



FROM THE 7-12 PRINCIPAL

This coming Friday our high school will celebrate as we induct ten new members into the South Shore Charter Public School Chapter of the National Honor Society. Our National Honor Society celebration is earlier this year than it has been in prior years. The earlier date means that the larger group is able to do more together before our 12th graders leave for Senior Project and it allows our newly inducted Seniors who are applying to college early to share this significant achievement with prospective schools.

The National Association of Secondary School Principals established the National Honor Society in 1921 to recognize outstanding high school students. While schools have some flexibility in how local chapters are run, the national organization sets the guidelines and determines the standards for membership. Induction into the National Honor Society recognizes student excellence in the four areas: scholarship, leadership, community service, and character. These four areas serve as the basis of the National Honor Society and reflect the values of our school's mission: inspiring every student to excel in academics, service, and life.

The process for student selection is a rigorous one. Juniors and Seniors who have earned a grade point average of at least 3.5 are invited to provide information for the selection committee to use in support of their candidacy for membership. The scholarship requirement is a strict cutoff based on a student's cumulative GPA. The Faculty Council, consisting of teachers from across subject areas, then meets to discuss each of the students, consider the submitted materials, and gather additional information when needed through an interview process. Like the college application process, the NHS selection process requires students to write and speak about themselves, not modestly, but honestly. Students need to really consider what leadership, service and character mean in their lives and show the faculty members on the committee how they live those principles.

While the selection process is in itself important, the work of the National Honor Society really begins once the group is inducted and ready to make its mark on our school and the larger community. Our chapter of the National Honor Society is active and visible within our school. With the guidance of their advisor, Emily Merwin, NHS students meet regularly to plan service projects both within the school and beyond. These service projects include work with students on the lower Levels, blood drives, and volunteering at shelters. NHS students take on a leadership role in the building through formal means such as presentations to the student body, and in an informal way by serving as role models for our younger students. Our NHS students are excellent examples of our mission in action.

Congratulations to our new National Honor Society Inductees!

Jeremy Atkins
Miranda Belizaire
Rachel Ciambriello
Christian Duplan
Joseph Frederick
Van Harting
Nicholas Moore
Lily Nelson
Noemie Trocher
Lauren Walsh

Thursday	11/13	Book Fair	
Thursday	11/13	School Council	3:30pm
Friday	11/14	National Honor Society Induction	1:00pm
Friday	11/14	Fall Athletic Banquet	4:00pm
Saturday	11/15	Enrollment Open House	1:00-3:00pm
Tuesday	11/18	Charter Renewal Site Visit	
Tuesday	11/18	K-6 Math Night	6:00pm
Wednesday	11/19	Charter Renewal Site Visit	
Wednesday	11/19	8 th Grade Parent Night	6:00pm

ANNOUNCEMENTS

Fall Book Fair today, Wednesday November 12th, and tomorrow, Thursday November 13th. This event is a major fundraiser for the library, and profits are used to purchase new books for the library.



We have again partnered with local bookseller Storybook Cove in the Hanover Mall (www.storybookcove.com) to provide an outstanding selection of titles for K-12 students. The collection is available for browsing on both days, and the list is also available online at their website. Teachers will be bringing their classes to the fair to browse and develop their ‘wish lists’, and students will then bring home their wish list plus an order form for purchases. Please return all sections of the order form along with payment. **Checks should be made out to SSCPS. The order forms are due MONDAY November 17th. Books will be delivered before the Thanksgiving break.**



“Holiday Holds”: If you would like to order books as holiday presents, mark those titles on your order form with an ‘H’. Those books will be delivered separately from the rest of your order.

- **Questions?** Please email them to bbruce@sscps.org.
- **Interested in volunteering at the Book Fair?** We need parents to help at the tables both days in hourly time slots from 8:30 am to 3:00 pm. Please email Caitriona Hollowed at caithollowed@gmail.com.

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!

Babysitting Training for 8th Graders

Babysitting training will be starting December 11th for the 8th graders in Health. We could use donations of baby dolls (infant), clothing with buttons and snaps, t-shirts, bottles, portable changing units, bath basins, etc. The 8th

grade students will be learning to care for ages infant and up. Please bring any items to the art room and leave them outside the Computer Lab door. Thank you.

FROM THE ART DEPARTMENT

Original Works order forms accompanied by your students' artwork will be arriving home the week of the 10th (depending on the day that your student has Art). Orders, accompanied with your students' art and a check will need to be returned to school, **Monday, November 17th** if you are interested in purchasing anything, Students are asked to return the packet to their Pod. There is an envelope in their room marked Original Works. Product orders will come home the week of the 15th. If you prefer to pick up your order instead of it going home with your child, please call me at x 304 by Dec. 11th so I may sort your work out of the deliveries.

FROM THE ATHLETIC DEPARTMENT

Fall Athletic Awards on November 14th

On Friday, November 14th, the SSCPS Athletic Department will be hosting an award ceremony for all the Fall season athletes and their families. The ceremony will begin at 4:00pm in the PE space. Each coach will present certificates to their players and any other awards they would like. This will be a time used to reflect on the great fall athletic season all the teams have had. Coaches will have a chance to share some stories with the other teams while presenting. It is very important that we take time to acknowledge our great student athletes and give closure to the fall season as an athletic department. Thanks for all the support and time you have put in this season! Any questions or concerns please contact your child's coach or Joe Kay (jkay@sscps.org).

**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**

Grandparents & Special Friends Day

Wednesday, November 26

10:30am – 11:45am

We are in need of healthy brunch foods for this event.

*Suggested items: cheese/crackers, fruit,
breads, muffins, mini quiche, etc.*

Please contact Denise with any donations you are able to bring.

ddemaggio@sscps.org

Invitations went out via email last week. Please register any grandparents and special friends who wish to attend.

South Shore Charter Public School

Presents

**Friday, December 5, 2014
7:00 pm**

**Saturday, December 6, 2014
3:00 pm**



Center School
65 Silver Street
Hanover, MA

**Adults: \$10:00
Students: \$5:00**

Snacks and drinks available during intermission at the concession stand.

Reserve your tickets today!

- Call 781-982-4202 ext 207 to reserve your tickets now.

Leave a message with your name, telephone number, date of show, and # of tickets you need. Tickets will be held until 10 minutes before performance.

Make checks payable to SSCPS



Only 2 shows!

Holly Hill Farm & Friends

11/11/2014 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

FHHF contact: jbelberhollyhill@hotmail.com

UPCOMING EVENTS & ACTIVITIES

Farm Stand Hours

Thru December 5 Saturday and Sunday 11 AM -5 PM

The fall harvest is in! We are open every Saturday and Sunday from 11-5 through early December. Squash, pumpkins and more! Holly Hill Farm. 236 Jerusalem Road, Cohasset. [781-383-6565](tel:781-383-6565) www.hollyhillfarm.org

November 15 Jon Belber's Ten Year Anniversary Celebration 9 AM

Education Director, Jon Belber has been teaching and farming at Holly Hill Farm!! Join in the celebration by participating in our work party to construct new growing beds and fencing for the Farm Pantry Garden. At noon, we'll break for lunch and treats baked in our new outdoor oven. All ages are welcome! Please let us know if you'll be attending by calling the Farm. Holly Hill Farm. 236 Jerusalem Road, Cohasset. [781-383-6565](tel:781-383-6565).

www.hollyhillfarm.org

November 29 6th Annual Holly Day Fair 11 AM – 3 PM (flyer attached)

Kick off the holiday season with a visit to our Holly Day Fair. Bring your list and check it twice! Local artisans display their crafts in the greenhouse. Pick up unique gifts for everyone on your list. Holly Hill swags and a wreath making workshop provide the holiday decor for your home. Children's activities keep young ones occupied while you shop. And food... great food is never in short supply at Holly Hill Farm! See you at the Farm! Holly Hill Farm. 236 Jerusalem Road, Cohasset. [781-383-6565](tel:781-383-6565). www.hollyhillfarm.org

December 2 Giving Tuesday 9 AM – Noon (flyer attached)

Join us at the Farm for a morning of mulching as we celebrate Giving Tuesday, a national day of philanthropy. Can't make it to the Farm? Please consider supporting the Farm Pantry Garden Program, which engages local teens in growing organic produce that is donated to local food pantries. This valuable summer program is offered as a free community service program and is funded by private donations. Our goal is to raise \$2,000 to ensure the program's viability for the upcoming 2015 season. Visit our website at www.hollyhillfarm.org for details.

January 1 Annual New Year's Day Walk with Naturalist Steve Ivas

Celebrate the New Year at Holly Hill Farm. This walk has become an annual tradition for many families and we invite you to join us. Naturalist Steve Ivas will provide a guided tour along the trails. Holly Hill Farm. 236 Jerusalem Road, Cohasset. [781-383-6565](tel:781-383-6565). www.hollyhillfarm.org

Holly Hill Farm Happenings

Do you know of a school, PTO, organization, blogger, writer, newsletter coordinator or media outlet that would be interested in keeping updated on the happenings at Holly Hill Farm? We welcome any new additions to our growing community. Holly Hill Happenings is sent weekly via email and is designed for easy sharing. Organizations utilizing specific services like PeachJar can be accommodated. Contact friendsofhollyhillfarm@gmail.com.



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

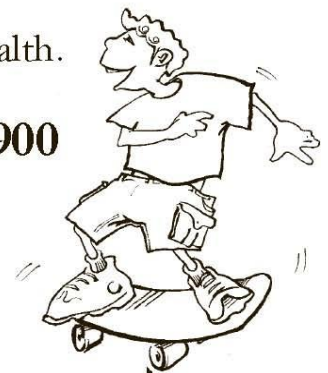
MassHealth



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)

<i>Choose one ethnicity:</i>	<i>Choose one or more (regardless of ethnicity):</i>		
<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 November, 2014
Due to the office by 3:00 pm, *Tuesday, November 11, 2014

Student Name _____

Pod Teacher/Advisor _____ Grade _____

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

Week of [] Monday [] Tuesday [] Wednesday [X] Thursday [X] 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

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

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

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.

Breakfast Order Form
Breakfast for the Month of December, 2014
Due to the office by 3:00 pm, *Tuesday, November 25, 2014

Student Name _____

Pod Teacher/Advisor _____ Grade _____

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

Week of 12/1 – 12/5 Monday Tuesday Wednesday Thursday Friday

Week of 12/8 – 12/12 Monday Tuesday Wednesday Thursday Friday

Week of 12/15 – 12/19 Monday Tuesday Wednesday Thursday Friday

Week of 12/22 – 12/26 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 December, 2014

Due to the office by 3:00 pm, ***Tuesday**, November 25, 2014

Student Name _____

Pod Teacher/Advisor _____ Grade _____

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

Week of 12/1 – 12/5 Monday Tuesday Wednesday Thursday Friday

Week of 12/8 – 12/12 Monday Tuesday Wednesday Thursday Friday

Week of 12/15 – 12/19 Monday Tuesday Wednesday Thursday Friday

Week of 12/22 – 12/26 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
DECEMBER, 2014

Breakfast

Monday		Tuesday		Wednesday		Thursday		Friday	
1	Cereal Fruit Juice Milk	2	3.6 oz. WW Muffin Fruit Juice Milk	3	WG Cinnamon Roll Fruit Juice Milk	4	Cereal Fruit Juice Milk	5	3.6 oz. WW Muffin Fruit Juice Milk
8	Cereal Fruit Juice Milk	9	WW Croissant & Jelly Fruit Juice Milk	10	Cereal Fruit Juice Milk	11	3.6 oz. WW Muffin Fruit Juice Milk	12	Honey Wheat Bagel w/Jelly Fruit Juice Milk
15	Cereal Fruit Juice Milk	16	WG Cinnamon Roll Fruit Juice Milk	17	3.6 oz. WW Muffin Fruit Juice Milk	18	WW Croissant & Jelly Fruit Juice Milk	19	3.6 oz. WW Muffin Fruit Juice Milk
22	Cereal Fruit Orange Juice Milk	23	3.6 oz. WW Muffin Fruit Juice Milk	24	HAPPY		25	HOLIDAYS	
									

* 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 K-8

DECEMBER, 2014

LUNCH

Monday	Tuesday	Wednesday	Thursday	Friday
1 Beef Hot Dog on WW Roll Ketchup Baked Beans Apple Milk	2 BBQ Chicken on Bun Potato Wedges w/Ketchup Fresh Fruit Milk	3 Sloppy Joe on WW Bun Broccoli Banana Milk	4 Herbed Baked Chicken Sweet Potato Fries Pears Whole Wheat Roll Milk	5 Chicken Caesar Salad WW Wrap Cucumbers Mandarin Oranges Milk
8 Sweet & Sour Chicken Brown Rice Broccoli & Carrots Orange Milk	9 Pancakes & Syrup w/Sausage Pattie Potato Wedges Raisins Milk	10 Mexican Chicken WW Wrap Sweet Potato Fries w/Ketchup Apple Milk	11 Meatballs on WW Sub Baked Beans Orange Milk	12 EARLY RELEASE NO LUNCH
15 Chicken Tenders w/Ketchup Green Beans Apple Whole Wheat Roll Milk	16 American Chop Suey Carrots Whole Wheat Roll Banana Milk	17 Hamburger on WW Bun Baked Beans Ketchup Baked Apple Slices Milk	18 Chicken Parmesan w/Ziti Broccoli Peaches Milk	19 Chicken WW Quesadilla Corn Orange Milk
22 Chicken Stir Fry Brown Rice Broccoli Orange Milk	23 EARLY RELEASE NO LUNCH	24 H A P P Y	25 H O L I	26 D A Y S
29 	30	31 		

* 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
DECEMBER, 2014

LUNCH

Monday	Tuesday	Wednesday	Thursday	Friday
1 Beef Hot Dog on WW Roll Ketchup Baked Beans Apple Peaches Milk	2 BBQ Chicken on WW Bun Potato Wedges w/Ketchup Fresh Fruit Raisins Milk	3 Sloppy Joe on WW Bun Broccoli Banana Pineapple Chunks Milk	4 Herbed Baked Chicken Sweet Potato Fries Pears Whole Wheat Roll Milk	5 Chicken Caesar Salad WW Wrap Cucumbers Mandarin Oranges Milk
8 Sweet & Sour Chicken Brown Rice Broccoli & Carrots Orange Milk	9 Pancakes & Syrup Sausage Patty Potato Wedges Raisins Milk	10 Mexican Chicken WW Wrap Sweet Potato Fries w/Ketchup Apple Orange Juice Milk	11 Meatballs on WW Sub Baked Beans Orange Pineapple Chunks Milk	12 EARLY RELEASE NO LUNCH
15 Chicken Tenders w/Ketchup Green Beans Apple Whole Wheat Roll Orange Juice and Milk	16 American Chop Suey Carrots Whole Wheat Roll Banana and Raisins Milk	17 Hamburger on WW Bun Baked Beans Ketchup Baked Apple Slices Milk	18 Chicken Parmesan w/Ziti Broccoli Peaches Whole Wheat Roll Milk	19 Chicken WW Quesadilla Corn Orange Apple Juice Milk
22 Chicken Stir Fry Brown Rice Broccoli Orange and Raisins Milk	23 EARLY RELEASE NO LUNCH	24 H A P P Y	25 H O L I	26 D A Y S
29 	30	31 		

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

* Complies with NSLP Regulations

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