



FROM THE EXECUTIVE DIRECTOR

If this record-breaking snow curtails, next Monday we will reach our one-hundredth day of school. Despite an interesting New England winter, what happens next week is exceedingly important to our school and students throughout the south shore. In addition to the one hundred day celebrations in kindergarten, next week we will also be nearing the finish line of our enrollment season. Not dissimilar to years past, the number of prospective families who would greatly benefit from becoming part of our school community has been increasing. In talking to many prospective families over the last few months, I have learned that families seeking to gain admission are doing so due to the tremendous reports they are receiving from our current families. It is wonderful so many of our current students and families are such positive ambassadors for our school. Thank you. As you spread the word about SSPCS throughout your districts and towns, please direct prospective families to our website or to the school for an application. The deadline is quickly approaching, all applications are due by Wednesday, February 11 at five o'clock in the evening.

Every student seeking admission to our school is encouraged to apply. As you know from your own experience, there is no way to predict a student's chances in gaining admission. Each student applying for a particular grade has an equal chance to gain admission in that grade. The number of openings in each grade varies, and the greatest number of openings is in kindergarten and grade nine. Each grade is pulled for the lottery individually, giving each applicant either a place in the upcoming class, or a place on our wait list. It is important to know that the process is completely random, and what is random is thought to be fair. As fair as it may be, February 14 will be a difficult day for many. It is our hope that one day the wait list will not be the obstacle that it now is to gaining admission. Until that day we will continue to encourage prospective families to keep trying.

Another mark of one hundred days of school is our Annual Parent Survey. An important element of who we are as a school is our school culture and the engagement of all of our families. Every year we report on key measures in our Accountability Plan based solely on the engagement of our parent community. We report the number of parent volunteers, the volunteer hours, and the number of families providing the school with specific feedback. Data gleaned from this survey will be used in our Annual Report and our Accountability Plan. We ask that you please fill out this survey at your convenience by using the link below. All survey responses are due by Friday, March 27, 2015.

Thank you very much for all of your continued efforts.

Alicia Savage - asavage@sscps.org

[HTTPS://WWW.SURVEYMONKEY.COM/S/2015SSCPSSURVEY](https://www.surveymonkey.com/s/2015SSCPSSURVEY)

For a copy of this survey in another language, please send your request to asavage@sscps.org.

Para obtener una copia de esta encuesta en otro idioma, por favor envíe su solicitud a asavage@sscps.org

Para obter uma cópia desta pesquisa em outro idioma, por favor envie o seu pedido para asavage@sscps.org

Pour obtenir une copie de cette enquête dans une autre langue, s'il vous plaît envoyez votre demande à asavage@sscps.org

Pou yon kopi sondaj sa a nan yon lòt lang, tanpri voye demann ou an asavage@sscps.org

Thursday	02/05	Boston Symphony Orchestra grades 2, 3, 4	
Friday	02/06	National Honor Society Hosting Blood Drive at the SSCPS Gym	1:00-6:00pm
Tuesday	02/10	Parents Association Meeting	7:00pm
Wednesday	02/11	Intent to Return Form and Enrollment Applications Due	
Thursday	02/12	Professional Development Early Release	12:00pm
Thursday	02/12	Movie Day	12:00-3:00pm
Thursday	02/12	School Council	3:30pm
Thursday	02/12	Board of Trustees Development Committee Facilities Committee Personnel Committee Finance Committee	7:30pm 4:00pm 5:00pm 5:30pm 6:30pm
Saturday	02/14	Enrollment Lottery	10:00am

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!

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**



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

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.

Holly Hill Farm & Friends

2/3/2015 FOR IMMEDIATE RELEASE:

Contact Info:

Friends of Holly Hill Farm

Holly Hill Farm

236 Jerusalem Road, Cohasset, MA 02025

www.hollyhillfarm.org 781-383-6565

Holly Hill Farm Media contact: friendsofhollyhillfarm@gmail.com

UPCOMING EVENTS & ACTIVITIES

Valentine's Cooking Class

Thursday, February 12 7 pm

\$40

Come learn how to make a satisfyingly simple yet Heart Smart Valentine's meal plus a sensational dessert for your sweetie in the rustic and charming Holly Hill Farmhouse kitchen. Deneen McQueen will wheel out some of her top Heart Healthy tips to keep your body and mind singing with love & joy. Bring a friend and celebrate a night out together. Holly Hill Farm. 236 Jerusalem Road, Cohasset. [781-383-6565](tel:781-383-6565). www.hollyhillfarm.org

February Vacation Discoveries at Holly Hill Farm

Tuesday, Wednesday, Thursday February 17, 18, 19, 9 am-12 noon

For children ages 6-10, limit 10 children

\$96 for FHHF members; \$161 for nonmembers; scholarship assistance available

Join us for fun adventures as we explore the wintry barnyard, visit the animals and hike the woods and field edges. There is plenty to see and experience in the cold months, lots of compost to stir and even some seeds to sow. We will keep warm and happy on the farm and even create some take home crafts. Holly Hill Farm. 236 Jerusalem Road, Cohasset. [781-383-6565](tel:781-383-6565). www.hollyhillfarm.org

Summer Camp Programs at Holly Hill Farm: Dig, Grow, Harvest

June 8 – August 28

Come to Holly Hill Farm for a Summer Program! There is much to discover, taste and enjoy at Holly Hill and our farm teachers aim to create a memorable experience for all. With 12-weeks of programming designed for kids ages 3 – teens, options abound. Visit our website for all of the details. Don't delay – many of our programs fill quickly. Holly Hill Farm. 236 Jerusalem Road, Cohasset. [781-383-6565](tel:781-383-6565). www.hollyhillfarm.org

2nd Annual Sustainable Garden Tour

Saturday, June 27 10 am – 3 pm

Mark your calendars! Last year's Sustainable Garden Tour was so popular, we've made it an annual event. Local gardeners from around the South Shore will open their gardens to our guests. The Tour will focus on sustainable, naturally/organically maintained gardens. Details are being worked out, so check our website for updates.

Holly Hill Farm. 236 Jerusalem Road, Cohasset. [781-383-6565](tel:781-383-6565). www.hollyhillfarm.org

Farm Pantry: A Community Service Program for Teens ages 15 - 18

June –August, Mondays through Fridays, 9-12 pm &/or 3-6 pm [No fee required]

This rewarding program for teens is fast becoming one of our most popular! Students explore organic growing methods as they help to sow, grow, harvest and deliver fresh produce for local food pantries in Cohasset and Hull, as well as, Father Bill's Place, a community shelter in Quincy. Early in the season, tasks help ensure the successful growth of crops. Later in the growing season the focus shifts to harvesting crops. Students are welcome to attend one, two or all twelve sessions! Participants will exit the program with documented hours of community service

(a graduation requirement for some local students), a letter of recommendation and a sense of meaningful accomplishment in helping to make fresh, local produce available to clients at food pantries. Interested students are required to complete an application and write a letter of interest in order to participate. Forms are available on our website. Questions? Contact Education Director Jon Belber at [781-383-6565](tel:781-383-6565) or jbelberhollyhill@hotmail.com. www.hollyhillfarm.org

SCHOOL PARTNERSHIPS: THE WEEKLY HARVEST

Even in Winter, the Holly Hill Farm teachers have been busy. We started classroom vermicompost bins with red wiggler worms and snack food scraps at Foster and Plymouth River schools grade 2 in Hingham. We assessed a classroom bin for the first and 2nd graders at the South Shore Charter Public school in Norwell. The bin was started in October and the worms have made some fantastic vermicompost during the course of the past few months. As the snow falls, drifts and is shoveled away, we will hit the streets again to look at bins for the East school 2nd graders, as well as set up bins for the South school, Hingham 2nd graders. Compost for all and less trash for the rubbish bins. We will also gather larger amounts of compost from the Corner Stop eatery at the intersection of Hingham, Cohasset and Hull. This weekly collection will help us in making more compost for the garden beds. Teaching and growing year round. While our public programs are the most visible outreach we provide the local community, our Farm Educators have partnerships with more than 40 schools along the South Shore. Happy growing, teaching and learning. Holly Hill Farm. 236 Jerusalem Road, Cohasset. [781-383-6565](tel:781-383-6565). www.hollyhillfarm.org



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 apepin@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

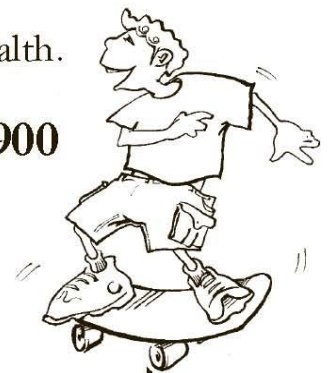
MassHealth



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 February, 2015
Due to the office by 3:00 pm, ***Tuesday**, February 10, 2015

Student Name _____

Pod Teacher/Advisor _____ Grade _____

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

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, February 10, 2015

Student Name _____

Pod Teacher/Advisor _____ Grade _____

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

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

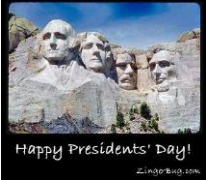
Total Amount Enclosed

\$ _____

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	19	20
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

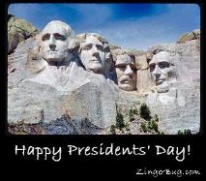
* All Meals include Choice of 1% or Skim Milk.

* 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	EARLY RELEASE	13 Meatballs on WW Sub Baked Beans Banana 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 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!