
- Eyeglasses
- Behavioral care
- Specialty care
- More

CHIP covers uninsured kids up to age 19 in Pennsylvania. It doesn't matter why your kids don't have health coverage right now; CHIP may be able to help. Most kids receive CHIP for free. Others can get the same benefits at a low cost.

CHIP is brought to you by leading health insurance companies who offer quality, comprehensive coverage.

There is no limit on income. If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

APPLY/RENEW

CHIPcoversPAkids.com • 800-986-KIDS



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.

EARLY DISMISSAL

- EXCUSED UNEXCUSED
- RETURN APPOINTMENT CARD

NAME _____ STUDENT NUMBER _____
 GRADE _____ HR _____ DATE _____
 REASON _____

PHONE NUMBER (WHERE PARENT/GUARDIAN MAY BE REACHED FOR VERIFICATION) _____

DEPARTURE TIME _____ a.m. p.m.

HR _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____

BRING **PINK** COPY TO THE OFFICE BEFORE YOU LEAVE.
 PICK UP THE **CANARY COPY** OF THIS FORM WHEN YOU RETURN TO SCHOOL AFTER YOUR ABSENCE.

WHITE - Early Dismissal Office CANARY - Office PINK - Student

EXCUSE FOR ABSENCE OR TARDINESS

"Regular Attendance is Essential to Success"

_____ was tardy absent
 from School on the following dates: _____

The State Law requires an explanation from the parent in each case of absence or tardiness. Kindly state the reason below.
 The reason for absence was _____

Date _____ Signature of Parent or Guardian _____
 GR HR Age Voc Dist

DO NOT WRITE BELOW THIS LINE

CLASSIFICATION

- EXCUSED A B C R W T V
- UNEXCUSED UNLAWFUL TEMPORARY
- TARDY NO. OF MINUTES _____

PRINCIPAL _____

ALL EXCUSES MUST BE SUBMITTED ON THIS FORM

This excuse must be kept on file for inspection of School Officials in case of questionable absence claimed by illness the local school board may require an examination by the family doctor to approve such absence as legal.

HAHS Attendance

Please email excuse to:

Secretary, Deb Stitt:
dstitt@huntsd.org

Assistant Principal, Brent Stoltzfus:
bstoltzfus@huntsd.org

Fax number: 814-643-3800
Phone number: 814-643-1080

HASD Attendance

- 3 days to turn in an excuse
- After 10 days of absence a medical excuse needs to be provided
- 7 unexcused absences could result in filing with the District Magistrate
- Access **Skyward** for up to date information about attendance

HASD EMERGENCY INFORMATION RECORD

2020-2021 School Year

Please PRINT information / Please notify school office if any information changes

Learner's Name _____ Birthdate _____ Grade _____
First / Middle / Last MM/DD/YY

Assigned Bus number: A.M.: _____ PM: _____ other: _____

Learner's Date of Birth _____ Homeroom Teacher: _____

Learner lives with: Both parents Mother Father Other/Name _____

Learner's Address _____ Home Phone _____

Mother's Name _____ Cell Phone _____

Spouse's Name _____ Cell Phone _____

Address _____ Phone _____

Mother's Place of Employment _____ Phone _____

Mother's e-mail address _____

Father's Name _____ Cell Phone _____

Spouse's Name _____ Cell Phone _____

Address _____ Phone _____

Father's Place of Employment _____ Phone _____

Father's e-mail address _____

List phone numbers and adults in the order in which to call in the event of an emergency, etc.:

1. #: _____ 2. #: _____ 3. #: _____

Name _____ Name _____ Name _____

List other siblings in the district name / grade:

| Sibling's name: | grade: | Sibling's name: | grade: |
|-----------------|--------|-----------------|--------|
| | | | |
| | | | |
| | | | |

(OVER)

NOTE: PLEASE COMPLETE ALL INFORMATION

Learner's Name _____ Birthdate _____ Grade _____
First / Middle / Last MM/DD/YY

List **two** persons with transportation who is available to pick up and care for your child if you are not available:

| Name | Home Phone | Cell/Work Phone | Relationship to child |
|-----------------------|------------|-----------------|-----------------------|
| 1 st _____ | _____ | _____ | _____ |
| 2 nd _____ | _____ | _____ | _____ |

Name of family Physician: _____ Phone _____

Name of family Dentist: _____ Phone _____

Medications taken by the student:

Name of medication _____ Dose _____
_____ Dose _____

Does your child need to take any medications at school? Yes No **if yes, Doctor Form is required*

Name of medication(s): _____

If emergency treatment is required, may the school authorities use their own judgment in calling an ambulance and/or sending your child to the hospital or doctor most easily accessible? Yes No

If no, please explain: _____

List any allergies to drugs, foods, insect bites or bee stings, or any other health conditions: (Diabetes, vision or hearing difficulties, epilepsy, asthma, heart or kidney problems, etc.)

Special Health Concerns the school should be aware of:

Has your child had any serious illness, accidents, broken bones, or operations in the past year?
 Yes No If yes, please list _____

The following list of non-prescription medicines and first aid materials may be given to your child for minor complaints and/or ailments while in school. The administration of these items is intended for FIRST AID ONLY and is not indiscriminately dispensed. It will be the nurse's decision in coordination with you as the parent whether or not your child receives Tylenol or Benadryl. Otherwise, your child will be treated with the standing orders provided by the school district. This form will be part of your child's School Health Record and will be sent out annually in August for approval. As a parent/guardian of the child, I release Huntingdon Area School District and its employees or agents from any liability for any injuries my child may suffer as a result of this request. Please check items the school nurse or designated school official has permission to dispense to your child.

- | | |
|---|---|
| <input type="checkbox"/> Analgesic (age/weight appropriate dose - Chewable Available) | <input type="checkbox"/> Lip Balm (dry, chapped lips) |
| <input type="checkbox"/> Antacid (heartburn, upset stomach, indigestion) | <input type="checkbox"/> Sting-Kill Swab (to be used for bee stings/insect bites) |
| <input type="checkbox"/> Allergy Lotion (apply locally for poison ivy, hives, rash) | <input type="checkbox"/> Wound Cleanser (minor cuts/abrasions) |
| <input type="checkbox"/> Cough Drops (for coughs, sore throats, and stuffy noses) | <input type="checkbox"/> Antibiotic Ointment (minor cuts/abrasions) |

Signature of Parent or Guardian _____ Date: _____

***For your child's safety, please notify the school if any of this information changes during the school year.**

HUNTINGDON AREA SCHOOL DISTRICT
2400 Cassady Avenue Huntingdon, PA 16652
814-643-4140

Transportation Safety
Disability/Medical Questionnaire

Dear Parents/Guardians:

In order to better provide for the safety of your child while being transported to and from school, the Huntingdon Area School District asks you to fill out the bottom portion of this form and return it within two (2) school days. The form asks particulars about your child's disability/medical conditions and will be shared with your child's bus/van driver.

Should you have any questions about the form, please contact your child's building principal.

Student's Name: _____

Ability to Communicate:

_____ verbal _____ partially verbal _____ non-verbal

Medical Condition(s):

_____ asthma _____ allergies (specify below)
_____ seizures (specify below) _____ heart condition
_____ cerebral palsy _____ spina bifida
_____ autism _____ none known
_____ other (specify below)

Medication(s) taken for the above specified condition(s):

Parent/Guardian Signature: _____

HUNTINGDON AREA SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. **Huntingdon Area School District** offers healthy meals every school day. Breakfast costs \$1.30 lunch costs \$2.85 at the Elementary Schools and \$2.90 at the Middle School and High School. **Your child(ren) 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 and reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **NOTICE OF DIRECT CERTIFICATION** letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- Foster children who 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.

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

| FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2020-2021 | | | |
|--|--------|---------|--------|
| Household size | Annual | Monthly | Weekly |
| 1 | 23,606 | 1,968 | 454 |
| 2 | 31,894 | 2,658 | 614 |
| 3 | 40,182 | 3,349 | 773 |
| 4 | 48,470 | 4,040 | 933 |
| 5 | 56,758 | 4,730 | 1,092 |
| 6 | 65,046 | 5,421 | 1,251 |
| 7 | 73,334 | 6,112 | 1,411 |
| 8 | 81,622 | 6,802 | 1,570 |
| Each additional person: | 8,288 | 691 | 160 |

**** NOTE: YOU MUST FILL OUT A NEW APPLICATION FOR THE 2020-21 SCHOOL YEAR BY OCTOBER 7, 2020, IN ORDER TO CONTINUE TO RECEIVE BENEFITS. BEGINNING OCTOBER 8, 2020, STUDENTS WITHOUT A NEW APPLICATION ON FILE WILL BE CHARGED THE FULL PRICE FOR BREAKFAST AND LUNCH MEALS. ****

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, call or email the Homeless Liaison **Chris Evans at 814-643-4140 or chevans@huntsd.org.**

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: **your school or the Food Service Office at Huntingdon Area Middle School, 2500 Cassady Avenue, Huntingdon, PA 16652.**

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 read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact **Ellen Riley, at 643-2900, ext. 2192 or email jriley@huntsd.org.**

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 **huntsd.org** or visit the PA Department of Human Services website at www.compass.state.pa.us.

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 30 operating school 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. 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/or 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: **Fred Foster, Superintendent, 2400 Cassady Avenue, Suite 2, Huntingdon, PA 16652 or 814-643-4140.**
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, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. 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 **Ellen Riley at 643-2900, ext. 2192** 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** or other assistance benefits, visit www.compass.state.pa.us, contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, call **814-643-2900, ext. 2192.**

Sincerely,

Faith Swanson, Business Manager

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 or SPECIAL MILK PROGRAM

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 Huntingdon Area School District. The application must be filled out completely to certify your children for free or reduced price school meals. 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, contact Food Service Office at 643-2900, ext. 2192 or Ellen J. Riley at jriley@huntsd.org

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, 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 Huntingdon Area School District, regardless of age.

| | | | |
|---|--|--|---|
| <p>A) List each child's name. 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.</p> | <p>B) Is the child a student at Huntingdon Area School District? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Huntingdon Area School District. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the left.</p> | <p>C) Do you have any foster children? 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.</p> | <p>D) Are any children homeless, migrant, or runaway? 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.</p> |
|---|--|--|---|

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

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).
- The Temporary Assistance for Needy Families (TANF).

| | |
|--|---|
| <p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. | <p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-877-395-8930 or your local assistance office. • 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.
 - o Gross income is the total income received before taxes.
 - o 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 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, 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:**
 - o People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - o 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.

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.

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.

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, 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. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Write today's date. In the space provided, write today's date in the box.

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.

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 | Grade Entered in school | Student? Yes No | Foster Child | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|-------------------------|-----------------|--------------|----------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Check all that apply

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

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

Case Number: _____ Write only one nine (9) digit case number in this space.

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

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

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 no income is received from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and Last) | Earnings from Work | | | Public Assistance/Child Support/Alimony | | | Pensions/Retirement/All Other Income | | | Total Household Members (Children and Adults) |
|--|--------------------|-----------|-------------------------|---|-----------|------------------|--------------------------------------|-----------|------------------|---|
| | Weekly | Bi-Weekly | 2x Month Monthly Annual | Weekly | Bi-Weekly | 2x Month Monthly | Weekly | Bi-Weekly | 2x Month Monthly | |
| \$ | | | | | | | | | | X X X X X X X X X X |
| \$ | | | | | | | | | | |
| \$ | | | | | | | | | | X X X X X X X X X X |
| \$ | | | | | | | | | | |
| \$ | | | | | | | | | | X X X X X X X X X X |
| \$ | | | | | | | | | | |

Child Income: \$ _____

How often? Weekly Bi-Weekly 2x Month Monthly

STEP 4 Contact Information and Adult Signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

City State Zip

Daytime Phone and Email (optional)

Signature of adult

Printed name of adult signing the form

Apt. #

Today's date

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.

INSTRUCTIONS Sources of Income

Sources of Income for Children

| Sources of Child Income | Example(s) |
|--|--|
| - Earnings from work | - A child has a regular full or part-time job where they earn a salary or wages |
| - Social Security <ul style="list-style-type: none"> • Disability Payments • Survivor's Benefits | - A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money |
| - Income from person outside the household | - A child receives regular income from a private pension fund, annuity, or trust |
| - Income from any other source | |

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 FPOIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

Do not fill out For School Use Only

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Monthly, Yearly, Household Size: _____ Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Eligibility: Free Reduced Denied Reason: _____ Categorically Eligible Other Source Categorically Eligible Date Withdrawn: _____

Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____ Determining Official's Signature: _____ Date: _____ Signature of School Employees Completing Verification: _____ Date: _____

Sources of Income for Adults

| Earnings from Work | Public Assistance / Alimony / Child Support | Pensions / Retirement / All Other Income |
|---|---|---|
| - Gross Salary, wages, cash bonuses - Net income from self-employment (farm or business) * Reporting Annual Income is allowable for seasonal or self-employment 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 |

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.

* All Household Applications must be returned to your child's school for processing.

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.

- HIGH SCHOOL ONLY** - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with: *applicable institutions for a possible tuition fee waiver for a Dual Enrollment Course there.*

- HIGH SCHOOL ONLY** - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with: *PSAT/SAT/ACT Officials for a possible fee waiver for those standardized tests.*

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with: *Elementary Backpack Program Committee Members for possible consideration in participation in the School Backpack Program.*

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 Ellen J. Riley at (814) 643-2900 ext 2192 or e-mail at jriley@huntsd.org.

Return this form to: Your School OR Food Service Office, 2500 Cassady Avenue, Huntingdon, PA 16652.