

# WINDHAM SOUTHWEST SUPERVISORY UNION

Office of the Superintendent of Schools

1 School Street

Wilmington, VT 05363

Phone 802-464-1300

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[www.windhamsw.k12.vt.us](http://www.windhamsw.k12.vt.us)

Stamford    Searsburg    Southern Valley Unified Union SD    Twin Valley Unified Union SD

July 29, 2019

Dear Windham Southwest Supervisory Union Staff, Families, and Community,

A warm welcome to you as we enter the 2019-20 school year!

The start of a new school year is always an exciting time, not only for students, but for families and staff as well. In this spirit, it is my pleasure to welcome everyone back to the new school year.

There are so many great things that are happening in WSWSU. I am excited to foster continued collaboration within WSWSU, as well as with the greater community, to build on our foundation. As our WSWSU mission below implies, together we will care for, support and challenge each student to be prepared for their future.

***WSWSU in collaboration with students, educators and community will provide a flexible 21st century creative learning environment through a rigorous proficiency based curriculum that prepares students to be innovative learners in an interconnected world.*** WSWSU Mission Statement

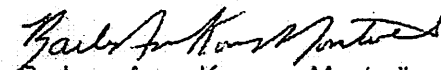
WSWSU's strategic plan, referred to as our Continuous Improvement Plan will help guide our work. Our Continuous Improvement Plan, focuses on:

- **Academic Proficiency of Students**
- **Personalized Learning for Students** (based on our understanding that students benefit from being engaged with their learning, and that one size does not fit all.)
- **Safe and Healthy Schools** (based on our valuing learning environments that provide every student with a sense of value and belonging, and stimulate students to grow intellectually, emotionally and socially.)

People across the WSWSU community have been working hard this summer to prepare for students' first day back to school. Thank you for your continued hard work and dedication. It is this shared commitment to our students, and the willingness to do whatever it takes, that makes the difference. As Henry Ford said, "Coming together is a beginning . . . working together is a success." I look forward to working together with all of you to accomplish great things for our students.

Thank you for the privilege of serving you. I look forward to a super year!

Sincerely,

  
Barbara Anne Komons-Montroll  
Superintendent of Schools



# Twin Valley Middle High School

4299 Vermont Route 100  
Whitingham, Vermont 05361

Phone: 802-368-2880  
Fax: 802-368-7382

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Dear TVMHS Student and Parent / Guardian,

On behalf of the entire staff here at the Twin Valley Middle High School, I want to welcome you to the 2019-20 school year. We hope you have had a safe, relaxing and rejuvenating summer. I am excited to be here as your new principal! I have been busy since July 1, learning the Twin Valley way and look forward to meeting each and every one of you as I continue to learn and become part of the community. Students, teachers, staff, and parents / guardians must all work together to help ensure our students are receiving the best education possible.

As you know school will open this year on Thursday, August 29, 2019 with a regular full day. School days start at 7:57 AM and end at 2:37 PM. During the first two days of school prior to the Labor Day break, students will have a chance to connect with their teachers and meet with me, their new principal. Over the course of this school year we will have the time to build bonds and relationships. On day one, we will have our traditional first day school-wide barbecue lunch.

Students here at TVMHS will continue to have access to educational opportunities beyond the walls of the school. Virtual High School, an on-line option, gives students access to over 200 courses not offered in our building. Juniors and seniors are encouraged to take advantage of dual enrollment classes where they can meet specific proficiency based graduation requirements and receive high school and college credit. Students should also consider work place experience through internships. Any student interested in exploring these opportunities should see their guidance counselor.

This year we also welcome a new Dean of Student Support Systems. Once on the job this person will help us solidify a system to provide our students with what they need to be successful students and citizen of the TVMHS. Our goal is "Growing Innovators Who Will Change the World". We want this while also maintaining the sense of community and care that students already experience here at the TVMHS. Please contact your teachers, counselor or the office if you have any questions or concerns.

Finally, a reminder to all 6<sup>th</sup> graders and new students. There will be a Welcome Barbecue on Monday August 26, 2019 from 6 – 7 PM at the school. All new students and their families are encouraged to attend.

Sincerely,

Reed B. Mellinger  
Principal

# Windham Southwest Supervisory Union

Stamford • Southern Valley • Twin Valley

2019 - 2020

OFFICIAL 4/19/2019

Aug 2019						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

8/26-8/28 Inservice Days

8/29 First Student Day

Teacher: 5 Student: 2

Nov 2019						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

11/5 Inservice Day

11/11 Veterans Day Holiday

11/27-11/29 Thanksgiving Break

Teacher: 17 Student: 16

Feb 2020						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

2/5 Early Release Inservice

2/17-2/21 February Break

Teacher: 15 Student: 15

May 2020						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

5/13 Early Release Inservice

5/25 Memorial Day Holiday

Teacher: 20 Student: 20

Sep 2019						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

9/2 Labor Day Holiday

9/18 Early Release Inservice

Teacher: 20 Student: 20

Dec 2019						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

12/20 Early Release Inservice

12/23-12/31 Winter Break

Teacher: 15 Student: 15

Mar 2020						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

3/2 Inservice Day

3/3 Town Meeting Holiday

3/26 Early Release Inservice

3/27 Inservice Day

Teacher: 21 Student: 19

Jun 2020						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	*11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

\*6/11 175<sup>th</sup> Student Day (with no snow days)

6/18 Last Student Day (with 5 snow days)

6/22 185<sup>th</sup> Teacher Day (with 5 snow days)

\*Teacher: 11 Student: 9

Oct 2019						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

10/11 Early Release Inservice

10/14 Inservice Day

Teacher: 23 Student: 22

Jan 2020						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

1/1 New Year's Day Holiday

1/17 Inservice Day

1/20 Martin Luther King Day Holiday





Teacher: 21 Student: 20

Apr 2020						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

4/20-4/24 April Break

Teacher: 17 Student: 17

## KEY:

-  Early Release-Inservice Half-Day
-  No School-Inservice Day
-  No School-Holiday, Break
-  Student First & Last Day (with 5 snow days)

# TWIN VALLEY MIDDLE HIGH SCHOOL

My child/children name/s is/are \_\_\_\_\_

My child/children will be at physical address (Morning) \_\_\_\_\_

I would like my child/children dropped off at physical address \_\_\_\_\_

\_\_\_\_\_  
(Please specify if they are certain days)

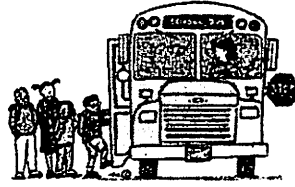
\_\_\_\_\_ Yes my child/children (Please list sports being played) \_\_\_\_\_

\_\_\_\_\_ No my child/children will not be playing sports

\_\_\_\_\_ I have read the bus rules with my child/children and we agree and understand them. If my child/children are going elsewhere other then their listed drop off I will send in a note with them.

\_\_\_\_\_  
(Parent/Guardian signature and date)





Dear Parents/Guardians,

As we approach the new school year, we would like to inform you on some changes to both Wilmington and Whitingham bus routes due to safety and efficiency purposes. These changes will be in effect the first day of school, August 29, 2019.

**WILMINGTON CHANGES:**

**\*We have eliminated a bus and consolidated 3 routes into 2. These 2 bus routes will start at 6:45 a.m.\***

**\*SUN & SKI/HOGBACK:** The bus will no longer be traveling up to Hogback Mountain to turn around; the bus will safely turn around at Sparrow lane/"Old RT 9". Any students who live past Sparrow Lane please meet the bus at the new turn around spot-Sparrow Lane. (Please have students there by 6:45 a.m.)

**\*MEDBURYVILLE:** The bus will no longer be traveling to Medburyville. Any students that live past Haystack Road/Chimney Hill will now meet the bus at Chimney Hill Tennis Courts. (Please have students there by 7:07 a.m.)

**\*HIGLEY HILL ROAD:** The bus will only travel as far Lake Raponda Road, turning around at the bottom of Stowe Hill Road and back down Higley Hill. Any students that live past Lake Raponda Road will now meet the bus at the intersection of Higley Hill Road/Lake Raponda Road. (Please have students there by 7:20 a.m.)

**\*COLDBROOK ROAD:** The bus will no longer be traveling up Coldbrook Road. Any students that live on Coldbrook Road will meet the bus at the bottom of RT 100/Coldbrook Road. (Please have students there by 7:25 a.m.)

**WHITINGHAM CHANGES:**

**\*JACKSONVILLE STORE:** TVMHS students will now ride Cathy Morse's bus both A.M. & P.M.

**\*MAPLE HILL LANE:** The bus will no longer travel down Maple Hill Lane. Any students that live on Maple Hill Lane will now meet the bus at the intersection of Town Hill Road/Maple Hill Lane. (Please have students there by 6:50 a.m.)

**\*READSBORO BAND STAND:** The bus will no longer travel to Readsboro. Any students that live past Merrifield Road will need to meet the bus at the intersection of RT 100/Merrifield Road. (Please have students there by 7:03 a.m.)

Attached you will find a List of Bus Rules along with a mandatory form that needs to be filled out. The form requires your information and then returned to school as soon as possible. These forms let not only the school but also bus drivers know where your child should be getting dropped off the bus. Without these forms filled out we cannot let your child off without knowing where we can safely do so. Also, please note that if your child will be getting off somewhere other than the listed address, he/she needs a note signed by a parent/guardian, also signed by the school administration and given to the bus driver. This is not to inconvenience parents or students; this is for the safety of your child. Any questions or concerns please feel free to contact Heather Gilbert at [hgilbert@tvhs.k12.vt.us](mailto:hgilbert@tvhs.k12.vt.us) or (802)464-1300 ext 126.

Sincerely,  
Heather Gilbert  
Transportation Coordinator/Supervisor

**Carrie's Am Route:** Castle Hill, Turn around at the "Old Dump" on Fairveiw Ave, RT 100 North to East Dover Road, Turn around at Smith Road, RT 100 South to Higley Hill Road, taking a right onto Lake Raponda Road, Turn around at Bottom of Stowe Hill Road, then to TVES, OLD HS, RT 100 South and finishes at TVMHS.

**Carrie's PM Route:** TVMHS, RT 100 North, OLD HS, TVES, Fairview Ave, Turns around at "Old Dump" on Fairview Ave, RT 100 North to East Dover Road, Turning around at Smith Road, RT 100 to Higley Hill Road, takeing a right onto Lake Raponda Road, Turn around at Bottom of Stowe Hill Road, finishing on RT 100 South.

**Brianna's Am Route:** RT 9 East urning around on Sparrow Lane, RT 9 West to Main Street, take a right onto Haystack Road, Ray Hill Road, TVES, OLD HS, RT 9, Crossroads, Finishes at TVMHS.

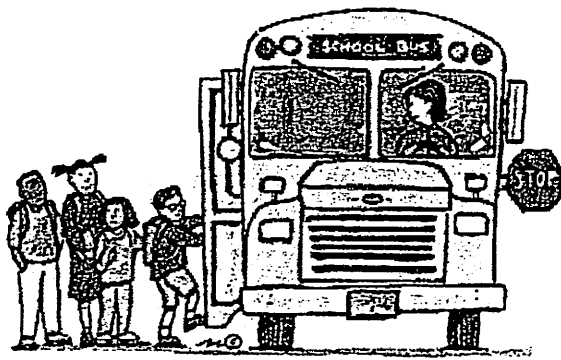
**Brianna's PM Route:** TVMHS, Crossroads, OLD HS, TVES, Haystack Road, Ray Hill, Main Street, RT 9 East, Turns around at Sparrow Lane, Finishes on RT West.

**Heather's Am Route:** Poverty Row, Kentfield Road, Nate Flynn Road, Merrifield Road, RT 100 North, School Street, RT 100 North, TVMHS, Crossroads, OLD HS, Finishes at TVES.

**Heather's PM Route:** TVES, OLD HS, RT 100 South, Crossroads, TVMHS, RT 100 South, School Street, RT 100 to Merrifield Road, Nate Flynn Road, Kentfield Road, Finishes on Poverty Row.

**Cathy's Am Route:** Town Hill Road, Burrington Hill Road, 8A North, RT 112 North, Gates Pond Road, Truns around at Gates Pond/Collins Road Intersection, RT 100 South, Allard Road, Ginny Morse Road, TVMHS, RT 100 North through Jacksonville to OLD HS, Finishes at TVES.

**Cathy's PM Route:** TVES, RT 100 South through Jacksonville, TVMHS, Ginny Morse Road, Allard Road, Gates Pond Road, Turns around at Gates Pond/Collins Road Intersection, RT 112 South, 8A South, Burrington Hill Road, Finishes on Town Hill Road.



## SCHOOL BUS RULES

1. NO FOOD OR DRINKS ON THE BUS  
(INCLUDING CANDY & GUM)
2. NO HITTING, FIGHTING, YELLING OR SCREAMING WITH ANYONE  
ON THE BUS (VIOLENCE IS PROHIBITED)
3. NO SWEARING OR PROFANITY
4. STAY SEATED AT ALL TIMES  
(NO SWITCHING SEATS & NO STANDING)
5. KEEP ISLE CLEAR AT ALL TIMES - KEEP ARMS & LEGS TO  
YOURSELF - ALL BODY PARTS MUST REMAIN INSIDE THE BUS
6. DO NOT DESTROY PROPERTY
7. THE BUS DRIVER MAY ASSIGN SEATS IF NECESSARY
8. FOR ANY STUDENTS THAT HAVE TO CROSS THE ROAD, WAIT FOR  
THE SIGNAL BEFORE CROSSING \_\_\_\_\_
9. PERMISSION SLIP IS REQUIRED TO BE DROPPED OFF ANYWHERE  
OTHER THAN YOUR DESIGNATED STOP

\*\*\*\*\*THE PENALTY FOR MISBEHAVIOR IS AT THE DISCRETION OF THE SCHOOL DEPENDING ON CIRCUMSTANCES (MAY INCLUDE REMOVAL FROM 1 TO 10 DAYS, OR PERMANENT REMOVAL FROM THE BUS.)

**The MOOver Bus schedule for all students going from Dover and Wilmington to BUHS, BAMS & TVMHS**

7:00AM	Dover School
7:15	West Dover Fire House
7:19	Mount Snow Marketplace
7:30	Old TVHS
7:45	Depart old TVHS for BUHS
8:05	Marlboro Elementary School
8:30AM	BUHS

***At 7:30 am the yellow school bus departs for TVHMS from the old TVHS***

**The MOOver Bus schedule from BUHS to Wilmington, and then to TVHMS**

3:45 PM	BUHS
3:50	Brattleboro Transportation Center
4:30	Shaw's in Wilmington
5:00	TVMHS
5:55	BUHS, Secondary Brattleboro Bus <i>Pickup on School Days Only</i>
6:35	Shaw's in Wilmington

**2:35PM Yellow school bus departs TVHMS for old TVHS**

**3:05 PM MOOver meets yellow bus at old TVHS and goes North to Mount Snow**

**BUHS half day procedure:** The MOOver Bus departs 12:30 pm at BUHS, arrives Shaws 1:15 pm, route ends. No 2:35 pm run from Shaw's to Brattleboro. Please note the half day runs based on the High School Schedule. If the high school has a full day, but middle school has half day, the MOOver will pick up at the end of the high school day.

**Delayed school openings procedure:** The MOOver delayed opening policy is as follows; the buses from Dover to Wilmington and from Wilmington to BUHS will be delayed coinciding with the school's delayed opening. ***For example, if BUHS delays school opening by one hour, the bus will run one hour later.***

Students waiting for the bus between the scheduled stops above must stand by the side of the road and wave at the bus as it approaches so the driver can see you and pull the bus over. If you are standing at an unsafe stop, the driver will signal to you where to go to meet the bus and will wait for you there. We will accommodate everyone the first time, but we will ask students to walk to a safer location if necessary, for future stops. Remember it is dark when many of these routes run, so use a flashlight or wear bright clothing to grab the driver's attention

The MOOver buses are not school buses and are open to the public. Our behavior policies are enforced by the driver and MOOver management, not by the schools. If your student has a problem, he/she needs to contact the driver immediately. When getting off a MOOver bus walk **BEHIND** it to cross the road, **NOT** in front of it. The MOOver buses do not have flashing lights that give you the right of way to cross a street. You are a pedestrian when you exit the bus and must yield to traffic.

**SCHEDULES ARE SUBJECT TO CHANGE DUE TO WEATHER OR TRAFFIC.**

**For more information call the MOOver Office at 464-8487 or go to [www.moover.com](http://www.moover.com), or the MOOver Facebook page.**



## **The MOOver Student Rider Policy**

All students riding any MOOver bus must realize that this is not a school bus, but it is a transit bus open to the public. There are rules and courtesies that everyone must follow and respect.

When you exit the bus, do not walk in front of the bus to cross the street. Wait until the bus has pulled away and cross behind it when traffic is clear. **WE DO NOT HAVE FLASHING YELLOW LIGHTS SO YOU DO NOT HAVE PRIORITY CLEARANCE TO CROSS THE ROAD.**

There is no standing on the bus when there are seats available. Leaving a knapsack on a seat, occupying two seats, or saving a seat is not allowed.

There are no open containers of drinks or food on the bus. If you spill something, ask the driver for materials for you to clean up.

Do not litter – use the wastebasket in the front of the bus.

Face forward when sitting, and keep the aisle clear of your feet, legs and carry-ons.

Profanity is not tolerated. The driver will give you one warning, and the second time you will lose your riding privileges.

Vaping, Juuling, or tobacco use is prohibited on the bus and will not be tolerated.

Excessive noise can also not be tolerated. The driver will pull over, call out for quiet, or will turn the inside lights on as a signal for everyone to keep the noise down.

Our local student riders are a top priority. If you are a local student rider and you are told there is no room on the bus, we ask you to speak to the driver and let them know you are from the local towns. The driver can then address the space problem.

We have a schedule to maintain. We will not wait for someone who is late, or who got off the bus and then wants to re-board the bus.

The MOOver does not tolerate any rider's behavior that threatens the health, safety and well-being of the riding public. Any belligerent, violent, offensive or inappropriate behavior will result in the permanent removal of that rider from the bus. Bullying, arguing with a driver, or other non-acceptable behavior will also not be tolerated.

Riding the MOOver buses is a benefit to the community and is the result of years of hard work, securing grants, and building relationships with riders. We welcome you onboard the bus, we're glad to have you, and we hope you will work with us to enjoy the service we are able to provide.

Any problems on the bus are to be addressed with the driver immediately. Parents are to call the office on the same day of occurrence of any concerns. The video from onboard security cameras is the property of the MOOver and may be used to resolve conflicts, which we are happy to work with students and parents and the police to resolve.

For driver compliments or complaints please call the MOOver Office at 464-8487. We look forward to seeing you on the bus!

**Twin Valley Middle High School  
4299 VT RT 100  
Whitingham, VT 05361  
Telephone: 802-368-2880  
Fax: 802-368-7382**

**ANNUAL RESIDENCY INFORMATION**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Phone number(s) \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Town of Residence \_\_\_\_\_

(i.e. Dover, Halifax, Jacksonville, Marlboro, Searsburg, Stratton, Wardsboro,  
Whitingham, Wilmington, Woodford)

Email address \_\_\_\_\_

**This information is very important for tuition billing purposes. If you  
move during the school year, please advise the school office.**

**\_\_\_\_\_ Please check here if you have moved since the last school year, or  
if your mailing address has changed.**

Your assistance is greatly appreciated.

Dottie Fisher  
Administrative Assistant

# 2019 - 2020 Application for Free and Reduced Price School Meals - VI Agency of Education

App #

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)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student?		Foster		Homeless	
					Yes	No	Child	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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: 3SquaresVT or Reach-Up?

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

Case Number: \_\_\_\_\_

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2 and provided a Case Number)

Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

- A. Child Income** Sometimes children in the household earn income. Please include the TOTAL income earned by all Children listed in STEP 1 here, if applicable. See back for more information.
- B. All Adult Household Members (including yourself)** List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total for 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.

Child Income	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name Adult Household Members (First & Last)	Earnings from Work	Weekly				Public Assistance/ Child Support/ Alimony	Weekly				Pensions/Retirement/ All Other Income	Weekly			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$					\$				\$					
	\$					\$				\$					
	\$					\$				\$					
	\$					\$				\$					

Total Household Members (Children and Adults)

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

Check if no SSN ☐

## 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."

Signature of adult completing the form	Printed name of adult completing the form	Today's date	Cell Phone Number
Street Address (if available)	Apt #	City	State
		Zip	Email (optional)

**Other Benefits:** For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or [www.GreenMountainCare.org](http://www.GreenMountainCare.org). For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit [www.vermontfoodhelp.com](http://www.vermontfoodhelp.com).

## Do Not Fill Out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12		Eligibility	
Total Income	Household Size	Free	Reduced
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining Official's Signature	Confirming Official's Signature	Verifying Official's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

## OPTIONAL Children's Racial and Ethnic Identities

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

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

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

## INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
For each additional household member add 4,420	8,177	682	341	315	158

The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price school meals if your household income falls within the limits on this chart.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# WINDHAM SOUTHWEST SUPERVISORY UNION

Office of the Superintendent of Schools

1 School Street

Wilmington, VT 05363

Phone 802-464-1300

Fax 802-464-1303

[www.windhamsw.k12.vt.us](http://www.windhamsw.k12.vt.us)

Stamford    Searsburg    Southern Valley Unified Union SD    Twin Valley Unified Union SD

Dear Parent/Guardian:

Children need healthy meals to learn. Windham Southwest Supervisory Union (WSWSU) schools offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals. Reduced price meals are served at no charge to families. 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.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from 3SquaresVT or Reach-Up 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.

FEDERAL INCOME ELIGIBILITY GUIDELINES For School Year 2019 -2020					
Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
For each additional household member add	8,177	682	341	315	158

- 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 Tate Erickson, WSWSU Homeless Liaison Coordinator at 802-464-1300.
- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your school secretary or to the WSWSU Central Office at 1 School Street Wilmington VT 05363 ATTN: SFA.

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 got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Susan Courchesne at the WWSU Central Office at 802-464-1300 or by email, [SFA@wswsu49.org](mailto:SFA@wswsu49.org)**, immediately.
5. 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. If you do not send in a new application that is approved by the school or you have not been notified that your children is eligible for free meals, your child will be charged the full price for meals.
6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals; a meal application is needed. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. 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.
9. 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: **Susan Courchesne WWSU Central Office 1 School Street in Wilmington, VT 05363 802-464-1300 or by email [SFA@wswsu49.org](mailto:SFA@wswsu49.org)**
10. 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.
11. 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.
12. 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.
13. 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.
14. 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 or contact **Susan Courchesne at 802-464-1300 or by email [SFA@wswsu49.org](mailto:SFA@wswsu49.org)**.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **3SquaresVT** or other assistance benefits, contact your local assistance office or call 1-800-479-6151.

If you have other questions or need help, call 802-464-1300 or email [SFA@wswsu49.org](mailto:SFA@wswsu49.org)

Sincerely,

Susan Courchesne  
SFA Benefits Clerk

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## How to Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the WWSU. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Susan Courchesne at the WWSU Central Office at 802-464-1300 or by email, SFA@wswsu49.org**

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

### Step 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

#### Who should I list here?

When filling out this section, please include all members in your household who are:

- Children age 18 or under and are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending school and what school district they attend, regardless of age.

A) *List each child's name.* For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one letter in each box, stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) *List the school name and grade. Is the child a student?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend school.

C) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) *Are any children homeless, migrant, or runaway?* If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

### Step 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: 3SquaresVT OR Reach-Up

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- 3SquaresVT [food stamps]
- Reach-Up

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'YES' and provide a case number for 3SquaresVT or Reach-Up. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: **the Benefits Service Center at (800) 479-6151**. You must provide a case number on your application if you circled "YES".
- Skip to STEP 4.

### Step 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A) **Report all income earned by children.** Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.



## How to Apply for Free and Reduced Price School Meals (cont'd)

### What is Child Income?\*

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. *\*Infrequent earnings received on an irregular basis, such as payment for occasional baby-sitting or mowing lawns are not included.*

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

### FOR EACH ADULT HOUSEHOLD MEMBER:

#### Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **not** include people who:

- Live with you but are not supported by your household's income and do not contribute income to your household.
- Children and students already listed in Step 1

How do I fill in the income amount and source?

#### FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income ONLY**. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes or deductions.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

B) *List Adult Household member's name.* Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) *Report earnings from work.* Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

### What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) *Report income from Public Assistance/Child Support/Alimony.* Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

## How to Apply for Free and Reduced Price School Meals (cont'd)

E) *Report income from Pensions/Retirement/All other income.* Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) *Report total household size.* Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of **your** household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.

G) *Provide the last four digits of your Social Security Number.* The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SS#."

### Sources of Income for Adults

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"><li>Salary, wages, cash bonuses</li><li>Net income from self-employment (farm or business)</li><li>Strike benefits</li></ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"><li>Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)</li><li>Allowances for off-base housing, food, and clothing</li></ul>	<ul style="list-style-type: none"><li>Unemployment benefits</li><li>Worker's compensation</li><li>Supplemental Security Income (SSI)</li><li>Cash assistance from State or local government</li><li>Alimony payments</li><li>Child support payments</li><li>Veteran's benefits</li></ul>	<ul style="list-style-type: none"><li>Social Security (including railroad retirement and black lung benefits)</li><li>Private Pensions or disability</li><li>Income from trusts or estates</li><li>Annuities</li><li>Investment income</li><li>Earned interest</li><li>Rental income</li><li>Regular cash payments from outside household</li></ul>

### Step 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

A) *Provide your contact information.* Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) *Sign and print your name.* Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

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

# September 2019

Cafe Menu

Mon	Tue	Wed	Thu	Fri
<b>Welcome Back</b>			Aug 29 <u>Briefst Burrito</u> The Principal's BBQ	Aug 30 <u>Briefst Sandwich</u> Egg Rolls Broccoli, Rice
2 No School	3 <u>French Toast</u> Beef Taco Rice, Corn	4 <u>Yogurt Parfait</u> Macaroni & Cheese Peas	5 <u>Briefst Burrito</u> Beef or Vegetarian Chili, Cornbread	6 <u>Briefst Sandwich</u> Ravioli with Meat Sauce, Green Beans
9 <u>Briefst Burrito</u> Chicken Tenders Glazed Carrots	10 <u>French Toast</u> Pulled Pork Sandwich French Fries	11 <u>Yogurt Parfait</u> Grilled Cheese Tomato Soup	12 <u>Briefst Burrito</u> Chicken Fajita Rice, Refried Beans	13 <u>Briefst Sandwich</u> Pasta with Meat Sauce, Broccoli
16 <u>Briefst Burrito</u> Pork Carnitas Rice, Corn	17 <u>French Toast</u> Chicken & Disquit	18 <u>Yogurt Parfait</u> 1/2 day in service	19 <u>Briefst Burrito</u> Cheeseburger Baked Beans	20 <u>Briefst Sandwich</u> Chicken Alfredo with Broccoli
23 <u>Briefst Burrito</u> Beef Taco Rice, Corn	24 <u>French Toast</u> Chicken Italiano Pasta, Green Beans	25 <u>Yogurt Parfait</u> Chicken Tenders Glazed Carrots	26 <u>Briefst Burrito</u> Chicken Lo Mein Fortune Cookie	27 <u>Briefst Sandwich</u> BBQ Pork Sandwich, Baked Beans
30 <u>Briefst Burrito</u> Macaroni & Cheese Peas				

## Twin Valley Middle/ High School

Our menu continues to evolve. We are trying new items while keeping the student's favorite's available. This year, if popular, we will offer a vegetarian option everyday. In addition to the calendar of special choices we will also have available everyday Pizza, Baked Chicken Sandwiches, Sandwich Wraps, Grinders, P.B. & J's and chef salads. To go along with these 9 main entree choices we will have ten different fruit and vegetable selections EVERYDAY.

Menu subject to change  
This institution is an equal  
opportunity provider

### Prices

Breakfast \$2.00  
Adults \$2.50  
Lunch \$3.00  
Adults \$4.00

## **The Twin Valley Middle High School Parent/Guardian Chromebook Use Agreement**

The use of district issued technology tools is a privilege given to students who act responsibly. Within reason Twin Valley Middle High School will honor privacy, freedom of speech, and access to information. The administration and staff reserve the right to review browsing history, files, and communication at any time.

This agreement is in accordance with the Twin Valley School District's Acceptable Use policy. I understand and agree that I will be financially responsible for any damage to my student's chromebook that is not deemed to be normal wear and tear.

### **Student Responsibilities**

- I understand that my students browsing history, downloads, and emails are subject to review.
- My student is responsible for bringing his chromebook to school every day, fully charged.
- My student is responsible for the care and safety of his chromebook both in and out of school.
- Students may not scratch off or remove serial numbers or permanently alter their chromebooks in any way.
- Students are required to notify a parent, guardian, school staff member or the administration immediately in the event of theft, vandalism, or damage to their chromebooks or if they become aware of any technology problems or violations.

### **Parent / Guardian Responsibilities:**

- I accept full responsibility for supervision of my child's use of the chromebook outside of school. I understand that the Twin Valley School District cannot be held responsible for intentional violation of the above rules by my student.
- It is understood that our policy regarding damaged computers is as follows:

### **Computers which are rendered unusable.**

Students are issued new computers upon entering the school in sixth grade and again in their sophomore year. Computers that are rendered unusable before or after sophomore year must be replaced by the student's primary guardian. For those who cannot pay for replacement, the school offers the option of working off the cost. Students working off the cost of a new Chromebook will not be provided one until the work is complete. Students must complete all work by the end of six weeks. The responsibility of providing a computer will revert to the guardian in the event their student fails to complete the requisite work in the allotted time. Alternatively, guardians may also consider purchasing a Chromebook or computer for their student in lieu of payment to the school. Those who choose to purchase their own computer in lieu of payment for the replacement of a damaged computer, will not subsequently be furnished a computer by the school. Your student must have a computer. The current cost of a replacement computer is \$331.93

The School reserves the right to make a report to credit reporting agencies, bill collection firms or law enforcement in the event that payment is not forthcoming.

### **Minor Damage**

Minor or cosmetic damage to an otherwise functioning computer may be repaired by the school at the parent, guardian or student's expense.

**Lost or stolen computers.**

Chromebooks which are not returned when requested or which are lost or stolen must be replaced by the legal guardian or legally independent student; as above the school reserves the right to make a report to credit reporting agencies, bill collection firms or law enforcement in the event that payment is not forthcoming.

**Chromebook failure.**

In the event that a Chromebook fails, and there is no evidence of abuse or mishandling a replacement chromebook will be provided free of charge.

**Bring your own.**

Many students choose to supply their own computers. Students who have their own computers will not be provided with an additional computer by the school. Should their computer fail they should notify the network admin.

**Warranties**

Dell Chromebooks have been purchased with a 2yr warranty including accident protection. One incident of accident repair may be submitted per computer per year. If the damage is deemed deliberate the warranty will be void

- I will notify the correct authorities in the event of theft, vandalism, or damage or if I become aware of any technology problems or violations.
- I understand that the school district and TVMHS reserve the right to change their policies and rules at any time.
- I have read, understood, and agree to follow the above guidelines.

Parent or Guardian's

Name:(please print)\_\_\_\_\_

Signature:\_\_\_\_\_Date:\_\_\_\_\_

Student attests that he/she has read and understands this agreement:

Student Name:(Print Please)\_\_\_\_\_

Student Signature:\_\_\_\_\_Date:\_\_\_\_\_

## **The Twin Valley Middle High School Student Chromebook Use Agreement**

The use of district issued technology tools is a privilege given to students who act responsibly. Within reason Twin Valley Middle High School will honor privacy, freedom of speech, and access to information. The administration and staff reserve the right to review browsing history, files, and communication at any time.

This agreement is in accordance with the Twin Valley School District's Acceptable Use policy. I understand and agree that I will be financially responsible for any damage to my chromebook that is not deemed to be normal wear and tear.

- I am responsible for my own chromebook. I will be mindful of it when in public spaces and it is my responsibility to make sure it is safe. I will not let anyone except my parents or guardians use my chromebook.
- I will treat others with respect. When communicating on-line I will only use appropriate language and images. I will not read, alter, or delete the files of others and I will not reveal personal information about myself to strangers.
- I will treat my chromebook with respect, keeping it in working order, and I will keep food and liquids away from it in accordance with the district acceptable use policy.
- When using the internet either at school or at home I will only visit appropriate websites and engage in appropriate activities / communications.
- I will represent myself honestly and never login as another user.
- I will credit all sources that I use.
- I will notify a parent, guardian, member of the school staff or administration in the event of theft, vandalism or damage to my chromebook or if I become aware of any technology problems or violations
- When asked to return my chromebook, I will do so promptly and understand that the failure to do so may result in its permanent loss.

Student's Name: (please print)\_\_\_\_\_

Student's Signature:\_\_\_\_\_Date:\_\_\_\_\_

Parent/Guardian attests that he has read and understands student responsibilities:

Name of Parent/Guardian (Please Print)\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_Date:\_\_\_\_\_

# **Twin Valley Middle High School**

## **Internet Access Permission Form & Acceptable Use Guidelines**

### **Internet Acceptable Use Guidelines**

#### **I Main Idea:**

Computers and the Internet have become an integral part of life and education. The Twin Valley School District is pleased to offer our students access to this important resource in order to further their educational goals and objectives. Increasingly teachers will incorporate technology into their lesson plans and so a clear statement and description of what constitutes "acceptable use" is necessary to assure uninterrupted student access and privileges.

#### **II Expectations & Consequences:**

Students are responsible for good behavior on the school computers just as they are in the classroom or in a school hallway; *respect for self, others and the environment* are the watchwords. Students are expected to use the computers and Internet in order to complete class assignments and further their educational goals and objectives.

#### **UNDER NO CIRCUMSTANCES MAY A STUDENT:**

1. Access a proxy site or VPN
2. Access or download pornographic or other inappropriate sites
3. Share access to his or her own account with another student
4. Use the computer for illegal activity

The consequence of breaking any of the 4 rules listed above may be loss of computer privileges, detention, in-school suspension and in the most serious cases suspension or expulsion. This could cause enormous complications in getting assignments completed and is easily avoided by making careful and thoughtful decisions about how you use the internet.

Teachers are accountable for the care and responsible use of the computers in their classrooms. Inappropriate use of computers during class may lead to punitive action or loss of privileges at the teacher's discretion.

#### **III Access:**

To be able to use the school's computers and have Internet access students must have the attached Internet Access Permission Form (IAPF) on file with the school office. For those students under the age of 18 and those students 18 and older living under the supervision of a parent/guardian, both a legal guardian and the student must sign the form. Students not living under the supervision of a parent/guardian may sign their own forms. Upon returning the form, students will be assigned a google account which may be used to access their chromebook or be used on various school computers or their personal device.

#### **IV Responsibility and Accountability:**

With privilege comes responsibility. Students are absolutely responsible for their accounts and will be held accountable for any misuse whether it occurred *with or without* the permission of the student. For this

reason, and because it is simply good practice, it is essential that each student create a distinct password and *under no circumstances* should he or she share that information with classmates.

**V Liability:**

The school's computers are provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Beyond the clarification of such standards, the district is not responsible for restricting monitoring or controlling the communications of individuals utilizing the network.

Communications on the network are often public in nature. Users should not expect that files stored on district servers or email will be private. Network administrators may review files and communications to maintain system integrity and insure that users are using the system responsibly.

Within reason - and consistent with the school's policies - freedom of speech and access to information will be honored. During school, teachers of younger students will guide them to appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio and other potentially offensive media.

\*\*\*\*\*

**Twin Valley Middle high School Internet Access Permission Form**

As a **user** of the Twin Valley School District's network, I hereby agree to comply with the rules of the District's Acceptable Use Policy. I will communicate over the network in a responsible fashion while honoring all relevant laws and restrictions.

Name of Student: (Print Please) \_\_\_\_\_

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

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

As a parent or legal guardian of the minor student signing above, I understand that individual and parent/guardians may be held for violations of internet policy. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of Internet use. I will set and convey standards for my daughter or son to follow when selecting, sharing or exploring information and media.

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

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

As the **parent or legal guardian** of the minor student signing above, I grant permission for my son or daughter's photograph to be used on both the school website and the school newspaper:

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

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



## Twin Valley Middle High School

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### STUDENT EMERGENCY/HEALTH INFORMATION FORM/2019-2020

A new emergency/health form must be completed each year. Please notify the school immediately if any information changes during the school year. Please print.

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

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

Parent/Guardian #1 \_\_\_\_\_ Telephone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work hours/phone # \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Telephone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work hours/phone # \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Please include cell phone, pager, etc. numbers where you may be reached if not home \_\_\_\_\_

Please list two (2) nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached.  
**IMPORTANT** – in case of emergency early school closings, illness, and/or injury.

1. \_\_\_\_\_ Telephone \_\_\_\_\_  
Name Address  
2. \_\_\_\_\_ Telephone \_\_\_\_\_  
Name Address

In case of accident or illness, I request the school to contact me. If not able to reach me, I hereby authorize the school personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense. I authorize the school to release a copy of this emergency health form to the emergency personnel. I also authorize the school to send and receive medical information to/from my child's health care providers.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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#### PERMISSION FOR OVER THE COUNTER MEDICATIONS TO BE GIVEN AT SCHOOL

May the school administer any of the following if necessary?

Tylenol (Acetaminophen) \_\_\_yes\_\_\_ no Benadryl (Diphenhydramine) \_\_\_yes\_\_\_ no Motrin (Ibuprofen) \_\_\_yes\_\_\_ no  
Tums/Antacid \_\_\_yes\_\_\_ no Caladryl/Calamine \_\_\_yes\_\_\_ no Lip Ointment \_\_\_yes\_\_\_ no Cough Drops \_\_\_yes\_\_\_ no  
Topical Bacitracin/Triple Antibiotic ointment \_\_\_yes\_\_\_ no ophthalmic eye wash \_\_\_yes\_\_\_ no Sting-Stop gel yes\_\_\_ no\_\_\_  
Topical Sore Joint Rub \_\_\_yes\_\_\_ no Aloe Vera Gel/Burn Cream \_\_\_yes\_\_\_ no Generic Cramp Tab \_\_\_yes\_\_\_ no  
Aquafor used for minor skin irritations \_\_\_yes\_\_\_ no Decongestant Tablet \_\_\_yes\_\_\_ no Sun Block \_\_\_yes\_\_\_ no

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Any known **ALLERGIES** (medication/food or other)? \_\_\_YES\_\_\_ NO

**IF YES**, please list allergen(s) with reaction and preferred treatment for each (if epinephrine is necessary an emergency action plan MUST be completed)

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**Please read and fill out reverse side**

STUDENT'S NAME: \_\_\_\_\_

2019-2020

**MEDICAL PROVIDERS**

Child's Local Doctor \_\_\_\_\_ Telephone \_\_\_\_\_ Last seen \_\_\_\_\_

Date of last physical (Well-Care Exam) \_\_\_\_\_

\*\*\*A comprehensive Well-Care Exam (physical) is not an appointment for sickness, injury, or chronic health need\*\*\*

Has your child received any immunizations in the past year? \_\_\_\_ YES \_\_\_\_ NO

If YES, please indicate Immunization(s) and date: \_\_\_\_\_

Child's Local Dentist \_\_\_\_\_ Telephone \_\_\_\_\_ Last seen \_\_\_\_\_

Child's Orthodontist \_\_\_\_\_ Telephone \_\_\_\_\_ Last seen \_\_\_\_\_

**MEDICAL HISTORY**

Does your child have any current health problems, illness, disability (allergies, seizures, asthma, add/adhd, diabetes, bleeding disorder, mental health conditions, nose bleeds, fainting spells, frequent stomach aches, frequent ear aches, migraines, anxiety, cardiac problems, concussions, or other) the school should be aware of? \_\_\_\_ YES \_\_\_\_ NO

If YES, list problem(s) and how best to manage at school: \_\_\_\_\_

Does your child wear glasses or contacts? \_\_\_\_ YES \_\_\_\_ NO Date of last eye exam/where: \_\_\_\_\_

Does your child wear hearing aids? \_\_\_\_ YES \_\_\_\_ NO Date of last hearing exam/where: \_\_\_\_\_

**DAILY MEDICATION LIST**

(Prescription and Non-Prescription, including inhalers)

MEDICATION

DOSAGE

FREQUENCY

Will any medications be needed during the school day? \_\_\_\_ YES \_\_\_\_ NO

IF YES, please list \_\_\_\_\_

If your child uses an inhaler, does he/she use a spacer? \_\_\_\_ YES \_\_\_\_ NO

\*\*\*Please note: Inhalers and Epi-Pens need doctor signed emergency plans\*\* (these are available on Health office website)

[The following questions are to be used for State statistics – not student specification]

Has a doctor, nurse, or other health professional EVER said that your child has Asthma? \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ NOT SURE

If yes, does your child still have Asthma? \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ NOT SURE

Does your child have health insurance? \_\_\_\_ YES \_\_\_\_ NO

If yes, please check which one \_\_\_\_ BC/BS, \_\_\_\_ MVP, \_\_\_\_ DR. DYNASAUR/MEDICAID/OTHER \_\_\_\_\_

Would you like the school to send you information about health insurance? \_\_\_\_ YES \_\_\_\_ NO

Does your child have dental insurance? \_\_\_\_ YES \_\_\_\_ NO

Would you like the school to send you information about dental insurance? \_\_\_\_ YES \_\_\_\_ NO

THANK YOU for completing both sides of this form completely.



## K-12 Student Accident and Sickness Insurance Plans

Choose from these school-approved plans . . .

- Around-the-Clock Plan
- Schooltime-Only Plan
- Sickness Plan
- Extended Dental Plan
- Football Plan

- plus -

### Online Access

Plan Brochure & Enrollment Form available  
at [studentplanscenter.com](http://studentplanscenter.com)

- Click Resources
- Click K-12 Brochures & Enrollment Forms
- Enter access code: 984E
- Click Submit
- Print Brochure & Enrollment form
- Complete and mail today!

If you don't have  
online access,  
please call  
1-315-845-6764

UNDERWRITTEN BY:

**COMMERCIAL TRAVELERS**  
LIFE INSURANCE COMPANY

70 Genesee Street  
Utica, NY 13502

As Policy Form Series No. CTP-7 et al

ADMINISTRATION OFFICE:

THOMAS TREVVETT AGENCY, LLC  
P.O. Box 211, Newport, NY 13416  
1-315-845-6764  
E-mail: [thomastrevvettagency@yahoo.com](mailto:thomastrevvettagency@yahoo.com)

OLF-MW/MWX-WS-MB (19) 84E



**The TVMHS after school program welcomes you to an exciting new year of fun, learning and adventure.**

WINGS is for grades 6-8, FRESH is for grades 9-12 . Some programs are mixed.

We offer a wide range of activities that include; Iron chef, artistic exploration, technology, writing groups, chess club, guitar club, dance, theater, physical activity, outdoor adventures, tutoring, homework club, and more. Activities change throughout the year depending on interest of students.

When are they offered?

Typically, Monday - Thursday 2:35-4:45. Occasionally, there are programs on Fridays, before school, ½ days, evenings, and weekends based on interest and availability of program leaders.

How do I sign up?

Flyers are made available to students about every eight weeks and posted in the electronic newsletter once a Quarter. Students often don't bring the paperwork home, feel free to call the school to find out what is available for after school programming.

What does it cost?

We ask for a \$20\* donation per session, or \$5 donation for a single class. Anyone can try the first week free. All tutoring and homework help is free. \*This is a suggested donation, pay what you can. (Snacks provided free of charge)

What is the FRESH ROOM?

The FRESH ROOM is a supervised, free, student directed, drop in recreation space available to students grade 9-12 ONLY. Parents need to sign a one time form that explains how the FRESH room works. (See attached paper)

Is there Transportation?

There is a 4:45 Moover that stops in Jacksonville, and several spots in Wilmington. Otherwise, parents need to pick up students by 4:45.

How do I sign up for Tutoring?

Tutoring is free to all students anytime during the year. Call 368-2880 to reach Dottie Fisher

Questions?

Contact Shelley Park at [aspark802@gmail.com](mailto:aspark802@gmail.com) or call me at school after 2pm.

# FRESH ROOM sign up

## What is the FRESH ROOM?

The FRESH ROOM is a supervised, student directed, free, drop in recreation space available to students grade 9-12 ONLY. This year we are asking students to have parents sign a one time form to be sure that parents understand how the FRESH room works. Students don't need to pre sign up for specific days, but they do need to sign in/out each day. Students that stay after school are expected to be in the Fresh Room or actively involved in other after school pursuits.

The FRESH Room is a great place to visit with friends before or after practice, homework club, or school meetings. It is also a place to socialize with friends, and brainstorm ideas for after school programs and clubs students would like to start. We have foosball and pool table, board games, puzzles, Karaoke, computers, Netflix, Wii, craft supplies, and snacks. It is usually open Monday - Thursdays until 4:45 and is supervised by Jen Nilsen and Shelley Park. **There is no FRESH on Fridays.** Start date this year is Tuesday, Sept. 4th.

\*\*\* Students that are falling behind in school work will be required to spend some of the afternoon in Homework Club in order to hang out in the FRESH room.

Somedays students may be allowed to use the Gym, music rooms, or outdoor spaces depending on availability of space and supervision.

This is a drop in program, students are free to sign out and leave when they need to. However, they are not supposed to be wandering around the school. When they sign out, they are expected to go home or to a program. We welcome parent communication, just call the school and ask for the FRESH room during after school hours or contact Shelley Park by email [aspark802@gmail.com](mailto:aspark802@gmail.com).

Use of the FRESH Room is free, but we welcome donations of any size to help us purchase daily snacks and supplies for the program.

I \_\_\_\_\_ give permission for my student  
(parent name)

\_\_\_\_\_ to attend the FRESH Room during the 2018-2019  
(student name)

school year. I understand that if I have questions/concerns I can call the FRESH room during after school hours or contact Shelley Park at [aspark802@gmail.com](mailto:aspark802@gmail.com).

\_\_\_\_\_  
(Parent Signature)

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