



FROM THE K-6 PRINCIPAL

We have had three significant snow storms in the past three weeks. Each storm hit our own neighborhoods with different intensities but no matter where you live the cumulative total has been difficult. I am so glad we are back at school today. Thanks to Alicia for making the tough call and for Mark and Paul and their team for getting the snow moved and the building safe.

I believe that school's primary purpose is to be a place where children feel valued and where they collectively and individually do good work. Most of the work is learning: learning to be in a group, learning facts about the world, learning how to work hard, learning how to make and keep friends. I felt great relief this morning by what I saw in school.

I have seen students and teachers put the snow and all of the logistics of snow in a corner of their mind and they all seem to be working hard on the business of school. The kindergarteners are celebrating the 100th day of school. The Level II students are diligently taking formative assessments and I saw dozens of Exhibitions of Mastery boards coming into school today. In short the students are doing their job and so are the teachers.

Many of us around the region think about the long term success of the Patriots football team and how they have been able to do good work year after year. One aspect of their work has always been "Do your job," and this year it became their motto. We appreciate the work you did shoveling out and allotting more time to get your kids to school. I am pleased to report that we had a very good attendance rate today and we appreciate you doing your job regardless of the difficulties getting your students to us. While there will be no victory parade it certainly seems that everyone is doing their job today.

Please note our revised school calendar to provide time to make up for the instructional time the weather has taken from us.

March 5: Full day of school instead of a half day
March 18: Full day of school instead of PD day
May 1: Full day of school instead of a half day
June 18: Half day of school added

Ted Hirsch - thirsch@sscps.org

Please remember to complete the Annual Parent Survey

[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

Wednesday	02/11	Enrollment Applications and Intent to Continue Forms Due	5:00pm
Thursday	02/12	Professional Development Early Release	12:00pm
Thursday	02/12	Movie Day - Cancelled due to weather	
Thursday	02/12	Development Personnel Facilities	4:00pm 5:00pm 5:30pm
Saturday	02/14	Enrollment Lottery	10:00am
Mon-Fri	02/16- 02/20	Winter Vacation	
Monday	02/23	Classes Resume	8:15am
Tuesday	02/24	SSCEF	8:00am
Wednesday	02/25	10 th Grade Parent Night	6:00pm

ANNOUNCEMENTS

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!

**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**

SSCPS 2014-2015 CALENDAR REVISED 02/11/2015

AUGUST 2014							SEPTEMBER 2014							OCTOBER 2014																																																																																																					
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	Faculty— 6 (8 new) Students—4 9/18 & 9/22 New Teacher 9/19 HS 1st Yr Institute 9/20-21-Prof Dev Days 9/26 1st Day of Classes 9/29 Early Release 9/26-8/29—Early Release Kindergarten Class	S	M	T	W	T	F	S	S	M	T	W	T	F	S	Faculty - 21 Students—21 9/01 Labor Day 9/09 PD Early Release 9/23 PD Early Release	S	M	T	W	T	F	S	Faculty - 22 Students—21 10/10 Prof Dev Day 10/13 Columbus Day 10/15 PSAT & PD Early Release																																																																							
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REVISED 02/22/2015

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



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

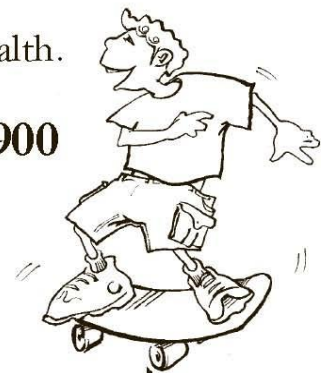
MassHealth



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"/>	\$
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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 March, 2015

Due to the office by 3:00 pm, ***Tuesday**, February 24, 2015

Student Name _____

Pod Teacher/Advisor _____ Grade _____

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

Week of 3/2 – 3/6 Monday Tuesday Wednesday Thursday Friday

Week of 3/9 – 3/13 Monday Tuesday Wednesday Thursday Friday

Week of 3/16 – 3/20 Monday Tuesday Wednesday Thursday Friday

Week of 3/23 – 3/27 Monday Tuesday Wednesday Thursday Friday

Week of 3/30 – 4/3 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 March, 2015

Due to the office by 3:00 pm, *Tuesday, February, 24, 2015

Student Name _____

Pod Teacher/Advisor _____ Grade _____

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

Week of 3/2 – 3/6 Monday Tuesday Wednesday Thursday Friday

Week of 3/9 – 3/13 Monday Tuesday Wednesday Thursday Friday

Week of 3/16 – 3/20 Monday Tuesday Wednesday Thursday Friday

Week of 3/23 – 3/27 Monday Tuesday Wednesday Thursday Friday

Week of 3/30 – 4/3 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.



Essence of Thyme and Cravings
South Shore Charter School
MARCH, 2015
Breakfast

Monday	Tuesday	Wednesday	Thursday	Friday
2 Cereal Fruit Juice Milk	3 3.6 oz. WW Muffin Fruit Juice Milk	4 WW Cinnamon Roll Fruit Juice Milk	5 Cereal Fruit Juice Milk	6 3.6 oz. WW Muffin Fruit Juice Milk
9 Cereal Fruit Juice Milk	10 WW Croissant w/Jelly Fruit Juice Milk	11 Cereal Fruit Juice Milk	12 3.6 oz. WW Muffin Fruit Juice Milk	13 Honey Wheat Bagel w/Jelly Fruit Juice Milk
16 Cereal Fruit Juice Milk	17 WW Cinnamon Roll Fruit Juice Milk	18 Cereal Fruit Juice Milk	19 WW Croissant w/Jelly Fruit Juice Milk	20 3.6 oz. WW Muffin Fruit Juice Milk
23 Cereal Fruit Juice Milk	24 3.6 oz. WW Muffin Fruit Juice Milk	25 Cereal Fruit Juice Milk	26 WW Cinnamon Roll Fruit Juice Milk	27 3.6 oz. WW Muffin Fruit Juice Milk
30 Cereal Fruit Juice Milk	31 3.6 oz. WW Muffin Fruit Juice Milk	<i>April 1</i> Cereal Fruit Juice Milk	2 WW Croissant w/Jelly Fruit Juice Milk	3 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
MARCH, 2015

LUNCH

Monday	Tuesday	Wednesday	Thursday	Friday
2 Beef Hot Dog on WW Roll Baked Beans Ketchup Apple Milk	3 BBQ Chicken on WW Bun Potato Wedges w/Ketchup Tangerine Milk	4 Sloppy Joe on WW Bun Broccoli Carrots Banana Milk	5 Herbed Baked Chicken Sweet Potato Fries Whole Wheat Roll Peaches Milk	6 Chicken Caesar Salad WW Wrap Cucumber Pears Milk
9 Sweet & Sour Chicken Brown Rice Broccoli Orange Milk	10 Pancakes w/Syrup Sausage Potato Wedges Raisins Milk	11 Mexican Chicken WW Wrap Sweet Potato Fries w/Ketchup Apple Milk	12 Meatballs on WW Sub Baked Beans Potato Wedges Orange Milk	13 Cheese Pizza Green Beans Potato Wedges Banana Milk
16 Chicken Patty on WW Bun w/Ketchup Broccoli Green Beans Apple Milk	17 Hamburger on WW Bun Baked Beans Ketchup Baked Apple Slices Milk	18 Chicken Tenders w/Ketchup Green Beans Whole Wheat Roll Pears Milk	19 American Chop Suey Carrots Whole Wheat Roll Banana Milk	20 Chicken WW Quesadilla Peas Orange Milk
23 Chicken & Salsa Brown Rice Southwestern Beans Apple Milk	24 Cheeseburger Mac Carrots Whole Wheat Roll Banana Milk	25 Turkey & Gravy Corn Whole Wheat Roll Orange Milk	26 Chicken Parmesan w/Ziti Broccoli Peaches Milk	27 Cheese Pizza Green Beans Potato Wedges Banana Milk
30 Jamaican Beef Patty Green Beans Tangerine Whole Wheat Roll Milk	31 Macaroni and Cheese Broccoli & Corn Apple Milk	<i>April 1</i> Beef Hot Dog on WW Roll Baked Beans Ketchup Apple Milk	2 Herbed Baked Chicken Sweet Potato Fries Whole Wheat Roll Pears Milk	3 EARLY RELEASE

* 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!**



Essence of Thyme and Cravings

South Shore Charter School 9-12

MARCH, 2015

LUNCH

Monday	Tuesday	Wednesday	Thursday	Friday
2 Beef Hot Dog on WW Roll Baked Beans Ketchup Apple and Peaches Milk	3 BBQ Chicken on WW Bun Potato Wedges w/Ketchup Tangerine Raisins Milk	4 Sloppy Joe on WW Bun Broccoli Carrots Banana and Orange Milk	5 Herbed Baked Chicken Sweet Potato Fries Whole Wheat Roll Peaches Milk	6 Chicken Caesar Salad WW Wrap Cucumber Pears Apple Juice Milk
9 Sweet & Sour Chicken Brown Rice Broccoli Orange Apple Juice Milk	10 Pancakes w/Syrup Sausage Patty Potato Wedges Raisins Milk	11 Mexican Chicken WW Wrap Sweet Potato Fries w/Ketchup Apple Orange Juice Milk	12 Meatballs on WW Sub Baked Beans Pineapple Chunks Orange Milk	13 Cheese Pizza Green Beans Potato Wedges Banana Orange Juice Milk
16 Chicken Patty on WW Bun W/Ketchup Broccoli Green Beans Apple Orange Juice Milk	17 Hamburger on WW Bun Baked Beans Ketchup Baked Apple Slices Milk	18 Chicken Tenders w/Ketchup Green Beans Whole Wheat Roll Pears Milk	19 American Chop Suey Carrots Whole Wheat Roll Banana Pears Milk	20 Chicken WW Quesadilla Peas Orange Apple Juice Milk
23 Chicken & Salsa Brown Rice Southwestern Beans Apple Pineapple Chunks Milk	24 Cheeseburger Mac Carrots Whole Wheat Roll Banana Peaches Milk	25 Turkey & Gravy Corn WG Cinnamon Roll Orange Apple Juice Milk	26 Chicken Parmesan Ziti Broccoli Peaches Milk	27 Cheese Pizza Green Beans Potato Wedges Banana Orange Juice Milk
30 Jamaican Beef Patty Brown Rice Green Beans Tangerine Apple Juice Milk	31 Macaroni and Cheese Broccoli & Corn Apple Orange Juice Milk	<i>April 1</i> Beef Hot Dog on WW Roll Baked Beans Ketchup Apple Peaches Milk	2 Herbed Baked Chicken Sweet Potato Fries Whole Wheat Roll Pears Apple Juice Milk	3 EARLY RELEASE

* 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!**