



FROM THE K-6 PRINCIPAL

Last week in the Update, Alicia Savage wrote about the renewal process and the recently completed Site Visit Report. She explained the whole process of Charter Renewal and wrote that this part of the renewal is the most interesting part of the process. I agree with Alicia as the Site Visit allowed us to talk about who we are to a knowledgeable and professional team. It also gave us a reason to organize materials that document what we do. And organize we did as the Site Visit Team looked at 44 different types of documents that we have developed over the years. The Site Visit gave us a chance to think about who we are and then by reading the report see how what we say **and do** is reflected back at us. Dolly Parton has a saying that I often quote that is a wonderful model for how to live a purposeful life. She says, "Figure out who you are. Then do it on purpose." She is talking about individual lives but it is also true about organizations. A Site Visit helps us figure out who we are as an organization. That helps us do it on purpose and that helps us become better.

What follows is the opening paragraph of the report. My favorite word in this paragraph and it appears three times is "all." It is nice when your reflection, the Site Visit Report, includes your mission statement.

All stakeholders share a common and consistent understanding of the school's mission. All stakeholders (students, parents, staff, and Board members) consistently recited the school's mission to inspire every student to excel in academics, service, and life. All stakeholders reported that students' work is valuable and significant throughout their years in the school, not just as preparation for postsecondary success. Parents and students similarly stated that at the heart of the mission is the school's philosophy of preparing students "for the here and now." School leaders reported that the school accomplishes this through a combination of caring adults (staff, parents, and community members), a rigorous curriculum with appropriate supports at all grades, and project-based learning tied to student interests and the needs of the community. Teachers and school leaders reported (and curriculum documents and the annual report confirmed) that project-based learning (called projects in grades K-8 and workshops in grades 9-12) involves research and culminates in an oral presentation called Exhibition Of Mastery (EOM).

Last week Alicia wrote about the value of building on the history of the school and being open to change and growth. Because of the Charter Renewal process it is convenient to think of our school in five year chunks and preparing for the renewal helps us think of the past four or five years. Here is my perspective of the four five year periods and the most important accomplishments in each of the periods.

- First Five Years: we survived and taught some of our students very well;
- Second Five Years: we became acceptable to the public and more of our students did well;
- Third Five Years: we became a unified single school with systems and procedures;
- Fourth Five Years: we became a mature institution with traditions yet we increased our flexibility and almost all of our students did well.

For me, the biggest symbol of this growth over the past five years and our new institutional maturity is babies. On the door of my office I have photographs of some of our teachers' babies and children. I am proud I work in a charter school where teachers make careers and have rich lives, and so I get to look at an important symbol of that every time I open my door. We now have enough institutional gravity that our teachers and school administrators can take time to have children and then return to our school. In the first two weeks of this year we have had two babies. Angie Pepin had a baby boy, Owen, and Rachel Rich had a baby girl, Chloe. These are two of our school leaders but the work of the last ten years has paid off. While we miss them and are excited for their return from maternity leave, we are okay and the quality of our work continues.

An anecdote from yesterday is testimony to our "okayness". I was walking down the hall and I heard a high school teacher say to Dee Delaney, Angie Pepin's and my assistant, "The system works." I had no idea what system he

was talking about but it is so rare to hear anyone complementing a system that I had to learn more. I included myself in the conversation and it turns out the “system” he was talking about was the school and the folks who are performing Angie’s and Rachel’s responsibilities while they are out. Below is a simple overview of how those responsibilities are being distributed.

- Matt Tondorf is taking care of high school general needs and concerns. mtondorf@sscps.org
- Mary Carter is taking care of questions regarding courses, schedules, college course requirements, and the college application process. mcarter@sscps.org
- Ellen Gray and Haley Edmondson are the Acting Level IV Coordinators egray@sscps.org, hedmondson@sscps.org
- Alicia Savage is taking care of questions regarding Level IV asavage@sscps.org

May the school continue to grow and improve. Thank you to everyone who has worked so hard to get us to where we are now so our teachers can make careers and lives in our school.

Ted Hirsch thirsch@sscps.org

Level IV Midterm Exam Schedule January 21-23, 2015

	Wednesday 1/21	Thursday 1/22	Friday 1/23
8:15-8:18	Attendance	Attendance	Attendance
8:18-8:30	Morning Meeting	Morning Meeting	Morning Meeting
8:30-10:00	A-block	C-block	E-block
10:00-10:30	Break by POD	Break by POD	Break by POD
10:30-12:00	B-block	D-block	Project
12:00-12:30	OCB	OCB	OCB
12:30-1:00	Lunch	Lunch	Lunch
1:00 – 3:00	Movie (4) /Work (2) Rooms	Movie (4) /Work (2) Rooms	Movie (4) /Work (2) Rooms

On **Tuesday 1/20**, Level IV students will take a **Music** Midterm Exam. It will be from 2-2:40 by Project.

High School Midterm Exam Schedule January 22-23, 2015

	Wednesday 1/21	Thursday 1/22	Friday 1/23
8:15-8:18	Attendance	Attendance	Attendance
8:18-8:30	Morning Meeting	Morning Meeting	Morning Meeting
8:30-10:00	A-block	C-block	E-block
10:00-10:30	Break	Break	Break
10:30-12:00	B-block	D-block	Dismissal or Make-up Exams
12:00	Dismissal	Dismissal	

Wednesday	01/14	Enrollment Open House	5:00-7:00pm
Thursday	01/15	FASFA Night for Senior Class	5:00-7:00pm
Thursday	01/15	2nd Quarter Ends	
Thursday	01/15	Talent Show at the SSCPS Gym	6:30pm
Friday	01/16	Professional Development Day – No classes for students	
Monday	01/19	Martin Luther King Day – No school	
Weds-Fri	01/21-01/23	Grades 7-12 Mid Term Exams	

ANNOUNCEMENTS

The SSCPS Talent Show will be held this Thursday, 1/15 in the PE Space at 6:30 p.m. Tickets will be sold before school Wednesday 1/14 and Thursday 1/15 in the front lobby. Tickets are \$5.00 beforehand and \$7 at the door the night of the show. We encourage the SSCPS community to come cheer on the courageous, gifted students who are sharing their talents! When attending the event Thursday evening, please park behind the school and take the short path behind the hill to the PE Space.

2015 Yearbook

The 2015 yearbook is now in progress and all the memories of the 2014-2015 school year will be published forever in print. A yearbook is a trip back to those fun times in school when friends were forever and life was an exciting promise. It captures that feeling and brings those times back again and again. Someday your student will want to look back, too. Buy them a little time - buy them a yearbook! To order online go to www.coffeepond.com, to login use school password: bluejaguar. Parents may submit a personalized page that will appear in the back of the book for their senior at these rates: Full page \$150, 1/2 pg. \$75, 1/4 pg. \$50.

Bottle and Can Drive - Fundraising for the Italy Trip

Starting this Friday and continuing on every Friday, students will be hosting a *Bottle and Can Drive* to raise funds for their trip to Italy. They will be accepting bottles and cans to return for deposit. If you would like to contribute, please drop BAGGED items at the loading dock on Friday mornings during drop off.

Bake Sale!!! on Level III

Enjoy a special treat on Fridays! The students going to Italy are holding a BAKE SALE on Fridays to raise funds for their trip. Come and get a yummy treat!

FROM THE HEALTH OFFICE

WINTER WEATHER

Please remember to have your child dressed appropriately for the winter weather as most levels do go outside during the day (unless it is 20 degrees or below). Students who do not have the necessary clothing (hats, gloves, and winter jackets) will not be permitted to go outside at recess, lunch, or OCB. Lower level students may also need snow pants.

WHAT'S HAPPENING IN PROJECTS AND WORKSHOPS?

The Global Graphics Project on Level IV is collecting new, unworn hats, gloves, and scarves for an organization called Sowing Seeds. They will then give the items to people who need them this winter. There will be boxes at the front and back door and on each level for the items. We will be collecting through February 2, 2015. Contact the Global Graphics Project in Jody's room if you have any questions.

PARENTS ASSOCIATION

Do you have a project that needs money? Is there an idea you want funded? The Parents Association can help! It is time for the spring grant process to begin. The PA asking for requests from the SSCPS community (parents, teachers, staff, students) for grants to fund anything from projects, equipment, speakers, or whatever your imagination deems important to the school. We review all the requests, and fund the ones that both meet our

criteria, and fit into our budget. The form is attached and the deadline to submit this request is February 6th. Submit a request today, because you never know! If you have any questions, please contact Mickey Ciambriello at micgiociam@verizon.net

COMMUNITY SERVICE OPPORTUNITY

Gently Used and New Children's Book Collection

Level IV student, Shannon Daly, is collecting "slightly used" books for children, ages 2 to 14, whose parents are students at the Adult Learning Center in Brockton. Each year, all of the adult learners and their children are invited to come and choose books that they can take home so they can create an at home library. The Learning Center relies on donations from community members to make this give-away possible. A lot of the time this is the only way they receive books. The collection box is located in the front lobby and any donations would be greatly appreciated! For larger donations please contact Barbara at barbara6910@msn.com

WEEKLY UPDATES ARE EMAILED AND POSTED ON OUR WEBSITE AT WWW.SSCPS.ORG
EVERY WEDNESDAY – TO RECEIVE A PAPER COPY PLEASE CONTACT PAM ALGERA EXT. 103
OR EMAIL PALGERA@SSCPS.ORG

2nd Annual Mid-Winter Game Night!!!!

Get out of the cold and warm up with your SSCPS Family

Who: The entire SSCPS family – students & families, faculty & staff

What: Games – board games, card games, motion games – whatever you bring, it's up to you! (No electronics.)

When: Friday evening, January 30 from 6:00 – 8:00

Where: SSCPS gym

How: DIY – you bring and lead the games that you would like to play. We will have tables and chairs set up. BOKS morning fitness trainers will lead activities with the kids.

Why: Because we are SSCPS!!

Also... **Pizza for sale.** Please potluck (bring) drinks, snacks, and desserts to share. The more, the better!

Fine print: This is not a drop-off event. Kids: Make sure your parents stay and join the fun! Also, tell your parents that kids cannot stay in the school unsupervised from 3:00 - 6:00. If you are not in a club or sport that afternoon, please be sure to get a ride home or to a friend's house and then come back for the fun!!

Parents will be asked to do short shifts of supervising the kids' activities. If all parents take turns supervising, we will have happy kids and even happier parents!

Free event!!!!

Brought to you by your friendly neighborhood PA.

Any questions, contact Alexis (with Maya (III) and Noah (I))
alexis.b.g.levitt@gmail.com

SSCPS PA Financial Grant Request – Spring 2015

Requests Due by 2/6/15

Grant Request Information

Date:

Total Amount Requested*:

Date Required:

Beneficiaries of the grant (please provide the individual(s), grades, levels or project that will benefit):

Description of request (be specific, use the reverse side if necessary):

***Amount requested must include all charges associated with this request** (taxes, labor, set-up charges, delivery fees, etc.).

Do the research and make sure the amount requested is completely accurate and/or get realistic quotes from the proposed vendor. **Requests with incomplete information or estimated costs cannot be considered.**

Attach any and all supporting documentation necessary to help the Task Force make an informed decision.

Supplier's Information

Company Names (2):

Address:

Telephone Number:

Fax Number:

Websites:

Submitter's Information

Name:

Title:

Email Address:

Telephone Number:

Can the grant taskforce contact you if we have questions while reviewing your request (meetings are generally held in the early evenings)? (Y/N):

If yes, after hours contact information:

Submitting this request

Return this form and all supporting documentation to PA Treasurer, Mickey Ciambriello, either by

- Placing in the "PA Grant Requests" envelope at the front desk or
- Email to micgiociam@verizon.net

Deadline: No later than February 6, 2015

Question: Send an email to micgiociam@verizon.net or call Mickey at 617-640-4443

Authorization for funding this request

Taskforce meeting date:

Taskforce decision:

PA treasurer approval:

BOKS (Before-School Fitness Program)

Levels I through III

Organized and run by SSCPS parents Janet Daley and Iris Mahegan with support from Justina Pettinelli, Julie Burke, Caitriona Hollowed and Priscilla Kelly; the program is inspired by the Reebok Foundation's BOKS program; all the fitness leaders have been trained by Reebok. This is a no cost before-school fitness program being offered to any child in Kindergarten to 6th grade. In order to provide the best program to the children there is a limit of 40 participants. If more applications are received than spots available there will be a lottery for participation. All accepted participants will be notified by email. The schedule for the program is all Levels (I, II & III) on Monday which is "game day". Wednesday and Friday for Level II & III, Tuesday and Thursday for all of Level I. BOKS is held in the PE space with a very sharp start time of 7:15 (**drop off** begins at 7:10) and an end time of 8:00, the trainers escort all the children to the back door of the school. This session will run from February 2, 2015 through May 22, 2015.

In order for your child(ren) to participate please fill out the below information as well as the attached application (only need to complete the below portion if your child(ren) participated in the Fall 2014 session) and place it in the envelop at the front desk labeled "BOKS" absolutely NO later than Tuesday, January, 27th. If your child(ren) did not participate in the Fall session **all** the forms must be completed or your child(ren) will not be able to participate, this is to avoid liability issues.

The purpose of BOKS is to stimulate the mind by movement before the school day begins. Involvement requires a commitment of the three days a week by both the parent/guardian and the children for the duration of the 14 week session.

ALL requested information is required - Complete a separate form for each child.

PLEASE PRINT CLEARLY

I would like my child to participate in the BOKS Morning Fitness Program

Childs' Name: _____ Pod Teacher: _____

Parent(s)/Guardian(s) Email: _____

Parent(s)/Guardian(s) Signature: _____

Home Phone: _____ Mobile Phone: _____



Registration Form

Please fill out the following form, one per program participant. Ensure all information is complete, legible and the last page is signed.

Participant (Child) Information:

Last Name:		First Name:	
Street Address:			
City:		State:	Zip code:
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		Date of Birth(mm/dd/yyyy):	
School:		Grade:	Teacher:
T-Shirt Size: Kids Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/>			
Adults Medium <input type="checkbox"/> Large <input type="checkbox"/> T-Shirt Cost is the responsibility of the family.			
List known Allergies/Medical Conditions:			N/A <input type="checkbox"/>
Does your child require the use of: (check all that apply) EpiPen <input type="checkbox"/> Inhaler <input type="checkbox"/> None <input type="checkbox"/>			
Does your child have one in his/her backpack? Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse has it <input type="checkbox"/>			
Can he/she use it without an adult? Yes <input type="checkbox"/> No <input type="checkbox"/>			
OPTIONAL:			
Are you Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What is your race? (check all that apply)			
Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/>			
Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other: _____			

Parent/Guardian Information:

Primary Phone #: () _____ - _____ (Home <input type="checkbox"/> Cell <input type="checkbox"/>	
Parent/Guardian Name: _____	Phone#: () _____ - _____
Email: _____ @ _____ . _____	(Work <input type="checkbox"/> Cell <input type="checkbox"/>)
Parent/Guardian Name: _____	Phone#: () _____ - _____
Email: _____ @ _____ . _____	(Work <input type="checkbox"/> Cell <input type="checkbox"/>)
Emergency Contact (not parent): _____	
Phone #: () _____ - _____ or () _____ - _____	
Emergency Contact's relationship to child: (check one)	
Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Godparent <input type="checkbox"/> Sibling <input type="checkbox"/> Family Friend <input type="checkbox"/> Other: _____	



LIABILITY RELEASE AND INDEMNITY AGREEMENT

Please read carefully before signing. By signing this Agreement you are waiving certain rights and accepting certain responsibilities.

I, _____, being the parent/guardian/legal representative, of the above-named minor (hereinafter "Participant"), do hereby consent to participation in the Reebok BOKS - Build Our Kids' Success Program (hereinafter "Program"). I understand that sports, general physical exercise, and related activities, including those which are a part of the Program, (collectively "Recreational Sports") involve inherent risks of INJURY and DEATH. I voluntarily agree to expressly assume all risks of injury or death to Participant that may result from his/her participation in Recreational Sports or which relates in any way to the use of any equipment that may be provided for participation in Recreational Sports.

In consideration of the above-named minor Participant being permitted to so participate, I, on behalf of myself, my heirs, my agents, my representatives, any other parent, guardian, or legal representative, (hereinafter "Participant's Parents") hereby agree to release, acquit, discharge, defend, indemnify, and covenant to hold harmless (1) Reebok International Ltd. and each of its parent companies, directors, officers, employees, agents, subsidiaries and affiliates ("Reebok"), and (2) South Shore Charter Public School (hereinafter "SSCPS"), together with any and all of their current and former officers, employees, boards, commissions, committees, agents, representatives, designees, successors, and assigns ("SSCPS") (collectively "Sponsors") from and against any and all claims, causes of action, suits, costs, damages and liability for any and all losses, which shall include, but shall not be limited to, bodily injury, death, property loss, or property damage, whether known or unknown, and whether held by me or the Participant now or upon reaching the age of majority, arising out of, in connection with, or relating in any way to the Participant's participation in Recreational Sports during Programs and the use of any facility at the Programs, including, but not limited to, school grounds, playground, basketball courts, hotels, exercise facilities or locker rooms, or any and all property of the Town of Norwell and/or the SSCPS. I understand and agree that I will defend and indemnify Sponsors from any claim made by Participant.

This release and indemnity agreement includes, but is not limited to, claims based upon negligence by Sponsors and any and all of their current and former officers, employees, boards, commissions, committees, agents, representatives, designees, successors, and assigns, and any other person or cause. I further agree to pay Sponsors all costs and legal fees expended by them or their affiliates defending against such claims or lawsuits as well as any sum paid as a result of any judgment or settlement.

The Sponsors, nor any of their current and former officers, employees, boards, committees, commissions, agents, representatives, designees, successors, and assigns shall incur any personal obligation or incur any personal liability as a result of the Participant's participation in Recreational Sports at the Program and the use of any facility during a Program, including, but not limited to, school grounds, playground, basketball courts, hotels, exercise facilities or locker rooms, or any and all property of SSCPS.

I further agree to grant to Sponsors the absolute right and permission to use, publish, record on video, photograph, broadcast, and copyright any and all images and sounds captured in connection with the Program and Participants, including Participant's voice recording, name, picture, and likeness, and/or any material based on or derived from them in any manner whatsoever for purposes of advertising or trade in promoting and publicizing products and events related in any way to the brands Adidas, Reebok, or any sister company or subsidiary thereof.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____



Visit us online at www.bokskids.org.

MEDICAL TREATMENT PLAN

I, _____, the Parent/Guardian of the above-named participant, hereby represent that Participant is medically fit to participate in the Program. I understand that the Program involves physical exercise that may be strenuous, including but not limited to running, jumping, throwing and catching. I hereby give Sponsors permission and full authority in the event of illness, injury or emergency condition, to administer first aid and take whatever action considered appropriate under the circumstances to obtain medical treatment and services for the Participant, including but not limited to transportation to medical facility. I also authorize the use and disclosure of Participant's individually identifiable health information should treatment for injury or illness become necessary.

Doctor's Name (PCP): _____

Doctor's Telephone: _____

Dentist's Name: _____

Dentist's Telephone: _____

This agreement shall be governed under the laws of the Commonwealth of Massachusetts.

If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

I THE UNDERSIGNED, HAVE READ AND UNDERSTOOD THIS LIABILITY RELEASE AND INDEMNITY AGREEMENT AND MEDICAL TREATMENT PLAN AND AGREE TO ITS TERMS AND CONDITIONS.

and

I verify that I am the parent or guardian of the Participant, I have the authority to enter into this agreement on behalf of the Participant, and I agree to be bound by the terms and conditions of this agreement.

Parent/Guardian Signature: _____ Date: _____





Dear Parent/Guardian:

Children need healthy meals to learn. **South Shore Charter Public School** offers healthy meals every school day. Breakfast costs **\$1.75**; lunch costs **\$3.25**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch.

1. *Do I need to fill out an application for each child?* No. **Complete only 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: **Charlene Evans, Food Services Coordinator, 781-982-4202.**
2. *Who can get free meals?* All children in households receiving benefits from MA SNAP, MA TAFDC or the Food Distribution Program on Indian Reservations, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the Notice of Direct Certification letter you received.

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.
4. *Can homeless, runaway, and migrant children get free meals?* Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Angie Pepin, 7-12 Principal, 781-982-4202 or aepin@sscps.org.**
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. Call the school at **781-982-4202** if you have questions.
7. 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 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.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
9. *Will the information I give be checked?* Yes and we may also ask you to send written proof.
10. *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.

11. *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: **Alicia Savage at 781-982-4202 or email asavage@sscps.org or by mail to 100 Longwater Circle, Norwell, MA 02061.**
12. *May I apply if someone in my household is not a U.S. citizen?* Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. *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.
14. *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.
15. *We are in the military. do we include our housing allowance as income?* If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. *My spouse is deployed to a combat zone. is her combat pay counted as income?* No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. *My family needs more help. Are there other programs we might apply for?* To find out how to apply for MA SNAP or other assistance benefits, contact your local assistance office or call the MA SNAP Hotline **1-866-950-3663**

If you have other questions or need help, call **781-982-4202x106**
Si necesita ayuda, por favor llame al teléfono: **781-982-4202x106**
Si vous voudriez d'aide, contactez nous au numero: **781-982-4202x106**

Sincerely,
Kristine Bingham
Director of Finance

“The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name _____ School: _____

Child's Name _____ School: _____

Child's Name _____ School: _____

Child's Name _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Kristine Bingham** at 781-982-4202x106 or e-mail at kbingham@sscps.org

Return this form to: **SSCPS, 100 Longwater Circle, Norwell, MA 02061.**

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Title I Program**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **SSYMCA Afterschool Childcare Program**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **SSCPS Athletic & Enrichment Programs**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. **Your information will be shared only with the programs you checked.**

Child's Name _____ School: _____

Child's Name _____ School: _____

Child's Name _____ School: _____

Child's Name _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Kristine Bingham** at **781-982-4202x106** or e-mail kbingham@sscps.org

Return this form to: **Kristine Bingham** at **SSCPS, 100 Longwater Circle, Norwell, MA 02061.**



If your child is eligible for free or reduced school meals, your child may also be eligible for **free or low cost health insurance** through MassHealth.

To learn more call: 1-800-841-2900

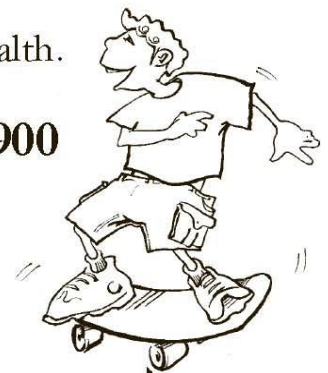
MassHealth



Si su niño es eligible para almuerzo gratis o reducido, su niño pueda ser eligible para **seguro de salud gratis o de bajo costo** por medio de MassHealth.

Para saber mas, llame al: 1-800-841-2900

*covering
kids*





MASSACHUSETTS FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

SCHOOL YEAR 2014-2015

If you have received a NOTICE OF DIRECT CERTIFICATION from the school district for free meals, **do not** complete this application. But **do** let the school know if any children in the household are not listed on the **Notice of Direct Certification** letter you received.

PART 1. ALL HOUSEHOLD MEMBERS List all household members including children seeking school meals, siblings and both parents of children living in home. Also, include other relatives and friends living in home if you live as a single economic unit. (See instructions- Q.13)

NAME OF ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	NAME OF SCHOOL CHILD ATTENDS	CHECK IF A FOSTER CHILD (LEGAL RESPONSIBILITY OF WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5.	CHECK IF NO INCOME
		<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"/>

PART 2. BENEFITS- MA SNAP OR MA TAFDC

IF **ANY** MEMBER OF YOUR HOUSEHOLD RECEIVES **MA SNAP** or **MA TAFDC** benefits, PROVIDE THE AGENCY IDENTIFICATION NUMBER* LOCATED ON THE DEPARTMENT OF TRANSITIONAL ASSISTANCE (DTA) BENEFIT LETTER. SKIP TO PART 5 AND SIGN THIS FORM IF YOU HAVE PROVIDED AN AGENCY ID NUMBER.

AGENCY ID: _____ * Do not provide EBT card number.

PART 3. HOMELESS, MIGRANT, RUNAWAY

IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, A RUNAWAY, OR MIGRANT, CHECK THE APPROPRIATE BOX AND CALL **Angie Pepin, 781-982-4202x102**

HOMELESS RUNAWAY MIGRANT

PART 4. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE. DO NOT INCLUDE MONEY RECEIVED FROM MA SNAP OR MA TAFDC.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (you must indicate how much and how often)
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0
	\$	<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"/>	<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"/>	\$
	\$	<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"/>	\$

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

A parent or caretaker adult must sign the application (see Use of Information Statement on the back of this page). I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information that I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last 4 digits of his or her Social Security Number or mark the "Check here if you do not have a Social Security Number" box. See Use of Information Statement on the back of this page.

Sign here: _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Last four digits of Social Security Number *** - * * - ____ Check here if you do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: _____ Choose one or more (regardless of ethnicity): _____

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

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

Only annualize income if there are multiple pay frequencies

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Dual Eligibility: Foster child(ren) – Free _____ Non-foster child(ren) – Free _____ Reduced _____ Denied _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Check if this is an **error prone application** – utilize for verification standard sample size – see eligibility manual for instructions.

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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

Household size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional person:	+7,511	+626	+145

Use of Information Statement: This explains how we will use the information you give us.

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 (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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. “The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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

USDA is an equal opportunity employer.

Breakfast Order Form
Breakfast for the Month of January, 2015
Due to the office by 3:00 pm, *Tuesday, January 20, 2015

Student Name _____

Pod Teacher/Advisor _____ Grade _____

*Please **CHECK** off the day breakfast will be ordered.*

Week of Monday Tuesday Wednesday Thursday Friday
1/26 – 1/30

Number of Breakfasts ordered _____ X \$1.75

Less credit due _____

Total Amount Enclosed \$ _____

Cash or Checks may be made out to SSCPS.

Lunch Order Form

Week of Monday Tuesday Wednesday Thursday Friday
1/26 – 1/30

Number of Lunches ordered _____ X \$3.25

Less credit due _____

Total Amount Enclosed \$ _____

Cash or Checks may be made out to SSCPS.

Breakfast Order Form

Breakfast for the Month of February, 2015

Due to the office by 3:00 pm, ***Tuesday**, January 27, 2015

Student Name _____

Pod Teacher/Advisor _____ Grade _____

Please **CHECK** off the day breakfast will be ordered.

Week of 2/2 – 2/6 Monday Tuesday Wednesday Thursday Friday

Week of 2/9 – 2/13 Monday Tuesday Wednesday Thursday Friday

Week of 2/16 – 2/20 Monday Tuesday Wednesday Thursday Friday

Week of 2/23 – 2/27 Monday Tuesday Wednesday Thursday Friday

Number of Breakfasts ordered _____ X \$1.75

Less credit due _____

Total Amount Enclosed

\$ _____

Cash or Checks may be made out to SSCPS.

Lunch Order Form
Lunch for the Month of February, 2015
Due to the office by 3:00 pm, *Tuesday, January 27, 2015

Student Name _____

Pod Teacher/Advisor _____ Grade _____

*Please **CHECK** off the day lunch will be ordered.*

Week of 2/2 – 2/6 Monday Tuesday Wednesday Thursday Friday

Week of 2/9 – 2/13 Monday Tuesday Wednesday Thursday Friday

Week of 2/16 – 2/20 Monday Tuesday Wednesday Thursday Friday

Week of 2/23 – 2/27 Monday Tuesday Wednesday Thursday Friday

Number of Lunches ordered _____ X \$3.25

Less credit due

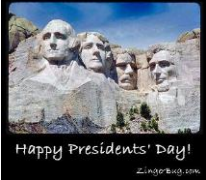
Total Amount Enclosed

Cash or Checks may be made out to SSCPS.

\$ _____

South Shore Charter School
FEBRUARY, 2015

Breakfast

Monday	Tuesday	Wednesday	Thursday	Friday
2 Cereal Fruit WW Grahams Juice Milk	3 3.6 oz. WW Muffin Fruit Juice Milk	4 WW Cinnamon Roll Fruit Juice Milk	5 Cereal Fruit WW Grahams Juice Milk	6 3.6 oz. WW Muffin Fruit Juice Milk
9 Cereal Fruit WW Grahams Juice Milk	10 3.6 oz. WW Muffin Fruit Juice Milk	11 WW Bagel w/Jelly Fruit Juice Milk	12 Cereal Fruit WW Grahams Juice Milk	13 WW Cinnamon Roll Fruit Juice Milk
16 	17 V A C A T I O N	18 V A C A T I O N	19 V A C A T I O N	20 V A C A T I O N
23 Cereal Fruit WW Grahams Juice Milk	24 3.6 oz. WW Muffin Fruit Juice Milk	25 WW Apple Roll Fruit Juice Milk	26 Cereal Fruit WW Grahams Juice Milk	27 3.6 oz. WW Muffin Fruit Juice Milk

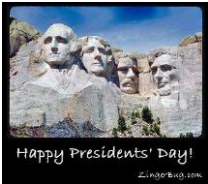
* All Meals include Choice of 1% or Skim Milk.

* Complies with NSLP Regulations

ALL MENUS ARE SUBJECT TO CHANGE

***Before placing your order, please inform the school if you have a food allergy!**

South Shore Charter School K-8
FEBRUARY, 2015
LUNCH

Monday	Tuesday	Wednesday	Thursday	Friday
2 Beef Hot Dog on WW Roll Baked Beans Ketchup Apple Milk	3 BBQ Chicken on Bun Potato Wedges w/Ketchup Tangerine Milk	4 Sloppy Joe on WW Bun Broccoli Banana Milk	5 Herbed Baked Chicken Sweet Potato Fries Whole Wheat Roll Pears Milk	6 Chicken Salad Caesar WW Wrap Cucumber Pears Milk
9 Sweet & Sour Chicken Brown Rice Broccoli Orange Milk	10 Pancakes w/Syrup Sausage Patty Potato Wedges Raisins Milk	11 Mexican Chicken Wrap Sweet Potato Fries w/Ketchup Green Beans Apple Milk	12 EARLY RELEASE	13 Meatballs on WW Sub Baked Beans Banana Milk
16 	17 V A C A T I O N	18 V A C A T I O N	19 V A C A T I O N	20 V A C A T I O N
23 Chicken & Salsa Brown Rice Southwestern Beans Apple Milk	24 Cheeseburger Mac Carrots Whole Wheat Roll Orange Milk	25 Chicken Tenders Potato Wedges w/Ketchup Whole Wheat Roll Peaches Milk	26 American Chop Suey Broccoli Whole Wheat Roll Mandarin Oranges Milk	27 Cheese Pizza Green Beans Potato Wedges Banana Milk

* All Meals include Choice of 1% or Skim Milk.

* Complies with NSLP Regulations

ALL MENUS ARE SUBJECT TO CHANGE

***Before placing your order, please inform the school if you have a food allergy!**

South Shore Charter School 9-12
FEBRUARY, 2015
LUNCH

Monday	Tuesday	Wednesday	Thursday	Friday
2 Beef Hot Dog on WW Roll Baked Beans Ketchup Apple Peaches Milk	3 BBQ Chicken on WW Bun Potato Wedges w/Ketchup Tangerine Raisins Milk	4 Sloppy Joe on WW Bun Broccoli Banana Pineapple Chunks Milk	5 Herbed Baked Chicken Sweet Potato Fries Whole Wheat Roll Pears Orange Juice Milk	6 Chicken Salad Caesar WW Wrap Cucumber Mandarin Oranges Apple Juice Milk
9 Sweet & Sour Chicken Brown Rice Broccoli Pineapple Chunks Orange Milk	10 Pancakes w/Syrup Sausage Patty Potato Wedges Raisins Milk	11 Mexican Chicken WW Wrap Sweet Potato Fries w/Ketchup Green Beans Apple Orange Juice Milk	12 EARLY RELEASE	13 Meatballs on WW Sub Baked Beans Banana Pears Milk
16 	17 V A C A T I O N	18 V A C A T I O N	19 V A C A T I O N	20 V A C A T I O N
23 Chicken & Salsa Brown Rice Southwestern Beans Apple Milk	24 Cheeseburger Mac Carrots Whole Wheat Roll Orange Milk	25 Chicken Tenders Potato Wedges w/Ketchup Whole Wheat Roll Peaches Orange Juice Milk	26 American Chop Suey Broccoli Whole Wheat Roll Mandarin Oranges Milk	27 Cheese Pizza Green Beans Potato Wedges Banana Orange Juice Milk

* All Meals include Choice of 1% or Skim Milk.

* Complies with NSLP Regulations

ALL MENUS ARE SUBJECT TO CHANGE

***Before placing your order, please inform the school if you have a food allergy!**