

**OTTO-ELDRED SCHOOL DISTRICT  
ENROLLMENT & CONTACT INFORMATION  
2015-16 SCHOOL YEAR**

FULL NAME OF STUDENT (NO NICKNAMES PLEASE) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ GRADE \_\_\_\_\_

CITY OF BIRTH \_\_\_\_\_ STATE OF BIRTH \_\_\_\_\_

NAME OF FATHER / GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_ CELL# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL (911) ADDRESS \_\_\_\_\_

HOME EMAIL ADDRESS \_\_\_\_\_

NAME OF MOTHER / GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_ CELL# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

*(if different from above)*

PHYSICAL (911) ADDRESS \_\_\_\_\_

TOWNSHIP/MUNICIPALITY \_\_\_\_\_ HOME EMAIL ADDRESS \_\_\_\_\_

WITH WHOM DOES THE CHILD LIVE (MOTHER/FATHER/BOTH)? \_\_\_\_\_

DOES THE CHILD HAVE SCHOOL AGE SIBLINGS THAT LIVE IN THE HOUSE? IF YES, PLEASE LIST FULL NAMES?

\_\_\_\_\_

**PARENTS/ GUARDIAN PLACE OF EMPLOYMENT:**

FATHER / GUARDIAN \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK EMAIL \_\_\_\_\_

MOTHER / GUARDIAN \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK EMAIL \_\_\_\_\_

**EMERGENCY CONTACTS:**

If the child becomes ill or injured at school, we will try to contact you. In the event we cannot locate you, we will contact other people whom you feel will be responsible for your child. Please designate such persons.

A. \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

B. \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

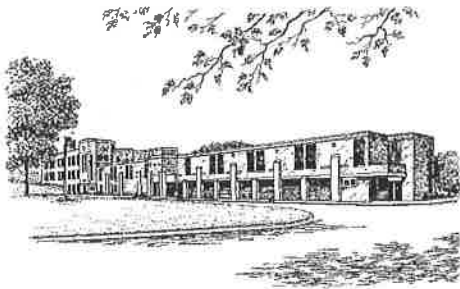
PLEASE LIST ANY **ADDITIONAL** NAMES AND PHONE NUMBERS YOU WISH TO BE CALLED BY OUR AUTOMATED "SCHOOL REACH" CALLING SYSTEM IN CASE OF A DELAY OR CANCELLATION.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*\*\*PLEASE NOTE\*\*\***

PRIMARY HOME PHONE NUMBERS WILL BE USED FOR SCHOOL REACH UNLESS REQUESTED OTHERWISE.



**Otto-Eldred School District**  
**143 R. L. Sweitzer Drive**  
**Duke Center, PA 16729**  
**(814) 817-1380 opt. 3 Fax 966-3911**

Matthew D. Splain, Superintendent

Brenda K. Long, Business Manager

Otto-Eldred Elementary School  
 5 Bennett Street  
 Eldred PA 16731  
 (814) 817-1380 opt. 1 Fax 225-4917  
 Ryan A. McGinnis, Principal  
 Lindsay A. Burns, Assistant Principal  
 Kim S. Alfieri, Guidance Counselor

Otto-Eldred High School  
 143 R. L. Sweitzer Drive  
 Duke Center, PA 16729  
 (814) 817-1380 opt. 2 Fax 966-3911  
 Harley D. Ramsey, Principal  
 Lindsay A. Burns, Assistant Principal  
 Martha Wolf, Guidance Counselor

**AUTHORIZATION FOR RELEASE OF INFORMATION**

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT IS TRANSFERRING TO: OTTO-ELDRED SCHOOL DISTRICT

I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING RECORDS TO THE ABOVE NAMED SCHOOL:

- TRANSCRIPT OF GRADES
- HEALTH RECORDS
- CURRENT GRADES FOR THIS MARKING PERIOD
- DISCIPLINE REPORTS
- SPECIAL EDUCATION INFORMATION
- PSYCHOLOGICAL REPORTS
- PA SECURED IDENTIFICATION #

\_\_\_\_\_  
 SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
 \_\_\_\_\_  
 ADDRESS

PLEASE SEND INFORMATION TO:

FAX 814-966-3911  
 PHONE 814-817-1380

GUIDANCE OFFICE  
 OTTO-ELDRED SCHOOL DISTRICT  
 143 SWEITZER DRIVE  
 DUKE CENTER, PA 16729



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RESIDENCY AFFIDAVIT, 24 PS § 13-1302

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. Any false statements can and will be punishable by law.

I/We, \_\_\_\_\_, currently reside at  
(Resident's Name)

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Homeowner's Verification**

Homeowner's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Approval has been granted for \_\_\_\_\_ to reside with  
(Child's Name)

\_\_\_\_\_, at the address identified above.  
(Residents Name)

Homeowner's signature \_\_\_\_\_ Date \_\_\_\_\_

**Landlord Verification**

Landlord's name \_\_\_\_\_ Telephone number \_\_\_\_\_

Approval has been granted for \_\_\_\_\_ to reside with  
(Resident's name)

\_\_\_\_\_, at the address identified above.  
Landlord's signature \_\_\_\_\_ Date \_\_\_\_\_

Through my notarized signature, I/we grant the school district permission to investigate the above information that I/we have presented in this affidavit for confirmation and factual accuracy.

Signed by resident(s) and notarized \_\_\_\_\_



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Student \_\_\_\_\_

I (We) the undersigned hereby state:

1. I am the parent, guardian or a person having control or charge of the above named student.
2. The above named student has **never been/has been** suspended or expelled from a public or private school of this Commonwealth or another state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence committed on school property.

I verify that the statements made herein are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

\_\_\_\_\_ Dated \_\_\_\_\_

\_\_\_\_\_ Dated \_\_\_\_\_

Witnessed By \_\_\_\_\_

## Otto-Eldred School District Home Language Survey\*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

**School District:** Otto-Eldred School District

**Name of Child:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_

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

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. 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 laws 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 school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

**Otto-Eldred School District 2015 – 2016**  
**Medical Information and Authorization for School Health Services**

The following information is needed in order for the school nurse to give the most effective medical attention and treatment to your child. Please complete and return this form by the end of the first week of school.

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical conditions, mental/emotional conditions, physical limitations and recent surgeries:

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Did your child sustain any type of head injury over the summer?  No  Yes, date \_\_\_\_\_

Does your child have a severe allergy? (Food, insect sting, medication, other) Please specify.

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What treatment is necessary? \_\_\_\_\_

Does your child require an Epi-pen or rescue inhaler during school?  Yes  No

List any daily medications taken; please give name, dose and frequency:

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Immunizations received this year and date (please provide copy for your child's record)

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In the case of an extreme emergency, and we are unable to contact you, your child will be transported to a nearby hospital. Please indicate Hospital preference.

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Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

I give my permission to make the information on this form available to authorized school and transportation personnel if necessary. I also give permission to my child's health care provider/dentist to share any necessary information relating to my child's health with the school nurse.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Please complete both sides)

## PERMISSION TO GIVE OTC (over the counter) MEDICATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

The following medications may be given on an as needed basis after assessment by the school nurse if there are no contraindications or allergies and with parental consent. Medications will be administered as directed by the manufacturer.

**If you are able, please provide acetaminophen or ibuprofen in the original container with your child's name on it for their use.**

**Please draw a line through any of the following medications that you do NOT want used in the treatment of your child.**

NON-ASPIRIN PAIN RELIEVER (Acetaminophen, Tylenol for pain or fever)

ANTI-INFLAMMATORY PAIN RELIEVER (Ibuprofen, Advil, Motrin for pain or fever)

ANTACID (Tums)

BENADRYL (diphenhydramine for allergic reactions)

THERA TEARS, EYE WASH OR CONTACT SOLUTION (minor eye irritations, contacts)

HYDROCORTISONE CREAM 1 % (for skin irritations or rashes)

COUGH DROP (for scratchy throat or cough)

CALADRYL CREAM (Minor skin irritations or rashes)

ANBESOL OR ORAGEL (toothache pain)

TRIPLE ANTIBIOTIC OINTMENT (minor cuts and wounds)

The school nurse may also use the following:

- Burn Gel for minor burns
- Vaseline for chapped lips.
- Ice pack for sprains and strains.

I authorize the use of the above medications, unless crossed out, for my child.  
Authorization is in effect for the School Year 2015 -16.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(please complete both sides & return to the health office)  
(revised 5/30/15)

## **Otto-Eldred School District Acceptable Technology Use Policy - Student**

### **Purpose**

Otto-Eldred School District is committed to preparing students for success in life and work in the 21<sup>st</sup> Century and, as such, will:

1. Provide access to electronic equipment and resources for communication and information.
2. Provide computer services, network access, Internet access, online education resources, videoconferencing, use of electronic devices and other related services for educational purposes.
3. Educate students using technology educational tools.
4. Implement filters and/or other safeguards to prevent access to inappropriate content or content harmful to minors.
5. Provide annual age-appropriate education to all students about appropriate online behavior which includes safe interaction with other individuals on social networking websites and chat rooms, as well as cyberbullying awareness and response.

### **General Expectations for Use of Otto-Eldred Technology**

1. The Otto-Eldred School District computer network, Internet access, hardware, software and peripherals are intended and provided for educational use only.
2. Students will not use the Otto-Eldred School District computer network, Internet access, hardware, software or peripherals for personal business, any private business, political lobbying, or any other purpose not related to in or support of district objectives.
3. The Otto-Eldred School District computer network and Internet will have reasonable restrictions in place for access and use to benefit as well as protect students within the school environment.
4. Students will be provided with network and Internet access for educational activities using account credentials.
5. Students will not share their account credentials nor use another person's account credentials to access the network or Internet.
6. Access and use of the Otto-Eldred School District network, Internet, hardware, software and peripherals is a privilege and consequences will be imposed for violations of acceptable use.
7. The district reserves the right to monitor all activity on the network which includes use of network resources, Internet, hardware, software and peripherals.
8. Files created or stored using district equipment or the network are not private and may be subject to review and/or monitoring by the technology department, school administration or other governing authority.
9. Students shall not use district network or resources to create, save or disseminate any offensive or inappropriate materials.
10. Students will be financially and legally responsible for damage caused by misuse or inappropriate use of district equipment or network use.
11. Any illegal activity conducted using district network, Internet or equipment will be reported to the appropriate government authority.
12. While using the Otto-Eldred School District network, Internet or equipment, students will use appropriate good behavior and common sense expected in all other school activities.
13. Students will not establish or maintain any online presence representing Otto-Eldred School District without specific permission or direction from administration. This includes but is not limited to web pages, social media pages, video channels and the like.
14. Freedom of speech in the educational environment, which includes the use of district technology, may be restricted for valid educational or security reasons.



### **District Network Security**

1. Students will not attempt to gain unauthorized access to any portion of the Otto-Eldred School District electronic network using their own or another person's credentials. Attempting to access another person's account and data is illegal.
2. Students will not attempt to circumvent or override security safeguards in the Otto-Eldred School District electronic network.
3. Students will not attempt to disrupt the Otto-Eldred School District network by any means including, but not limited to, spreading computer viruses or using disruptive technologies.
4. Students must immediately notify a teacher or administrator of any actual or possible network security problem.

### **District Internet Security and Personal Safety**

1. Students will be provided access to the district's Internet for educational purposes only.
2. Students will not attempt to circumvent or override security safeguards for Internet-based educational services or resources.
3. Students will not intentionally attempt to access Internet sites blocked by the district.
4. District-provided social networking resources may be utilized by teachers and students. Students will not access social networking resources not approved by the district on the district network or Internet.
5. Students will not share personally identifying information about themselves or any other individual on the Internet.
6. Students will not agree to meet with any unknown individual whom they have met or otherwise been in contact with on the Internet.
7. Students will promptly notify a teacher or an administrator about any uncomfortable dialog, inappropriate message or other inappropriate online contact.

### **E-mail**

1. Students may be provided with district email accounts and related applications such as cloud based apps for approved educational projects or activities.
2. Student email, related applications or cloud-based apps must not contain images or attachments which are: unrelated to school assignments, inappropriate, offensive, violent, immoral, unethical, pornographic, or considered bullying in any form.
3. Students may not establish or access non-district email accounts using the district network or Internet. Exceptions may be permitted by administration only.
4. Students will adhere to Internet safety guidelines listed within this policy while using district email services.

### **Academic Integrity Using Technology**

1. Students will not plagiarize works found on the Internet.
2. Students will abide by copyright laws when using district technology. Copyrighted material placed on the network or associated with Otto-Eldred anywhere on the Internet must be properly acknowledged and used as permitted by the owner or author.
3. Students engaged in a video conference will conduct themselves appropriately in all areas of communication: gestures, facial expression, verbal, written or in the sharing of resources.

### **General Unacceptable Behavior:**

1. Students will not install, upload or download software without permission from administration or the technology department.
2. Students will not intentionally misuse software on any district equipment.
3. Students will not store inappropriate materials on the district network, district Internet-based services or district equipment.

4. Students will not relocate hardware (including portable devices), install peripherals or modify settings to equipment without permission from administration or the technology department.
5. Students will not attempt to harm or destroy data, the network or any network components.

**Use of Non-District-Owned Devices and Alternate Internet Access:**

Use of technology and devices for educational purposes that are not purchased or leased by Otto-Eldred School District will be governed under a separate policy (SB Policy 237); however, the following will apply:

1. All district-owned devices will be safeguarded and filtered on the district network, district Internet and other district communication channels while on or off district property.
2. All non-district-owned devices using the district network, district Internet or other district communication channels will be safeguarded and filtered while in use on district property during school hours and district-sponsored educational activities.
3. Students utilizing a personal electronic device must abide by SB Policy 237 Electronic Devices.
4. Students utilizing a personal electronic device must abide by building and teacher expectations for use during instructional and non-instructional time.

**Due Process:**

1. The Otto-Eldred School District will cooperate fully with local, state and federal officials in any investigation related to illegal (alleged or proven) activity conducted using the district network, software or equipment.
2. Students need not be notified of investigation into illegal (alleged or proven) activity conducted using the district network, software or equipment.
3. Disciplinary actions for violations of the acceptable use policy may include, but are not limited to, the following:
  - a. Loss of network and/or Internet access on a temporary or permanent basis
  - b. Loss of permission to use equipment on a temporary or permanent basis
  - c. Partial privileges for use of network and/or equipment at specific times and/or locations
  - d. In-school suspension
  - e. Out-of-school suspension
  - f. Expulsion from school
  - g. Legal action and prosecution by governing authorities
4. School administration and/or the technology department will determine disciplinary actions for violations of the acceptable use policy with the exception of school expulsion, legal action or prosecution.
5. The superintendent or designee and the school board will determine school expulsion.
6. Legal action and prosecution will be determined by the governing authority.

**Descriptions of Terms Used:**

Account Credentials - the identification number(s) or letter(s) that is unique and that is assigned to the individual student or employee. Commonly known as "username and password."

Cyberbullying - abuse or misuse of the Internet, electronic devices, mass media or other means to torment, threaten, harass, humiliate, embarrass or otherwise target a person or group.

Digital Technology - includes computers; servers; networks; programs; software; digital files, folders, data and records of any nature; the Internet; cell phones; beepers, Personal Digital Assistants (PDAs); modems; voicemail; e-mail; wikis; blogs; or similar technologies.

Hardware - refers to any physical device or component used within or outside of the district network.

Network - computers and related hardware electronically interconnected for the purposes of secure electronic access to devices, remote device management, user file storage, the Internet, shared network resources and other communication channels.

Peripherals - devices generally, but not necessarily, used with a computer such as printers, scanners, cameras, interactive tables, wireless keyboards or mice, and the like.

Personally Identifying Information - any information such as name, age, address, phone number, or physical location that can be used to identify, contact or locate an individual.

Social Network - online service, platform or Internet site that allows users to join and interact amongst members. Examples include, but are not limited to, wikis, blogs, Facebook.

Software - refers to computer programs used for district network management, productivity (word processing, spreadsheets, etc), or other educational purpose.

Video Conference - two-way video and audio presentation between remote locations in which participants can see, hear and speak to one another.

**SIGN AND RETURN THE FOLLOWING PAGE TO SCHOOL. DO NOT RETURN PAGES 1-4.**

**RETURN ONLY THIS PAGE TO SCHOOL**

I agree to comply with the terms of the Otto-Eldred School District Acceptable Technology Use Policy – Student.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Failure to return this signed form does not exclude a student from acceptable use, responsibilities, procedures and due process outlined in the Otto-Eldred School District Acceptable Technology Use Policy – Student.*



## Otto-Eldred School District

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Dear Parent/Guardian:

Children need healthy meals to learn. Otto-Eldred School District offers healthy meals every school day. Breakfast costs **\$1.00 at the Elementary School and \$1.25 at the High School**; lunch costs **\$1.75 at the Elementary School and \$2.00 at the High School**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **FREE** for breakfast and **\$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.



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/MILK?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

**YOUR CHILDREN MAY QUALIFY FOR FREE OR REDUCED PRICE MEALS/MILK IF YOUR HOUSEHOLD INCOME FALLS AT OR BELOW THE LIMITS ON THIS CHART.**

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2015-2016			
Household size	Yearly	Monthly	Weekly
1	\$21,775	\$1,815	\$419
2	\$29,471	\$2,456	\$567
3	\$37,167	\$3,098	\$715
4	\$44,863	\$3,739	\$863
5	\$52,559	\$4,380	\$1,011
6	\$60,255	\$5,022	\$1,159
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
Each additional person:	\$7,696	\$642	\$148

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Mr. Harley Ramsey, 814-817-1381 or [hramsey@ottoeldred.org](mailto:hramsey@ottoeldred.org).
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Mrs. Chris Krott, 143 R.L. Sweitzer Dr, Duke Center PA 16729.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? **No**, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Mrs. Chris Krott, 143 R.L. Sweitzer Dr., Duke Center, PA, 814-817-1391 or [ckrott@ottoeldred.org](mailto:ckrott@ottoeldred.org) 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 the Department of Human Services website at [compass.state.pa.gov](http://compass.state.pa.gov).
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Mr. Matthew Splain, 143 R.L. Sweitzer Dr., Duke Center PA 16729, 814-817-1380 or [mattsplain@ottoeldred.org](mailto:mattsplain@ottoeldred.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, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Mrs. Chris Krott, 814-817-1391 or [ckrott@ottoeldred.org](mailto:ckrott@ottoeldred.org) to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-800-692-7462.

If you have other questions or need help, call 814-817-1391.

Sincerely, Mr. Matthew D. Splain, Superintendent

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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# 2015-2016 Pennsylvania Free and Reduced Price School Meals/Special Milk Program Household Application

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

## STEP 1

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

Child's First Name	MI	Child's Last Name	School Name	Child's Grade	Student?	Foster Child	Homeless, Migrant, Runaway
			Enter HS for Head Start	Yes	No		
					<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"/>

Click all that apply

## STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: \_\_\_\_\_ Write only one case number in this space

## STEP 3

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

### A. Child(ren) Income

Sometimes children in the household earn income.

Please include the TOTAL income earned by all Children here →

Child(ren) income: \_\_\_\_\_ \$

### B. All Adult Household Members (including yourself)

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 do receive income, report total income for each source in whole dollars 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		Public Assistance/Child Support/Alimony		Pensions/Retirement/All Other Income		Total Household Members (Children and Adults)	
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	\$				\$			
	\$				\$			
	\$				\$			
	\$				\$			
	\$				\$			

How often?

Weekly  Bi-Weekly  2x Month  Monthly

How often?

Weekly  Bi-Weekly  2x Month  Monthly

How often?

Weekly  Bi-Weekly  2x Month  Monthly

How often?

Weekly  Bi-Weekly  2x Month  Monthly

Check if no SSN

**OPTIONAL**

**Ethnicity (Check one):**

Hispanic or Latino  
 Not Hispanic or Latino

**Race (Check one or more):**

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

This information does not affect eligibility

## STEP 4

Contact Information and Adult Signature

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

Street Address (if available) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apt # \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Signature of Adult completing the form \_\_\_\_\_ Today's date \_\_\_\_\_

FOR SCHOOL-USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household Size \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

Eligibility:  Free,  Reduced,  Denied Reason: \_\_\_\_\_

Confirming Official's Signature (cannot be the Determining Official) \_\_\_\_\_ Date \_\_\_\_\_

USAID is an equal opportunity provider and employer



## Meal Payment System Available

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Dear Parent/Guardian,

The Otto-Eldred School District uses **mySchoolBucks**<sup>®</sup>, an online payment service giving you a quick and easy way to manage and add funds to your student's meal account. You can review recent purchases along with seeing the current balance, plus receive low balance alerts... all for **FREE!** You can also add money to your student's account using Visa, MasterCard, Discover Card, or debit cards for no fee.

An added benefit of mySchoolBucks is the "Set it and forget it" payment option, which allows you to schedule automatic payments to your student's meal account. Funds can be added weekly, monthly or when the balance hits a specified amount-- simply choose the "Setup a payment schedule" option during the checkout.

### **mySchoolBucks provides...**

- Safety. Eliminates the need for your child to take money to school.
- Convenience. Make payments\* when it's convenient for you, 24 hours a day, 7 days a week!
- Control. Set low balance alerts, view account activity, recurring payments & more!
- Efficiency. Make payments for all your children in one easy step- even if they attend different schools within the district.
- Flexibility. Make payments using VISA, **Master Card**, **Discover** or **debit cards**.

### **Enrollment is easy!**

1. Go to [www.mySchoolBucks.com](http://www.mySchoolBucks.com) and register for a free account. A confirmation email will be sent to the address you provide; click on link included in the email to activate your account.
2. Activate your account (USE PARENT'S NAME, not student) and begin adding your students. You will need their school name and student ID.
3. Add funds\* to your students' accounts with your Visa, MasterCard, Discover Card, debit card, or electronic check.

Money deposited into **mySchoolBucks.com** generally appears in the account within 12-24 hours.

Once you've signed up you can fund your student's account via the mySchoolBucks website or mobile app, which is available for iPhone and Android devices.

**Security is a priority at mySchoolBucks** Our system is secure; providing the highest level of protection for all of your information.

If you have any questions, you can email [parentsupport@myschoolbucks.com](mailto:parentsupport@myschoolbucks.com) or call 1-855-832-5226

Thank you,

Mrs. Chris Krott, FSD

814-817-1380