



Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

New Student Registration Form

Office Use Only:
____ Immunization (on file)
____ Birth Certificate (on file)
____ Proof of Residency (on file)

Student # _____

Form

1

Registration Date _____ Grade _____ ☐ SH ☐ MS ☐ JS Elem ☐ Avis Elem ☐ Sall Elem

Student Name _____

Last Name

First Name

Middle Name

Sex: M F Date of Birth ____/____/____ Birthplace _____ Home Phone# (____) _____
Month Date Year City State Unlisted? Y N

Home Address

House Number _____ Apartment Number _____

Street Name _____

PO Box _____ Borough/Township _____

City _____ Zip Code _____

Ethnicity – Please check:

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

Did the child ever attend school in this district? Y N

Which School? _____ Grades? _____

Who has legal custody of student?

- ☐ Both Parents ☐ Mother ☐ Father ☐ Child Care Agency
☐ Guardian ☐ Other _____

Was the child in any of the following programs at his/her previous school?

- ☐ Yes ☐ No

If yes, please check all that apply:

- ☐ ESL ☐ Gifted ☐ Title I ☐ Speech ☐ Hearing Impaired
☐ Alternative Education ☐ Special Education (IEP, NoREP, ER, 504 Attached)

Adults who reside with child at above address:

- ☐ Mother/Father ☐ Mother ☐ Mother/Stepfather ☐ Father ☐ Father/Stepmother ☐ Other _____

Father

Name _____

Address _____

Place of Employment _____

Primary Phone (____) _____

Secondary Phone (____) _____

Work Phone (____) _____ Ext _____

Email _____

Mother

Name _____

Address _____

Place of Employment _____

Primary Phone (____) _____

Secondary Phone (____) _____

Work Phone (____) _____ Ext _____

Email _____

Step Parent/Guardian

Name _____

Address _____

Place of Employment _____

Primary Phone (____) _____

Secondary Phone (____) _____

Work Phone (____) _____ Ext _____

Email _____

NAME OF ALL CHILDREN AT CHILD'S ADDRESS	RELATIONSHIP TO CHILD	AGE	SCHOOL	GRADE

Parent Signature _____ Date _____

Transportation Dept Use: ☐ Eligible ☐ Not Eligible ☐ Calendar Attached

Start Date: _____ AM: Bus# _____ Time: _____ Stop: _____
PM: Bus# _____ Time: _____ Stop: _____

Notification: (Initial & Date)

Bus Co _____ Email or Phone _____ School _____ Email or Phone _____ Parent _____ Email or Phone _____

Additional Info _____



Jersey Shore Area School District
175 A&P Drive, Jersey Shore, PA 17740

Form

2

Request for Pupil Records

Date _____

Name of School _____

School Address _____

School Phone # _____ School Fax # _____

Date of Withdrawal from Previous School _____ Grade _____

Student's Name _____ Birth Date _____

The student identified above has enrolled in our school on _____

We are requesting his/her:

- ☐ Cumulative Records, including current schedule, Future Ready PA Index Artifacts, grades, test scores, attendance and last date of attendance in your school.
- ☐ Discipline Log
- ☐ Health Record
- ☐ Current Individual Education Program, ReEvaluation Report, Notice of Recommended Educational Placement, plus Initial Evaluation Report, 504
- ☐ Psychological Reports
- ☐ Any information regarding special needs

Parent Signature, if available

Date

According to the Final Regulation—Family Education Rights and Privacy Act (FERPA), it is no longer necessary to obtain written consent to release school records to other school systems.



Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

Form

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Home Language Survey

Date _____

Student's Name: _____ Grade: _____

What was the student's first language? ☐ English ☐ Other _____

Does the student speak a language other than English? ☐ Yes ☐ No
(Do not include languages learned in school.)

What language(s) is/are spoken in your home? _____

Has the student attended any United States school in any 3 years during his/her lifetime?

☐ Yes ☐ No

If yes, complete the following:

Name of school	State	Dates attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian):

Parent/Guardian signature _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.



Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

Form

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House Bill 26/Safe School Initiative

Parental Affirmation

“Prior to admission to any school entity, the parent, guardian or other person having control of the student shall upon registration, provide a sworn statement of affirmation stating whether the pupil was suspended or expelled from any public or private school in this or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

Student Name _____

- ☐ Has never been suspended
- ☐ Has been suspended for the following reason(s):

- ☐ Weapon
- ☐ Alcohol
- ☐ Drugs
- ☐ Violence to persons
- ☐ Violence to property
- ☐ Other _____

_____ Total number of suspensions for this student

- ☐ Has never been expelled
- ☐ Has been expelled for the following reason(s):

- ☐ Weapon
- ☐ Alcohol
- ☐ Drugs
- ☐ Violence to persons
- ☐ Violence to property
- ☐ Other _____

Date(s) of expulsion _____

I affirm the above information to be accurate and further understand that any willful false statement on this form or attachments shall be a misdemeanor of the third degree. This statement is also made subject to penalties provided by 18 Pa.C.S., sect. 4904, relating to unsworn falsification to authorities.

Parent/Guardian Signature

Date

School Official

Date



Jersey Shore Area School District
175 A&P Drive, Jersey Shore, PA 17740

Form

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Child Custody Information

Parental Affirmation

Student Name _____

☐ Child lives with both natural parents. **Stop here, sign and date the bottom of the form.**

☐ Child does not live with both natural parents. **Continue.**

The following information is needed if your child does not reside with both natural parents due to separation or divorce. The parent with whom the child resides will be considered the custodial parent; however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it.

Name of custodial parent with whom the child resides: _____

Name of non-custodial parent: _____

Address (if known): _____

Do you, as custodial parent, have legal custody through a court order?

- ☐ Yes (If yes, a copy of the court order should be supplied to the school office to be kept on file.)
☐ No
☐ Pending

If there is a court order, does it limit the non-custodial parent access to school records?

- ☐ Yes (If yes, a copy of the court order **MUST** be supplied to the school office to be kept on file.)
☐ No

May the child be released from school to the non-custodial parent?

- ☐ Yes
☐ No (If no, a copy of the court order **MUST** be supplied to the school office to be kept on file.)

Are the students restricted from a change in enrollment or residence due to a custody order?

- ☐ Yes (If yes, a copy of the court order **MUST** be supplied to the school office to be kept on file.)
☐ No

I affirm the above information to be accurate and will notify the school whenever any of this information should change or be modified.

Parent Signature

Date



MEDIA RELEASE EXEMPTION FORM

Opt-Out Form

Student Name: _____ Grade: _____ Building _____

The Jersey Shore Area School District is committed to protecting the privacy of all students and their families. The following is provided to offer you as a parent the right to remove your child from being photographed, videotaped, or recorded for the local news media; publicity or for internal purposes, such as newsletters, school and district presentations; the district website; and school or school district managed sites such as JSASD Facebook, JSASD Twitter, JSASD Instagram, etc.

_____ I **DO NOT** give my permission for my child to be photographed (still or motion) and/or tape recorded (audio or video) by employees of the Jersey Shore Area School District, its education partner organizations (clubs, booster organizations, home and school association) and/or agents of the media.

Name of Parent/Guardian

Signature

Parent permission is given while your student attends the Jersey Shore Area School District unless consent is denied using this form.



Jersey Shore Area School District

LEARNING | GROWING | SUCCEEDING

Acknowledgement of District Policy #206

I acknowledge and understand that Policy #206 states:

"The Superintendent periodically shall review existing attendance areas and recommend to the Board changes that may be justified by considerations of safe student transportation and travel, convenience of access to schools, financial and administrative efficiency, and effectiveness of the instructional program, including equalizing class sizes.

The Superintendent or designee may assign a student to a school other than the one designated for the attendance area when such exception is justified by circumstances and is in the educational interest of the student.

The Superintendent or designee shall assign incoming transfer students to schools, grades, and classes that afford each student the greatest likelihood of realizing his/her educational potential and academic goals."

I further acknowledge and understand that this may mean that my child is not guaranteed to attend any one district school.

The full policy can be found on the Board Docs page of the District website or you may request a copy by calling Trudy Wagner, Student Data Coordinator, at 570-398-5253.

Parent/Guardian Name

Date

Parent/Guardian Signature

Date

EMERGENCY/STUDENT INFORMATION CHANGE FORM

Student Name _____
Last First Middle

Primary Parent Contact _____ Prim Phone _____
Work Phone _____
Relationship to child _____ Sec Phone _____
House Number _____ Apartment Number _____
Street Name _____
PO Box _____ Borough/Township _____
City _____ Zip _____
Email Address _____
Additional Adult at this address _____
Place of employment _____

Secondary Parent Contact _____ Prim Phone _____
Work Phone _____
Relationship to child _____ Sec Phone _____
House Number _____ Apartment Number _____
Street Name _____
PO Box _____ Borough/Township _____
City _____ Zip _____
Email Address _____
Additional Adult at this address _____
Place of employment _____

Emergency Contact _____ Prim Phone _____
Work Phone _____
Relationship to child _____ Sec Phone _____

Parents: ☐ Married ☐ Divorced ☐ Separated ☐ Single
Child lives with: ☐ Both ☐ Mother ☐ Father ☐ Guardian

Sisters/Brothers:	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional relatives/friends who are permitted to come for your child:
Name _____ Phone _____
Name _____ Phone _____

When the primary parent's address has changed, then proof of residency should be submitted with this form to the child's school.

In case of an emergency, your child will be released to any person listed on this form.

Parents Signature _____ Date _____

<input type="checkbox"/> SH	<input type="checkbox"/> MS	<input type="checkbox"/> JSE	<input type="checkbox"/> AV	<input type="checkbox"/> SALL
Office Use: Student Number _____		GR _____		
Submitted by _____		Date _____		

**Jersey Shore Area School District
Authorization for First Aid/Emergency Care**

Date _____ Grade _____ Homeroom _____ Birth Date _____

Student Name _____ Phone _____
Last First Middle

Home Address _____ Email _____

Mother's Name _____ Work Place _____ Wk# _____

Cell# _____

Father's Name _____ Work Place _____ Wk# _____

Cell# _____

Child lives with: (please circle) Both Parents Father Mother Guardian Other _____

If school is unable to reach either of the above, please list 2 relatives or friends who you give the authority to advise and/or pick up your child if sick or injured:

Name/Relationship _____ Address _____ Phone _____

Name/Relationship _____ Address _____ Phone _____

First Person to Contact _____

EMERGENCY TREATMENT

List any conditions your child may have, of which the school nurse should be aware: (Ex. Asthma, Seizure Disorder, Depression, Allergies, etc.)

BEE STING REACTION:

Does your child have an allergy to bees which requires emergency medication? Yes No

If yes, please list medication used when stung: _____

PERMISSION TO EXCHANGE INFORMATION:

My child's health and/or medical information may be shared with school staff as needed so that in an emergency the staff can act in the best interest of my child.

Signature Parent/Guardian

EMERGENCY TREATMENT:

If emergency treatment is required, the school authorities will use their judgment in sending the child to the nearest hospital

Acetaminophen (Tylenol), Ibuprofen (Advil), Antacid (Tums):

Non-prescription medications that may be given in a non-emergency situation are Ibuprofen (Such as Advil®/Motrin®), Acetaminophen (such as Tylenol®), Antacids (such as Tums®) in accordance with the treatment protocol established by the school physician. Acetaminophen/Ibuprofen dosage is based on age and weight of the child. When health situations arise for administering these medications **and** the parent/guardian have signed the permission below for their administration, these will be offered to students. The authorization will be in effect the current school year unless revoked by the parents/guardian in writing to the School Nurse.

Tylenol/Advil/Tums need to be supplied by the parent/guardian if taking often OR if Children's dosage (liquid/chewable) is needed.

I agree that the District and its employees are not to be held liable for giving medicine in accordance with this Authorization. I agree to hold harmless and indemnify the Jersey Shore Area School District and all of its employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action which may be brought against the District or its employees in connection with giving such medicine.

Signature Parent/Guardian



Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

Form

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Medical Forms Cover Letter

In order to get to know your child and complete his/her registration, certain medical forms are necessary. Attached are the following forms that need to be completed for registration:

- Health History (Form A)
- Medical Screening Acknowledgement (Form B)
- Private Physician's Form of Physical Examination (Form C)

Upon entering into school in **grades K or 1 and in grades 6 and 11**, all students are required by the Pennsylvania State Health Department to have a physical exam. If your child will be seen by your family health care provider, please have the enclosed Commonwealth of Pennsylvania Department of Health Form #H511.336 (JSASD Med. Form C) completed and returned to the school as soon as possible. **The exam must be performed within one year of the start of the school year.**

- Private Dentist's Form of Dental Examination (Form D)

Upon entering into school in **grades K or 1 and in grades 3 and 7**, all students are required by the Pennsylvania State Health Department to have a dental exam. If your child will be seen by your family dentist, please have the enclosed Commonwealth of Pennsylvania Department of Health Form #H514.027 (JSASD Med. Form D) completed and returned to the school as soon as possible. **The exam must be performed within one year of the start of the school year.**

Please return the completed form(s) to the nurse at your child's school. If you have any questions please contact the school nurse and/or if you prefer to have the form faxed, use the appropriate numbers below:

Senior High	Judy Morlock RN/CSN	Ph: 570-398-7170	Fax: 570-398-5612
Middle School	Judy Morlock RN/CSN	Ph: 570-398-7400	Fax: 570-398-5618
JS ES	Hillary Leonard RN/CSN	Ph: 570-398-7120	Fax: 570-398-5624
Avis ES	Hillary Leonard RN/CSN	Ph: 570-753-5220	Fax: 570-753-3469



Jersey Shore Area School District
175 A&P Drive, Jersey Shore, PA 17740

Med. Form



Health History

Name _____ Date of Birth _____

Please check all that apply

Does your child have:

Cleft Palate/Lip	Yes	No
Frequent Sore Throats	Yes	No
Frequent Earaches	Yes	No
Frequent Colds	Yes	No
Allergies	Yes	No
Speech Difficulties	Yes	No
Chronic Cough	Yes	No
Emotional Problems	Yes	No
Bedwetting/Wetting	Yes	No
Frequent Nightmares	Yes	No
Poor Eating Habits	Yes	No
Stomach Problems	Yes	No
Bowel Problems	Yes	No
HIV/AIDS	Yes	No
Behavioral Problems	Yes	No
Vision Problems	Yes	No

Has your child had:

Broken Bones	Yes	No
Tonsils Removed	Yes	No
Head Injury(unconscious)	Yes	No
Difficult Sleeping	Yes	No
Convulsions	Yes	No
Epileptic Seizures	Yes	No
Chicken Pox	Yes	No
Measles (Regular/10 Day)	Yes	No
Measles (German/3 Day)	Yes	No
Mumps	Yes	No
Scarlet Fever	Yes	No
Whooping Cough	Yes	No
Rheumatic Fever	Yes	No

If yes, month/year: _____

Explain all Yes answers: _____

Abnormal Birth History: _____

List all operations: _____

List all major illnesses: _____

List all current daily medications, include dose: _____

List all as needed medications, include dose: _____

Is your child presently under medical treatment (if yes, explain): _____

Family History

(Please check those that apply to your family)

Allergies
Asthma

Epilepsy
Deafness

Tuberculosis
Diabetes

Heart Disease
Psychiatric Depression

Kidney Disease

Parent/Guardian Signature _____

Date _____



Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

Med. Form

B

Medical Screening Acknowledgment

In order to eliminate the need to send home numerous permission slips for the various phases of our school health programs, we are offering this form as an overall coverage for this program.

Student Name _____ Date of Birth _____

I understand my child will participate in the following Pennsylvania State mandated health programs:

- Annual Vision Screening, Grades K-12
- Annual Height and Weight Screening, Grades K-12
- Hearing Screening, Grades, K, 1, 2, 3, 7, and 11
- Scoliosis Screening, Grades 6, and 7
- Physical examinations upon entry into school (Grades K or 1) and Grades 6 and 11*

If you have any questions regarding the school health program, please feel free to call your school nurse.

Signature of parent/guardian

Date

*You may have the routine school health examination performed by your family physician at your expense. A private physician's form is enclosed in this packet. If your child is to be examined by the school physician, you will be informed when and where the exam will occur. If you wish to attend, contact the school nurse.



Jersey Shore Area School District

LEARNING | GROWING | SUCCEEDING

Permission to Give Prescription Medication at School

*The administration of prescription medication in school is permitted with a **written doctor's order and parent permission.**

*Over the counter medication such as cold and cough medicine, must have a doctor's order and medication stored in nurse office.

*Sign permission on emergency card for nurse to administer Acetaminophen, Ibuprofen, Tums

*All prescription medication must be in the original bottle properly labeled.

*With doctor's permission a student may carry their Inhaler and/or EpiPen.

.....

Student Name _____

Medication	Dosage	Time	Route	Duration

Diagnosis _____

Side Effects _____

Physician's Name Printed

Physician's Signature

Physician's Phone Number

Date

.....

Parent Permission

I give permission for my child to receive _____ at school as directed by the doctor.
(Medication Name)

Parent Signature

Date

Student Name / Grade / Teacher

I agree that the District and its employees are not to be held liable for giving medicine in accordance with this Authorization. I agree to hold harmless and indemnify the Jersey Shore Area School District and all of its employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action which may be brought against the District or its employees in connection with giving such medicine.

School	Phone	Fax		School	Phone	Fax
Jersey Shore Elementary	570-398-7120	570-398-5624		Jersey Shore Middle School	570-398-7400	570-398-5618
Avis Elementary	570-753-5220	570-753-3460		Jersey Shore High School	570-398-7170	570-398-5612
Salladasburg Elementary	570.398.2931	570.398.5066				



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:

Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____

Today's date _____

Date of birth _____

Age at time of exam _____

Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

Adapted in part from the *Pre-participation Physical Evaluation History Form*; ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD ☐ DO ☐ PAC ☐ CRNP ☐

HEALTH CARE PROVIDERS: *Please photocopy immunization history from student's record – OR – insert information below.*

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

[illegible]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH**PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____ Last	_____ First	_____ Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS

No. and Street	City or Post Office	Borough/Township	County	State	Zip
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REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment?

Yes ☐No ☐

Treatment Completed

Yes ☐No ☐_____
Date of Dental Examination_____
Signature of Dental Examiner_____
Print Name of Dental Examiner_____
Address



Jersey Shore Area School District
175 A&P Drive, Jersey Shore, PA 17740

Form

7

Annual Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the [Name of school ("School")] receives a request for access.

Parents or eligible students should submit to the school principal [or appropriate school official] a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the [School] to amend a record should write the school principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the [School] to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

continued of back

FERPA permits the disclosure of PII from students' education records, without consent of the parent or eligible student, if the disclosure meets certain conditions found in §99.31 of the FERPA regulations. Except for disclosures to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosures to the parent or eligible student, §99.32 of the FERPA regulations requires the school to record the disclosure. Parents and eligible students have a right to inspect and review the record of disclosures. A school may disclose PII from the education records of a student without obtaining prior written consent of the parents or the eligible student –

- To other school officials, including teachers, within the educational agency or institution whom the school has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or other parties to whom the school has outsourced institutional services or functions, provided that the conditions listed in §99.31(a)(1)(i)(B)(I) - (a)(1)(i)(B)(2) are met. (§99.31(a)(1))
- To officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled if the disclosure is for purposes related to the student's enrollment or transfer, subject to the requirements of §99.34. (§99.31(a)(2))
- To authorized representatives of the U. S. Comptroller General, the U. S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as the State educational agency in the parent or eligible student's State (SEA). Disclosures under this provision may be made, subject to the requirements of §99.35, in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf. (§§99.31(a)(3) and 99.35)
- In connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of the aid, determine the conditions of the aid, or enforce the terms and conditions of the aid. (§99.31(a)(4)) To State and local officials or authorities to whom information is specifically allowed to be reported or disclosed by a State statute that concerns the juvenile justice system and the system's ability to effectively serve, prior to adjudication, the student whose records were released, subject to §99.38. (§99.31(a)(5))
- To organizations conducting studies for, or on behalf of, the school, in order to: (a) develop, validate, or administer predictive tests; (b) administer student aid programs; or (c) improve instruction. (§99.31(a)(6))
- To accrediting organizations to carry out their accrediting functions. (§99.31(a)(7))
- To parents of an eligible student if the student is a dependent for IRS tax purposes. (§99.31(a)(8))
- To comply with a judicial order or lawfully issued subpoena. (§99.31(a)(9))
- To appropriate officials in connection with a health or safety emergency, subject to §99.36. (§99.31(a)(10))
- Information the school has designated as "directory information" under §99.37. (§99.31(a)(11))

**Annual Public Notice of Special Education Services and Programs, Services for Gifted
Students, and Services for Protected Handicapped Students**

(Revised August 2025)

Notice to Parents

According to state and federal special education regulations, annual public notice to parents of children who reside within a school district is required regarding child find responsibilities. School districts (SDs), intermediate units (IUs) and charter schools (CSs) are required to conduct child find activities for children who may be eligible for services via Section 504 of the Rehabilitation Act of 1973. For additional information related to Section 504/Chapter 15 services, the parent may refer to Section 504, Chapter 15, and the Basic Education Circular entitled Implementation of Chapter 15. Also, school districts are required to conduct child find activities, including screening and evaluations, for children who may be eligible for gifted services via 22 PA Code Chapter 16. For additional information regarding gifted services, the parent may refer to 22 PA Code Chapter 16. If a student is both gifted and eligible for Special Education, the procedures in IDEA and Chapter 14 shall take precedence.

This notice shall inform parents throughout the school district, intermediate unit and charter school of the child identification activities and of the procedures followed to ensure confidentiality of information pertaining to students with disabilities or eligible young children. In addition to this public notice, each school district, intermediate unit and charter school shall publish written information in the handbook and on the web site. Children ages three through 21 can be eligible for Special Education programs and services. If parents believe that the child may be eligible for Special Education, the parent should contact the appropriate staff member identified at the end of this public notice.

Children age three through the admission to first grade are also eligible if they have developmental delays and, as a result, need Special Education and related services. Developmental delay is defined as a child who is less than the age of beginners and at least three years of age and is considered to have a developmental delay when one of the following exists: (i) The child's score, on a developmental assessment device, on an assessment instrument which yields a score in months, indicates that the child is delayed by 25% of the child's chronological age in one or more developmental areas. (ii) The child is delayed in one or more of the developmental areas, as documented by test performance of 1.5 standard deviations below the mean on standardized tests. Developmental areas include cognitive, communicative, physical, social/emotional and self-help. For additional information you may contact, Mrs. Corrie Roadarmel, Supervisor of Early Intervention Services, BLAST IU 17.

Evaluation Process

Each school district, intermediate unit and charter school has a procedure in place by which parents can request an evaluation. For information about procedures applicable to your child, contact the school, which your child attends. Telephone numbers and addresses can be found at the end of this notice. Parents of preschool age children, age three through five, may request an evaluation in writing by addressing a letter to Mrs. Corrie Roadarmel, Supervisor of Early Intervention Services, BLAST IU 17.

Consent

School entities cannot proceed with an evaluation, or with the initial provision of Special Education and related services, without the written consent of the parents. For additional information related to consent, please refer to the Procedural Safeguards Notice which can be found at the PaTTAN website, www.Pattan.net. Once written parental consent is obtained, the district will proceed with the evaluation process. If the parent disagrees with the evaluation, the parent can request an independent education evaluation at public expense.

Program Development

Once the evaluation process is completed, a team of qualified professionals and parents determine whether the child is eligible. If the child is eligible, the individualized education program team meets, develops the program and determines the educational placement. Once the IEP team develops the program and determines the educational placement, school district staff, intermediate unit staff or charter school staff will issue a notice of recommended educational placement/prior written notice. Your written consent is required before initial services can be provided. The parent has the right to revoke consent after initial placement.

Confidentiality of Information

The school districts, intermediate units and charter schools maintain records concerning all children enrolled in the school, including students with disabilities. All records are maintained in the strictest confidentiality. Your consent, or consent of an eligible child who has reached the age of majority under State law, must be obtained before personally identifiable information is released, except as permitted under the Family Education Rights and Privacy Act (FERPA). The age of majority in Pennsylvania is 21. Each participating agency must protect the confidentiality of personally identifiable information at collection, storage, disclosure and destruction stages. One official at each participating agency must assume responsibility for ensuring the confidentiality of any personally identifiable information. Each participating agency must maintain, for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally identifiable information.

In accordance with 34 CFR § 300.624, please be advised of the following retention/destruction schedule for the Pennsylvania Alternate System of Assessment (PASA), Pennsylvania System of School Assessment (PSSA), and Keystone Exam related materials:

- PSSA, Keystone Exam, and PASA test booklets will be destroyed one year after student reports are delivered for the administration associated with the test booklets.
- PSSA and Keystone Exam answer booklets and PASA media recordings will be destroyed three years after completion of the assessment.

For additional information related to student records, the parent can refer to the Family Education Rights and Privacy Act (FERPA).

This notice is only a summary of the Special Education services, evaluation and screening activities, and rights and protections pertaining to children with disabilities, children thought to be disabled and their parents. For more information or to request evaluation or screening of a public or private school child, contact the responsible school entity listed below. For preschool age children, information, screenings

and evaluations requested, may be obtained by contacting the Intermediate Unit. The addresses of these schools are as follows:

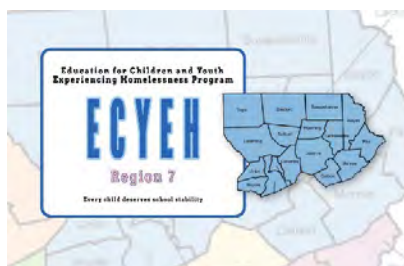
INTERMEDIATE UNIT	
BLaST Intermediate Unit 17 2400 Reach Road, PO Box 3609 Williamsport, PA 17701 570-323-8561 BLaST Intermediate Unit 17 33 Springbrook Drive Canton, PA 17724 570-673-6001	

SCHOOL DISTRICT OFFICES	
BRADFORD COUNTY	
Athens Area School District 100 Canal Street Athens, PA 18840 570-888-7766	Canton Area School District 509 East Main Street Canton, PA 17724 570-673-3191
Northeast Bradford School District 526 Panther Lane Rome, PA 18837 570-744-2521	Sayre Area School District 333 West Lockhart Street Sayre, PA 18840 570-888-6121
Towanda Area School District 410 State Street Towanda, PA 18848 570-265-9154	Troy Area School District 68 Fenner Ave Troy, PA 16947 570-297-2750
Wyalusing Area School District 11450 Wyalusing New Albany Rd Wyalusing, PA 18853 570-746-1600	Bradford County Prison 15927 Route 6 Troy, PA 16947 570-297-5047
TIOGA COUNTY	
Northern Tioga School District 110 Ellison Road Elkland, PA 16920 814-258-5642	Southern Tioga School District 310 Morris Street Blossburg, PA 16912 570-638-2183
Wellsboro Area School District 227 Nichols Street Wellsboro, PA 16901 570-724-4424	Tioga County Prison 1768 Shumway Hill Road Wellsboro, PA 16901 570-724-5911
SULLIVAN COUNTY	
Sullivan County School District 777 South Street, PO Box 240 Laporte, PA 18626	

570-946-8200	
LYCOMING COUNTY	
East Lycoming School District 349 West Cemetery Street Hughesville, PA 17737 570-584-2131	Jersey Shore Area School District 175 A&P Drive Jersey Shore, PA 17740 570-398-5250
Loyalsock Township School District 1605 Four Mile Drive Williamsport, PA 17701 570-326-6508	Montgomery Area School District 120 Penn Street Montgomery, PA 17752 570-547-1608
Montoursville Area School District 50 North Arch Street Montoursville, PA 17754 570-368-2491	Muncy School District 206 Sherman Street Muncy, PA 17756 570-546-3125
South Williamsport Area School District Raymond R. Rommelt Building 515 West Central Avenue South Williamsport, PA 17702 570-327-4470	Williamsport Area School District Service Center 2780 West Fourth Street Williamsport, PA 17701 570-327-5000
Lycoming County Prison 277 West Third Street Williamsport, PA 17701 570-326-4623	

The school entity or charter school will not discriminate in employment, educational programs or activities based on race, color, national origin, age, sex, handicap, creed, marital status or because a person is a disabled veteran or a veteran of the Vietnam era. No preschool, elementary or secondary school pupil enrolled in a school district, intermediate unit or charter school program shall be denied equal opportunity to participate in age and program appropriate instruction or activities due to race, color, handicap, creed, national origin, marital status or financial hardship.

ECYEH Intake Form



This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The confidential information in this form will determine the services that the student may be eligible to receive.

Student/Contact Information

Student's Last Name	First Name	PPID (10 digit)
Temporary Address	Phone Number	ACT 1 Eligible (Yes/No)
Date of Birth	Gender	Grade Level
School District/Building	Parent/Guardian Enrolling Student	Relationship to Student

Precipitating Event

Place an **X** indicating the appropriate precipitating event resulting in loss of housing

Abandonment		Left Home	
Act of Nature		Parent/Guardian Hospitalized	
Death of Parent/Guardian		Parent/Guardian Incarcerated	
Domestic Violence		Parental Job Loss/Loss of Income	
Eviction		Other Poverty-related Situation	
Fire		Other	

Living Arrangement

Place an **X** in the box indicating the appropriate living arrangements

Shelter	
Transitional Housing	
Hotel/Motel	
Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)	
Doubled-up (living with another family)	

Name of Shelter, Transitional Housing or Hotel/Motel (if applicable)

I, _____ affirm that the information is true and accurate.
(Parent/Guardian's Name)

I, _____ have been advised of my rights and child's rights
(Parent/Guardian's Name) under the McKinney-Vento Federal Homeless
Assistance Act.

(Signature of Parent/Guardian)

(Student's Name)

(Date)

(District Personnel Receiving Form)

(Title)

(Date)

District Liaison Information:

Jodi Woleslagle
JSASD Homeless Liaison
175 A&P Drive
Jersey Shore, PA 17740
570-398-5250
jwoleslagle@jsasd.org

Jeff Zimmerman
PA ECYEH Region 7 Coordinator
Luzerne Intermediate Unit 18
368 Tioga Avenue
Kingston, PA 18704
570-718-4613
<https://sites.google.com/view/region-7-ecyeh-website/home>

1. Is the student unaccompanied? ____Yes ____No
2. Where did the student sleep last night? _____
3. Is the student fleeing a domestic violence situation? ____Yes ____No
4. Does the student have an IEP or 504 plan?
5. Has the student ever been in foster care? ____Yes ____No
6. Has the student been expelled or in a juvenile detention facility? ____Yes ____No
7. If student is enrolling in the district for the first time, what school did they previously attend?
8. Did the student lack any documents upon enrollment? (Academic records, medical records, immunizations, guardianship, birth certificate, IEP)
9. Does the student have siblings that are not of school age yet?
10. Which of the following services does the student and/or family need?

____Housing	____Tutoring
____Food	____Transportation
____Clothing	____Counseling
____Eye glasses	____Dental Care
____School supplies	____Mental Health Care
____Hygiene materials	____Life Skills Training
____Child Care/Early Childhood Program/Pre-school	____Job Training
____Medical Care (including prescriptions)	____Substance Abuse Treatment
11. List the agencies/shelters that you have referred the student and/or family. Include in school supports (SAP, ESAP, Child Study)

Additional Notes:



Jersey Shore Area School District

LEARNING | GROWING | SUCCEEDING

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE MEALS

Apply online at <https://www.schoolcafe.com/jsasd>

Dear Parent/Guardian:

Children need healthy meals to learn. Jersey Shore Area School District offers healthy meals every school day. Breakfast is available at no charge to students. Lunch costs **\$2.30** for elementary level and **\$2.40** for secondary (Middle School and High School). **Your child(ren) may qualify for free or reduced price meals.**

During the 2025-2026 School Year, all schools participating in the School Breakfast Program (SBP) are to provide free breakfasts for all enrolled students. Additionally, students identified as eligible for reduced-price lunches through the National School Lunch Program (NSLP) will not be charged for their meals.

This packet includes an application for free and reduced-price meal benefits and a set of detailed instructions.



If you have received a **NOTICE OF DIRECT CERTIFICATION** 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?

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

Income Guidelines for Reduced-Price Eligibility July 1, 2025 to June 30, 2026					
Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
Each additional family member add:	+\$10,175	+\$848	+\$424	+\$392	+\$196

- 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, contact **Maria Pierce** at mpierce@jsasd.org or call **570-398-5250**.
- 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. You may request a paper application from the school at any time. Return the completed application to your child's school.
- 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 **Ben Enders** at benders@jsasd.org or call **570-398-5050** immediately.
- 5. CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://www.schoolcafe.com/jsasd> 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, through **October 3, 2025**. 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 contacting **Nicole Scocchera, 175 A&P Drive, Jersey Shore, PA 17740; 570-398-5050; nsocchera@jsasd.org**
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.
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 **570-398-5050**.

Sincerely,

Benjamin Enders

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

2025-2026 SY

How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the**

The application must be filled out completely to determine the eligibility of your child(ren) 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

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age)

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 (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.

B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.

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. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

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. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

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

A) If no one in your household participates in any of the above listed programs:

- Check “No” in **Step 2** and go to **Step 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact:
 - Go to **Step 4**.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled “**Sources of Income**” & “**Examples of Income for Children**,” 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 and deductions.
 - 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 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**.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List 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. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.

List 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.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List 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.

6) 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 Social Security Number."

3.B List income earned by children

List all income earned or received by children.

List 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.

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 statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. 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 application to:
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Optional

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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

Pennsylvania Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE: <https://www.schoolcafe.com/jsasd>
RETURN TO (School/District Name): Jersey Shore Area School District
ADDRESS: c/o Food Service, 175 A&P Drive, Jersey Shore PA 17740

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

☐ NO → Go to STEP 3.

☐ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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 received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received?				
	Weekly	Every 2 Weeks	2X Month	Monthly	Annual
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 (confirm) 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."

Print Name of Adult Signing the Form

Mailing Address (if available)

Signature of Adult

City

State

Zip

Today's Date

Phone (optional)

Email (optional)

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income
<ul style="list-style-type: none">Salary, wages, cash bonuses, tips, commissionsNet income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorkers' compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans' benefitsStrike benefits	<ul style="list-style-type: none">Social Security/Disability (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household

Examples of Income for Children
<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none">A child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefits
<ul style="list-style-type: none">A friend or extended family member regularly gives a child spending money
<ul style="list-style-type: none">A child receives regular income from a private pension fund, annuity, or trust

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

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

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

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

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

DO NOT FILL OUT For school use only.

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

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

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

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

Return completed form to your child's school.

This institution is an equal opportunity provider.

SHARING INFORMATION WITH OTHER JSASD PROGRAMS

Dear Parent/Guardian:

Throughout the school year, the district may have reduced pricing for activities and/or programs for those students with confirmed Free or Reduced meal status.

For the program below, we must have your permission to share your information in order for your child to receive this benefit. The only information that will be shared will be the status outcome of your application (Free or Reduced), not any income or other personal information and it will only be shared with those employees directly involved with the program. If additional activities or programs are offered, an additional form will be sent home with your student.

Sending in this form will not change whether your child or children receive free or reduced-price meals.

By default, I give permission for school officials to share the Free and Reduced eligibility status from my 2025-2026 application with the iPad Insurance Policy program to receive discounted rates and the Scholarship Application process. Please fill out form below and sign.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

If you do not want the free and reduced eligibility status information shared, check the box below, fill out the form above and sign:

☐ **I do not give permission** for school officials to share the Free and Reduced eligibility status from my 2025-2026 application with the iPad Insurance Policy program to receive discounted rates nor the Scholarship Process to determine a financial need. **If I choose to purchase the iPad insurance, I will pay the full premium and deductible.**

****Please return this form with your Free/Reduced meal application so that we may follow your choice****