



## ***NEW STUDENT REGISTRATION***

Welcome to the Katonah-Lewisboro School District. In order to safeguard the health of your child/children, to place your child/children in the most appropriate program, and to conform with New York State law and District Policy, we will need certain information and records. In order to complete the enrollment process, this information and the District's registration packet must be completed and submitted to the District Registrar. The registration packet may be obtained from the District website or from the District Registrar.

These documents must be submitted at the time of registration (by appointment) or within two days of enrollment in order for the District to make a timely determination as to the student's entitlement to attend District schools.

Please contact **Ms. Victoria Friedman, District Registrar**, at 914-763-7050 or [vfriedman@klschools.org](mailto:vfriedman@klschools.org) to set up an appointment to register your child(ren) and submit all required documents and forms. The Registrar will make copies of original documents during the meeting. The District Registrar is located at the District Office on the John Jay High School Campus (on the left side of the building), 60 North Salem Road, Cross River, New York.

1. Documentation of age - In order to determine, for instance, the programming needs of your child/children, you will need to provide proof of age by providing one of the following:
  - a. An original or certified transcript of a birth certificate or record of baptism (including an original or certified transcript of a foreign birth certificate or record of baptism) giving the date of birth; or
  - b. passport (including foreign passport) giving the date of birth

Where the above are not available, the School District may consider certain other documents/records in existence two years or more to determine age. One or more of these documents may be necessary. The documents are the following:

- official driver's license
- state or other government issued identification
- school photo identification with date of birth
- consulate identification card
- hospital or health records
- military dependent identification card
- Documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)
- Court orders or other court-issued documents
- Native American tribal document
- Records from non-profit international aid agencies and voluntary agencies
- Note: The School District may need to verify these documents/record

2. **Proof of Residency is required. According to NY State Law, in order to register your child/children in the School District, you must be physically domiciled at your address within the School District's geographic boundaries.**

**You should provide at least one item from Section A and two items from Section B; if you cannot provide an item from Section A, you will need to provide three items from Section B.**

Section A	Section B
<ol style="list-style-type: none"> <li>1) <i>Copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement</i></li> <li>2) <i>A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the District (Attached Property Owner/Landlord Statement)</i></li> <li>3) <i>Such other statement by a third-party establishing parent(s) or person(s) in parental relation physical presence in the School District (Attached Third Party Residency Statement)</i></li> <li>4) <i>other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District. For instance: current property tax bill, current homeowner's/renter's insurance policy statement, see also list from Section B</i></li> </ol> <p><b><i>Note: The Katonah-Lewisboro School District reserves the right to contact any individual who provides a statement attesting to the physical presence in the School District of the parent(s) or person(s) in parental relation to the student requesting enrollment.</i></b></p>	<ol style="list-style-type: none"> <li>1) <i>Pay stub</i></li> <li>2) <i>Income tax form(s)</i></li> <li>3) <i><u>Current</u> utility bill or other bills (e.g., power company, cable, etc.).</i></li> <li>4) <i>Membership documents that are based upon residency</i></li> <li>5) <i>Voter registration document(s)</i></li> <li>6) <i>Official driver's license, learner's permit or non-driver identification</i></li> <li>7) <i>Documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)</i></li> <li>8) <i>Evidence of custody of the child/children, including, but not limited to judicial custody orders or guardianship papers</i></li> <li>9) <i>Other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District.</i></li> </ol>

If you have any questions regarding the fulfillment of the District's residency requirements or are homeless, please contact the District Registrar.

3. **Report Card (most recent):** from the school the student is currently enrolled. Note: For high school students, please provide a transcript with all grade levels attended as well as a schedule of current courses the student has taken within the current year. If applicable, please provide a copy of student's IEP, 504 Accommodation Plan, or other applicable documents. A release for education records from the former school (if any) will need to be completed.
4. **Immunizations:** Details of all public health requirements are outlined in the registration packet. The school nurse will review and approve immunization records prior to the enrollment of new students.
5. **Screenings:** As per New York State requirements Details all new students from out-of-state, private schools or from out of the country will be screened in the areas of health, motor skills, language skills and cognitive concepts. These short screeners are administered by staff members from your child's school during regular school hours.

6. **Parent(s)/Guardian(s) shall provide proper proof of parental relationship** - The School District may require the parent(s) or person(s) in parental relation to provide the School District with an affidavit either: (1) indicating that they are the parent(s) with whom the child/children lawfully resides; or (2) indicating that they are the person(s) in parental relation to the child/children, over whom they have a total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise. The School District may also accept other proof, such as documentation indicating that the child/children resides with a sponsor with whom the child/children has been placed by a federal agency. Please contact the District Registrar for additional information
7. **Parent Portal Agreement** (*for new families to the District*) – If you already have a child enrolled in the Katonah-Lewisboro School District, and have previously activated your parent portal account, your kindergarten child will automatically be added to your account. If you have a child in the Katonah-Lewisboro School District, but have not activated your parent portal account, please include this document with your kindergarten registration.

**PLEASE BE ADVISED** that in order for your child/children to attend the Katonah- Lewisboro School District (“School District”), you must be a resident of the School District.

Section 210.45 of the Penal Law of the State of New York prohibits the making of a false written statement. Therefore, your statements contained in your registration application must be true and accurate.

If the School District determines at any time that you are not a resident of the School District, your child/children will be excluded from the School District. Further, you will be liable to the School District for payment of tuition from their date of enrollment through their date of exclusion, as well as the costs of collection.

<input type="checkbox"/>	In a shelter	<input type="checkbox"/>	In a rented garage due to loss of housing
<input type="checkbox"/>	In a motel or hotel	<input type="checkbox"/>	Temporarily with an adult that is not the parent/legal guardian of child, due to loss of housing
<input type="checkbox"/>	In a transitional housing program	<input type="checkbox"/>	In a single room occupancy building
<input type="checkbox"/>	In a car, trailer or campsite	<input type="checkbox"/>	Temporarily in another family's house or apartment due to loss of housing
<input type="checkbox"/>	In a rented trailer/motor home on private driveway		
<input type="checkbox"/>	Awaiting foster placement		
<input type="checkbox"/>	Other place unfit for human habitation	<input type="checkbox"/>	NONE OF THESE CHOICES APPLY

**PARENT/GUARDIAN INFORMATION:**

<b>Guardian 1</b> Last Name:		DOB:	Relationship:
First Name:		E-mail:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			

<b>Guardian 2</b> Last Name:		DOB:	Relationship:
First Name:		E-mail:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			

**SIBLINGS:**

Name (Last, First, Middle)	Date of Birth	School/Grade

**EMERGENCY CONTACTS: (Other than Parents/Guardians listed above)**

Name (First Name , Last Name)	Relationship to Student	Phone Number	
1.		Home:	Cell:
2.		Home:	Cell:

**PREVIOUS SCHOOL INFORMATION:**

Schools Attended	Dates To/From (most recent first)	Grade(s)	Location: Country/City/State

***PREVIOUS HOME ADDRESS: (Most recent first - include dates to/from and full address)***

1.

2.

**SPECIAL HOME CIRCUMSTANCES:**

**If separated or divorced, other parent will have the right to visit student in school and have access to student's records unless we have a legal document indicating otherwise. Please indicate any restrictions in the area below and provide a copy of legal document, if applicable.**

Legal Custody of child is with \_\_\_\_\_

Is there a custody agreement? (If so, please provide a copy) \_\_\_\_ Yes \_\_\_\_ No

List any restrictions other parent has regarding child \_\_\_\_\_

List type and date of legal document provided \_\_\_\_\_

**If you are a Guardian, please complete the following:**

Name of child's natural parent(s) \_\_\_\_\_

Address or whereabouts of natural parent(s) \_\_\_\_\_

Official document indicating custody and restrictions, etc., if any \_\_\_\_\_

**If you are a Foster Parent or Foster Care Agency you must complete the following or registration will be held until all missing information is provided. Also, a DSS-2999 Form and a letter verifying information below are required or registration will be held.**

Name of Foster Parent \_\_\_\_\_

Name of Agency \_\_\_\_\_ Agency Code # \_\_\_\_\_

Agency Address \_\_\_\_\_ Type of Agency \_\_\_\_\_

Case Worker and/or Social Worker \_\_\_\_\_ Phone No. \_\_\_\_\_

DSS Case # \_\_\_\_\_ CIN # \_\_\_\_\_ CB# \_\_\_\_\_

Date child was placed at current location: \_\_\_\_\_ Date at previous location: \_\_\_\_\_

## STUDENT RACIAL AND ETHNIC IDENTIFICATION

### DIRECTIONS TO PARENT/GUARDIAN:

**Please answer both questions (1) AND (2).**

For question (1) Check (✓) the one box that best describes your child. Check (✓) only ONE box.

**(1) Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **YES, Hispanic**

☐ **NO, Not Hispanic**

**(2) Please check one or more races from the following five racial groups.**

**Check all groups that apply to your child.** Please check (✓) at least **ONE** box.

<input type="checkbox"/>	<b>American Indian or Alaska Native</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment (e.g. Cherokee, Mohawk, Inuit).
<input type="checkbox"/>	<b>Asian</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	<b>Black or African American</b> A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	<b>White</b> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

**Relationship to Student:** (Please check one of the boxes below):

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____ (Please specify)
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**Parent/Guardian Oath:**

I, \_\_\_\_\_ say that I am the  
parent/guardian of \_\_\_\_\_, and that I have read the foregoing application, and  
know the contents thereof; that the same are true to my own knowledge and that I have given the  
answers set forth above knowing that the Katonah-Lewisboro School District will rely upon them in  
determining whether the child is to be admitted to its school system.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

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# NEW YORK STATE MIGRANT EDUCATION PROGRAM

## IDENTIFICATION & RECRUITMENT OFFICE

### PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

**Please take few minutes to complete this questionnaire.**

**Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?**

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



**If you answer YES, please provide your contact information below:**

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Best time to be reached: \_\_\_\_\_AM/PM

Previous Address: \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program-  
Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**





STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234  
Office of P-12

Lisette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:*  
*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.

**STUDENT NAME:**

First Middle Last

**DATE OF BIRTH:**

**GENDER:**

Month Day Year

☐ Male

☐ Female

**PARENT/PERSON IN PARENTAL RELATION INFO:**

Last Name

First Name

Relation to  
Student

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?

☐ English

☐ Other

specify

2. What was the first language your child learned?

☐ English

☐ Other

specify

3. What is the Home Language of each parent/guardian?

☐ Mother

☐ Father

☐ Guardian s)

specify

specify

specify

4. What language(s) does your child understand?

☐ English

☐ Other

specify

5. What language(s) does your child speak?

☐ English

☐ Other

☐ Does not speak

specify

6. What language(s) does your child read?

☐ English

☐ Other

☐ Does not read

specify

7. What language(s) does your child write?

☐ English

☐ Other

☐ Does not write

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

**SCHOOL DISTRICT INFORMATION:**

**STUDENT ID NUMBER IN NYS STUDENT  
INFORMATION SYSTEM:**

District Name (Number) & School

Address

## Home Language Questionnaire (HLQ)—Page Two

### Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\* No Not sure

☐ ☐ ☐ \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been **referred** for a special education evaluation in the past? ☐ No ☐ Yes\* \*Please complete 10b below

10b. **\*If referred for an evaluation**, has your child ever **received** any special education services in the past?

☐ No ☐ Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

Month: Day: Year:

Signature of Parent or of Person in  
Parental Relation

Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

#### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

#### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW:

MO. DAY YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

- ☐ ADMINISTER NYSITELL  
☐ ENGLISH PROFICIENT  
☐ REFER TO LANGUAGE PROFICIENCY TEAM

#### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: POSITION: \_\_\_\_\_

DATE OF NYSITELL  
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

- ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



## **RELEASE OF INFORMATION FROM FORMER SCHOOL**

I, \_\_\_\_\_, eligible student or parent or legal guardian of \_\_\_\_\_ **[name of student]**, hereby consent to the disclosure and release of the following education records of \_\_\_\_\_ **[name of student]**: all general education, NYS assessment reports, special education, medical, psychological and disciplinary records of the aforementioned student.

I authorize this disclosure to be made by:

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

I consent to this disclosure and release for the following purposes: \_\_\_\_\_

(e.g., new enrollment of student; transfer of student).

Please allow disclosure of all above mentioned records and release copies of the records listed above to the Katonah- Lewisboro School District (herein after referred to as the “receiver of records”).

This release is valid for three hundred and sixty four days from the date of its execution.

I understand that by signing this release I am waiving my right to nondisclosure of my student child’s education records as guaranteed by the Federal Family and Educational Rights Privacy Act (“FERPA”), 20 U.S.C. §1232g. I understand that I have the right not to consent to disclosure of my student child’s education records to a third party. I understand that I have the right to receive a copy of my student child’s education records upon my request and to a copy of the records released pursuant to this release upon request.

Please send all documentation to: **Katonah-Lewisboro School District, PO Box 387, Katonah, New York 10536**, to the attention of the school office checked below:

- ☐ John Jay High School – Attention: Counseling Center
- ☐ John Jay Middle School – Attention: Counseling Center
- ☐ Increase Miller Elementary School – Attention: Main Office
- ☐ Katonah Elementary School – Attention: Main Office
- ☐ Meadow Pond Elementary School – Attention: Main Office

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Relation to Student

If you have any questions concerning the release of information,  
please contact Ms. Victoria Friedman, District Registrar, at 914-763-7050



## ***Katonah- Lewisboro School District***

### ***Health Office Information***

Dear Parents/Guardians:

The School Health Services staff welcomes you and your child to the Katonah-Lewisboro School District. Our primary interest is the wellbeing of your child.

Effective July 1, 2018, NYS law requires physical exams upon entrance into school and when your child is entering grades 1, 3, 5, 7, 9 and 11. Please have the NYS examination form completed by your medical provider and returned to the Health Office of your child's school.

**Certificate of Immunization:** *Required prior to the first day of school.* This information may be either:

1. A certificate of immunization signed by a physician or licensed health care provider
2. A military, union, migrant, or medical health record or passport
3. Presentation of a physician's statement of medical exemption. Forms are available in the Health Office.

**As of June 2019, New York State no longer accepts religious exemptions.**

The ***minimum immunization requirements*** for school attendance in grades K-12 according to NYS Education and NYS Department of Public Health Laws are:

- **Diphtheria, Tetanus and Pertussis:** 4-5 doses entering Kindergarten; 3 doses: 7<sup>th</sup> -12<sup>th</sup> grade
- **Polio:** 4 doses entering K through 12<sup>th</sup>; 3 doses if last given after 4 years of age
- **Measles, Mumps, Rubella:** 2 doses
- **Hepatitis B:** 3 doses at specific intervals
- **Varivax:** 2 doses
- **Tdap:** 1 dose for all students entering 6<sup>th</sup> - 12<sup>th</sup> grade
- **Meningococcal:** 1 dose for all students 7<sup>th</sup> to 11<sup>th</sup>; 2 doses for 12<sup>th</sup> grade unless 1 dose was given after 16 years

If the student has incomplete immunizations, the parent(s)/guardian(s) must show acceptable proof that the child is "in process" of receiving the required immunizations.

1. A child must have received at least one dose of each vaccine and
2. The parent(s)/guardian(s) must provide the date(s) of appointments with a specified health care provider or facility for completion of the required immunization(s).

The school will then allow the child to enter and/or attend school, but will maintain supervision until the process has been completed or exclude the child if the parent(s)/guardian(s) default.

***The principal of any school is required, by law, to refuse to admit a child without acceptable proof of the required immunizations.***

***Over***

**Physical Examinations:** Physicals must be performed by a physician, nurse practitioner or physician's assistant for school attendance. The physical exam form must include the results of a PPD Mantoux Tuberculin test for students who have been out of the country for 12 months or more prior to school entry. **Physicians must include body mass index and weight status category (BMI percentile) on the health appraisal.**

**Dental Examinations:** Exams are recommended every six months. The State Education Department requests a dental health certificate for new entrants and children in grades 1, 3, 5, 7, 9 and 11. A list of reduced cost dental clinics is available upon request.

**Special Health Needs:** If your child has any special health needs or problems this information should be communicated to us. This information can be very important to a successful experience in school. Examples of such needs are as follows:

1. Asthma
2. Bee Sting or Peanut/Nut Allergy
3. Allergy to any other substance/food
4. Difficulty with vision, hearing, or speech
5. Need for medication during the school day
6. Need for special aids such as crutches, walkers or wheelchairs, either on a temporary or permanent basis

**Please advise the Transportation Department of any mobility and/or special health needs.**

**Medication:** Directions from the state prohibit the administration of any medication, including over the counter medications, without a written doctor's order. If your child needs to take any medication during the school day, please notify the Health Office. A medication administration form may be found on the district website. No medication will be administered with only parental permission. Medication should be in the original container, labeled with the student's name and brought to the Health Office by an adult. Students in the high school and middle school are allowed to carry and administer asthma inhalers and emergency (epinephrine) medications if the appropriate forms, signed by both the students' physician and parent, are on file in the Health Office.

**Health Emergency Form:** We **must** have current phone numbers where you can be reached during the day. If you are unavailable, please designate someone who will assume responsibility for your child if he/she becomes ill or suffers an injury. These people should be local and be aware that they are your chosen alternates.

**PE excuses:** Students who are unable to participate in Physical Education class on any given day due to health reasons, should bring a note from home stating the date and reason for not participating. This note should be brought to the Health Office. **More than two consecutive absences require a physician's note. At JJHS, the note is required after one (1) absence.** The note should be brought to the Health Office. Please have the doctor be specific as to the exclusion dates from Physical Education.

**If a student suffers any injury that requires stitches, sling, cast, and/or crutches, please have him/her report to the Health Office upon return to school with written instructions from the doctor as to physical activity.** Although it may be obvious that the student cannot participate in Physical Education, a note must be on file to comply with state regulations. Please note that any student who cannot participate in Physical Education cannot participate in recess/sports activities.

Thank you for your cooperation with the above items. Please do not hesitate to call the Health Office of your school if you have any questions.

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**  
**TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**  
**IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

**HEALTH HISTORY**

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> <b>Allergies</b>	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> <b>Asthma</b>	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> <b>Seizures</b>	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> <b>Diabetes</b>	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

**Risk Factors for Diabetes or Pre-Diabetes:** Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

**BMI** \_\_\_\_\_ kg/m2

**Percentile (Weight Status Category):** ☐ < 5<sup>th</sup> ☐ 5<sup>th</sup>- 49<sup>th</sup> ☐ 50<sup>th</sup>- 84<sup>th</sup> ☐ 85<sup>th</sup>- 94<sup>th</sup> ☐ 95<sup>th</sup>- 98<sup>th</sup> ☐ 99<sup>th</sup> and >

**Hyperlipidemia:** ☐ Yes ☐ Not Done

**Hypertension:** ☐ Yes ☐ Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

Height:	Weight:	BP:	Pulse:	Respirations:
<b>Laboratory Testing</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Lead Level</b> Required for PreK & K
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g/dL}$
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

☐ **System Review Within Normal Limits**  
☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
--	--

☐ Additional Information Attached

\*Required only for students with an IEP receiving Medicaid

Name:		Affirmed Name (if applicable):		DOB:	
<b>SCREENINGS</b>					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
<b>Vision</b>	<b>With Correction</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Not Done</b>
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity <input type="checkbox"/> <input type="checkbox"/>		20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes					
<b>Hearing</b> Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					<b>Not Done</b>
Pure Tone Screening	<b>Right</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Left</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Referral</b> <input type="checkbox"/> Yes		<input type="checkbox"/>
Notes					
<b>Scoliosis</b> Screening: Boys grade 9, Girls grades 5 & 7		<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	<b>Not Done</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
<b>FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK</b>					
<input type="checkbox"/> <b>*Family cardiac history reviewed</b> – required for Dominick Murray Sudden Cardiac Arrest Prevention Act					
<input type="checkbox"/> <b>Student may participate in all activities without restrictions.</b>					
<b><u>If Restrictions Apply</u></b> – Complete the information below					
<input type="checkbox"/> <b>Student is restricted from participation in:</b>					
<input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
<input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball.					
<input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
<input type="checkbox"/> <b>Other Restrictions:</b>					
<b>Developmental Stage for Athletic Placement Process <u>ONLY</u> required</b> for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level <b>OR</b> Grades 9-12 who wish to play at the modified interscholastic sports level.					
<b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> <b>Other Accommodations*:</b> (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.					
<b>MEDICATIONS</b>					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
<b>COMMUNICABLE DISEASE</b>			<b>IMMUNIZATIONS</b>		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
<b>HEALTHCARE PROVIDER</b>					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
<b>Please Return This Form to Your Child's School Health Office When Completed.</b>					

## Dental Health Certificate- Optional

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request an oral health assessment in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

### Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:		Last	First	Middle
Birth Date:	/	/		
Month	Day	Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
School:	Name	Grade		

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 2. To be completed by the Dentist/ Dental Hygienist

**I. The dental health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of assessment)**  
**The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:**

- ☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- ☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

**Dentist's/ Dental Hygienist's name and address**  
(please print or stamp)

**Dentist's/Dental Hygienist's Signature**

**Optional Sections - If you agree to release this information to your child's school, please initial here.**

#### II. Oral Health Status (check all that apply).

- ☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- ☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- ☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

#### II. Treatment Needs (check all that apply)

- ☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- ☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- ☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



## **Katonah-Lewisboro School District Infinite Campus Parent Portal Agreement**

### **Section I: User Expectations**

The Katonah-Lewisboro School District manages student information electronically and will make student education records available for viewing only to authorized parents/guardians, via a secure connection over the Internet. All eligible parents/guardians must comply with the terms outlined in this Agreement.

#### **A) Rights and Responsibilities**

This access is an optional, free service offered the current parents/guardians of the students of the Katonah-Lewisboro School District. Access to student information over the Internet is a privilege, not a right. Once a student withdraws or graduates from the Katonah-Lewisboro School District, such access will be deactivated. Parents/guardians must understand and practice proper and ethical use of the system.

#### **B) Information Accuracy Responsibilities**

Information accuracy is a joint responsibility of the school district and parents/guardians. Each school within the district will make every attempt to ensure information is accurate and complete. If a parent/guardian discovers any inaccurate information, they should notify their school immediately.

#### **C) Use of the Parent Portal**

Parents/guardians are required to adhere to the following guidelines:

- 1) Parents/guardians will act in a responsible, ethical, and legal manner.
- 2) Parents/guardians will not harm or destroy, or attempt to harm or destroy the school or the District's data or networks.
- 3) Parents/guardians will not access information, or attempt to access information concerning any students other than that of their own child(ren) or any account assigned to another person.
- 4) Parents/guardians will not use the Parent Portal or the District's networks for any illegal activity, including, but not limited to violation of Federal and State Data Privacy laws. Anyone found to be in violation of these laws will be subject to civil and/or criminal prosecution.
- 5) Parents/guardians who identify a security problem within the Parent Portal must notify the District immediately, without demonstrating the problem to anyone else.
- 6) Parents/guardians will not share their Parent Portal account information with anyone outside of their immediate household.
- 7) Parents/guardians will not set any computer to automatically log in to the Parent Portal.
- 8) Parents/guardians will log out of their Parent Portal user account when they are not at their computer.

**Note:** The District reserves the right to deny access to this site to any parent/guardian at its discretion.

#### **D) Security Features**

- 1) Access is made available through a secure Internet site.
- 2) After three unsuccessful login attempts, the user's account will be disabled. If the user has established Security Settings in the Account Maintenance tab, he/she will be able to make use of the "I Forgot My Username" and "I Forgot My Password" functionality. Otherwise, until the user notifies the District requesting re-activation, and the District has verified the user assigned to the account, the account will remain disabled.
- 3) The parent/guardian will be automatically logged off if they leave their web browser open or inactive for a specified period of time.
- 4) The parent/guardian's account will be permanently deactivated when his/her child(ren) have either withdrawn or graduated from the Katonah-Lewisboro School District, or a court action denies the parent/guardian access to the student's information.

# **Katonah-Lewisboro School District**

## **Infinite Campus Parent Portal Agreement**

### **E) Limitation of School District Liability**

*The District will use reasonable measures to protect student information from unauthorized access.* The District assumes no liability for unauthorized use of or access to its system. The District assumes no liability for financial obligations arising from the unauthorized use of the District's system. The District assumes no responsibility for parent/guardian action or inaction that results in a compromise of his or her child's student information. The District reserves the right to limit or terminate access to the Internet site for purposes of viewing student information. The District further reserves the right to revise the terms of access at any time with or without notice and for any reason in the District's sole discretion.

The District does not sponsor, advertise for or receive any compensation from Infinite Campus. Please be advised that by using this website, users consent to the terms of use. Users understand and agree that this website is offered as a convenience and users are not obligated to utilize the site. The student management system is not maintained or owned by the District. The District does not assume any responsibility for errors, harm or damage that may result from the use of this website including consequential, direct, indirect, incidental or special damages. Users understand and agree that the District shall not be liable for any actions, claims, suits, damages, losses or expenses of any kind arising out of or connected with the use of the Parent Portal. The term "use" means: registration, access to and viewing of student records; or account transactions made in connection with the Parent Portal. Users agree to use this site at their own risk. Users further agree to indemnify and save harmless the District from any and all actions, suits, damages, loss, claims of loss or expenses of any kind caused by or arising from the use of this website. Your use of this website shall be deemed acceptance of the foregoing terms.

### **Section II: Parent Portal Access**

#### **A) Initial Account Request and Setup**

In order for a parent/guardian to view student information:

- 1) Each parent/guardian requesting a Parent Portal user account must first sign and agree to the terms of this Parent Portal Agreement;
- 2) Once the information on the submitted form is verified, the District will provide to the parent/guardian a unique Activation Key for creating a username and password. The parent/guardian must maintain the confidentiality of this Activation Key. In addition, information regarding the procedure for activating an account will be provided.

#### **B) Reactivating Account Procedures**

After three unsuccessful login attempts, the parent/guardian's account will become disabled:

- 1) If the user has established Security Settings in the Account Maintenance tab, he/she will be able to make use of the "I Forgot My Username" and "I Forgot My Password" functionality. Otherwise:
- 2) The parent/guardian must send an email to [parentportal@klschools.org](mailto:parentportal@klschools.org) in order for their account to be re-activated. This email must contain the parent/guardian's full name, home phone number, portal user account name and a description of the problem or request.
- 3) It may take up to 48 hours for the account to be reset and notification sent back to the parent/guardian.

**Katonah-Lewisboro School District**  
**Infinite Campus Parent Portal Agreement**

**C) System Requirements and Support**

The Parent Portal is best accessed from a computer with Windows XP or newer platform. Infinite Campus recommends Internet Explorer 6.0 or higher and Firefox for Macintosh computers. In addition, you will need to have Adobe Acrobat Reader 7.0 or higher installed on your machine. Adobe Acrobat Reader software can be downloaded at the following website: <http://get.adobe.com/reader/>.

**PLEASE COMPLETE THIS AGREEMENT FORM AND PRESENT IT TO THE SCHOOL OFFICE.**

**PARENT PORTAL AGREEMENT FORM**

**By Signing this form, I, as a parent/guardian in the Katonah-Lewisboro School District, verify and acknowledge that:**

- I am requesting access to view my child's/children's student information on the Katonah-Lewisboro School District Infinite Campus Parent Portal website.
- I am at least 18 years of age, and able to be legally bound by the terms of this Agreement.
- I release and hold harmless the Katonah-Lewisboro School District from any and all liability for damages arising from the use of the Infinite Campus Parent Portal, including, but not limited to, unauthorized access to my parent/guardian account, and unauthorized use of this account.
- I agree to protect any information that is printed or transferred to my computer electronically from the District's Infinite Campus Parent Portal.
- I agree to keep my username and password secure, and will not share this information with anyone outside of my immediate household. This information will only be accessible to myself; and I will not set my browser settings to automatically login to the Infinite Campus Parent Portal.
- I understand that, in the interest of security, the District reserves the right to change passwords or deny access at anytime.
- I understand that after three unsuccessful login attempts, my account will become disabled; if my account becomes disabled, and I have not established my Security Settings, I must request re-activation via an email to [parentportal@klschools.org](mailto:parentportal@klschools.org). It may take up to 48 hours for the password to be reset and notification sent back to me.
- I understand that no technical support for home computer equipment is provided by the Katonah-Lewisboro School District.
- I have checked that the computer I will be using to access the internet site for viewing student information meets or exceeds the minimum requirements as listed in the System Requirements and Support documentation.

**Katonah-Lewisboro School District**  
**Infinite Campus Parent Portal Agreement**

**I have read, understand and agree to the terms outlined in Pages 1-3 of the Portal Agreement.**  
**I certify that I have the legal authority to access the records of the students listed below.**

Parent/Guardian's Name (please print)	
Parent/Guardian's Home Address	
City/State/Zip	
Home Telephone Number	
Email Address	
Full name of child(ren) / school attending, for student records being requested	

**PLEASE SIGN AND DATE BELOW:**

Signature:

Date:

For Office Use Only:

Date Received:

☐ Identification Checked

Initials:

☐ Activation Key Issued



## PROPERTY OWNER/LANDLORD STATEMENT

(To Be Completed and Signed by Property Owner/Landlord in absence of a Signed Lease)

### Property Owner/Landlord Contact Information (please print):

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

To: **District Registrar**  
**Katonah-Lewisboro School District**  
**PO Box 387**  
**Katonah, NY 10536**

In compliance with the request of the Katonah-Lewisboro School District to validate the residency of an incoming student, I am completing this statement, in the absence of a signed lease, as owner/landlord of the property located at:

Street Address/Apartment No.	City	State	Zip Code
------------------------------	------	-------	----------

I have rented this location to: \_\_\_\_\_  
Name of Parent(s)/Guardian(s)/Person(s) in Parental Relation

from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

Please list the names of **EACH** person residing at this location, including children:

\_\_\_\_\_  
\_\_\_\_\_

*In the event the parties have entered into a written lease, a copy of same is attached.*

I understand that in the event this family relocates and is no longer living at the above-mentioned location, I should notify the Katonah-Lewisboro School District immediately of said move. I further understand that this document will be submitted to and filed with the Katonah-Lewisboro School District and that the Katonah-Lewisboro School District will rely upon the contents of this document as factual and true as completed by me. I am submitting this document as I have first-hand knowledge regarding the above referenced facts. Any false statements made by me may subject me to penalties as prescribed by law.

\_\_\_\_\_  
Signature of Property Owner/Landlord

\_\_\_\_\_  
Date



### **THIRD PARTY RESIDENCY STATEMENT**

I, \_\_\_\_\_ (Name), residing at  
\_\_\_\_\_ (Address)

am submitting this residency statement to the Katonah – Lewisboro School District (KLSD) to  
personally verify the residency of \_\_\_\_\_ (Name) and their child

\_\_\_\_\_ (Child's Name) who currently reside at

\_\_\_\_\_ (Address). They have

resided at this address since \_\_\_\_\_. I have first-hand knowledge of their

current residence because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

**I understand that this document will be submitted to and filed with the Katonah-Lewisboro School District and that the Katonah-Lewisboro School District will rely upon the contents of this document as factual and true as completed by me. I am submitting this document as I have first-hand knowledge regarding the above referenced facts. Any false statements made by me may subject me to penalties as prescribed by law.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Date Withdrew \_\_\_\_\_

F \_\_\_\_\_ R \_\_\_\_\_ D \_\_\_\_\_

**2023-2024 Application for Free and Reduced Price School Meals/Milk**

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **914-763-7006**, if you need help. Additional names may be listed on a separate paper.

**Return Completed Applications to:** **Kim Parks, District Treasurer**  
**Katonah-Lewisboro UFSD**  
**60 North Salem Road**  
**Cross River, NY 10518**

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<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"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

**All Household Members (including yourself and all children that have income).**

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other 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 household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

 

\*Last Four Digits of Social Security Number: XXX-XX- \_\_\_\_ - \_\_\_\_

I do not have a SS# ☐

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

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

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or LatinoRace (Check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island ☐ White**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**  
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster  
☐ Income Household: Total Household Income/How Often: \_\_\_\_\_ Household Size: \_\_\_\_\_  
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid  
 Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to \_\_\_\_\_. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: \_\_\_\_\_. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

### PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

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### PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

---

### PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **in your household**. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) **An adult household member must sign the application in PART 4.**

---

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

### DISCRIMINATION COMPLAINTS

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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

**SNAP/TANF/FDPIR case number:** This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

**Foster Child:** A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

**Household:** A group of related or non-related people who are living in one house and share income and expenses.

**Adult Family Members:** All related and non-related people who are 21 years of age and older living in your house.

**Financially Independent:** A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

**Current Gross Income:** Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

**Examples of gross income are:**

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: Kim Parks Title: District Treasurer

Telephone Number: 914-763-7006

## Letter to Parents for School Meal Programs

Dear Parent/Guardian:

Children need healthy meals to learn. Katonah Lewisboro School District offers healthy meals every school day. Breakfast costs **\$2.00 at JJMS and JJHS, and \$1.75 at the Elementary Schools**; lunch costs **\$3.25 at JJMS and JJHS, and \$3.00 at the Elementary Schools**. Your children may qualify for free meals or for reduced price meals. **Students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.** Below are common questions and answers to help you with the application process.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete one Application for Free and Reduced Price School Meals/Milk to apply for free or reduced price meals for all students in your household attending this School Food Authority. We cannot approve an application that is not complete, so be sure to fill out all required information as indicated on the application and application instructions. **Return the completed application to: Kim Parks, District Treasurer, Katonah-Lewisboro UFSD, 60 North Salem Road, Cross River, NY 10518. PH. 914-763-7006 or Fax 914-763-7035.**
2. **WHO CAN GET FREE MEALS?**
  - All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance to Needy Families (TANF), are eligible for free meals. Categorical eligibility for free meal benefits is extended to all children in a household when the application lists an Assistance Program's case number for any household member.
  - 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. Households with children who meet the definition of homeless, runaway or migrant should contact the SFA for assistance in receiving benefits.
  - Children may receive free meals if your household's gross income is within the free or reduced price limits on the Federal Income Eligibility Guidelines. Students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.
  - Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart:

2023-2024 REDUCED PRICE INCOME ELIGIBILITY GUIDELINES					
Total Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 26,973	\$ 2,248	\$ 1,124	\$ 1,038	\$ 519
2	\$ 36,482	\$ 3,041	\$ 1,521	\$ 1,404	\$ 702
3	\$ 45,991	\$ 3,833	\$ 1,917	\$ 1,769	\$ 885
4	\$ 55,500	\$ 4,625	\$ 2,313	\$ 2,135	\$ 1,068
5	\$ 65,009	\$ 5,418	\$ 2,709	\$ 2,501	\$ 1,251
6	\$ 74,518	\$ 6,210	\$ 3,105	\$ 2,867	\$ 1,434
7	\$ 84,027	\$ 7,003	\$ 3,502	\$ 3,232	\$ 1,616
8	\$ 93,536	\$ 7,795	\$ 3,898	\$ 3,598	\$ 1,799
*Each add'l person, add	\$ 9,509	\$ 793	\$ 397	\$ 366	\$ 183

3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Foster children may also be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Marisa Merlino, Director of Counseling/Homeless Coordinator at 914-763-7226 or [mmerlino@klschools.org](mailto:mmerlino@klschools.org)** to see if they qualify.
5. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at **914-763-7006** if you have questions.
6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and carried over for the first 30 operating days of this school year (or until a new eligibility determination is made, whichever comes first). You must send in a new application unless the school told you that your child is eligible for the new school year. If you

do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. **I GET WOMEN, INFANTS AND CHILDREN (WIC) BENEFITS. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an Application for Free and Reduced Price School Meals/Milk.
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 or who experiences financial hardship mid-year 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: Andrew Selesnick, Superintendent of Schools Katonah-Lewisboro UFSD 60 North Salem Road Cross River, NY 10518 PH: 914-763-7003.**
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your child(ren), or other household members do not have to be U.S. citizens to qualify for free or reduced price meals.
12. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
13. **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.
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, clothing, 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. **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 **1-800-342-3009**.

**How to Apply:** To get free or reduced price meals for your children, carefully complete one Application for Free and Reduced Price School Meals/Milk, following the instructions on the form, for your household and **return it to the designated office listed on the application**. All household members and children should be listed on one application.

- If you receive SNAP or TANF benefits or participate in the FDIPIR, the application must include the children's names, the household SNAP, TANF or FDIPIR case number and the signature of an adult household member.
  - Contact your local Department of Social Services for your SNAP or TANF case number, if necessary.
  - No application is necessary if the household was notified by the School Food Authority that their children have been directly certified based on Assistance Program participation. If the household is not sure if their children have been directly certified, the household should contact the school.
- If you do not list a SNAP, TANF or FDIPIR case number for any household member, the application must include the names of everyone in the household, the amount of income for each household member, how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number or check the box if the adult does not have a social security number.
- **An application for free and reduced price benefits cannot be approved unless complete eligibility information is submitted, as indicated on the application and in the instructions.** We will let you know when your application is approved or denied.

**Reporting Changes:** The benefits that you are approved for at the time of application are effective for the entire school year and up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first). You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

**Meal Service to Children with Disabilities:** Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities of such individual, a record of such an impairment or being regarded as having such an impairment. Major life activities include but are not limited to: functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. You must request meal modifications from the school and provide the school with medical statement from a State licensed healthcare

professional. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical statement must contain.

**Confidentiality:** The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA. **The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian.**

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, disability or limited English proficiency.

**If you have other questions or need help, call (name, phone number).**

Sincerely,  
Lisa Herlihy  
Interim Assistant Superintendent for Business

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
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Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
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# ANNUAL NEWS RELEASE - PUBLIC ANNOUNCEMENT

Katonah -Lewisboro School District (Local School Food Authority) today announced a free and reduced price meal (Free Milk) policy for Katonah -Lewisboro School District area school children. Local school officials have adopted the following family eligibility criteria to assist them in determining eligibility:

## 2023-2024 INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS OR FREE MILK

Free Eligibility Scale						Reduced Price Eligibility Scale*					
Free Lunch, Breakfast, Milk						Reduced Price Lunch, Breakfast					
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 18,954	\$ 1,580	\$ 790	\$ 729	\$ 365	1	\$ 26,973	\$ 2,248	\$ 1,124	\$ 1,038	\$ 519
2	\$ 25,636	\$ 2,137	\$ 1,069	\$ 986	\$ 493	2	\$ 36,482	\$ 3,041	\$ 1,521	\$ 1,404	\$ 702
3	\$ 32,318	\$ 2,694	\$ 1,347	\$ 1,243	\$ 622	3	\$ 45,991	\$ 3,833	\$ 1,917	\$ 1,769	\$ 885
4	\$ 39,000	\$ 3,250	\$ 1,625	\$ 1,500	\$ 750	4	\$ 55,500	\$ 4,625	\$ 2,313	\$ 2,135	\$ 1,068
5	\$ 45,682	\$ 3,807	\$ 1,904	\$ 1,757	\$ 879	5	\$ 65,009	\$ 5,418	\$ 2,709	\$ 2,501	\$ 1,251
6	\$ 52,364	\$ 4,364	\$ 2,182	\$ 2,014	\$ 1,007	6	\$ 74,518	\$ 6,210	\$ 3,105	\$ 2,867	\$ 1,434
7	\$ 59,046	\$ 4,921	\$ 2,461	\$ 2,271	\$ 1,136	7	\$ 84,027	\$ 7,003	\$ 3,502	\$ 3,232	\$ 1,616
8	\$ 65,728	\$ 5,478	\$ 2,739	\$ 2,528	\$ 1,264	8	\$ 93,536	\$ 7,795	\$ 3,898	\$ 3,598	\$ 1,799
Each Add'l person, add	\$ 6,682	\$ 557	\$ 279	\$ 257	\$ 129	Each Add'l person, add	\$ 9,509	\$ 793	\$ 397	\$ 366	\$ 183

**\*Students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.**

**SNAP/TANF/FDPIR Households:** Households that currently include children who receive the Supplemental Nutrition Assistance Program (SNAP) but who are not found during the Direct Certification Matching Process (DCMP), or households that currently receive Temporary Assistance to Needy Families (TANF), or the Food Distribution Program on Indian Reservations (FDPIR) must complete an Application for Free and Reduced Price School Meals/Milk, listing the child's name, a valid SNAP, TANF, or FDPIR case number and the signature of an adult household member. Eligibility for free meal benefits based on participation in SNAP, TANF or FDPIR is extended to all children in the household. When known to the School Food Authority, households will be notified of their children's eligibility for free meals based on their participation in the SNAP, TANF or the FDPIR programs. No application is necessary if the household was notified by the SFA their children have been directly certified. If the household is not sure if their children have been directly certified, the household should contact the school.

**Other Source Categorical Eligibility:** When known to the School Food Authority, households will be notified of any child's eligibility for free meals based on the individual child's designation as Other Source Categorically Eligible, as defined by law. Children are determined Other Source Categorically Eligible if they are Homeless, Migrant, Runaway, a foster child, or Enrolled in Head Start or an eligible pre-kindergarten program.

Foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. A separate application for a foster child is no longer necessary. Foster children may also be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits

If children or households receive benefits under Assistance Programs or Other Source Categorical Eligible Programs and are not listed on the notice of eligibility and are not notified by the School Food Authority of their free meal benefits, the parent or guardian should contact the school or should submit an income application.

**Other Households:** Households with income the same or below the amounts listed above for family size may be eligible for and are urged to apply for free and/or reduced price meals (or free milk). They may do so by completing the Application for Free and Reduced Price School Meals/Milk sent home with the letter to parents. One application for all children in the household should be submitted. Additional copies are available at the principal's office in each school.

Applications may be submitted any time during the school year to Kim Parks, the District Treasurer. Please contact Kim Parks at 914-763-7006 or [kparks@klschools.org](mailto:kparks@klschools.org) with any questions regarding the application process.

Households notified of their children's eligibility must contact the School Food Authority if they choose to decline the free meal benefits. Households may apply for benefits at any time throughout the school year. Children of parents or guardians who become unemployed or experience a financial hardship mid-year may become eligible for free and reduced price meals or free milk at any point during the school year.

Children in households receiving Women, Infants and Children (WIC) benefits may be eligible for free or reduced price meals through the application process.

For up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first) an individual child's free or reduced price eligibility status from the previous year will continue within the same School Food Authority. When the carryover period ends, unless the household is notified that their children are directly certified or the household submits an application that is approved, the children's meals must be claimed at the paid rate. Though encouraged to do so, the School Food Authority is not required to send a reminder or a notice of expired eligibility.

The information provided on the application will be confidential and will be used for determining eligibility. The names and eligibility status of participants may also be used for the allocation of funds to federal education programs such as Title I and National Assessment of Educational Progress (NAEP), State health or State education programs, provided the State agency or local education agency administers the programs, and for federal, State or local means-tested nutrition programs with eligibility standards comparable to the NSLP. Eligibility information may also be released to programs authorized under the National School Lunch Act (NSLA) or the Child Nutrition Act (CNA). The release of information to any program or entity not specifically authorized by the NSLA will require a written consent statement from the parent or guardian.

The School Food Authority does, however, have the right to verify at any time during the school year the information on the application. If a parent does not give the school this information, the child/children will no longer be able to receive free or reduced price meals (free milk).

Under the provisions of the policy, the designated official will review applications and determine eligibility. If a parent is dissatisfied with the ruling of the designated official, he/she may make a request either orally or in writing for a hearing to appeal the decision Andrew Selesnick, Superintendent of Schools whose address is Katonah-Lewisboro UFSD, 60 North Salem Road, Cross River, NY 10518 has been designated as the Hearing Official. Hearing procedures are outlined in the policy. However, prior to initiating the hearing procedure, the parent or School Food Authority may request a conference to provide an opportunity for the parent and official to discuss the situation, present information, and obtain an explanation of the data submitted in the application or the decisions rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

Only complete applications can be approved. This includes complete and accurate information regarding: the SNAP, TANF, or FDIPIR case number; the names of all household members; on an income application, the last four digits of the social security number of the person who signs the form or an indication that the adult does not have one, and the amount and source of income received by each household member. In addition, the parent or guardian must sign the application form, certifying the information is true and correct.

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, disability or limited English proficiency.

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
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