



FROM THE K-6 PRINCIPAL

This week we had a big snow storm. The snow was light and fluffy but the wind was fierce and how the storm landed on each of us in this small community all depended on geography. For those who were inland it was both a pleasure and an obstacle but it was not particularly scary. For those who were on the coast it was the full force of nature showing our vulnerability. I hope everyone got through the storm with their health and happiness. And I hope that despite the cold you were able to take your children out to enjoy it; I was able to be outside and the beauty of the snow in the right setting is undeniable. But the snow will make things more difficult with the huge banks and the poor visibility until it melts away. Here at school proper attire for recess will be needed and the snow will make drop off and pick up more challenging for a while. Please give yourself and your family extra time to gather all the needed clothes and to deal with the slowed arrival and travel time so that we can start school promptly.

Many thanks to Mark Flanagan, Paul Norkus, and the team of folks who have worked outside to get us ready to open today. I would also like to thank Alicia Savage for her quick decision-making about the school closing with all of the weather events this week. I know that I found it very helpful. If you had difficulty because of the storm, please let us know and we will do our best to help.

One of the big events of the school year for us at SSCPS is the lottery. SSCPS has become extremely hard to get into but siblings of currently enrolled students are in a separate lottery and their names are pulled first. If you have a child who is a sibling of an enrolled student please get your application in and remember that new applications are required every year. Birth certificates or other legal documents are required to show sibling status so please get those organized to meet the deadline of February 11th. I know that not all families read the Update but please tell your friends who have siblings who are not currently enrolled in our school that they need to reapply every year.

On a personal note I have been writing off and on for the past three years about my mother and her illness in these Updates. She peacefully died in her sleep on Wednesday morning. I will be down in Virginia with my father the next few days. I look forward to seeing you all when I get back.

Ted Hirsch - thirsch@sscps.org



JANUARY 2015 COLLEGE ACCEPTANCES

William Bryant
Landmark College

Priscilla Campos
Massachusetts College of
Pharmacy and Health Science

Neil Feeney
Columbia College

Dolores Jackson
Worcester Polytechnic Institute

Edina Lemkin
Suffolk University
Massachusetts College of
Pharmacy and Health Science
Lesley University

Sophia Maniscalco
Lesley University - Honors College

Kevin McGuinness
University of Massachusetts-
Amherst Honors College

Mary Ellen Stoltzman-van der Veen
University of Massachusetts-
Amherst Honors College

Sean Sullivan
Plymouth State University
Westfield State University

Michael Yazbeck
University of Massachusetts- Boston

Thursday	01/29	Level III Museum of Science	
Friday	01/30	Mid-Winter Game Night at the SSCPS Gym	6:00-8:00pm
Monday	02/02	2nd Quarter Grades Distributed	
Tuesday	02/03	Parent Association Meeting	7:00pm
Wednesday	02/11	Intent to Continue and Enrollment Applications Due	

ANNOUNCEMENTS

The Level IV Global Graphics Project 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.

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.

ATHLETICS

The Middle School Boys Basketball team will be holding a winter coat drive. Coats will be donated to the The Friends of The Homeless of The South Shore located in Weymouth. The Friends of the Homeless of The South Shore sponsors twenty-five families. We will be accepting winter coats in all sizes from children to adult sizes. All coats must be laundered before they are dropped off. The Coat drive will take place from Monday, January 26th through Friday, January 30th. On those days there will be basketball players stationed at both the front and back doors of the school to collect coats during morning drop off only. There will also be a large box in the front lobby for donations. Coats **will not** be accepted during dismissal please. This has been a very cold winter and it likely will last a few more months. The Middle School Boys Basketball team wants to do its share to help keep these families warm. If you have any questions please e-mail Head Coach Gary Nisbet at gnisbet@sscps.org

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

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



AFTER SCHOOL MOVIE DAY

THURSDAY, FEBRUARY 12, 2015
12:00PM - 3:00PM

February 12th is a professional development half day for our teachers and an early release day for the students. We are offering an afterschool movie event for students in grades K-8 from 12-3pm in the PE space. Your child can watch a movie (movie TBD), and hangout with their friends. Blankets and pillows are welcomed.

The Cost: \$10.00 (Cash only)

Drink and Snacks will be available for purchase

All students should bring a lunch

**Return Permission Slip and payment to the front desk by
1:00pm - Tuesday, February 10, 2015**

If you have any questions please contact :

Deb Brown 617-257-2719 or debrown818@gmail.com

All proceeds benefit the students traveling to Italy in April.

PERMISSION SLIP AND REGISTRATION
AFTER SCHOOL MOVIE EVENT – FEBRUARY 12, 2015 – 12:00PM – 3:00PM
(PLEASE PRINT CLEARLY)

I, _____ give my child _____ permission to participate in the “After School Movie” event taking place on February 12, 2015 in P.E space adjacent to the school, from 12pm to 3pm. I understand that I will be required to pick my child up at the front door of the school at 3:00pm

Signature Required: _____

Email Address: _____

STUDENT’S FULL NAME: _____

GRADE/LEVEL: _____ TEACHER’S NAME: _____

PARENT’S/GUARDIAN’S NAMES & CONTACT NUMBERS: (PLEASE LIST ALL):

1. _____
2. _____
3. _____

IN CASE OF EMERGENCY CONTACT: NAME: _____

RELATIONSHIP: _____ CONTACT NUMBER: _____

ALLERGIES (*THIS IS A NUT-FREE EVENT*):

THE COST FOR THIS EVENT IS \$10.00 (CASH ONLY). THIS FORM ALONG WITH YOUR PAYMENT MUST BE DROPPED OFF AT THE FRONT DESK BY TUESDAY, FEBRUARY 10TH.

ALL PROCEEDS TO BENEFIT THE STUDENTS TRAVELING TO ITALY IN APRIL.

PLEASE RETAIN THE BOTTOM PORTION OF THIS FORM FOR YOUR RECORDS

EVENT: AFTER SCHOOL MOVIE
DATE: THURSDAY, FEBRUARY 12
TIME: 12:00PM – 3:00PM
PICK UP: 3:00PM – 3:15PM – AT THE FRONT DOOR OF THE SCHOOL
IF YOU NEED TO PICK UP YOUR CHILD EARLY PLEASE LET US KNOW

POINT OF CONTACTS – BEFORE AND DURING THIS EVENT:

Annette Golden:
Anatoli Korosidis: 781-308-3421
Deb Brown: 617-257-2719
Regina Martini: 617-854-7488
Diane Hugyo: 774-454-4925

2015 YEARBOOK

Inspired by You

It's That Time...

Dear Parent:

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 kids will want to look back, too. Buy them a little time — buy them a yearbook!

So please fill out the order form below, attach your payment, and send it in or drop it off to the front desk.

Student name _____

Home Phone (in case there are any questions on order) _____

Homeroom _____ Grade _____

Ordering : Put number of books in order and mail payment with completed form to the address listed below. Books will be distributed in June.

2015 Hardcover Yearbook - 25.00

Total Amount Enclosed (cash or check): _____

Please make checks payable to: South Shore Charter Public School

Send completed form and payment to: SSCPS 2015 Yearbook
South Shore Charter Public School
100 Longwater Circle
Norwell, MA. 02061

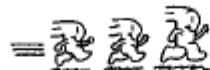
Nutrition Nuggets

Food and Fitness for a Healthy Child

February 2015

South Shore Charter Public School

Susan Dupras, School Nurse



BEST BITES

Hot cocoa? Yes!

After an afternoon of sledding (or just being outside), nothing tastes better than hot chocolate. Forget the sweetened packets, and try this lighter version. Heat 1 cup fat-free milk. Stir in 2 tsp. unsweetened cocoa, 1 tsp. sugar, and $\frac{1}{4}$ tsp. vanilla, and whisk until the cocoa and sugar dissolve.

Draw a salad

Ask your child to name and draw one vegetable. Then, tell her you'd like her to draw a whole salad. Let her add any vegetables she wants and describe her salad to you. *Idea:* Get the ingredients the next time you're at the grocery store so she can make—and eat—her salad for real.

Winter swim

Wondering what to do this weekend? How about going for a swim! While that may not be the typical February



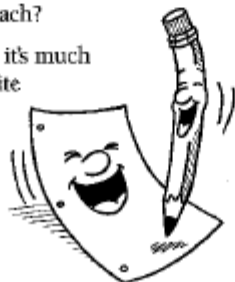
activity, kids love swimming indoors when it's cold outdoors. Check for

an indoor pool at a community center, YMCA, or nearby aquatic center. You might even be able to swim at a hotel pool for a small fee.

Just for fun

Q: Can you write a letter on an empty stomach?

A: Sure, but it's much easier to write on paper!



Parenting for better nutrition

To get your child to behave, you establish routines and set limits. It's the same with nutrition: If you put routines and limits into place, you'll be much more successful in getting your youngster to eat well. Here's how.

Create routines

If your child grazes all day, he'll eat more than if he eats at structured times. So schedule meal and snack times along with homework time and bedtime. Routines let your youngster know what to expect and when to expect it—and make him feel more secure.

Set limits

It's okay for you to say no to unhealthy foods. Does your child whine for candy at the grocery store? Tell him ahead of time you won't be buying it, and then pick the candy-free checkout line. Or if he begs for potato chips, try this approach: Squat down at his level, and calmly say, "We don't eat potato chips because they don't make our bodies strong. Let's pick out your favorite fruit instead." You'll let him



know you hear him, but that you are making this decision.

Use role models

When your youngster sees you getting yogurt rather than a muffin, he's more likely to follow suit. Then, as he gets older, what his friends do will become more important. Encourage your child to invite to dinner the friend who you know likes vegetables or drinks milk. Your youngster might not eat vegetables that night, but over time he'll get the idea that vegetables are okay! ●

Something fishy

Eating fish 2–3 times a week is a great way to put lean protein and healthy nutrients in your family's diet. Try these strategies to turn your youngster into a fish lover:

- Cook filets rather than whole fish. Check to make sure there are no bones.
- Cut cooked fish into bite-size pieces and let your youngster drizzle honey mustard or low-fat ranch dressing on each piece.
- Mix canned salmon with light mayonnaise or plain Greek yogurt. Put into a lettuce leaf, and roll up into lettuce wraps. Or spread the mixture in a whole-grain pita.
- Swap fish for meat in familiar dishes. For instance, make fish tacos or tuna burgers.
- Serve grilled or broiled fish over pasta, and top with marinara sauce. ●



USDA is an equal opportunity provider and employer.

My taste buds

How does your child know if her favorite food is watermelon, pizza, or scrambled eggs? By her sense of taste! Encourage her to explore her taste buds with these experiments.

Tongue tester. Put out foods from four categories: sweet (raisins), sour (lemon wedge), salty (pretzel), and bitter (unsweetened chocolate). Let her touch each



one to different spots on her tongue. What does she notice? (Taste buds can vary, so flavors may be stronger in different areas of her tongue.)

Flavor sampler. Get yogurt or pudding in different flavors. Have your youngster wear a blindfold and pinch her nose while you feed her tastes of each one. Can she identify the flavors? Have her try again without pinching her nose. She'll

learn that smell helps her taste food—and now she'll know why food doesn't taste as good when she has a cold.

Idea: Let your child examine her tongue in a mirror. Explain that the little bumps all over it contain thousands of taste buds. ●

ACTIVITY CORNER Dance party

Let your youngster get her wiggles out—and build fitness—by dancing up a storm. Suggest these props.

Ballet barre. Have your child rest her hands on the back of a chair for an at-home barre and make up her own ballet routine. She might include plies (with heels together, bend knees and lower down) or arabesques (lift and extend one leg straight back, and stretch one arm forward and the other back).



Ribbons. Give your youngster scarves or ribbons to twirl behind her or around and around as she dances to music.

Books. Read a storybook or fairy tale aloud, and let her dance the plot. For *Cinderella*, she could pretend to sweep the floor, feed the birds, and dance with the prince at the ball.

Candles. Place unlit candles in random spots on the floor. Have your child do leaps over each one, reciting "Jack be nimble, Jack be quick" and other rhymes as she jumps. ●

OUR PURPOSE

To provide busy parents with practical ways to promote healthy nutrition and physical activity for their children.

Resources for Educators,
a division of CCH Incorporated
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540-636-4280 • rfeclient@wolterskluwer.com
www.rfeonline.com

Nutrition Nuggets™ is reviewed by a registered dietitian. Consult a physician before beginning any major change in diet or exercise.
ISSN 1935-4630

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PARENT TO PARENT Playing to improve

During soccer season last fall, our son Nick began complaining. "It's not fun," he said. "Our team always loses."

I know Nick is competitive—he even sulks when he loses at board games—but I didn't want this to stop him from playing sports. So I asked his PE teacher for ideas. She said competition can be a good thing because it will help Nick learn to handle losing and will drive him to work harder.

Ms. Walker suggested we talk over ways he could play better so he'll feel good about his own performance. For instance, he might work on passing the ball to teammates or looking for open spots so he can receive a pass. Then, she said, we should help him focus on how he improves from game to game—and season to season. I'm sure Nick will always care about winning, but hopefully he'll learn to enjoy the game no matter what. ●



IN THE KITCHEN February = pancakes

It's National Pancake Month! Celebrate with pancakes for breakfast, lunch, or dinner. It's as easy as 1-2-3 when you whip up this homemade pancake mix.

1. Whisk together 2 cups whole-wheat flour, 3 cups all-purpose flour, 1¼ cup powdered milk, ½ cup sugar, 2 tsp. baking powder, and 1 tsp. salt. Store in an airtight container for up to 3 months.



2. When you're ready to make pancakes, combine 1½ cups of the mix with 1 cup water, 2 tsp. canola oil, and 1 egg. If desired, add a mashed banana or a handful of fresh or frozen blueberries. Drop by large spoonfuls onto a hot pan, flip when bubbles form, and cook until browned on both sides. Top with sliced fruit or berries, jam, or a little syrup.

3. Pancakes freeze beautifully. Put cooked pancakes in a freezer bag, and reheat in a toaster oven or microwave. ●

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"/>		T-Shirt Cost is the responsibility of the family.	
Adults Medium <input type="checkbox"/> Large <input type="checkbox"/>			
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

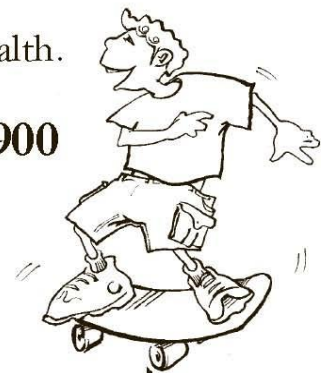
MassHealth



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"/>	\$

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 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

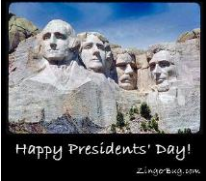
Total Amount Enclosed

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	18 C A	19 T I	20 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

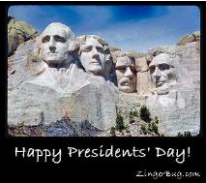
* All Meals include Choice of 1% or Skim Milk.

* 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  Happy Presidents' Day! <small>ZingBurd.com</small>	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	EARLY RELEASE	13 Meatballs on WW Sub Baked Beans Banana Pears Milk
16 	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!