

PATRICK SPRINGS PRIMARY SCHOOL



75 ELEMENTARY LANE  
PATRICK SPRINGS, VA 24133  
PH. (276) 694-3396 FAX (276) 694-5806  
Mrs. Jeannie T. King, PRINCIPAL

July 1, 2017

Dear Parents/Guardians and Students:

I hope that you have been enjoying the summer. As we prepare for the opening of school, I want you to know how much I am looking forward to working with you and your child this year as the principal. Our main goal is that your child gets a valuable education. Your input, thoughts, and ideas about your child's learning will be most helpful to me as we plan the 2017-2018 school year. Please take the time to complete the enclosed forms about your child. Any additional comments you care to make will be most welcome.

Registration for the 2017-2018 school year will be held at Patrick Springs Primary School on:

**Tuesday, July 25, 2017 from 8:00 A.M. Until 7:00 P.M.**

Enclosed you will find a **free and reduced lunch application**. If you would like to apply, please complete **ONE** form per family and bring it to registration. This will allow time to process information prior to the first day of school.

Enclosed you will also find a **School Information Sheet**. **Please bring these completed sheets with you on registration day (front & back)**. It is extremely important that you include an emergency contact and phone number of someone other than yourself in which we can contact in the event of an emergency. Thank you in advance for keeping the office informed of any changes during the year as well. **If you did not fill out a transportation sheet before school ended, you will need to do so at registration.**

Finally, we have planned a:

**Back to school Night for Tuesday, August 8, 2017 We have two sessions to choose from:**

**Session One is at 6:00pm and Session Two is at 6:45pm**

This will be a great time for parents and students to ask questions concerning the upcoming school year. At this time, parents and students will have the opportunity to meet with the teacher, visit the classroom, bring school supplies (so the students will not have to bring so much with them the first day of school), talk about daily schedules, review bus/car transportation procedures, discuss snack/lunch money collection, grade level expectations and hear other important information needed for a successful year. If possible, please make plans to attend. I look forward to meeting and working with you this year.

Sincerely,

*Jeannie T. King, Principal*



2017-2018

TEACHER \_\_\_\_\_

Grade: \_\_\_\_\_

\*Custody Papers:   Y   N

***Patrick County Public Schools***  
**STUDENT INFORMATION AND EMERGENCY SHEET**

NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBERS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

911 ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DIRECTIONS FOR FINDING YOUR HOME: \_\_\_\_\_

A.M. BUS#: \_\_\_\_\_ P.M. BUS#: \_\_\_\_\_ ROAD #: \_\_\_\_\_

GENDER:           Male           Female

MOTHER'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer's Name & Phone: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

911 ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer's Name & Phone: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILD LIVES WITH:    MOTHER    FATHER    OTHER/SPECIFY \_\_\_\_\_

(check all that apply)

**EMERGENCY TREATMENT AUTHORIZATION**

Emergency Treatment Procedure: In case of serious illness or injury the school will make every possible effort to locate the parent or guardian. If these persons cannot be located, the child will receive medical care at the closest facility.

I authorize the above procedure: \_\_\_\_\_ Medical History: \_\_\_\_\_

(Signature of parent/guardian)

DOCTOR'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications Currently Taking On Regular Basis: \_\_\_\_\_

***Patrick County Public Schools***

**Individual Authorized to Pick Up Student**

I, \_\_\_\_\_, as parent or legal guardian of  
(Parent or Guardian's Name)

\_\_\_\_\_, hereby give permission for the following  
(Child's Name)

individuals to pick up my child at any time necessary (including regular or early dismissals).

	<u>Name</u>	<u>Phone #</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

## 2017-2018 LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

Children need healthy meals to learn. **Patrick County Elementary Schools** offer healthy meals every school day. Student breakfast is free and lunch costs \$ **1.85**. Your children may qualify for free or reduced price lunch meals. Reduced price lunch costs \$**.40**.

All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact **Darlene Rogers, Food Service Coordinator** at **276-694-3836** for further information.

All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid may also be eligible for free or reduced price meals based on the household's income. Children who are members of households participating in WIC may also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals or reduced price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year. **YOU MUST SEND IN A NEW HOUSEHOLD APPLICATION FOR EACH SCHOOL YEAR.**

**FEDERAL INCOME GUIDELINES:** Your child(ren) may be eligible for free meals or reduced price meals if your household income is within the limits on the Federal Income Eligibility Guidelines chart shown below.

<b>INCOME CHART</b>			
<b>For Free or Reduced Price Meals</b>			
Effective July 1, 2017 to June 30, 2018			
Household Size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
For Each Additional Family Member Add	\$7,733	\$645	\$149

### HOW TO APPLY

Households that are receiving SNAP or TANF for their children as of July 1 may not have to fill out an application. School officials will notify you in writing of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits. **If you are not notified by 07/24/2017, you must submit an application.** The application must contain the names of all students in the household, the SNAP or TANF case number, and the signature of an adult household member.

**If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the school division. If you do not list a SNAP or TANF case number** for the child(ren) you are applying for, then the application must have the names of all students, the names of all other household members, the amount of income each person received last month, and how often the income was received. An adult household member **must sign the application** and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

**If you are applying for a foster child**, who is the legal responsibility of a welfare agency or court, an



**276-694-3268**

Bus # (s)	(Transfer Location)	Time
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application may not be required. Contact *Darlene Rogers* at 276-694-3836 for more information. If you are applying for a homeless, migrant, or runaway child, an application may not be necessary. Contact *Amanda Holt* at 276-694-3163 for more information.

**An application that is not complete cannot be approved. An application that is not signed is not complete. You must send in a new application each school year.**

**OTHER BENEFITS:** Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free or reduced price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced price meals. If you do not want your information shared, please check the appropriate box in Section 6 of the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

**CONFIDENTIALITY AND NOTICE OF DISCLOSURE:** School officials use the information on the application to determine if your child is eligible to receive free or reduced price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

**VERIFICATION:** School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced price meals.

**FAIR HEARING:** If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with officials in the school nutrition office at the telephone number below. If you wish to review the final decision on your application you also have the right to a fair hearing. You can request a hearing by calling or writing the following official:

Hearing Official Name: Mr. Dean Gilbert, Assistant Superintendent Phone: 276-694-3163

Address: Patrick County Public Schools, P. O. Box 346, Stuart, VA 24171

**REAPPLICATION:** You may reapply for free and reduced price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

**IF YOU NEED HELP FILLING OUT THE APPLICATION FORM, PLEASE CONTACT THE SCHOOL YOUR CHILD(REN) ATTENDS OR THE CENTRAL SCHOOL NUTRITION OFFICE. Return the complete, signed application to: (Name, address, phone number).**

You will be notified when your child(ren)'s application is approved or denied. If you have questions or need help, call:

Name: Darlene Rogers Telephone #: 276-694-3836

Sincerely,

Signature *Darlene Rogers* Telephone #: 276-694-3836

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 (e.g., Braille, large print, audio tape, 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 Complaint Form (AD-3027) found online at <http://www.aphis.usda.gov/foia/USDA%203027.pdf> 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: [usda.nondiscrimination@aphis.usda.gov](mailto:usda.nondiscrimination@aphis.usda.gov).

This information is provided for informational purposes only.



Complete, sign, and return the application to any school or the school nutrition office.  
**PART 1. CHILDREN IN SCHOOL:** List ALL children in school who live in the household.

LAST NAME
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[illegible]

include the children in school above)

Do Not Complete Part 4 if all students are foster children or if you listed a SNAP or TANF case number on Part 2

Age \_\_\_\_\_

Wages, Salaries, Tips, Sicka Benefits, Unemployment Compensation, Worker's Compensation, Net Income  
Self-Owned Business or Farm

Earnings from Work Before Deductions

Use the following: (W) = Weekly (2W) = Every 2 Weeks (M) = Monthly

Job 1 \_\_\_\_\_

Child Support, Alimony  
Pension, Supplemental Security Income  
Retirement, Social Security  
Disability Pensions, Charitable Income  
Welfare, Divorced Spouse's Support  
Other Income

Welfare

Pensions, Retirement

All Other Income

[illegible][illegible]

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	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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[illegible]

Total Household Members (Children and Adults)		CHILDREN'S ETHNIC AND RACIAL IDENTITIES	
0	1	2	3
2	1	2	1
3	1	2	1
3	1	2	1

[illegible][illegible][illegible]

State or Social Security Number of Adult Signing Application  
 Mailing Address:  
 City:  
 Home Phone:  
 Signature of Adult Household Member

**TOTAL INCOME/HOM OFTEN: \$**

**VARYING Income Conversion for Approving Official When DIFFERENT Income Frequencies are P.**

**HOUSEHOLD SIZE**

☐ SNAP ☐ TANF ☐ Other

**DO NOT WRITE BELOW LINE - SCHOOL USE ONLY**

**Work Phone:**

**Date**

**Zip Code:**

**Signature / Name:**

**Signature Method:**

[illegible][illegible]

Very truly yours,  
 \_\_\_\_\_  
 [Signature]