



## **FROM THE K-6 PRINCIPAL**

One of the goals of contemporary education is to develop students who are prepared to work in teams. At SSCPS we work hard at that. It is one of the reasons we believe so strongly in the Project and Workshop model. Projects and Workshops are times we set aside in the school week when our focus is primarily on the development of teams and the work teams can collectively do. Our central focus is in setting up situations and opportunities where students can do work that is useful to the school or the outside community and the most useful way to get something done is with an effective team. We know that most of our students really value Project and Workshop and I believe it is the sense of purpose and community that develops in a Project or Workshop that is a significant reason why the students find that time so rewarding.

Our mission statement is, "Inspiring every student to excel in academics, service, and life." I believe SSCPS' most distinctive features come from our aspirations for the "life" part of our mission statement. We are declaring in that word that the present moment in a child's life is as important as any other time of life. While many aspects of school are definitely a preparation for adulthood there are other aspects that are about the present and conveying to students that they have value and that they are useful.

We are a school that has evolved and many of the ideas of our founders have not stood the new realities of our current situation or the test of time, but Projects and Workshops have only gotten stronger. One of our central innovations at SSCPS is the way Projects and Workshops fit into the school week and school year. The fluidity of this arrangement did not happen all at once but evolved over the course of the last twenty years.

This, our twentieth year, is also our fourth renewal. Every five years charter schools are inspected and evaluated to determine if they should remain open. Unlike in our early years we are no longer worried about our existence, but the feedback from a site visit is useful in our quest to improve and to grow as a school. In about a month a team of school inspectors will come for two days and study what we are doing well and what we could improve. Five years ago the lead inspector of the last Site Visit Team in her verbal summation of her team's visit told us that this was the first "Project Based School" she had seen that worked. She ascribed that success to the way Project and Workshop fit into the school week and how we did not attempt to make every class a "project." That compliment was very nice to hear but it was also thought-provoking as it articulated an understanding of what we had done and what we would continue to do. I am eager to hear what the Site Visit Team will find and tell us in a month. One thing that I hope they tell us is that we are a group of people who know how to work as a team.

Literacy Night for Levels I and II is this Thursday. It is a very simple event where from 6:00 – 7:00 adults read to children. To help set the tone children are allowed to come to school in pajamas and some of the adults even wear them too. Please come.

Ted Hirsch [thirsch@sscps.org](mailto:thirsch@sscps.org)

Thursday	10/16	School Picture Day	
Thursday	10/16	Title I Parent Information Meeting	5:00pm
Thursday	10/16	Literacy Night for Grades K-4	6:00-7:00pm
Thursday	10/16	Development Committee	5:00pm
Thursday	10/16	Finance Committee	6:00pm
Thursday	10/16	Board of Trustees	7:30pm
Saturday	10/18	Harvest Run 5K Road Race and Fitness Walk	9:00am
Tuesday	10/21	South Shore Charter Educational Foundation Meeting	8:00am
Wednesday	10/22	Level III Cyber Citizens hosts Unity Day	

## ANNOUNCEMENTS



### Literacy Night

To all families of Level I and Level II students, please join us for our Literacy Night! Thursday, October 16th, from 6 to 7 p.m. Pajamas and slippers are appropriate dress. If you would like to volunteer as a reader, please contact Ted Hirsch at 781-982-4202, ext. 108

**SAVE THE DATE! The National Honor Society is hosting its first Red Cross blood drive of the year!** On October 30th, from 1-6 PM, you can come and support the Red Cross and our school! The drive will be held at our gym space, 104 Longwater Drive. Walk-ins are welcome however appointments are preferred and can be made at [redcross.org/blood](http://redcross.org/blood). This is the first of three drives that the NHS is hosting as part of Bob's Furniture "High School Heroes" scholarship program. On top of that, every person who donates on the 30th is entered for the chance to win a \$5,000 dollar Visa gift card from Suburban Propane! For more information, visit [redcross.org/blood](http://redcross.org/blood)!

### 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](http://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.

## FROM THE HEALTH OFFICE

Kindergarten screenings which consist of height, weight, vision and hearing evaluations are being done in the Health Office this month. Please contact Susan at x104 if you have questions or concerns.

### Community Forum:

Informational Drug Forum hosted by the town of Hingham on Wednesday, October 22nd at 7:00 pm at the Hingham Middle School 1103 Main St. (RTE 228 near Notre Dame HS). The focus of the forum will be the "From Prescription to Addiction". All are welcome. The speakers will be:

Paul Gibbons	Hingham Selectman
Cheryl Barrett	Commissioner DPH
Dr. Janet Limke	Medical Director Spine Center South Shore Hospital
Chief Piraino	Chief of Police Hingham

This forum will provide some answers to parents and students and help fill the information vacuum surrounding substance misuse disorders. The speakers are credible and dynamic.

## FROM THE ATHLETIC DEPARTMENT

### Middle School Soccer

The middle school soccer team maintained their winning streak with a win against Salem Academy on Tuesday. Led by Lucas Whitemyer and Michael Eze, there were eight different goal scorers for SSCPS in the game. The defense had a strong showing as goalie Jeremiah Derelous only let in one goal from a penalty kick while Daniel Vital, Stanley Claude, Aidan Hartz, and Deannah St. Fleur did not let the Salem Academy offense push them around. The middle school team looks to continue their streak against Match Academy on Friday afternoon.

### Cross Country

The High School and Middle School Cross Country Teams had dual meets on Thursday, October 9, 2014 at Sheepsfold Reservation in Medford. The High School Team ran hard in a loss to KIPP Academy. Van Harting led all SSCPS runners finishing fourth overall with a time of 14:47. The Middle School team ran hard to a victory over Community Day Academy. Andrew Lussier led all SSCPS runners finishing 2nd overall with a time of 6:19. Both teams gave a tremendous effort. The next meet will be at Elmwood Reservation on Thursday, October 16 at 4 pm.

## FROM THE PARENTS ASSOCIATION

### PA Grant Taskforce Budget Update:

The fall grant process is well underway. The grants have been submitted and reviewed by both the Principals and the PA taskforce. The result of this process, provided below, was presented at the October PA meeting and will be voted on in the November meeting. Please note, in accordance with the bylaws, the vote taken in November will be for the whole budget and not each line item. If you have any questions about any of the grants listed below, the decisions made and/or about the grant process, please email Mickey Ciambriello at [micgiociam@verizon.net](mailto:micgiociam@verizon.net).

Request	Funding Amounts	
	Requested \$	Approved \$
6 Cameras to document work completed during classroom centers	\$134.70	\$134.70
Reimbursement for aquarium cleaning and maintenance.	\$438.50	\$0.00
Printing of the 2014/2015 School Directory	\$600.00	\$600.00
Magazine Subscription Renewals	\$118.85	\$118.85
4 Howda Hugz® Seats	\$315.00	\$0.00
Material to make 10 weighted lap pads	\$150.00	\$150.00
Hanover Auditorium rental fee for home show and festival preparation	\$560.00	\$560.00
Art cabinet and supplies for workshop improvements	\$374.00	\$374.00
Animal food and supplies	\$588.36	\$588.36
Bouncing Medicine Balls for PE	\$287.88	\$287.88
<b>Totals</b>	<b>\$3,567.29</b>	<b>\$2,813.79</b>

Note: Both the Howdy Hugs seated and the aquarium cleaning requests were not approved for funding. This decision was made by the grant taskforce after discussing each of the requests, the reasons and need for the items and the recommendations provided by the principals. Any request not funded in the fall can be resubmitted again in the spring, if still required and not funded by an alternate processes.

**WEEKLY UPDATES ARE EMAILED AND POSTED ON OUR WEBSITE AT [WWW.SSCPS.ORG](http://WWW.SSCPS.ORG)  
EVERY WEDNESDAY – TO RECEIVE A PAPER COPY PLEASE CONTACT PAM ALGERA EXT. 103  
OR EMAIL [PALGERA@SSCPS.ORG](mailto:PALGERA@SSCPS.ORG)**



# Harvest Run

5K ROAD RACE - FITNESS WALK

Saturday, October 18, 2014

Wompatuck State Park  
Hingham, MA

## SSCPS FAMILY REGISTRATION

Family Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

For office use only  
 Cash/Check # \$ Date Received

### Waiver Must Be Read and Understood:

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release South Shore Charter Educational Foundation, South Shore Charter Public School and the town of Hingham, MA, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

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

Individual Names	Runner/Walker Up to 2 runners, unlimited walkers *\$3.50 each additional runner	Age on Race Day  Gender M/F	Shirt Size *2 shirts included, \$7.00 each additional *Guaranteed to those who register by September 24th*
1.			
2.			
3.			
4.			
5.			

### Pre-Race Number and T-Shirt Pick-Up:

Friday, October 17, 2014 2:00—6:30  
 Marathon Sports  
 134 Washington Street, Norwell, MA

### Race Schedule:

9:00 - 10:45: Registration and t-shirt pick-up  
 11:00: The Harvest Run begins!  
 \*Refreshments provided after the race\*

### SSCPS Family Registration \$40/family

Fee includes:  
 2 t-shirts (\$7.00 per additional t-shirt)  
 2 runners (\$3.50 per additional runner)  
 unlimited walkers

SSCPS Student Registration  
 \$15.00/individual student/faculty

All funds raised will be used to develop outdoor spaces for health and recreation at the South Shore Charter Public School.



# Original Works

Your artwork on fun products to wear and share!



## Look What's Coming!

**Hello Family:** Our school has teamed up with Original Works to offer a very special program. Your child will be creating his or her OWN artwork. Then you will have the opportunity to order a variety of useful items you can use, all professionally made and featuring your child's very own artwork.

### 5 Great Reasons to Join in:

- 1 Purchase personal gifts & keepsakes.
- 2 Celebrate your child's creativity.
- 3 Fun products under \$10.
- 4 Support your school.
- 5 Our  products.

Check here if you DO NOT wish to have your child participate and return this letter to his/her teacher.

Child \_\_\_\_\_ Teacher \_\_\_\_\_ Signature \_\_\_\_\_

Visit [www.originalworks.com](http://www.originalworks.com) for additional program and product information as well as customer testimonials.



Dear Friend,

On March 21, 2009, my son died of suicide. We walk in memory of him, and in hopes to help others like him.

1 in 4 people will be directly affected by suicide in their lifetime. The American Foundation for Suicide Prevention is at the forefront of research, education and prevention initiatives designed to reduce loss of life from suicide. With more than 33,000 lives lost each year in the U.S. and over one million worldwide, the importance of AFSP's mission has never been greater, nor our work more urgent.

I hope you will consider supporting my participation in this event. Any contribution will help the work of AFSP, and all donations are

100% tax deductible. The walk is on Oct 25, 2014. Over the past 3 years, our team has raised close to \$12,000! Thank you all for your support!

Please go online to:

<http://afsp.donordrive.com/index.cfm?fuseaction=donorDrive.participant&participantID=584235>

To make an online donation please click the "Support This Participant" button on this page.

And again, thank you in advance for any donation you can afford,  
Hana and Christine Bowker-Wickersham



WEYMOUTH PUBLIC SCHOOLS

Strong Schools  Strong Community



# Parent University

**“Digital Citizenship & Cyber Behaviors”**

**Keynote  
Speaker:  
Dr. Elizabeth  
Englander**



*Director & Founder of the  
Massachusetts Aggression  
Reduction Center  
Professor of Psychology at  
Bridgewater State University  
Researcher  
Trainer  
Author of books,  
curricula, etc.*

**Thursday, October 16, 2014**

**6:30—9:00 pm**




**Weymouth High School**

1 Wildcat Way, Weymouth, MA 02190

*Workshops geared towards a greater understanding of  
parenting challenges as well as what happens in our schools.*

*Parent University is part of the Parent & Family Engagement Initiative.*

*Engage and partner with parents and community members in supporting excellence  
in academic skills, knowledge and mindsets.*

**Keynote Speaker**  **Breakout Workshops**  **Informational Tables**  **Childcare Available**

**REGISTER BY CLICKING THE LINK BELOW:**

[https://docs.google.com/a/weymouthps.org/forms/d/13vfdg76Jt3Wgak7tYnnqBkwPoQrmQd1FkP\\_5JKbnblc/edit?usp=sharing](https://docs.google.com/a/weymouthps.org/forms/d/13vfdg76Jt3Wgak7tYnnqBkwPoQrmQd1FkP_5JKbnblc/edit?usp=sharing)





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 [a pepin@sscps.org](mailto:a pepin@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](mailto: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 numéro: **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](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](mailto: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

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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).

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**No! IDO 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](mailto:kbingham@sscps.org)

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

# SHARING INFORMATION WITH OTHER PROGRAMS

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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.

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- 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: \_\_\_\_\_

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

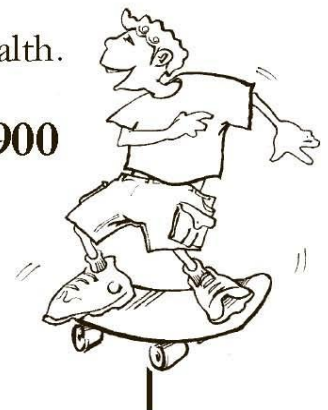
**MassHealth**



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):* Hispanic/Latino Asian American Indian or Alaska Native Black or African American Not Hispanic/Latino White 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.

**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.

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

**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](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](mailto: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 October, 2014**  
Due to the office by 3:00 pm, \*Tuesday, October 21, 2014

Student Name \_\_\_\_\_

Pod Teacher/Advisor \_\_\_\_\_ Grade \_\_\_\_\_

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

Week of       Monday       Tuesday       Wednesday       Thursday       Friday  
10/27 – 10/31

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 October, 2014**

Week of       Monday       Tuesday       Wednesday       Thursday       Friday  
10/27 – 10/31

Number of Meals ordered \_\_\_\_\_ X      \$3.25

*Less credit due* \_\_\_\_\_

**Total Amount Enclosed**

\$ \_\_\_\_\_

Cash or Checks may be made out to SSCPS.

**Choice of 1% milk, skim milk or orange juice is included with the purchase of a meal or can be purchased separately for 30 cents.**

*Please note: If your child has forgotten lunch, a cheese sandwich will be provided at the cost of \$2.50. A note from the office will go home that afternoon for reimbursement.*

# Breakfast Order Form

## Breakfast for the Month of November, 2014

Due to the office by 3:00 pm, \***Tuesday**, October 28, 2014

Student Name \_\_\_\_\_

Pod Teacher/Advisor \_\_\_\_\_ Grade \_\_\_\_\_

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

Week of       Monday       Tuesday       Wednesday       Thursday       Friday  
11/3 – 11/7

Week of       Monday       Tuesday       Wednesday       Thursday       Friday  
11/10 – 11/14

Week of       Monday       Tuesday       Wednesday       Thursday       Friday  
11/17 – 11/21

Week of       Monday       Tuesday       Wednesday       Thursday       Friday  
11/24 – 11/28

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 November, 2014

Due to the office by 3:00 pm, \*Tuesday, October 28, 2014

Student Name \_\_\_\_\_

Pod Teacher/Advisor \_\_\_\_\_ Grade \_\_\_\_\_

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

Week of 11/3 – 11/7     Monday     Tuesday     Wednesday     Thursday     Friday

Week of 11/10 – 11/14     Monday     Tuesday     Wednesday     Thursday     Friday

Week of 11/17 – 11/21     Monday     Tuesday     Wednesday     Thursday     Friday

Week of 11/24 – 11/28     Monday     Tuesday     Wednesday     Thursday     Friday

Number of Meals ordered \_\_\_\_\_ X \$3.25

*Less credit due*

**Total Amount Enclosed**

\_\_\_\_\_ \$ \_\_\_\_\_

Cash or Checks may be made out to SSCPS.


**Choice of 1% milk or skim milk is included with the purchase of a meal or can be purchased separately for 30 cents.**

*Please note: If your child has forgotten lunch, a cheese sandwich will be provided at the cost of \$2.50. A note from the office will go home that afternoon for reimbursement.*



**South Shore Charter School  
NOVEMBER, 2014**

***Breakfast***

Monday	Tuesday	Wednesday	Thursday	Friday
3 Cereal Fruit Juice Milk	4 3.6 oz. WW Muffin Fruit Juice Milk	5 3.6 oz. WW Muffin Fruit Juice Milk	6 2 oz. Cereal Fruit Juice Milk	7 3.6 oz. WW Muffin Fruit Juice Milk
10 Cereal Fruit Juice Milk	11 <b><i>VETERAN'S DAY</i></b>	12 Cereal Fruit Juice Milk	13 3.6 oz. WW Muffin Fruit Juice Milk	14 3.6 oz. WW Muffin Fruit Juice Milk
17 Cereal Fruit Juice Milk	18 Cereal Fruit Juice Milk	19 3.6 oz. WW Muffin Fruit Juice Milk	20 WW Croissant & Jelly Fruit Juice Milk	21 3.6 oz. WW Muffin Fruit Juice Milk
24 2 oz. Cereal Fruit Orange Juice Milk	25 3.6 oz. WW Muffin Fruit Juice Milk	26 WG Cinnamon Roll Fruit Juice Milk	27 	28 <b>NO SCHOOL</b>

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

\* Complies with NSLP

***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**  
**NOVEMBER, 2014**

**Lunch**

Monday	Tuesday	Wednesday	Thursday	Friday
3 Beef Hot Dog on WW Roll Baked Beans Apple Ketchup Milk	4 BBQ Chicken on WW Bun Potato Wedges w/Ketchup Fresh Fruit Milk	5 Sloppy Joe on WW Bun Broccoli Banana Milk	6 Herbed Baked Chicken Carrots Whole Wheat Roll Raisins Milk	7 Chicken Caesar Salad WW Wrap Cucumber Pears Milk
10 Sweet & Sour Chicken Brown Rice Broccoli Pineapple Chunks Milk	11 <b>VETERAN'S DAY</b>	12 "Breakfast for Lunch" Pancakes & Syrup w/Sausage Patty Potato Wedges Raisins Milk	13 Chicken Alfredo w/Ziti Green Beans Applesauce Milk	14 Cheese Pizza Italian Beans Carrots Banana Milk
17 Turkey & Gravy Corn Apple Whole Wheat Roll Milk	18 American Chop Suey Carrots Banana Whole Wheat Roll Milk	19 Jamaican Beef Patty Green Beans Apple Milk	20 Chicken Parmesan w/Ziti Broccoli Peaches Milk	21 Beef & Bean WW Burrito Corn Banana Milk
24 Ziti & Meatballs Broccoli Apple Juice Milk	25 Chicken Tenders w/Ketchup Green Beans Peaches Whole Wheat Roll Milk	26 <b>NO LUNCH EARLY RELEASE</b>	27 	28 <b>NO SCHOOL</b>

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

\* Complies with NSLP

**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**  
**NOVEMBER, 2014**

**Lunch**

Monday	Tuesday	Wednesday	Thursday	Friday
3 Beef Hot Dog on WW Roll Baked Beans Apple Peaches Ketchup Milk	4 BBQ Chicken on WW Bun Potato Wedges w/Ketchup Fruit Raisins Milk	5 Sloppy Joe on WW Bun Broccoli Carrots Banana Pineapple Chunks Milk	6 Herbed Baked Chicken Carrots Whole Wheat Roll Raisins Milk	7 Chicken Caesar Salad WW Wrap Cucumber Pears Apple Juice Milk
10 Sweet & Sour Chicken Brown Rice Broccoli Pineapple Chunks Milk	11 <b>VETERAN'S DAY</b>	12 "Breakfast for Lunch" Pancakes & Syrup w/Sausage Patty Potato Wedges Raisins Milk	13 Chicken Alfredo w/Ziti Green Beans Honey Wheat Dinner Roll Applesauce Milk	14 Cheese Pizza Italian Beans Carrots Banana Apple Juice Milk
17 Turkey & Gravy Corn Apple WG Cinnamon Roll Orange Juice Milk	18 American Chop Suey Carrots Banana Whole Wheat Roll Milk	19 Jamaican Beef Patty Spanish Rice Green Beans Peaches Apple Milk	20 Chicken Parmesan w/Ziti Broccoli Peaches Milk	21 Beef & Bean WW Burrito Corn Banana Mandarin Oranges Milk
24 Ziti & Meatballs Broccoli Fruit Cocktail Apple Juice Milk	25 Chicken Tenders w/Ketchup Green Beans Peaches Whole Wheat Roll Orange Juice Milk	26 <b>No Lunch EARLY RELEASE</b>	27 	28 <b>NO SCHOOL</b>

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

\* Complies with NSLP

**ALL MENUS ARE SUBJECT TO CHANGE**

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