

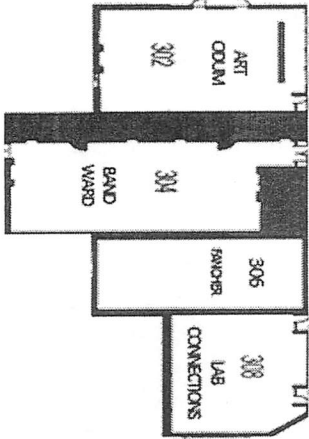
# Loganville Middle School

Walton County  
Public Schools  
"In Pursuit of Excellence"

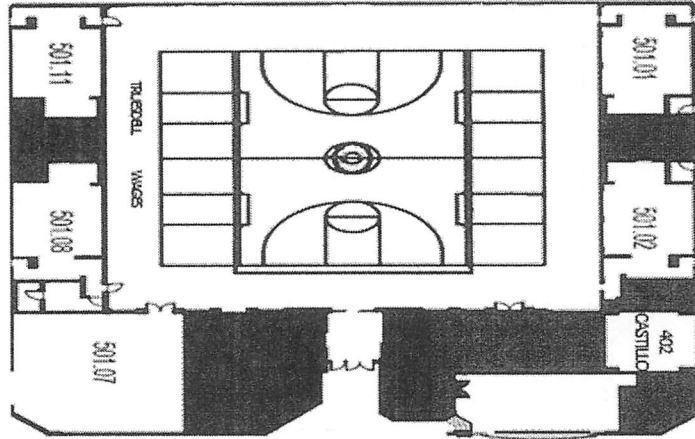
## 16-17 Rules & Policies

4869 Bay Creek Church Road  
Loganville, GA 30052  
678-684-2960

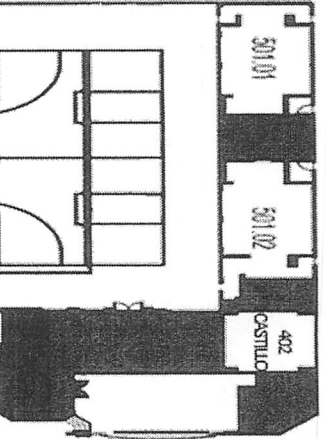
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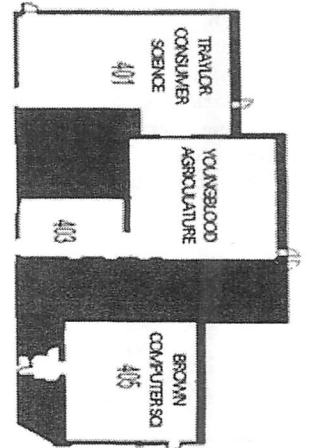
Office



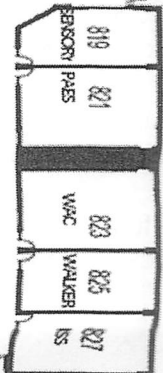
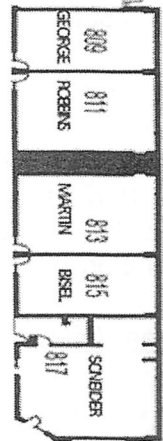
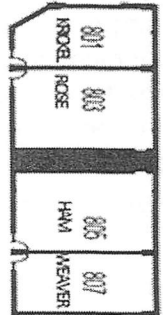
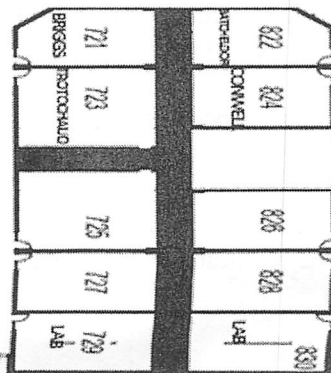
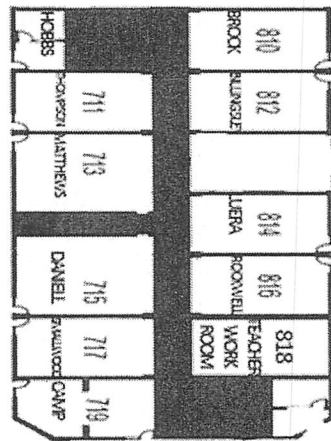
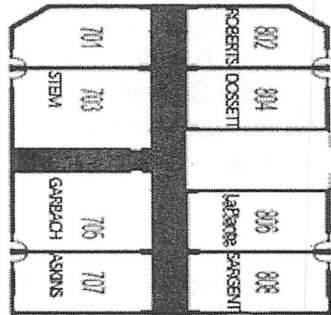
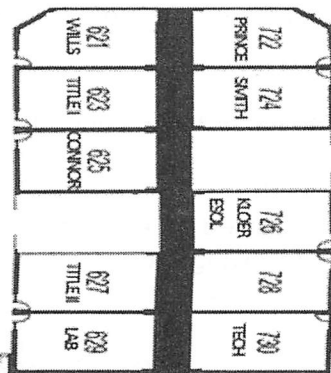
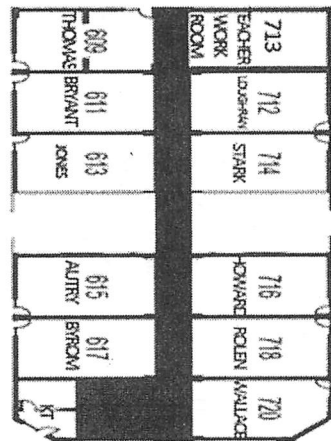
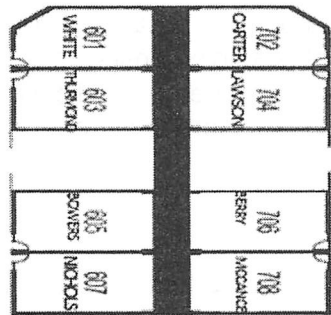
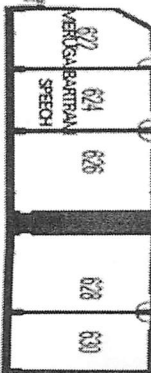
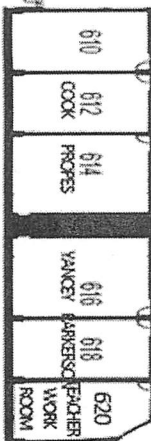
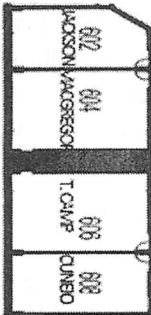
Media Center



Cafe



Kitchen



LOGANVILLE MIDDLE SCHOOL



# Loganville Middle School

## 16-17 School Supply List

\*this is a general list of supplies to begin & be maintained through the year.



6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade
<ul style="list-style-type: none"> <li>• loose leaf paper (no spiral notebooks)</li> <li>• pencils</li> <li>• pens (blue or black ink only)</li> <li>• hand held pencil sharpener</li> <li>• markers or colored pencils</li> <li>• glue sticks</li> <li>• tissues</li> <li>• hand sanitizer</li> </ul>	<ul style="list-style-type: none"> <li>• loose leaf paper</li> <li>• pencils</li> <li>• extra erasers/lead</li> <li>• pens</li> <li>• dividers</li> <li>• tissues</li> <li>• hand held pencil sharpener</li> <li>• markers or colored pencils</li> <li>• hand sanitizer</li> <li>• glue sticks</li> <li>• scissors</li> </ul>	<ul style="list-style-type: none"> <li>• pencils</li> <li>• pens (red, blue, &amp; black)</li> <li>• loose leaf paper</li> <li>• (4) 1 inch - 3 ring binders</li> <li>• composition notebook</li> <li>• folders with pockets &amp; brads</li> <li>• tissues</li> <li>• hand sanitizer</li> <li>• Colored pencils</li> </ul>



\* specific class materials will be requested by individual teachers at open house & on their website.



### ATTENDANCE

**MANDATORY EDUCATION FOR CHILDREN BETWEEN AGES SIX AND 16** O.C.G.A. 20-2-690.1. requires the parent, guardian, or other person who has control or charge of a child or children to sign a statement indicating receipt of such written statement of possible consequences and penalties; children who are age ten years or older by September 1 shall sign a statement indicating receipt of such written statement of possible consequences and penalties. Please see student agenda for additional information related to attendance.

### NOTICE TO STUDENTS:

A violation of the Georgia Compulsory Attendance Law by a student may result in adjudication through the Juvenile Court of Walton County. In addition, a student who violates this law is also in violation of section 2.23 of the Student Code of Conduct and may be punished as follows:

#### First Offense

Extended work assignments before or after school, Administrative Probation, Corrective Action Plan, ISS, up to 10 days, removal from the bus, Law Enforcement charges and/or Disciplinary Hearing with Alternative School Recommendations or other reasonable disciplinary actions as deemed appropriate by the principal or principal's designee such as loss of parking privileges, etc.

#### Subsequent Offenses

Extended work assignments before or after school and/or Law Enforcement Charges filed with Disciplinary Hearing requested with recommendation of removal to Alternative school. Other reasonable disciplinary actions as deemed appropriate by the principal are referred to the Probation Officer, Truant Officer and/or School Social Worker.

Note: Students may NOT participate in activities, rehearsal, practices and/or games on the days he/she is absent from school.

When a student must be absent, the absence will be classified as excused or unexcused. In order for an absence to be excused it must fall into one of the following categories: personal illness, illness or



death in the immediate family, recognized religious holiday observed by your faith, absences mandated by governmental agencies, and instances where attendance would be hazardous to the safety of the student. All other absences will be considered unexcused.

**Excuses for absences shall be furnished in writing within three school days of return to school.**

All notes should contain the students name, reason for the absence, the date(s) absent, and parent's/guardian's or physician's signature. Students should bring excuse notes directly to the front office upon their return. A note from a parent will serve as sufficient excuse when brought in immediately following most short-term absences. The principal has the authority to require additional proof of the legitimacy of the excuse. For example, the principal may require doctor's statements justifying the absences of a student.

**Any unauthorized absence from school will constitute an act of truancy. Students with 5 or more unexcused absences, and all cases of students with 10 or more total absences will be submitted to the School Attendance Officer for further options.**

**ARRIVAL & DISMISSAL**

The school will provide supervision for students 30 minutes prior to the start of each school day. Students must leave the campus immediately upon dismissal unless involved in a supervised after school activity. Car riders must load and unload at the designated area for parent pickup. Students involved in an after school activity must report to the supervising teacher/coach immediately. All students, not under teacher supervision must be off campus by 3:00.

Students riding buses will board buses parked in the bus lanes alongside the school. All students who ride in cars are to be picked up in area specifically designated for parent pick up.

**LMS MOBILE TECHNOLOGY POLICIES**

During the school year your student will have the opportunity to use a WCPS device in class, or they may bring their own technology, such as a tablet or cell phone. This will be an exciting and educational learning experience for them. There are many different applications, videos, and activities that correlate with the lessons that we will be covering during the year. This opportunity also brings responsibilities, such as taking care of the WCPS technology.

Student using any mobile technology at LMS shall:

- use technology only as instructed by a staff member.
- not take a WCPS device home.
- have their cell phones powered off during instructional time and class changes.
- only use their cell phone during lunch and anytime their teacher allows them for instruction purposes.
- not send, publish, or access anything that is offensive or inappropriate for school.
- not engage in any form of cyber bullying or any other illegal activity.
- not publish, display, or share material that could cause a disruption to the learning environment, including pictures or videos of other students or staff.
- only use one ear-bud when listening to audio through the device.
- not use the camera unless directed to do so by a staff member.
- have their focus on the staff member during instruction, not the device.
- be responsible for the WCPS device you check out for the class period or day.
- not use any form of social media unless directed so by a staff member.
- completely follow the WCPS Technology Usage Policy defined in the student handbook.

Any student who uses technology, whether it is their personal or a WCPS device, inappropriately as outlined above and in the WCPS Technology Usage Policy shall be disciplined by the LMS staff and/or administration. In repeated, or extreme cases, this may include revoking the student's privilege to use any technology at LMS indefinitely.

LMS is not responsible for damaged or stolen personal technology. All cases should be reported to LMS staff and will be investigated. Any damage to WCPS technology will be fully investigated and monetary fines are possible in the event of misconduct leading to damage, as is the case with the

damage of any WCPS property. Parent/Guardians should continue to call the LMS front office to relay any emergency information to their student. Inappropriate use of technology will be addressed through the Walton County Code of Conduct.

**COMMUNICATION – PARENT TO TEACHER**

Parents should obtain their log-in information to our student information system program, iCampus, early in the school year. This portal allows you to view your child’s grades, attendance, and other important information. Please be sure to keep your phone numbers and email address up to date. You can change your email information through a parent portal access on the Walton County website, [www.walton.k12.ga.us](http://www.walton.k12.ga.us). Go to the website and click on the parent tab. Click on the iCampus Parent Portal and follow the directions. Your contact information can be changed by coming in to our school office and giving that information to an office worker.

**CONFERENCES**

The faculty welcomes the opportunity to engage in conferences with parents and students to discuss classroom performance, behavior, or any other concerns. Any parent/ guardian who wish to have a conference should contact your child’s teachers to request an appointment. Keep your teacher’s emails – this is important and allows you to keep up with your child’s performance weekly. If you have a concern or need to talk with someone other than your child’s teacher, please do not hesitate to call the appropriate counselor or assistant principal.

**STRIKES**

Students can be given strikes by the classroom teacher for minor classroom behaviors including, but not limited to: behavior issues, gum/candy/eating, disobeying class rules, being chronically unprepared for class, class disruption, running, or other offenses at the teacher’s discretion. Strikes do not include tardies.

Strikes do not go on a student’s record, and will reset at the beginning of each quarter. Usually strikes are recorded in the student agenda, but it is not mandatory for a teacher to contact parents about strikes. Parents can check student agendas, or email their child’s teacher with questions. The following dispositions will be used in dealing with strikes:

3-5 strikes	After school Detention
6 strikes	After school detention
7 strike	Student will receive a Discipline Referral and will see an administrator who will assign appropriate disciplinary action.
8 or more strikes	Referral each strike thereafter

**DETENTION**

Detention is assigned by teachers and is held after school on Tuesday and Thursdays. Parents and students should arrange transportation home from detention in advance. *A student’s failure to return their signed detention form does NOT excuse them from the detention.* Failure to attend detention will result in more severe consequences, except in those incidences where a parent makes other arrangements prior to the assigned detention with the teacher who assigned the detention.

**TARDIES**

Students will be considered tardy if not in homeroom when the bell rings. When tardy, students must report to the office to sign in. Students with excessive unexcused tardies will be subject to further disciplinary action. The following dispositions will be used in dealing with tardiness:

3-5 unexcused tardies	After school Detention
6 unexcused tardies	After school detention
7 unexcused tardies	Student will receive a Discipline Referral and will see an administrator who will assign appropriate disciplinary action.
8 or more unexcused tardies	Referral each tardy thereafter

## **DRESS CODE**

Walton County Board of Education Policy JCDB states students are to dress in a manner that is reasonable and not distracting to other students and teachers. Any dress of an extreme nature will not be tolerated. Each school principal will make final decisions regarding student dress in his or her school.

### **The following guidelines are the regulations that support WCPS Policy JCDB:**

1. Students must be in compliance as they go about their normal school routines.
2. Students may not adjust their clothing in an attempt to correct clothing already deemed unacceptable.
3. Shirts and shoes must be worn at all times.
4. The "3x5" Rule (using 3x5 index card)
  - a. All dress and skirt lengths will be no shorter than 3" above the knee.
  - b. All pants, shorts, and gym shorts lengths will be no shorter than 5" above the knee.
  - c. The highest point of any slit in a dress, skirt, pants, or shorts must be no shorter than 5" above the knee. No exposed skin may show through holes, slits, rips or tears in clothing higher than 5" above the knee.
5. Refer to box below for skirts, pants, shorts, gym shorts, shirts and blouses:

Skirts, pants and shorts must be fastened and worn above the hipbone, fitting at the inseam and at the waistline.	Clothing should not be extremely tight or form fitting as to cause a distraction.
No cleavage shall be visible.	No exposed undergarments are allowed.
No sleeveless shirts shall be worn.	No part of midriff shall be visible.
No sleepwear shall be worn.	No sheer or "see through" clothing shall be worn.
No spandex skirts shall be worn.	No "oversized" shirt or blouse shall be worn.
Only slacks, khakis, jeans/denim, loose cotton or nylon sweatpants and corduroys may be worn. NO tights, leggings, jeggings or spandex-style yoga pants unless covered by an appropriate length – within 5" from the top of the knee – top.	

6. No head coverings except when used as a headband shall be worn inside the building(s). To include, but not limited to hats, ball caps, visors, bandanas, scarves, knit hats and hoods. No face coverings shall be worn including sunglasses used as eyewear.
7. No item of clothing, jewelry, headgear or other visible personal items shall contain the following:
  - a. Suggestive language, graphics, symbols or slogans.
  - b. Profane language, graphics, symbols or slogans.
  - c. ANY reference (language, graphics, symbols or slogans) that are demeaning to others.
  - d. ANY reference (language, graphics, symbols or slogans) to drugs, alcohol, tobacco, weapons or gangs.
  - e. ANY language, graphics, symbols or slogans that are not in keeping with the values of the community.
8. Any "dress" (clothing, hair color, jewelry, accessories, piercings, etc.) determined by the dress code designee to be of an extreme nature is prohibited and is a violation of dress code.
9. All Physical Education Classes must adhere to the dress code outlined in the PE syllabus.  
**STUDENTS MUST ADHERE TO THE OVERALL LMS DRESS CODE ON THEIR WAY TO AND FROM PE.**
10. Students violating the Loganville Middle dress code will be referred to the dress code designee.
11. The dress code designee will make the final decision about dress code related issues.
12. **Violations of the Loganville Middle Dress Code will result in the following:**

- a. **First Offense:** Offense warning recorded in the dress code notebook. Student asked to correct the dress code issue. Parent/guardian may be contacted to assist in resolving the dress code issue.
  - b. **Second Offense:** Offense warning recorded in the dress code notebook. Student asked to correct the dress code issue. Parent/guardian may be contacted to assist in resolving the dress code issue. Student will receive an administrative warning and may receive discipline action.
  - c. **Third Offense:** Student will receive administrative referral.
  - d. **On All Levels of Dress Code Offenses:**
    - i. If the student is unable to correct the Dress Code violation, he or she may be placed in ISS for the remainder of the day or until such time as the issue is resolved.
    - ii. Upon correcting the Dress Code violation, the student may be permitted to his/her scheduled classes.
13. If the student is out of dress code in ISS then another day of ISS may be added.

**The principal has the right to modify or revoke the terms and conditions of the Loganville Middle Dress Code Policy at any time. Changes to this policy will be communicated through daily school announcements and will be posted on the Loganville Middle School website.**

**BULLYING**

LMS Students will treat all fellow students with respect. They will not humiliate or hurt any other student physically, verbally, mentally, or electronically. In order to be considered bullying, the behavior must be aggressive and include:

- An Imbalance of Power: Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- Repetition: Bullying behaviors happen more than once or have the potential to happen more than once.

Students will avoid any and all behaviors that violate the school or classrooms rules and policies, not limited to the following behaviors or actions:

Isolating/Excluding	Teasing	Hitting
Spreading rumors/lies	Name calling	Pushing
Making faces or gestures	Insulting	Kicking
Posting slander in public places	Mimicking	Tripping
Public Humiliation	Harassing	Shoving
Electronic Communication	Making fun of	Stealing someone's personal belongings
Physical sexual harassment	Verbal sexual harassment	Damaging someone's property
Electronic Communication	Electronic Communication	Threaten to injure

They understand that their behavior should comply with all classroom, school, county, state and federal laws including the Walton County handbook in their agenda and the State of Georgia Senate Bill 250 and Statute O.C.G.A. 20-2-751.

They also understand that their behavior is subject to our Code of Conduct which they acknowledge has been reviewed. In addition, they acknowledge that they can be charged with any consequence deemed fit, including a 2.02 or 3.02 code violation from the Walton County Handbook. It is also their responsibility to report bullying if it is seen or heard. They pledge to use the LMS Red Zone Reporting System appropriately. They will do the best they can to help any student who is obviously being upset or hurt by other students.

LMS Parents will do their utmost to ensure that their son/daughter will abide by follow all classroom, school, county, state and federal laws. It is also the responsibility of their son/daughter to report bullying when it is seen or heard.

**EARLY CHECKOUT**

To assure your child receives maximum educational benefits and to alleviate traffic problems, we ask that you only pick up your child in case of medical or other unavoidable appointments. When you must pick up your child early, please make the pickup prior to 2:15 pm. After 2:15 you will be required to wait for the school to perform its normal dismissal procedures.

Parents and guardians who wish for other responsible adults to pick up a child should list that person in the student’s emergency contact/pick-up information in iCampus. All adults will be expected to show picture ID when checking out a student or visiting our campus.

**FLOWER OR GIFT DELIVERY**

Policy JLB of the Walton County Board of Education states that the delivery of flowers, balloons, teddy bears or other gifts for Valentine’s Day, a student’s birthday or for any other reason is not permitted in any Walton County School. The office will NOT accept these deliveries.

**GRADING SYSTEM**

The grading system for Walton County Public Schools is as follows:

	<b>Letter Grade</b>	<b>Percentage</b>	<b>4.0 scale</b>
A	Excellent	90-100	4.0
B	Satisfactory	80-89	3.0
C	Improving	70-79	2.0
F	Needs Improvement	Below 70	0.0

**GUIDANCE SERVICES**

Guidance counselors are available for every student, not just for those who have experienced or are having trouble. Our teaching staff works closely with the counselors to help students succeed in school and reach their fullest potential. Any student desiring an appointment with a counselor must have a pass from the teacher or counselor. Parents are invited to contact their child’s guidance counselor at any time for assistance or to share concerns.

**HALL PASSES**

**Any time a student is out of class that student must have a HALL PASS** by the issuing teacher stating their destination and time the student left the room. A student must obtain written permission from their teacher to visit the clinic or restroom, an administrator or guidance counselor.

**HONOR, MERIT & PRINCIPAL’S LISTS**

At the end of each grading period, students who have maintained high scholastic averages will be listed on the Honor Lists. Selection will be based on the following criteria:

Principal’s List	All A’s
Honor Roll	Avg. 90 & above
Merit List	Avg. 85-89

**LOCKER USAGE AND GUIDELINES/POLICIES**

Use of Loganville Middle School lockers is a privilege. Any student wishing to use a locker during the academic year is assigned a locker. There is a charge of \$5 for the rental of a school issued locker.

Lockers are required to be locked at all times.

Lockers are to be used at a student’s own risk. We cannot be held responsible for lost, stolen, or damaged personal property.

By signing the Student Locker Agreement form, students and parents agree to abide by the terms and conditions set forth by the guidelines outlined below and listed in the *Middle School Rules and Policies*.



1. All lockers are the property of the Loganville Middle School and are subject to applicable school policies. We reserve the right to alter the policies governing the use of lockers and locks with appropriate notice.
2. Any assigned locker found unlocked at any time will be secured and possibly reassigned.
3. Use of a locker by a person other than to whom it is issued is forbidden. Misuse of a locker may lead to termination of locker privileges.
4. Each student may have only one locker.
5. Loganville Middle School reserves the right to open a locker with or without the consent of the student to whom the locker is registered in instances where locker procedures are being abused or in the case of an emergency situation.
6. Students are not permitted to affix anything to the interior or exterior of their lockers.
7. All personal items must be stored completely within a locker. All items left outside of a locker, whether secured or not, will be removed and disposed of accordingly.
8. All lockers not cleaned out by the end of the school year will be vacated and contents destroyed.
9. LMS is not responsible for lost or missing items, either before or after clearance of a locker.

### **MAKE-UP WORK**

A student with excused absences is allowed three (3) school days from the day of his/her return to make arrangements with the classroom teacher to make up the work missed. The teacher and student will decide upon a reasonable time for completing and handing in make-up work. It is the student's responsibility to request make-up work and to return it as arranged. Students may make up final exams missed due to unexcused absences with prior permission of the school principal. If you are absent for three or more days, a parent should call the office and request your assignments. **Please allow 24 hours for teachers to get assignments ready.** These assignments can be picked up in the front office. Make up work for a one-day absence must be turned in within three days of returning to school. (Board Policy JBD)

### **STUDENT AGENDA BOOKS**

Students will be issued an agenda book and are responsible for keeping track of the agenda. The student agenda books are used as a hall pass. All hall passes should be recorded in the student agenda. Replacements, if available, will cost \$10.00 each.

### **TELEPHONE**

Use of the office phone is limited to emergency calls. **Parents should not call the school to speak to their child.** Students may use the phone in the front office as long as the student has a proper pass from their teacher. Office personnel or the school nurse will determine whether it is necessary for a student to call home due to illness.

### **MEDICATION**

Every student is given a new health information form at the beginning of the school year. Every student is required to turn this form in by the end of the first week of school. Forms go to the school nurse to keep on file for emergencies.

School nurses must have written permission to administer any medication. Please check the medication box and the yes/no box to give permission for medication at school. Parents will be contacted prior to administration. Please see the school nurse for any additional forms for asthma, seizures, diabetes, etc that you may need. Please note that medications brought to school in "baggies" will not be given by the school nurse. Medication forms must be on file in the school clinic.

Medication policy: JGCD – R: Medication Guidelines for Administration of Medication at School

NO medication of any kind will be administered to any student without a signed authorization form from the students parent/guardian and the prescribing physician, subject to the exception of emergency administration of auto-injectable epinephrine.



NO over-the-counter medication or herbal/dietary supplements will be administered on a routine basis to any student for more than a two week period without a written order from a healthcare provider authorized to prescribe medication in the state of Georgia.

STUDENTS ARE NOT ALLOWED TO TRANSPORT ANY MEDICATION TO OR FROM SCHOOL.

Parents and guardians are responsible for delivering student medications to the school nurse. Students are NOT permitted to transport medication to or from school or to possess such medication at school, unless the student is granted an exception to this rule as provided in the student's Individualized Education Plan, Section 504 Plan; Emergency Medication Plan; or Diabetes Management Plan. Prescription medications must be in the original container bearing a prescription label from the pharmacy. Over-the-counter medications must be in the original container with the label from the manufacturer.

Medications which may be self-administered at school include as asthma medications, auto-injectable epinephrine, diabetes treatment medications, and, as authorized by school administrators, other potentially life-saving medications that may be administered in an emergency.

**SPORTS**

Further information about LMS Sports can be found on the LMS website.

**LMS SPONSORED ATHLETICS**

FALL	WINTER	SPRING
<ul style="list-style-type: none"> <li>•Football (B)</li> <li>•Dennis Truesdell</li> <li>•7th &amp; 8th graders</li> <li>•6th graders - Managers</li> <li>•Softball (G)</li> <li>•Nicole Cornwell</li> <li>•7th &amp; 8th graders</li> <li>•6th graders - Players/Managers</li> <li>•Spirit Cheerleading (G)</li> <li>•Stephanie Traylor</li> <li>•7th &amp; 8th</li> <li>•6th graders - Manager only</li> <li>•CLUB Archery (B &amp; G)</li> <li>•Meloni Belk</li> <li>•6th, 7th &amp; 8th</li> </ul>	<ul style="list-style-type: none"> <li>•Basketball (B)</li> <li>Kevin Wages</li> <li>7th &amp; 8th</li> <li>6th graders - Player/Manager</li> <li>•Basketball (G)</li> <li>Dennis Truesdell</li> <li>7th &amp; 8th</li> <li>6th graders - Player/Manager</li> <li>•Spirit Cheerleading (G)</li> <li>Samantha Martin</li> <li>•7th &amp; 8th graders</li> <li>6th graders - Manager only</li> <li>•CLUB Archery (B &amp; G)</li> <li>•Meloni Belk</li> <li>•6th, 7th &amp; 8th</li> </ul>	<ul style="list-style-type: none"> <li>•Track (B)</li> <li>•7th &amp; 8th graders</li> <li>•6th graders - Player/Manager</li> <li>•Track (G)</li> <li>•Caitlin Askins</li> <li>•7th &amp; 8th graders</li> <li>•6th graders - Player/Manager</li> <li>•CLUB Archery (B &amp; G)</li> <li>•Meloni Belk</li> <li>•6th, 7th &amp; 8th</li> </ul>

**LHS SPONSORED ATHLETICS**

*LMS Students can participate in these sports since we do not have these programs*

FALL	WINTER	SPRING
<ul style="list-style-type: none"> <li>•Competition Cheerleading (G)</li> <li>Allison Creel</li> <li>8th Grade</li> <li>•Cross Country (B &amp; G)</li> <li>Kevin Johnson</li> <li>7th &amp; 8th</li> <li>6th graders -</li> <li>•Volleyball (G)</li> <li>Joe King</li> <li>8th sub-varsity</li> <li>6th &amp; 7th Managers</li> </ul>	<ul style="list-style-type: none"> <li>•Swimming (B &amp; G)</li> <li>David Smith</li> <li>7th &amp; 8th sub-varsity</li> <li>6th graders - Managers</li> <li>•Wrestling (B)</li> <li>Michael Greaves</li> <li>8th sub-varsity squad</li> <li>6th &amp; 7th - Managers</li> </ul>	<ul style="list-style-type: none"> <li>•Baseball (B)</li> <li>Jeff Segars</li> <li>8th sub-varsity</li> <li>6th &amp; 7th - Managers</li> <li>•Tennis (B)</li> <li>Michael Baker</li> <li>8th sub-varsity</li> <li>6th &amp; 7th - Managers</li> <li>•Tennis (G)</li> <li>Joel Cooley</li> <li>8th sub-varsity</li> <li>6th &amp; 7th - Managers</li> <li>•Soccer (B)</li> <li>Rob Silver</li> <li>8th sub-varsity</li> <li>6th &amp; 7th - Managers</li> <li>•Soccer (G)</li> <li>Ken Roberts</li> <li>8th sub-varsity</li> <li>6th &amp; 7th - Managers</li> <li>•Golf (B &amp; G)</li> <li>Dennis Truesdell</li> <li>8th sub-varsity</li> <li>6th &amp; 7th - Managers</li> </ul>

## PARENT TEACHER ORGANIZATION



Membership in the PTO helps to support our school and provides for better communication between parents and school. Membership fees are set by each school organization.

## CLUBS

Loganville Middle School offers the following clubs:

S.T.E.M.	Partnership for Success	Student Council	Girl Talk	Undercover Bullying	Art
Fellowship of Christian Athletes	Jr. Beta Club.	Family Career and Community	Future Farmers of America	Future Business Leaders America	Page Turners

Further information about these clubs can be found on the school website.

## SCHOOL ISSUED MATERIALS

Students are responsible for keeping up with the school issued materials that have been issued to them. **Having a school issued materials stolen does NOT release the student from the payment for the lost/stolen materials.** Students are strongly encouraged to keep up with materials and use their locker appropriately.

## TRANSPORTATION REQUESTS



The school secretaries may not take messages regarding checkout or afternoon transportation for students. It is impossible for us to be certain with whom we are speaking. Our primary concern is each child's safety. Your cooperation is appreciated in this effort.

- **We require that all students come to school in the morning clearly knowing whether their parents expect them to ride the bus, walk, or be picked up by car in the afternoon. We also ask that parents clearly know whether or not their children are planning to stay for an after-school activity. If you have questions or concerns regarding transportation (bus schedules), please call 770-207-8653.**
- Requests for special permission to ride a bus (ex: going home with friend) must be in writing from a parent and given to the front office **IN THE MORNING**. Requests will be reviewed and initialed once they have been approved. Students may retrieve them from the front office during their lunch.

## WITHDRAWAL FROM SCHOOL

If it becomes necessary to withdraw a student from school, a withdrawal form must be obtained from the attendance office and taken to the persons indicated on the form for signatures. All school issued materials must be turned in, and all outstanding balances must be paid.

**Dear Parents/Guardians:**

**Please see the information below on the medication policy for administration of medication at school. Every student is given a new health information form at the beginning of the school year. Every student is required to turn this form in by the end of the FIRST week of school. Forms go to the school nurse to keep on file for emergencies.**

**School nurses must have written permission to administer any medication. Please check the medication box and the YES/NO box to give permission for medication at school. Parents will be contacted prior to administration. Please see the school nurse for any additional forms for asthma, seizures, diabetes, etc that you may need.**

**Please note that medications brought to school in "baggies" will not be given by the school nurse. Medication forms must be on file in the school clinic.**

## **MEDICATION POLICY:**

### **JGCD-R: Medication Guidelines for Administration of Medication at School**

**NO** medication of any kind will be administered to any student without a signed authorization form from the student's parent/guardian and the prescribing physician, subject to the exception of emergency administration of auto-injectable epinephrine.

**NO** over the counter medication or herbal/dietary supplements will be administered on a **routine basis** to any student for more than a two week period without a written order from a health care provider authorized to prescribe medication in the State of Georgia.

### **STUDENTS ARE NOT ALLOWED TO TRANSPORT ANY MEDICATION TO OR FROM SCHOOL.**

**Parents and guardians are responsible for delivering student medications to the school nurse. Students are NOT permitted to transport medication to or from school or to possess such medication at school, unless the student is granted an exception to this rule as provided in the student's Individualized Education Plan, Section 504 Plan; Emergency Medication Plan; or Diabetes Management Plan.**

**Prescription medications must be in the original container bearing a prescription label from the pharmacy. Over the counter medications must be in the original container with a label from the manufacturer.**

**Medications which may be self-administered at school include asthma medications, auto injectable epinephrine, diabetes treatment medications, and, as authorized by school administrators, other potentially life-saving medications that may be administered in an emergency.**

## SCHOOL HEALTH INFORMATION

Student # \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/HR \_\_\_\_\_

Student \_\_\_\_\_, \_\_\_\_\_ Gender: M F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_

### Health History

ALLERGIES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PHYSICAL HANDICAPS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DIABETES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SEIZURE DISORDER	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SICKLE CELL DISEASE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ASTHMA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CANCER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ADHD/ADD	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of the above, please detail specifics in the space provided along with any other physical or mental health issues which may be a concern at school.

\_\_\_\_\_

- Does your child have any condition that would limit physical education activities? List \_\_\_\_\_
- Does your child take any prescribed medication routinely? List \_\_\_\_\_

Do we have permission to complete Hearing and/or Vision Screenings on your child?  Yes  No

List name(s) of school-age siblings:

1. \_\_\_\_\_ Grade/School \_\_\_\_\_
2. \_\_\_\_\_ Grade/School \_\_\_\_\_
3. \_\_\_\_\_ Grade/School \_\_\_\_\_

### Emergency Contact Information

Parent/Guardian #1 \_\_\_\_\_, \_\_\_\_\_ Relation \_\_\_\_\_

Home # \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Work # \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell # \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_, \_\_\_\_\_ Relation \_\_\_\_\_

Home # \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Work # \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell # \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_

### If parents/guardians cannot be reached, list two persons who will assume care of your child.

Name _____	Relation _____	Phone ____/____/____
Name _____	Relation _____	Phone ____/____/____

Child's Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission to give my child (CHECK all that apply)  Tylenol  Advil  Caladryl/Calamine Lotion  
 Benadryl Cream  Tums (or generic equivalent);  cough drops according to label instructions.  YES  NO (BOX  
MUST be checked for medication administration – Parent will be contacted prior to administration.

I also understand that, if in the event of an emergency, I cannot be reached, the school will have my child transported to the hospital via the EMS/911 service to receive appropriate treatment.  YES  NO

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



**PLEASE RETURN THIS COMPLETED FORM TO YOUR SCHOOL**  
**STUDENT/PARENT RECEIPT OF WALTON COUNTY SCHOOL DISTRICT'S:**

- CODE OF CONDUCT
- MANDATORY EDUCATION FOR CHILDREN BETWEEN AGES SIX AND SIXTEEN/GEORGIA COMPULSORY SCHOOL ATTENDANCE LAW
- STUDENT INFORMATION & MEDIA RELEASE FORM
- NOTICE FOR DIRECTORY INFORMATION UNDER FERPA
- NOTICE OF RIGHTS UNDER FERPA
- STATE GOVERNING RULES FOR HOSPITAL HOMEBOUND
- GIFTED, SPECIAL EDUCATION, ALTERNATIVE, POI, & 504 EDUCATION PROGRAM INFORMATION
- UNSAFE SCHOOL CHOICE OPTION: BOARD POLICY JBCCA (2)
- BOARD POLICY FOR STUDENT RECORDS
- TEACHER PROFESSIONAL QUALIFICATIONS
- GENDER EQUITY NONDISCRIMINATION NOTICE
- STUDENT SEXUAL HARASSMENT COMPLAINT RESOLUTION PROCEDURES
- SCHOOL NUTRITION PROGRAM INFORMATION
- INTERNET ACCEPTABLE USE: BOARD POLICY IFBD (2) & IFBD-R
- CHAIN OF COMMAND PROCEDURES
- PROTECTION OF PUPIL RIGHTS AMENDMENT (PPRA)

I HAVE READ THE ABOVE LISTED 2016-2017 GUIDELINES AND POLICIES OF THE WALTON COUNTY SCHOOL DISTRICT AND UNDERSTAND THE POSSIBLE CONSEQUENCES AND PENALTIES FOR NON-COMPLIANCE.

---

Student's Name (Please Print) Grade

---

Student's Signature Date

As the parent/guardian of \_\_\_\_\_, I have read the above listed 2016 – 2017 guidelines and policies of the Walton County School District and I understand the possible consequences and penalties for non-compliance.

---

Parent's Name (Please Print) Telephone Number

---

Parent's Signature Date

**WALTON COUNTY SCHOOL DISTRICT 2016-2017  
STUDENT INFORMATION AND MEDIA RELEASE FORM**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

I am the parent/guardian of the student named above.

My child's principal, teacher, coach, and other school officials are authorized

(1) to photograph, audio record, and/or video record my child in connection with classwork or assignments, class or school activities, and/or team or club events or activities whether individually or as part of a group;

(2) to post my child's photograph, video recording including my child, audio recording of my child, or other image or recording including my child, digital or otherwise, on the school district web page, school web page, teacher web page, school club or organization web page; school district, school, teacher's instructional or coach's team Facebook page; and/or other social media platform;

(3) to release information, recordings and photographs of my child to the print media, television and radio, and other news' outlets, including internet outlets, in connection with my child's achievements and/or participation in school and school district activities (e.g., sport's activities, Anchor Club, FBLA, Beta Club, FCCLA, Safety Patrol);

(4) to place my child's photograph or image in the school yearbook; and school district, school, class or school activity program or publication; and

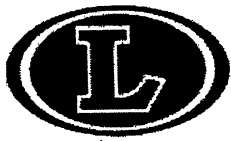
(5) to place my child's photograph or other image or school work (to include my child's name) in a public location, both in the school and school district, in the community, and other locations where it would be appropriate to display student work.

Participants in the edTPA Georgia program or other teacher certification program are authorized to videotape or otherwise record my child in connection with lessons or other class activities solely for use in training and/or evaluating the program participant.

( ) I DO authorize the activities described above.

( ) I DO NOT authorize the activities described above.

\_\_\_\_\_  
Signature of parent/guardian\_\_\_\_\_  
Date



# Loganville Middle School

## RECEIPT OF LMS 16-17 RULES & POLICIES

**SIGN/RETURN**

4869 Bay Creek Church Road  
Loganville, GA 30052  
678-684-2960



Student's Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Homeroom teacher: \_\_\_\_\_

**Parent:**

I have read Loganville Middle School's 2016-2017 Rules and Policies handout, and I agree to support, enforce, and abide by (ALL) Loganville Middle School Rules and Policies including, but not limited to the following:

- initial \_\_\_\_ Attendance Policy
- initial \_\_\_\_ Mobile Technology
- initial \_\_\_\_ Dress Code
- initial \_\_\_\_ Bullying
- initial \_\_\_\_ Locker Usage
- initial \_\_\_\_ All LMS Policies and Procedures

The principal has the right to modify or revoke the terms and conditions of the Loganville Middle School Rules and Policies at any time. Changes will be communicated through daily school announcements and will be posted on the Loganville Middle School website.

Parent's Name (Please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student:**

I have read Loganville Middle School's 2016-2017 Rules and Policies, and I/We agree to support, enforce, and abide by (ALL) Loganville Middle School Rules and Policies including, but not limited to the following:

- initial \_\_\_\_ Attendance Policy
- initial \_\_\_\_ Mobile Technology
- initial \_\_\_\_ Dress Code
- initial \_\_\_\_ Bullying
- initial \_\_\_\_ Locker Usage
- initial \_\_\_\_ All LMS Policies and Procedures

The principal has the right to modify or revoke the terms and conditions of the Loganville Middle School Rules and Policies at any time. Changes will be communicated through daily school announcements and will be posted on the Loganville Middle School website.

Student's Name (Please print) \_\_\_\_\_ Student's

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

2016-2017 FREE AND REDUCEDPRICE SCHOOL MEALS FAMILY APPLICATION

www.walton.k12.ga.us-->School Nutrition

If you received a letter stating your child is Direct Certified, you do not need to complete this application. Please complete only one application per household

\*\*\* Your family is responsible for all charges and purchases until this application is approved. \*\*\*

**STEP 1: List all household members who are infants, children, and students up to and including grade 12.**

Definition of household member: Anyone who is living with you and shares income and expenses, even if not related. Children in foster care and children who meet the definition of Homeless, Migrant, and Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's first name Child's last name	School & Grade	Student ID (if known)	Mark if foster child. If all are foster children, skip to part 4& sign.	Mark if Homeless, Migrant, or Runaway
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>

**STEP 2: Do any household members (including you) currently participate in one or more of the following: SNAP or TANF?** Yes  No    
 If you answered NO, continue to STEP 3. If you answered YES, write a case number in the blank and continue to STEP 4 (skip STEP 3): \_\_\_\_\_

**STEP 3: Report income for all household members.** (Skip this step if you answered "yes" in Step 2.)

Please read How to Apply for Free and Reduced Price Meals for more information. The Sources of Income for Children chart will help you with the Child Income question. The Sources of Income for Adults chart will help with the All Adult Household Members section.

Part A: Child Income: Sometimes children in the household earn income. Include the TOTAL income earned by all children listed in STEP 1 here. Enter whole dollars only. Mark the frequency.	Child Income (whole \$)				Weekly	BiWeekly	2xMonth	Monthly
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part B: All Adult Household members (including yourself). List all household members not listed in STEP 1, even if they do not receive income. If a household member receives income, list total income from each source in whole dollars only. If no income, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.	Earnings from work before deductions	Child Income (whole \$)				Welfare, child support, alimony				Pensions, Retirement, SSI, Social Security, VA Benefits				All other types of income						
		Weekly	Every 2 weeks	2 x monthly	Monthly	Weekly	Every 2 weeks	2 x monthly	Monthly	Weekly	Every 2 weeks	2 x monthly	Monthly	Weekly	Every 2 weeks	2 x monthly	Monthly			
(Example) Jane Smith	\$199	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$180	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	\$100	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	\$19	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (children & adult):   Last four digits of the Social Security Number (SSN) of the Primary Wage Earner or other adult household member     Mark if no SSN

**STEP 4: Contact information and adult signature**

"I certify (promise) that all information on this application is true and all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable State and Federal laws."

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Children's ethnic and racial identities (optional). We are required to ask about your children's race and ethnicity. This information is important and helps to make sure that we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

<b>Choose one ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Mark one or more racial identities</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
---	---

**DO NOT fill out this part. This is for office use only.** Annual income conversion: Weekly x 52, Every 2 Weeks x 26, Twice a month x 24, Monthly x 12  
 Household size: \_\_\_\_\_ Total income: \_\_\_\_\_ Per  Week  Every 2 weeks  2x per month  Monthly  Year  
 Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced Price: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason:  Exceeds Income  Incomplete  Other  
 Date withdrawn: \_\_\_\_\_ Date returned: \_\_\_\_\_  
 Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_ Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_



\*\*\* Your family is responsible for all charges and purchases until this application is approved. \*\*\*

Your family is responsible for charges from the beginning of school until the application is approved.

Free and reduced price meal benefits apply to both lunch AND breakfast.

Student customers must pick up ½ cup fruit or ¼ cup vegetable for their meal benefits to work.

Free and reduced price meal benefits only apply to full meals. All customers, regardless of status, must pay for extras (such as extra food items, extra milk, or partial meals). Students determined eligible for free or reduced price benefits do not get extras for free or at a reduced price.

Students new to Walton County Schools may not be automatically eligible for free or reduced price meals based on a previous school system's determination. Please complete an application.

Contact the School Nutrition office (770-266-4431) if (1) a student in your family received free or reduced price benefits last year in Walton County Schools, AND (2) you have enrolled a new student (most commonly in kindergarten).

Our goal is to process all new applications in ten (10) days or less from when we receive your application. Do not hesitate to call and check on your application.

You will receive written notice regarding the outcome of your application – either an approval or denial letter. No response indicates that we have not received or processed your application. Please call our office to check if you are concerned.

Questions? Call School Nutrition right away at 770-266-4431!

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL DELAY PROCESSING AND MEAL BENEFIT DETERMINATION. BE CERTAIN TO SIGN THE APPLICATION IF REQUIRED.

Use these instructions as you fill out the application for free or reduced price meals. You only need to submit one application per household, even if your children attend more than one WCSD school. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow the instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Donna Coleman (770-266-4431) or by email: donna.coleman@walton.k12.ga.us.

### HOW TO APPLY FOR FREE AND REDUCED PRICE MEALS

**STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12.** Tell us how many infants, children, and school students live in your household. They do not have to be related to you to be part of your household.

- List each child's name. List the school, grade, and ID number (if known) for each child.
- Mark if any of the children are foster children. If you are applying for both foster and non-foster children, go to STEP 3. If you are *only* applying for foster children, skip to STEP 4 after completing STEP 1 of the application and follow these instructions.
- Mark if you believe any of the children are homeless, migrant, or runaway. Complete all steps of the application.

**STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN SNAP OR TANF? MARK YES OR NO.**

If anyone in your household participates in SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families), your children are eligible for free meals.

- If no one in your household participates in SNAP or TANF, mark NO and skip to STEP 3. Leave the rest of STEP 2 blank.
- If *anyone* in your household participates in SNAP or TANF, mark YES and provide a case number for SNAP or TANF. You only need to write one case number. You must provide a case number on your application if you marked yes. If you do not know your case number, contact the Walton County DFCS office (770-207-4000). Go to STEP 4.

**STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**Part A: Report all income earned by children.** Refer to the chart titled "Sources of Income for Children".

- Report the combined gross income in the box marked "Total Child Income" for all children listed in STEP 1 in your household.
- Only count foster children's income if you are applying for them with the rest of your household. It is optional for the household to list foster children living with them as part of the household.
- WHAT IS CHILD INCOME? Child income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report and be sure to report gross income:

Sources of child income	Example
Earnings from work	A child has a job where they earn a salary or wage.
Social Security Disability OR Survivor's Benefits	A child is blind or disabled and receives Social Security benefits. OR A parent is disabled, retired, or deceased and their child receives their Social Security benefits.
Income from persons <i>outside</i> the household.	Someone <i>regularly</i> gives a child spending money.
Income from any other source.	A child receives income from a private pension fund, annuity, or trust.

**Part B: All Adult Household Members (including yourself).** When filling out this section, please include all members of your household who are living with you and share income and expenses, *even if not related and even if they do not receive income of their own*. Do not include people who live with you but are not supported by your household's income and who do not contribute income to your household. Also do not list children and students already listed in step 1. If a child has income, follow the instructions in STEP 3, Part A.

- Use the chart in this section to determine if your household has income to report. Report all amounts in **gross income** only. Report income in whole dollars, do not include cents. Gross income is not your "take home pay". Gross income is the total received **before** taxes or deductions (such as insurance premiums, parking fees, or other amounts taken from your pay).
- Write a "0" in any field where there is no income to report. Any income fields left empty or blank will be counted as zero. *If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have knowledge or available information that your household income was reported incorrectly, your application will be verified for cause.* If you are self-employed, you will report your net income (this is calculated by subtracting the total operating expenses of your business from the gross receipts or revenue). Mark how often each type of income is received in the circles to the right.
- Report income from Public Assistance/Child Support/Alimony. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported. Informal, but regular, payments should be reported as "other" income.
- Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" and report all income that applies (next page).
- Report total household size: enter the total number of household members. This number **MUST** be equal to the number of household members listed in STEP 1 (children) and STEP 3 (adult household members). If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members because the size of your household determines your eligibility for free or reduced price meals.
- Provide the last four digits of your Social Security number. An adult household member must enter the last four digits of his/her Social Security number in the space provided. You are **eligible to apply for benefits even if you do not have a Social Security number**. If no adult household members have a Social Security number, leave this space blank and mark the box to the right labeled "Mark if no SS#".

**SOURCE OF INCOME FOR ADULTS**

<b>Earnings from Work</b>	<b>Public Assistance/Alimony/Child Support</b>	<b>Pensions/Retirements/All Other Income</b>
Salary, wages, cash bonuses NET income from self-employment (farm or business) Strike benefits	Unemployment benefits Worker's Compensation Supplemental Security Income Cash assistance from state or local government Alimony payments Child support payments Veterans' benefits	Social Security (including RR retirement and black lung benefits) Private pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household
<b>If you are in the U. S. Military:</b> Basic pay and cash bonuses Allowances for off-base housing, food, and clothing <i>Do not include combat pay, FSSA, or privatized housing allowance</i>		

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

- **All applications must be signed by an adult member of the household.** By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, make sure you have also read the privacy and civil rights statements included.**
- Provide your contact information. Write your current address in the field(s) provided. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Telephone numbers and email addresses are optional, but are helpful if we need to contact you quickly.
- Sign and print your name in the blanks provided. We cannot process an application without a signature.
- Write today's date in the space provide.
- Share the children's racial and ethnic identities (optional). This field is optional and does not affect your children's eligibility for free or reduced price meals.

**PRIVACY ACT INFORMATION:** 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) or Food Distribution on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member 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:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.