

2024-2025



# HIGHLAND HIGHLITES

ELEMENTARY



MIDDLE SCHOOL



HIGH SCHOOL





# HIGHLAND ADMINISTRATION



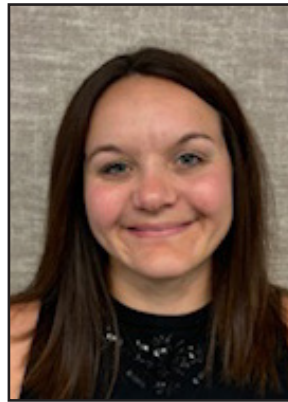
**Jane O'Leary**  
Highland Elementary Principal/  
Curriculum Director



**Angela Hazelett**  
Middle/High School  
Principal



**Bill Zywiec**  
Dean of Students/  
Director of Personnel



**Autumn Moyer**  
School Board Secretary/  
Business Manager



**Ken Crawford**  
Superintendent

## BOARD OF DIRECTORS

Nate Robinson – President.....	District # 5
Monica Jepson – Vice President.....	District # 3
Karen Fink.....	At Large
Rachel Longbine.....	District # 1
John O'Leary .....	District # 2
Dan Ruth.....	District # 4
Joslin Schott .....	District # 6

# Registration and Fees

## Registration

You can register your student(s) by going to your Powerschool Parent Login Page on the Highland School website ([www.highlandhuskies.org](http://www.highlandhuskies.org)). Choose the Elementary or Secondary Registration Form. **Please make sure your student(s) is signed up for busing if needed.**

## Fees

### Student Fees and Fee Waivers

All fees, as well as lunch money, can be paid by going to [www.highlandhuskies.org](http://www.highlandhuskies.org), and choosing the Payments tab, then selecting TouchBase Online Payments. Students whose families meet the income guidelines for free and reduced price lunch, the Family Investment Program (FIP), Supplemental Security Income (SSI), transportation assistance under open enrollment, or who are in foster care are eligible to have their student fees waived or partially waived. Students whose families are experiencing a temporary financial difficulty may be eligible for a temporary waiver of student fees. Parents or students who believe they may qualify for temporary financial hardship should contact the secretary at registration for a waiver form. This waiver does not carry over from year to year and must be completed annually.

### Fees

**Instrument Rental** (per year) ..... \$25.00

#### Book Rental

**Grades K-5** (per year)..... \$40.00 per student

**Grades 6-12** (per year)..... \$50.00 per student

**Drivers Education** ..... \$275.00 per student  
(to be paid when course starts not Registration)

*Contact your School's Secretary with questions.*

### Proposed Photographic Schedule Highland Community Schools

A fee is required when the pictures are taken if you want to buy pictures. If you are not satisfied with your pictures you may have them retaken or ask for a refund (100%). All students will have their pictures taken for school records. *Again, pre-pay policy will be used.*

September 12.....All Schools Picture Day

**Photographer:** B & C School Pictures  
1904 N. Court  
Ottumwa, IA 52501

## Nutrition Services

Highland Community School operates its Nutrition Services from a central kitchen located at the high school building. Lunches are prepared in the central kitchen and are transported to the elementary and middle school. The dishes are then transported back to the central kitchen for washing and sanitizing.

Families unable to pay full price for hot lunches are encouraged to participate in the State Free and Reduced Lunch Program. This program covers both breakfast and lunch meals. An application can be obtained from the school website. The application is also available in the Highland Highlites. Applications can be returned to the High School office by mail or dropped off during normal business hours. Applications are due by August 1st for processing by the beginning of the school year. It is important to note that applications can be submitted at any time during the school year, if needed. A new application is required each school year.

No charging meals allowed. Please see Highland School Board Policy 710.4. All students will be required to eat in the cafeteria even if they bring a sack lunch.

### Lunch (Includes 1 milk)

K-5	6-12	Adult/Visitor
\$3.25	\$3.50	\$4.95

A la Carte and seconds are available at the middle school and high school for an additional cost. A la Carte Milk (Includes PK & K Snack Milk, an extra milk with a purchased meal, or a milk to go with a lunch from home) A la Carte Milk is not covered by the Free/Reduced Meal Program.

### A la Carte / Snack Milk

Skim - \$.50 per carton; Lactose Free - \$1.25 per carton;  
Soy Milk, Unflavored or Chocolate - \$1.10 per carton

### Breakfast

K-5	6-12	Adult/Visitor
\$2.00	\$2.10	A la Carte Prices

Middle school and high school may either purchase a breakfast meal or items A la Carte.

The Highland Community School District is now accepting credit/debit cards for payment both on campus and online. The payment site can be accessed from the district's website. The link is located on the right hand side of the front page of the website titled "Online Payment System" or by clicking on the following link: <https://ia-highland.intouchreceipting.com/>

There is a \$2.50 convenience fee charge when using a credit/debit card online; however, there is no charge for paying with a credit/debit card onsite. Each office will be equipped with a credit/debit card reader for those who choose to pay with their debit/credit card onsite.

## Highland Before and After School Program

The Before and After School Program offers child care for students before and after school hours. The program is available to all school age children. If you are interested in this program please contact the Highland Elementary Attendance Center at 648-2821.

## Grant Wood Area Education Agency Services

Additional support services are available to assist teachers when concerns arise with students. These services include our building staff, (special education teacher, counselor, health secretary, etc.) and Grant Wood Area

Education Agency support staff, (psychologist, social worker, consultant, speech-language pathologist, occupational and physical therapist, work experience coordinators and others). Teachers and families may use input on an informal basis or request formal assistance in identifying strategies to address a concern, in carrying out these strategies, or in monitoring individual student progress. These services are available for all students through teacher or parent request. Working together, we can provide the best education possible for all of our children. Routine vision and hearing screening is performed by Grant Wood AEA staff. Parents who do not want their child's vision or hearing screened should indicate so in a written statement sent to the building office.

# General Information

## Smoking Is Restricted in All Highland Buildings and School Grounds

According to Board Policy 905.2, smoking will not be permitted in any school district building or grounds. This does pertain to all school activities and athletic events. *Thank you for not smoking!*

### School Phone Numbers

Superintendent .....	648-3822
Secondary School .....	648-2891 or 657-4101
Highland Elementary .....	648-2821

### Attendance Policy

Regular attendance at school is very important. If it is necessary for your child to be absent, please *call the school*. (or if impossible to call, send a note the next day explaining the reason for the absence). If the absence is due to illness, we request that you tell us the type of illness, since it is necessary for us to monitor contagious diseases. In some situations we may request a doctor's note to explain prolonged or frequent absences.

Only these situations are valid for an excused absence:

1. Personal illness.
2. Death in the family or serious illness in the family.
3. Appointments that cannot be scheduled outside the school day.
4. Recognized religious observances.
5. School-sponsored or approved activities.
6. Other reasons which may be justified and approved in advance by the administration.

Students are counted tardy after 8:00 a.m. daily at the elementary, and 8:00 a.m. at the secondary. If you know your child will be absent in advance, (doctor or dentist appointments, vacations, etc.) please notify the school so that we may make arrangements for your child to receive assignments in advance.

### School Hours

Elementary School .....	8:00 a.m. - 3:45 p.m.
Middle-High School .....	8:00 a.m. - 3:45 p.m.

### Citizens Complaints — Board Policy

The board recognizes situations may arise in the operation of the school district, which are of concern to parents, and other members of the school district community.

The board firmly believes concerns should be resolved at the lowest organizational level by those individuals closest to the concern. Whenever a complaint or concern is brought to the attention of the board, it will be referred to the administration to be resolved.

For the complete policy, please refer to Policy 213.1R.

### School Cancellation Announcements

If school is to be called off, or dismissed early, an announcement will be made over television and radio stations *KCRG TV 9, KGAN TV2, KWWL TV 7* and *KCII Radio*.

### Asbestos Notification

The asbestos management plan, containing all past, present and future asbestos activity is located at the Central Administration Office, 1715 Vine Avenue, Riverside, Iowa, 52327. Persons wishing to review this plan may contact Highland Community Schools, 1715 Vine Avenue, Riverside, Iowa 52327, 319-648-3822 or 319-648-2891.

### Privacy Act

#### ANNUAL NOTICE

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. They are:

(1) The right to inspect and review the student's education records within 45 days of the day the district receives a request for access.

Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The principal or (appropriate school official) will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading or in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask school district to amend a record should write the school principal, clearly identify the part of the record they want changed, and specify why it should be changed.

If the district decides not to amend the record as requested by the parent or eligible student, the district will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist, or a parent or student serving on an official committee, such as a disciplinary or grievance committee or student assistance team, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

*[Upon request, the district discloses education records without consent to officials of another school district in which a student seeks or intends to enroll or is already enrolled if the disclosure is for purposes of the student's enrollment of transfer. (Note: FERPA requires a school district to make a reasonable attempt to notify the parent or eligible student of the records request unless it states in its annual notification that it intends to forward records on request.)]*

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

Family Policy Compliance Office,  
U.S. Department of Education,

400 Maryland Ave., SW, Washington,  
DC, 20202-4605.

## Public Records

The Code of Iowa, Chapter 22 gives each individual the right to examine and copy public records of the school district. Requests to examine or copy public records should be made to the Superintendent or Board Secretary. Such requests shall be honored within a reasonable period of time as outlined in the law and a reasonable fee may be charged for the copying of public records. Those public records which deal with personnel are covered under the Federal Family Education Rights and Privacy Act and shall not be available for examination or copying.

## To the Parents of Children in the Highland Community School District Educational Equity Compliance

It is the policy of the Highland Community School District not to discriminate on the basis of race, color, age (except students), religion, national origin, sex, marital status, sexual orientation, gender identity, disability, or creed in its educational programs, activities or employment practices.

It is also the policy of the District that the curriculum content and instructional material utilized reflect the cultural and racial diversity present in the United States of the variety of careers, and roles open to women, as well as men, in our society. One of the objectives of the total curriculum and teaching strategies is to reduce stereotyping and to eliminate bias on the basis of race, religion, socioeconomic status, color, sex, marital status, national origin, sexual orientation, gender identity or disability.

Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 require

school districts to have a grievance procedure for employees, students, and parents. Inquiries regarding implementation, development and monitoring of this program may be directed to the Educational Equity Coordinator, Bill Zywiec, 1715 Vine Avenue, Riverside, Iowa 52327, 319-648-3822 or 319-657-4180 (Fax #319-648-4055) for the Highland Community School District; Director of the Iowa Civil Rights Commission, Des Moines, IA; or the Director of the Region VII Office of Civil Rights, Department of Education, Kansas City, MO.

## School Transfer Option

Any student who becomes a victim of violence, and a criminal charge has been filed, shall, to the extent feasible, be permitted to transfer to another school within the school district. For the complete policy, please refer to Policy 104.

## Discrimination Complaint Procedure in the Highland Community School District

Please refer to policy number 102.E4 on the school's website for the procedures.

## ESSA

Parents/Guardians in the Highland Community School District have the right, to learn about the following qualifications of their child's teacher: state licensure requirements for the grade level and content areas taught, the current licensing status of your child's teacher, and baccalaureate/graduate certification/degree. The Highland Community School District ensures that parents will be notified in writing if their child has been assigned, or has been taught by a teacher for four or more consecutive weeks by a teacher who is not considered highly qualified.

Parents/Guardians may request this information from the Office of the Superintendent by calling 319-648-3822 or sending a letter of request to the Office of the Superintendent, 1715 Vine Ave, Riverside, Iowa 52327.

## Video Cameras on Buses

The Board supports the use of recording devices on district property as a means to monitor and maintain a safe environment for students and employees. District property

includes district-owned land, buildings, vehicles, buses and any other property as needed. The contents of the recordings may be used as evidence in a student or employee disciplinary proceeding. Please refer to policy numbers 804.6 and 804.6R1 on the school's website for more information.

## Homeless — You Have A Right To A Public Education

**Homeless Child** — between ages of 5 and 21 who lacks a fixed, regular, and adequate nighttime residence. Includes youth living on the street, in some other kind of shelter, or with nonnuclear family members or friends, who may or may not have legal guardianship over the child or youth of school age.

If you, your child, or someone you know is classified as homeless and is located in the Highland School District, please contact the school for more information. The phone number is (319) 648-3822, or the address is 1715 Vine Ave., Riverside, Iowa 52327.

## Open Enrollment

Parents/guardians considering the use of the open enrollment option to enroll their child/ren in another public school district in the State of Iowa should refer to policy numbers 501.14 and 501.15 on the school's website, and follow the paperwork assigned for open enrollment.

Parents should be aware that open enrollment may result in the loss of athletic eligibility. For further details, contact the school office.

## Administration of Medication to Students

Students may be required to take medication during the school day. Medication will not be administered without written authorization from the parent and the medication must be contained in a bottle which is labeled by the pharmacy or the manufacturer with the name of the child, name of the medication, the time of the day in which it is to be given and the duration given.

Only the school nurse, or in the absence of a school nurse, the person who has successfully completed an administration of medication course reviewed by the Iowa Board of Phar-

macy Examiners shall have access to the medication.

## Injury or Illness at School

Students who become ill or are injured at school will be given first aid by authorized personnel. Whenever possible, parents will be notified by phone and instructions will be requested as to the disposal of the case. Alternate names of people to be contacted will be developed. When the parent has no telephone or cannot be reached, the ill or injured child shall be transported home, to the hospital, or to the doctor's office by ambulance or other convenient types of transportation. If possible, the family physician listed on the office records shall be contacted.

The board assumes no responsibility for medical treatment of students. If a student must take prescribed medication during school hours, written authorization and instructions must be provided by the parents or legal guardian of the student, as well as by a licensed physician or licensed health practitioner. However, nonprescription drugs may be administered by non-licensed, designated school personnel upon written request and instructions of the student's parent or legal guardian.

## Student Responsibility and Discipline

The Highland Community School Board affirms its support of the school student responsibility and discipline policies, its intent to support school staff who enforce these policies, and its intent to hold school staff accountable for implementing the policies.

## Student Drivers

Student drivers will not be allowed time to leave the parking lot before the buses leave using the north exits. Cars are to leave the parking lot in an orderly and careful manner. If any student driver passes a school bus in such a way as to endanger the occupants of either vehicle, his/her driving privilege will be suspended.

Student drivers should not drive by the elementary school while the buses are loading or unloading. Please park away from the loading area.

Many students ride to and from school with other drivers. The school

does not have any rule against this and asks each parent to set his/her own rules for his/her children.

## Child Abuse Reporting

School district personnel are encouraged, and the law requires certified employees to report to the State Department of Human Services within 24 hours when, in the course of their employment, they reasonably believe a child has suffered from abuse from a parent, guardian, or care giver. The Department of Human Services is responsible for completing this investigation.

If a school district employee or other member of the school district believes a child has suffered abuse, which shall include sexual and physical abuse, by a school district employee in the course of his/her employment, it shall be reported to the building administrator immediately. The building administrators, Angela Hazelett (High/Middle School), and Jane O'Leary (Elementary), have been appointed as the Level I investigators for child abuse complaints against school district employees. However, complaints regarding child abuse by school district employees may also be reported to the Superintendent, the designated alternate investigator for such complaints. A written complaint may also be filed in the superintendent's office. Investigation of a complaint will follow board policy and procedures. A copy of the complaint form, as well as board policy and procedures, are available in the superintendent's office.

## Section 504 of the Rehabilitation Act of 1973

It is the policy of the Board of Directors to provide a free and appropriate public education to each student with a disability within its jurisdiction regardless of the nature or severity of the disability.

It is the intent of the District to ensure that students who are disabled within the definition of Section 504 of the Rehabilitation Act of 1973 are identified, evaluated, and provided with appropriate educational services. Under this policy students may be identified as disabled even though they do not require services pursuant to the Individuals with Disabilities Act (IDEA). Parents who believe their child might be section 504 eligible are encouraged to contact the section 504 coordinator,

building principal, for referral forms and procedures. Due process rights of students with disabilities and their parents under Section 504 will be enforced.

## Tobacco, Alcohol, and Drugs

The Board of Directors has adopted a policy prohibiting the distribution, dispensing, manufacture, possession, use, or being under the influence of beer, wine, alcohol, tobacco, other controlled substances, or "look alike" substances that appear to be tobacco, beer, wine, alcohol or controlled substances by students while on school district property or on property within the jurisdiction of the school district; while on school owned and/or operated school or chartered vehicles; while attending or engaged in school activities; and while away from school grounds if the misconduct will directly affect the good order, efficient management and welfare of the school district. Violation of this policy by students will result in disciplinary action including suspension or expulsion. Use, purchase or being in possession of cigarettes, tobacco or tobacco products for those under the age of eighteen, may be reported to the local law enforcement authorities. Possession, use or being under the influence of beer, wine, alcohol and/or of a controlled substance may also be reported to the local law enforcement authorities.

## Search and Seizure

The Highland Community School District is held in public trust by the Board. School district authorities may, without a search warrant, search students, student lockers, personal effects, desks, work areas or student vehicles or protected student areas based on a reasonable and articulable suspicion that a school district policy, rule, regulation or law has been violated. The search shall be in a manner reasonable in scope to maintain order and discipline in the schools, promote the educational environment, and protect the safety and welfare of students, employees and visitors to the school district facilities.

## Firearms and Dangerous Weapons Policy

The Highland Community Board of Directors believes weapons, other dangerous objects and look-a-likes in school district facilities cause

material and substantial disruption to the school environment or present a threat to the health and safety of students, employees and visitors on the school district premises or property within the jurisdiction of the school district.

Parents of students found to possess a weapon, dangerous objects or look-a-likes on school property are notified of the incident. Possession or confiscation of weapons or dangerous objects will be reported to law enforcement officials, and the students will be subject to disciplinary action including suspension or expulsion.

Students bringing a firearm to school or knowingly possessing firearms at school could be expelled for not less than one year. The superintendent has the authority to recommend this expulsion requirement be modified for students on a case-by-case basis. For purposes of this portion of this policy, the term "firearm" includes, but is not limited to, any weapon which is designed to expel a projectile by the action of an explosive, the frame or receiver of any such weapon, a muffler or silencer for such a weapon, or any explosive, incendiary or poison gas.

## Anti-Bullying/Harassment

Harassment, bullying and abuse are violations of school district policies, rules and regulations and, in some cases, may also be a violation of criminal or other laws. The school district has the authority to report students violating this rule to law enforcement officials.

Students who feel that they have been harassed or bullied should:

- Communicate to the harasser or bully that the student expects the behavior to stop, if the student is comfortable doing so. If the student needs assistance communicating with the harasser or bully, the student should ask a teacher, counselor or principal to help.
- If the harassment or bullying does not stop, or the student does not feel comfortable confronting the harasser or bully, the student should:
  - tell a teacher, counselor or principal; and
  - write down exactly what happened, keep a copy and give another copy to the teacher, counselor or principal including:

- what, when and where it happened;
- who was involved;
- exactly what was said or what the harasser or bully did;
- witnesses to the harassment or bullying;
- what the student said or did, either at the time or later;
- how the student felt; and
- how the harasser or bully responded.

Sexual harassment may include unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. Harassment or bullying on the basis of age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status or familial status includes conduct of a verbal or physical nature that is designed to embarrass, distress, agitate, disturb or trouble persons when:

- places the student in reasonable fear of harm to the student's person or property;
- has a substantially detrimental effect on the student's physical or mental health;
- has the effect of substantially interfering with the student's academic performance; or
- has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.

Sexual harassment includes, but is not limited to:

- verbal, physical or written harassment or abuse;
- pressure for sexual activity;
- repeated remarks to a person with sexual or demeaning implications; and
- suggesting or demanding sexual involvement, accompanied by implied or explicit threats.

Harassment or bullying based upon factors other than sex includes, but is not limited to:

- verbal, physical, or written harassment or abuse;
- repeated remarks of a demeaning nature;
- implied or explicit threats concerning one's grades, job, etc; and
- demeaning jokes, stories or activities.

The key to effectively dealing with bullying is timely reporting of bullying incidents. If any parent or student feels like their reports are not being heeded please contact the appropriate administrator.

## School Lock Down

At different times throughout the school year situations occur that precipitate the need for some or all of our buildings to go into lockdown.

There are two types of lockdowns:

1. Locking the exterior doors
2. Locking both interior and exterior doors

There are a multitude of reasons for the buildings to go into lockdown. Anytime we are alerted of a potential threat in the area we take the proactive approach of locking our doors. When the situation warrants, parents will be notified about the lockdown. Please understand confidentiality prevents us from revealing certain details; we will always reveal as much information as possible. The safety of our students is our first priority.

## Hearing Screening

Grant Wood Area Education Agency (GWAEA) screens all students in Alternative Kindergarten (AK), kindergarten, and grades 1, 2, and 5. Students in the Early Learning Program with IEP's will be screened. Students in grades 3, 4, middle, and high school, who are new to the school, that don't have a documented hearing test, and some students with a history of known hearing loss will also be tested. Follow up testing may occur periodically if previous hearing test results were not within normal limits. Parent/guardians not wishing their child's hearing tested should notify the health office in writing at the beginning of the year. Parents/guardians with concerns about their child's hearing should contact the school nurse.

## Meal Charges

**Meal Charges:** In accordance with state and federal law, the Highland Community School District adopts the following policy to ensure school district employees, families, and students have a shared understanding of expectations regarding meal charges. The policy seeks to allow students to receive the nutrition they need to stay focused during the school day, prevent the overt identification of students with insufficient funds to pay for school meals, and maintain the financial integrity of the nonprofit school nutrition program.

**Payment of Meals:** Highland Community School District utilizes Family Meal Accounts eliminating the need for parents or guardians to deposit money into individual accounts. All students and adults that are registered as part of a family charge to one Family Meal Account. When the balance reaches \$0.00, each student on the account may charge no more than three (3) reimbursable lunch meals to this account. If the account has not been paid in full after three (3) lunches, students will be offered an alternative lunch. The student will continue to accrue meal charges to their account during this time. Students with outstanding meal charge debt shall be allowed to purchase a meal if the student pays for the meal when it is received.

Families can add money to their student account in several ways:

- The district accepts credit / debit cards for payments on campus or by accessing the district's online payment system through the district website.
- Families may also send a check or cash with their student to give to their building secretary. If sending cash, please enclose it in an envelope and write the students name on the outside of the envelope.

**Free and Reduced Meals:** We encourage families to apply for free and reduced meals if providing lunch money is a burden to the family. Applications may be obtained at any district office or by accessing the Highland Highlites on the district's website. New applications are required for each school year and applications may be submitted at any point in the year if a household experiences a change in financial cir-

cumstances. Certification for free or reduced price school meals remains in effect for the duration of the school year and 30 operating days into the following school year, or until a new eligibility determination is made, whichever comes first. It is important to note that if your child is certified to receive free or reduced meals this includes both breakfast and lunch meals. A la carte items and snack items are not covered by this program and a student must have a positive balance in their account to purchase those items.

Students who qualify for free meals shall never be denied a reimbursable meal, even if they have accrued a negative balance from previous purchases.

**Employee Meals & A la Carte Purchases:** Employees may use a Family Meal Account for meals and a la carte purchases. When an account reaches \$0.00 an employee will be allowed to charge two (2) meals into the negative and then will not be allowed to charge further meals or a la carte items until the negative account balance is paid.

**A la Carte Purchases:** Middle school and high school students have the option to purchase a la carte entrees and snacks. Students must have a positive balance in their meal account to purchase a la carte entrees and snacks. If a parent does not wish for their child to charge breakfast, a la carte entrees, or snack items to their meal account a block or a spending limit can be placed on the students account by contacting the Food & Nutrition Secretary. If a student has a low balance and the parent wishes for the student to be able to purchase a la carte or snack the same day we encourage them to make a deposit online before 9 am or to bring money to the high school office before the first bell rings.

**Negative Account Balances:** The school district will make reasonable efforts to notify families when meal account balances are low. Daily emails are sent to all families when the account balance is low and continue until the account is brought up to date. Additionally, paper notices are sent home with elementary students; and middle school and high school students are verbally notified when their account balance is low. The school district will make reasonable efforts

to collect unpaid meal charges classified as delinquent debt. The school district will coordinate communications with families to resolve the matter of unpaid charges. Negative balances, not paid prior to the end of the school year, will be notified via email at the end of the school year. Negative balances of \$25.00 or more will be turned over to the superintendent or superintendent's designee for collection. Options may include: collection agencies, small claims court, or any other legal method permitted by law.

**Communication of the Policy:** The policy and supporting information regarding meal charges shall be provided in writing to:

- All households at or before the start of each school year;
- Students and families who transfer into the district, at time of transfer; and
- All staff responsible for enforcing any aspect of the policy.

Records of how and when the policy and supporting information was communicated to households and staff will be retained.

The superintendent may develop an administrative process to implement this policy.

**Legal Reference:** 42 U.S.C. §§ 1751 et seq. 7 C.F.R. §§ 210 et seq. U.S. DEP'T OF AGRIC., SP 46-2016, UNPAID MEAL CHARGES: LOCAL MEAL CHARGE POLICIES (2016). U.S. DEP'T OF AGRIC., SP 47-2016, UNPAID MEAL CHARGES: CLARIFICATION ON COLLECTION OF DELINQUENT MEAL PAYMENTS (2016). U.S. DEP'T OF AGRIC., SP 57-2016, UNPAID MEAL CHARGES: GUIDANCE AND Q&A (2016). Iowa Code 283A. 281 I.A.C. 58.

**Cross Reference:** 710.1 School Food Program 710.2 Free or Reduced Cost Meals Eligibility 710.3 Vending Machine 710.4 Meal Charges

Adopted 8-14-17

## Equal Employment Opportunity

The Highland Community School District will provide equal opportunity to employees and applicants for employment in accordance with applicable equal



employment opportunity and affirmative action laws, directives and regulations of federal, state and local governing bodies. The Highland Community School District is an EEO/AA employer. See Policy 401.1 for further details.

## **Parent And Family Engagement**

Parent and family engagement is an important component in a student's success in school. The board encourages parents and families to become involved in their child's education to ensure the child's academic success. In order to facilitate parent and family involvement, it is the goal of the district to conduct outreach and implement programs, activities and procedures to further involve parents and families with the academic success of their students. See Policy 505.8 for further details.

## **Educational Records Access**

The board recognizes the importance of maintaining education records and preserving their confidentiality as provided by law. Education records are kept confidential at collection, storage, disclosure and destruction stages. The school district will provide training or instruction to employees about parents' and eligible students' rights under Policy 506.1.

Inspect and review the student's education records;

Seek amendment of the student's education records that the parent or eligible student believes to be inaccurate, misleading, or otherwise in violation of the student's privacy rights;

Consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that the law authorizes disclosure without consent; and

File a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the law.

## **Student Directory Information**

Directory information is information contained in the education records of a student that would not generally be considered harmful or an invasion of privacy if disclosed. The district may disclose "directory information" to third parties without consent if it has given public notice of the types of information which it has designated as "directory information," the parent's or eligible student's right to restrict the disclosure of such information, and the period of time within which a parent or eligible student has to notify the school in writing that he or she does not want any or all of those types of information designated as "directory information." See Policy 506.2 for further details.

## **Use Of Recording Devices On School Property**

The district believes in the importance of providing a safe and enriching learning environment possible for its students. The district uses digital recording devices on school property including school transportation vehicles to help protect the safety of district students, employees and community members; and to safeguard district property which is funded using public resources. See Policy 804.6 for further details.

## **Student Publications Code**

Student expression is something that is promoted at Highland Schools. Guidelines for student expression in publications can be found in Policy 502.3 and 502.3R1.

# 2024-2025 Highland Elementary Supply Lists

## Preschool

1. book bag (large enough for a large library book)
2. change of clothes (in a Ziploc bag - socks, underwear, pants, shirt)

## Kindergarten

1. scissors
2. 2 boxes of washable markers
3. erasers
4. 8 black fine tip dry erase markers
5. 2 boxes of 24 crayons
6. 2 glue sticks
7. 1 pencil pouch / bag
8. 2 folders with fasteners
9. old paint shirt
10. mat or towel for rest time
11. watercolor paints
12. book bag
13. a change of clothes (In a Ziploc bag) (to be kept In their book bag: socks, underwear, pants, shirt)
14. headphones (no earbuds)

## First Grade

1. 5- inch sharp point scissors
2. 1 box 24 crayons
3. 2 boxes of washable markers
4. 1 box colored pencils
5. 2 glue sticks
6. 1 small pencil box or bag
7. erasers (toppers ok)
8. 1 primary journal composition notebook
9. one 2-pocket folder
10. 24 #2 pencils
11. 8 dry erase markers
12. 1 book bag without wheels
13. heavy duty headphones
14. Please keep an extra set of clothes in backpack

## Second Grade

1. 1 box colored pencils or Crayons
2. 2 boxes of markers
3. 24 #2 pencils
4. 5 inch sharp scissors
5. 4 glue sticks
6. 1 pink eraser
7. zippered pencil bag or pencil box
8. 4 fine/chisel tip dry erase markers
9. two pocket folders
10. 1 spiral notebook (wide-line)
11. 2 highlighters
12. book bag without wheels
13. headphones

## Third Grade

1. 12 #2 pencils
2. eraser
3. scissors
4. crayons
5. headphones or earbuds
6. 3 wide lined notebooks
7. 1 composition notebook
8. 3 folders with pockets
9. 2 glue sticks
10. highlighter
11. dry erase markers
12. colored pencils or markers
13. pencil box or bag

## Fourth Grade

1. pencils / erasers
2. scissors
3. Pencil Box/Pouch
4. crayons
5. colored pencils
6. highlighter
7. dry erase markers
8. 2 folders with pockets
9. 2 pkgs. of wide lined notebook paper
10. basic function calculator
11. 2 composition notebooks
12. index cards
13. Earbuds / Headphones

## Fifth Grade

1. 24 yellow #2 pencils
2. 1 pkg pencil top erasers
3. 1 pkg colored pencils / makers
4. 4 red or black pens
5. scissors
6. 4 glue sticks
7. 2 highlighters
8. 4 dry erase markers
9. pencil box  
(all of the box items need to fit in this box)
10. 4 pocket folders
11. 4 Notebooks wide-ruled
12. loose leaf notebook paper wide-ruled
13. earbuds (labeled with name)

**All students need non-marking tennis shoes for P.E.**

**All pencils need to be yellow. Please no designer pencils.**

**Desired donations: Kleenex, Clorox Wipes, Zip Lock Baggies, Dry Erase Markers, #2 Pencils, Markers, Colored Pencils, Paper Towels**

## 2024-2025 Highland Middle School Supply List

NOTE: To help our students with organization please, use the following colors for notebooks & folders: Yellow= Math, Red= Reading, Blue=Language Art, Green= Science, Purple= Social Studies, Paper (not plastic)=Art, Orange=Agriculture

### 6th Grade General Supplies

- Earbuds
- 1 pair scissors
- 1 (12 ct.) pack of colored pencils
- 2 highlighters
- 1 black Sharpie
- 2 glue sticks
- 1 hand-held pencil sharpener
- 1 pkg (12 ct) pencils (no mechanical pencils. May need more through the year)
- 2 erasers or 1 pkg pencil top erasers
- 1 pencil pouch or pencil box (please put the above 9 materials in the pouch or box (5 pencils to begin with))
- 1 pkg 11" x 14" white poster board
- 2 canisters of disinfectant wipes
- 2 boxes of facial tissue (Kleenex) (200 ct.)
- 2 pencils & 1 paper pocket folder (new or used) to stay in art room

### 6th Grade Social Studies/ Science

- 1: 1.5 in. 3 ring binder (No zippered binders)
- 1: green 3 hole punched two pocket folder (**No metal prong**/plastic coated folders)
- 1: purple 3 hole punched two pocket folder (**No metal prong**/plastic coated folders)
- 2: pkgs. Loose leaf paper
- Suggested but not required: Self Adhesive Hole Reinforcements

### 6th Grade Language Arts/ Reading

- 1: red two pocket folder for Reading
- 1: blue two pocket folder for Language Arts
- 1: one subject college ruled spiral notebook with holes (red or blue)
- 1: 3x5 in notecards (100 ct. Or more)

### 6th Grade Math

- 2: one subject spiral notebook
- 1: folder
- 8: dry erase markers
- 1: whiteboard eraser or sock
- 1: x-large/jumbo book cover
- 1: scientific calculator (optional)

### 7th/8th Grade General Supplies

- 1 pair of earbuds
- 1: pair scissors
- 1: pkg colored pencils (12 ct.)
- 1: pkg markers
- 1: pkg crayons
- 4: Highlighters
- 2: Large glue sticks
- 1: hand-held pencil sharpener
- 2: Pens (no gel pens please)
- 2: erasers or 1: pkg of pencil top erasers
- 1: pencil pouch or pencil box (please put above 10 items in the pouch or box)
- 2: canister of disinfectant wipes
- 2: boxes of facial tissue (Kleenex) 200ct.

### 7th Grade English

- 1: spiral notebook
- 1: 3 ring binder
- 1: pkg looseleaf paper
- 1: Sharpie
- 2: folders
- 4: dry erase markers (may be large or small)
- 1: package sticky notes

### 7th/8th Grade Science

- 1: 1-inch 3-ring binder (no zippered binders)
- 1: Pkg loose leaf paper
- 1: green 3 hole punched folder (plastic folder preferred)
- 1: scientific calculator (optional)

### 7th/8th Grade Math

- 2: one subject spiral notebook
- 1: folder
- 8: dry erase markers
- 1: whiteboard eraser or sock
- 1: x-large/jumbo book cover
- 1: scientific calculator (optional)
- 1: protractor ( for HS Geometry)
- 1: geometry compass ( for HS Geometry)
- 1: ruler ( for HS Geometry)

### 8th Grade English

- 1: spiral notebook
- 1: 3 ring binder
- 1: pkg looseleaf paper
- 1: Sharpie
- 2: folders
- 4: dry erase markers (may be large or small)
- 1: package sticky notes

### 8th Grade US History

- 1: 1 in. 3 ring binder (No zippered binders)
- 1: purple 3 hole punched two pocket folder (**No metal prong**/plastic coated folders)
- 2: pkgs. Loose leaf paper

### 7th/8th Grade Life Skills

- 1: pocket folder with loose-leaf paper
- 2: pencils

### 7th/8th Grade Art

- 2 pencils w/ erasers to stay in the art room
- Graphic ruled composition book

### 7th/8th Agriculture

- 1, orange, 1-inch 3-ring binder
- Colored pencils with at least 12 colors
- Black or blue pens AND a few pencils
- Washable markers
- An orange notebook (unless they prefer to use loose leaf paper)
- 2 glue sticks
- 1 package of sheet protectors

# Highland Elementary Center



**Brenda Bean**  
Instructional Strategist



**Mary Brase**  
Fourth Grade



**Emma Christensen**  
Fifth Grade



**Courtney Dietze**  
Fifth Grade



**Megan Eaton**  
Preschool



**Derek Greene**  
Instructional Strategist



**Teresa Greiner**  
Preschool



**Thomas Hartley**  
Kindergarten



**Courtney Keen**  
Third Grade



**Tanner Kruse**  
Second Grade



**Cam Larson**  
PE & Health



**Madison Osman**  
Music



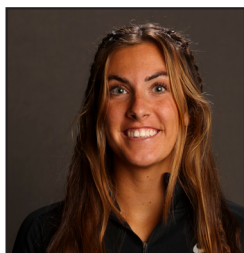
**Sonya Stanerson**  
School Counselor



**Debra Stewart**  
Math Interventionist



**Makenzie Stoffer**  
Fourth Grade



**Mackenzie Streveler**  
Second Grade



**Janelle Sulhoff**  
Instructional Coach



**Kelsey Tran**  
First Grade



**Ashley VanBuren**  
Elementary Art



**Angela Whetstine**  
Title I Teacher



**Kaden Wray**  
Third Grade



**Abigail Yoder**  
Kindergarten



**Rebeca Yoder**  
First Grade

# Highland District Additional Teachers



**Angie Alberts**  
Technology  
Integration  
Specialist &  
Instructional Coach



**Cassandra Goodwin**  
K-12 ELL Instructor



**Cindy Peiffer**  
School Nurse



**Brenda Mennen**  
Librarian

## Grant Wood AEA



**GRANT WOOD**  
AREA EDUCATION AGENCY

**Sarah Galloway**  
Psychologist

**Haley Bouse**  
Speech & Language

# Highland Middle & High School



**Dan Brandstetter**  
MS Instructional  
Strategist



**Jeremiah Carter**  
Vocal Music



**Samantha Cox**  
MS Instructional  
Strategist



**Barb Duder**  
Secondary Social  
Studies



**Mike Eden**  
HS At-Risk



**Jody Fink**  
MS P.E./Health/  
Activities Director



**Casey Halligan**  
Secondary Social  
Studies



**Tom Harbison**  
HS Instructional  
Strategist



**Jim Higdon**  
HS Language Arts



**Brooke Hitchcock**  
Secondary Math



**Clint Jones**  
HS Business Education  
Computers



**Jayme Kallaus**  
Sixth Grade Social  
Studies/Science



**Jenny Lichty**  
Secondary Science



**Andy McDonald**  
Band Instructor



**Kelli Peck**  
MS English and  
Tech Skills



**Cory Quail**  
MS/HS P.E.



**Denise Roth**  
Secondary English/  
Talented and Gifted  
Instructor/Yearbook



**Peggy Schwab**  
School Counselor



**Shayla Seils**  
MS/HS Ag

# Highland Middle & High School



**Angela Strobel**  
Sixth Grade Language  
Arts/Reading/  
Instructional Coach



**Tim Surine**  
HS Science



**Lyndsey Trahan**  
Secondary Math



**Carla Trees**  
MS/HS Art



**Olga Zelenski**  
Secondary Math



**Molly Zywiec**  
HS Foreign Language

# Bus Drivers

## BUS DRIVERS

### ROUTE DRIVERS

Dave Gerot  
 Tom Harbison  
 Jeff Hoft  
 Randy Knottnerus  
 Noel Maier  
 Mark Thompson  
 Jeff Wieland

# Secretaries



**Donna DeWolf**  
 Secondary/Nutrition  
 Bookkeeper



**Julie Strabala**  
 Elementary



**Traci Vonnahme**  
 Admin. Assistant/  
 Transportation  
 Director

# Cooks



**Rachel Cerny**  
 Food & Nutrition  
 Director



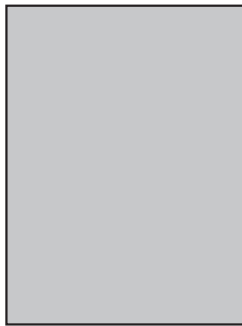
**Michelle Wollrab**  
 Lead Cook



**Marilyn Goody**  
 General Cook



**Noah Holden**  
 General Cook



**Sara Sublette**  
 General Cook



**Raye Wieland**  
 General Cook



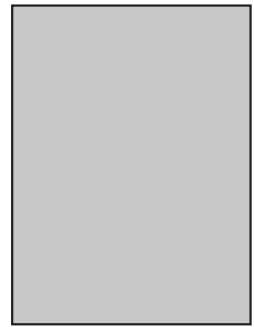
**Randy Knottnerus**  
 Middle/High School



**Tyler Thomann**  
 Maintenance Director



**Jeff Wieland**  
 Riverside



**Jeff Hoft**  
 Middle/High School



**Tami Fulk**  
 General Cook



# Associates



**Alison Butterbaugh**  
MS Associate



**Selena Calderon**  
Elem. Associate



**Julie Colbert**  
Elem. Associate



**Julie Giesmann**  
HS Associate



**Brenda Kirk**  
HS Associate



**Jessie Krotz**  
Elem. Associate



**Sonya Manley**  
MS / HS At-Risk Associate



**Maria Marin**  
Elem. Associate



**Sheila Mast**  
Preschool Associate



**Dawn Richardson**  
Elem. Associate



**Kelli Schwarz**  
Library / Admin. Associate



**Christyna Tabron**  
Elem. Associate



**Tamara VanSchoyck**  
Elem. Associate



**Mark Vazquez**  
MS Associate



**Susan Weber**  
MS Associate



**Kirsten Westcott**  
MS Associate



**Carrie Wieland**  
Elem. Associate

# Extra-Curricular Activity Coaches/Sponsors 2024-2025

Angie Alberts	Jr. High Track Jr. High Volleyball	Logan Moeller	Head Boys Track Jr. High Girls Basketball Jr. High Football
Jacob Allen	School Play Sponsor	Cory Quail	Head Football
Kelsey Black	Jr. High Softball	Allen Rath	Head Baseball
Erin Bramble	Head Girls Wrestling	Travis Riggan	Head Golf
Alison Butterbaugh	Jr. High Student Council Sponsor	Peggy Schwab	FBLA Sponsor
Jeremiah Carter	Vocal Music Sponsor	Kelli Schwarz	HS Student Council Sponsor
Nick Cole	Head Wrestling	Shayla Seils	FFA Advisor
Brady Copeman	Jr. High Football	Sonya Stanerson	Jr. High Track
Samantha Cox	Assistant Softball Jr. High Girls Basketball NHS Sponsor	Dylan Stewart	Head Soccer Assistant Wrestling
Jody Fink	Head Girls Basketball Driver's Education	Lacey Stransky	Drill Team Sponsor
Chris Ford	Assistant Girls Basketball	Angela Strobel	Head Cross Country Head Girls Track
James Higdon	Assistant Boys Basketball	Tim Surine	Robotics Advisor
Shannon Hills	Head Volleyball	Traci Vonnahme	HS Student Council Sponsor
Karlee Hugg	Assistant Volleyball	Carrie Wieland	Head Softball
Clint Jones	Jr. High Volleyball FBLA Sponsor	Bill Zywiec	Head Boys Basketball
Jayme Kallaus	Jr. High Student Council Sponsor Speech Sponsor	Molly Zywiec	NHS Sponsor
Cam Larson	Assistant Football Jr. High Boys Basketball	TBA	Jr. High Wrestling
Anne Layman	Wrestling Cheer Sponsor Basketball Cheer Sponsor Football Cheer Sponsor	TBA	Jr. High Wrestling
Jarrold Longbine	Assistant Baseball	TBA	Jr. High Boys Basketball
Mario Lopez	Assistant Soccer Coach	TBA	Assistant Football
Andy McDonald	Instrumental Music Sponsor	TBA	Jr. High Baseball
		TBA	Jr. High Softball
			Assistant Track



# 2024-2025 SCHOOL CALENDAR

## SUMMARY OF CALENDAR

Aug.	16	New Teacher Workshop
	19-22	Teacher In-Service Days
	23	First Day of School
	23	Start of 1st Quarter/1st Semester
Sept.	2	<b>Labor Day (No School)</b>
	6	Friday School Day
Oct.	2 & 16	P/T Conferences (4:00-7:30)
	11	Friday School Day
	24	End of 1st Qtr (38 days/285 hrs)
	28	Start of 2nd Quarter
Nov.	22	Friday School Day
	27-29	<b>Thanksgiving Holiday (No School)</b>
Dec.	19	End of 2nd Qtr (31 days/226 hrs)
	19	End of 1st Semester (69 days/511 hrs)
	20-31	<b>Winter Break (No School)</b>
Jan.	1-5	<b>Winter Break (No School)</b>
	6	School Resumes
	6	Start of 3rd Quarter/2nd Semester
	20	Martin Luther King Jr. Day (School Day)
Feb.	17	President's Day (School Day)
	19 & 26	P/T Conferences (4:00-7:30)
Mar.	13	End of 3rd Qtr (40 days/296 hrs)
	17	Start of 4th Quarter
	19-21	<b>Spring Break (No School)</b>
Apr.	18-21	<b>Easter Break (No School)</b>
	25	Friday School Day
May	18	Graduation
	26	<b>Memorial Day (No School)</b>
	28	Last Day of School
	28	End of 4th Qtr (40 days/295 hrs)
	28	End of 2nd Sem (80 days/591 hrs)
	29	Teacher In-Service Day

### Teacher In-Service

8/30, 9/13, 9/27, 10/4, 10/25, 11/8, 12/6, 12/20, 1/10, 1/24, 2/7, 2/21, 3/14, 3/28, 4/11, 5/2, 5/16

### KEY

- Friday School Days
- Vacation Days
- Holidays
- Parent/Teacher Conferences
- Begin Quarter/Semester
- End Quarter/Semester
- Teacher In-Service Days

### FOR DELAYS & CANCELLATIONS LISTEN TO:

KCRG TV 9  
KGAN TV 2  
KWWL TV 7  
KCII Radio

### SNOW MAKE-UP DAYS

12/13, 1/31, 2/14, 2/28, 4/11, 5/9

## JULY 2024

M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

## AUGUST 2024

M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

## SEPTEMBER 2024

M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

## OCTOBER 2024

M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

## NOVEMBER 2024

M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

## DECEMBER 2024

M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

## JANUARY 2025

M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

## FEBRUARY 2025

M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

## MARCH 2025

M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

## APRIL 2025

M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

## MAY 2025

M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

## JUNE 2025

M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

Families interested in Free or Reduced Meals for the 2024-2025 school year must complete the Free and Reduced Meal Application form found on our website under the Resources tab, then Food and Nutrition Services.

A new application form is required each school year.

Printed forms can also be returned by mail to:

Highland Community Schools  
1715 Vine Avenue  
Riverside, Iowa 52327

or returned to the Main Office at the High School.

It is important to note that families can apply at any time during the school year if their financial situation changes or makes it difficult to pay for school breakfasts / lunches.

## PARENT/GUARDIAN INFORMATION LETTER FOR FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION

### Frequently Asked Questions About Free and Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **Highland CSD** offers healthy meals every school day. Breakfast costs **K-5 \$2.00, 6-12 \$2.10**; lunch costs K-5 \$3.25, 6-12 \$3.50. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is \$ .30 for breakfast and \$ .40 for lunch. Return or mail the completed application to: **Highland CSD, 1715 Vine Ave., Riverside, IA 52327 Attn: Donna**

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines below and submit an application for free and reduced price meals/milk.

FEDERAL INCOME ELIGIBILITY GUIDELINES for SCHOOL YEAR 2024-2025

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each additional family member:	9,953	830	415	383	192

2. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your notification, contact: Donna DeWolf at 319-648-2891 or [ddewolf@highlandhuskies.org](mailto:ddewolf@highlandhuskies.org); immediately as eligibility for free or reduced price meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from the Iowa Department of Health and Human Services (Iowa HHS), submit this letter to your children's school. You may add any students living in your household who are not listed on the letter. Also, if someone in your household receives SNAP or FIP benefits and you did not receive either of these letters, you may complete an application listing the case number as this will qualify all school age children in your household for free meals. If you were informed that your children will get reduced price meals, see the income guidelines above and if you feel you would qualify for free meal benefits, complete an application for free and reduced price meals.
3. WHAT IF WE HAVE FOSTER CHILDREN? Households with foster and non-foster children may choose to include the foster child as a household member, as this may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
4. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact: Donna DeWolf or Your students Principal.

5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No, complete the applications for free and reduced price school meals for all the students in your household. We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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 complete a new application unless the school told you that your child is eligible for the new school year. When the carryover period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please complete and send in an application.
8. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes, you, your children or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
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 or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to your school officials. You also may ask for a hearing by calling or writing to: **Highland CSD Superintendent, 1715 Vine Ave., Riverside, IA 52327, 319-648-3822.**
12. 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.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive the types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. DO I NEED TO PROVIDE MY SOCIAL SECURITY NUMBER? Only the last four digits of the Social Security Number of the household's primary wage earner or another adult household member (or an indication of "none") is needed.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a Supplemental Worksheet and attach it to your application. Contact **Donna DeWolf at [ddewolf@highlandhuskies.org](mailto:ddewolf@highlandhuskies.org) or call 319-648-2891** to receive a Supplemental Worksheet.
17. WHO CAN GET FREE MILK? If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, are not eligible to receive free milk.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for Hawki information. A school waiver form is available from your school.

19. CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS? If a child has a disability, as determined by a licensed medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
20. DO I NEED TO REPORT MY RACE AND ETHNICITY? It is optional to complete the racial/ethnic portion of the application.
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, call 319-648-2891.

*Sincerely,*

**Donna DeWolf**

**USDA Nondiscrimination Statement:**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Iowa Non-Discrimination Statement:** "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 6200 Park Ave Suite 100, Des Moines, IA 50321-1270; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

**Information Statement**

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 submit all needed information, 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 social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) 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 programs rules.

**2024-2025 Iowa Application for Free and Reduced Price School Meals/Milk** Complete one application per household. Use a pen (not a pencil). Please read "How to Apply for Free and Reduced Price School Meals" for more information on completing this application.

**STEP 1** List ALL Household Members who are infants, children, and students up grade 12 (if more spaces are required for additional names, attach the supplemental worksheet)

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 or Runaway are eligible for free meals. We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.	Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL	
					Yes	No					Ethnicity	Race
									Check all that apply		H=Hispanic or Latino N=Non-Hispanic/Latino	A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDIPIR? If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3).

Write only one case number in this space. Medicaid and EBT card numbers are NOT acceptable. Case Number: \_\_\_\_\_

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) **Apply Online:** <https://onlineapp.totalk12.com/HCXtMqY60S3wN67gGHw>

**A. Total Number of All Household Members** (Children + Adults) \_\_\_\_\_ **B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits)** **XXX-XX-XXXX** **C. Check No SSN (adult):** \_\_\_\_\_

**D. All Adult Household Members (include yourself):** List all Household Members not listed in STEP 1 even if they do not receive income. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Applications with blank income fields will be processed as complete. **If more spaces are required for additional names, attach the supplemental worksheet.** The sources of income for adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes.

Names of All Adult Household Members	Gross Earnings from Work/All Other Income				Gross Public Assistance/Child Support/Alimony				Gross Pension/Retirement				
	Weekly	Bi-weekly	2x Monthly	Monthly	Yearly	Weekly	Bi-weekly	2x Monthly	Monthly	Weekly	Bi-weekly	2x Monthly	Monthly
First and Last Names. Include children who are temporarily away at school or in college.													
	\$												
	\$												
	\$												
	\$												

**E. Child Income:** Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here. The sources of income for children section will help you with the Child Income.

Total Income Received by All Children	Weekly	Bi-weekly	2x Monthly	Monthly	Yearly
	\$				

**STEP 4** **Contact Information and Adult Signature**

"I certify (promise) that all information on this application is true and that 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 meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form \_\_\_\_\_ Printed name of adult completing the form \_\_\_\_\_ Today's Date \_\_\_\_\_

Street Address (if available) \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (optional) \_\_\_\_\_ Email (optional) \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY** Return completed form to: Donna @ 1715 Vine Ave., Riverside, IA 52353

Annual Income Conversion \_\_\_\_\_ x52 Weekly \_\_\_\_\_ x26 Bi-Weekly \_\_\_\_\_ x24 2x Monthly \_\_\_\_\_ x12 Monthly \_\_\_\_\_ Yearly \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ Application #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Household Size: \_\_\_\_\_  ERROR PRONE APPLICATION

Signature and Effective Date of Determining Official \_\_\_\_\_ Signature and Date of Confirming Official \_\_\_\_\_ Signature and Date of Verification Follow-Up \_\_\_\_\_

Application  Income  Foster Child  FIP/SNAP  Head Start (confirmation required)  Homeless/Migrant/Runaway-Local Official confirmation Required

Eligibility Determination  Free  Reduced  Free Milk  Application Denied  Incomplete  Over Income Limits

**PAGE TWO CONTAINS MORE INFORMATION**



### Low-Cost Health Insurance for Children

If your children do not have health insurance, many families getting free or reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free and reduced price meal eligibility information with Medicaid and Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name and address. Medicaid and Hawki can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced price meals for any other purpose or to share it with any other entity or program. You are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced price meals. **If you do NOT want your information shared with Medicaid or Hawki, you must tell us by completing the information below.** If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This will avoid another contact.

My signature below indicates I DO NOT want school officials to share information from my free and reduced price meal application with Medicaid or Hawki.

Parent/Guardian Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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 submit all needed information, 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), Family Investment Program (FIP) 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.

**USDA Nondiscrimination Statement:** (revised 2-15-23) In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**\*Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>

### Waiver Information

### WAIVER STATEMENT

If your child(ren) qualify for free or reduced price meals you may also be eligible for other benefits. If you sign this

Sources of Child Income	Earnings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Support (Adult Income Sources)	All Other Income (Adult Income Sources)
<ul style="list-style-type: none"><li>• Earnings from work</li><li>• Social Security (disability payments and survivor's benefits)</li><li>• Income from person outside the household</li><li>• Income from any other source</li></ul>	<ul style="list-style-type: none"><li>• Salary, wages, cash bonuses (before deductions or taxes)</li><li>• Net income from self-employment (farm or business)</li><li>• If you are in the U.S. Military:<ul style="list-style-type: none"><li>a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li><li>b. Allowances for off-base housing, food and clothing</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Cash Assistance from State/local government</li><li>• Supplemental Security Income</li><li>• Unemployment benefits</li><li>• Worker's compensation</li><li>• Alimony or child support payments</li><li>• Veteran's benefits</li><li>• Strike benefits</li></ul>	<ul style="list-style-type: none"><li>• Social Security</li><li>• Disability benefits</li><li>• Regular income from trusts or estates</li><li>• Annuities</li><li>• Investment income</li><li>• Rental income</li><li>• Regular cash payments from outside household</li></ul>

**Iowa Non-Discrimination Statement:** "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

**Return completed form to:**

Highland CSD  
1715 Vine Ave.  
Riverside, IA 5327

# Optional Supplemental Worksheet 2024-2025 Iowa Application for Free and Reduced Price School Meals/Milk

## Additional Children in Your Household (not listed on page 1)

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL	
				YES	NO					Ethnicity	Race
										H=Hispanic or Latino N=Non-Hispanic/Latino	A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander

**Any income earned by the above listed children should be included under Step 3 D on the first page of the application.**

## Additional Adults in Your Household (Not listed on page 1)

Names of All Adult Household Members	Gross Earnings from Work/All Other Income				Gross Public Assistance/Child Support/Alimony				Gross Pension/Retirement				
	How Often? (mark "X" in box)		How Often? (mark "X" in box)		How Often? (mark "X" in box)		How Often? (mark "X" in box)						
First and Last Names. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Monthly	Monthly	Yearly	Weekly	Bi-weekly	2x Monthly	Monthly	Weekly	Bi-weekly	2x Monthly	Monthly
	\$												
	\$												
	\$												
	\$												
	\$												
	\$												

### Self-Employment Income Calculations

**This guidance will assist you in calculating the amount to report if you engage in farming, are self-employed or have income from other sources.**

Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less the operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040 or 1040-SR and Schedule 1. Add together the amounts reported on the following lines:

- Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7 \$ \_\_\_\_\_
- Business Income or (Loss) Schedule 1 Part 1, LINE 3 \$ \_\_\_\_\_
- Other Gains or (Losses) Schedule 1 Part 1, LINE 4 \$ \_\_\_\_\_
- Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5 \$ \_\_\_\_\_
- Farm Income or (Loss) Schedule 1 Part 1, LINE 6 \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$ \_\_\_\_\_ Gross Annual Income ÷ 12)

# Solicitud 2024-2025 de lowa para comidas/leche en la escuela gratis o a precio reducido

Complete una solicitud por familia. Utilice bolígrafo (no lápiz).

Esta aplicación no puede ser aprobada a menos que presente la información completa de elegibilidad.

**PASO 1** Enumere **TODOS** los miembros de su familia que sean bebés, niños y estudiantes hasta e incluyendo grado 12 (si requiere espacio para nombres adicionales, adjunte la hojita de trabajo suplementaria).

Definición de miembro de familia: "Cualquier persona que viva con usted y comparta los ingresos y gastos, incluso si no estén relacionados". Los niños en cuidado sustituto y los niños que cumplan con la definición de personas sin hogar, inmigrantes o que han huido, son elegibles para recibir comidas gratis. Tenemos la obligación de solicitar información sobre la etnicidad de sus hijos y su origen étnico. Esta información es importante y ayuda a asegurar que estamos prestando un servicio completo a nuestra comunidad.	Primer nombre del menor	SN	Apellido del menor	Fecha de nacimiento	¿Estudiante?		Escuela del menor	Grado	Crianza Temporal	Sin hogar, inmigrante, o huido	Opcional	
					Sí	No					Origen étnico	Raza
											H= Hispano o Latino N= No Hispano o Latino	A= Asiático W= Blanco I= Americano o Nativo de Alaska B= Negro o Afroamericano P= Nativo de Hawái u otro isleño del Pacífico

**PASO 2** ¿Alguno de los miembros del hogar (incluido usted) en este momento participan en uno o más de los siguientes programas de asistencia?: ¿SNAP, FIP, o FDPIR? No, vaya al PASO 3. Si su respuesta es Sí, escriba un número de caso aquí y vaya al paso 4 (No complete el PASO 3).

Escriba solo un número de caso en este espacio. No se aceptan números de tarjeta Medicaid y EBT. Número de caso: \_\_\_\_\_

**PASO 3** Informe de ingresos de TODOS los miembros del hogar (Omita este paso si respondió "Sí" al PASO 2) Si desea hacer su solicitud vía internet, vaya a <https://onlineapp.tnashk.12.com/HCX/Mey/6633aw67gHw>

A: Miembros totales del hogar (Niños y adultos) B. últimos cuatro dígitos del número del seguro social (SSN) de Principal asalariado u otro Miembro adulto del hogar C. Marque si no tiene SSN

D. Todos los miembros adultos del hogar (incluido usted mismo) Enumere todos los miembros del hogar no mencionados en el PASO 1 así ellos no reciben ingresos. Por cada miembro del hogar mencionado, si recibe ingresos, informe el ingreso bruto total (antes de impuestos) por cada fuente sólo en dólares (no centavos). Si no reciben ingresos de ninguna fuente, escriba '0'. Si escribe '0' o deja algún campo en blanco, usted está certificando (prometiendo) que no hay ingresos para reportar. Las aplicaciones con campos de ingresos blanco serán procesadas como completas. Si requiere más espacios para nombres adicionales, adjunte la hoja de trabajo suplementaria. La sección de fuentes de ingresos para adultos le ayudará con la sección de todos los miembros adultos del hogar. Informe los ingresos antes de las deducciones o impuestos en dólares enteros.

Nombre de adultos miembros del hogar	Ganancia bruta de trabajo/ Todos los demás				Ganancia bruta de Asistencia pública/ Manutención de niño /Pensión - Bruta				Ganancia bruta de Ingresos brutos por Pensiones / Jubilación							
	¿con qué frecuencia? (marque "x" en la casilla)				¿con qué frecuencia? ¿con qué frecuencia? (marque "x" en la casilla)				¿con qué frecuencia? (marque "x" en la casilla)							
nombre y apellido. Incluya a los niños que estén temporalmente en la escuela o universidad.	Semanal mente	Quincenal al	2x Mes	Mensual Anual	Semanal mente	Quincenal al	2x Mes	Mensual Anual	Semanal mente	Quincenal al	2x Mes	Mensual Anual	Semanal mente	Quincenal al	2x Mes	Mensual Anual
	\$				\$				\$				\$			
	\$				\$				\$				\$			
	\$				\$				\$				\$			
	\$				\$				\$				\$			

E. Ingresos del menor: Los niños en el hogar a veces ganan o reciben dinero. Incluya aquí el ingreso bruto TOTAL de todos los miembros del hogar enunciados en el PASO 1. Ingreso total del menor \$

**PASO 4** Información de contacto y firma de un adulto la página dos contiene más información "Certifico (prometo) que toda la información contenida en esta solicitud es verdadera y que he reportado todos los ingresos. Entiendo que esta información se da en relación con la recepción de Fondos Federales, y que las autoridades escolares pueden verificar (revisar) dicha información. Soy consciente de que si he dado información falsa de manera intencional, mis hijos pueden perder los beneficios de comidas y yo puedo ser procesado bajo las leyes federales y estatales pertinentes".

Firma del adulto que completó el formulario Nombre impreso del adulto que completó el formulario Fecha

Dirección de domicilio (si la tiene) Apt. # Ciudad Estado Código postal Teléfono durante el día (opcional) Correo electrónico (opcional) NO ESCRIBA DEBAJO DE ESTALINEA. SÓLO PARA USO ADMINISTRATIVO. Devuelva el formulario completo a:

Conversión de ingresos anuales x52 Semana x26 Quinenal x12 Mensual Anual Ingreso familiar: \$ Aplicación #: Fecha de recepción: Tamaño del hogar: x52 Samana x26 Quinenal x12 Mensual Anual Ingreso familiar: \$ Aplicación #: Fecha de recepción: Solicitudo de propensa a errores

Funcionario que toma la decisión Fecha de entrada en vigor Funcionario de confirmación Firma de seguimiento Fecha

Aplicación aprobada  Ingresos  hijo adoptivo  FIP/Asistencia alimenticia  Head Start (requiere documentación)  Sin hogar/Inmigrante/Huyó de casa- Requiere Documentación Oficial Local

Determinación de elegibilidad  Gratis  Reducido  leche gratis  Aplicación rechazada  Supera los límites de ingresos  Incompleta

### Seguro médico de bajo costo para niños

Si sus hijos no tienen seguro de salud, muchas de las familias que reciben alimentación gratuita o a precio reducido también pueden obtener un seguro de salud gratuito o de bajo costo para sus hijos. La ley exige que las escuelas públicas compartan su información de elegibilidad para recibir alimentación gratis o a precio reducido con Medicaid y Hawki, el programa estatal de seguro médico para niños. Las escuelas privadas, RCCIs y organizaciones de cuidado para niños pueden optar por compartir esta información. En especial, les daremos el nombre de su hijo, su nombre y dirección. Medicaid y Hawki sólo pueden utilizar la información para identificar niños que puedan ser elegibles para el seguro de salud gratis o de bajo costo y contactarle.

Ellos no están autorizados para utilizar la información de esta solicitud de comidas gratis o a precio reducido para cualquier otro fin o para compartirlo con cualquier otra entidad o programa. Usted no está obligado a permitirnos compartir esta información, esto no afectará la elegibilidad de su hijo para comidas gratis o a precio reducido. **Si NO desea que su información sea compartida con Medicaid o Hawki, debe decírnoslo completando la información a continuación.** Si desea mayor información, puede llamar a Hawki al 1-800-257-8563. También, si usted ya está recibiendo Medicaid o Hawki, por favor firme abajo. Esto evitará otro contacto.

Mi firma a continuación indica que NO deseo que los funcionarios de la escuela compartan la información de mi solicitud para comidas gratis o a precio reducido con Medicaid o Hawki.

**Nombre del padre / tutor (Impreso)** \_\_\_\_\_

**Firma** \_\_\_\_\_

**Fecha** \_\_\_\_\_

La **Ley de Almuerzo Escolar Nacional Richard B. Russell**, exige la información en esta solicitud. Usted no está obligado a dar la información, pero si no presenta toda la información necesaria, no podemos aprobar a su hijo para que reciba comidas gratis o a precio reducido. Debe incluir los últimos cuatro dígitos del número de seguro social del miembro adulto del hogar que firma la solicitud. Los últimos cuatro dígitos del número del seguro social no se requieren cuando aplica en representación de un hijo de crianza o presenta un Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), un Programa de Inversión Familia (FIP), o un número de caso de Programa de Distribución de Alimentos o Reservas Indígenas (FDPIR) u otro identificador FDPIR para el menor o cuando indica que el miembro adulto del hogar que firma la aplicación no tiene número del seguro social. Usaremos su información para determinar si su hijo es elegible para recibir comidas gratis o a precio reducido, y para la administración y cumplimiento de los programas de almuerzo y desayuno. Podemos compartir su información de elegibilidad con programas de educación, salud y nutrición para ayudarles a evaluar, financiar o determinar los beneficios para sus programas, auditores para revisión de programas, y funcionarios policiales para ayudarles a investigar violaciones a las normas del programa.

**Declaración de no discriminación del USDA:** De conformidad con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo (incluida la identidad de género y la orientación sexual), discapacidad, edad o presalia por actividad anterior de derechos civiles.

La información del programa puede estar disponible en otros idiomas, además del inglés. Las personas con discapacidades que requieren medios alternativos de comunicación para obtener información del programa (p. ej., Braille, letra grande, cinta de audio, lenguaje de señas estadounidense), deben comunicarse con la agencia estatal o local responsable que administra el programa o el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación del programa, el reclamante debe completar un formulario AD-3027, formulario de queja por discriminación del programa del USDA, que se puede obtener en línea en: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, y en cualquier oficina del USDA, o escriba una carta dirigida a USDA y en dicha carta exponga toda la información solicitada en el formulario. Para obtener una copia del formulario de quejas, llame al (866) 632-9992. Envíe su formulario completado o carta al USDA por:

- (1) Correo postal: U. S. Department of Agriculture  
Oficina del secretarías adjunto de derechos civiles  
1400 Independence Avenue, SW  
Washington, D. C. 20250-9410;  
(2) fax: (833) 256-1665 o (202) 690-7442; o  
(3) correo electrónico: [program\\_intake@usda.gov](mailto:program_intake@usda.gov).

\* No envíe solicitudes a esta dirección; solo quejas por discriminación.

**Declaración de no discriminación de Iowa:** "Es la política de este proveedor CNP, no discriminar por motivos de raza, credo, color, sexo, orientación sexual, identidad de género, origen nacional, discapacidad, edad o religión, en sus programas, actividades o prácticas de empleo, según lo exigido por la sección del código de Iowa 216.6, 216.7 y 216.9. Si tiene preguntas o quejas relacionadas con el cumplimiento de esta política por parte de este proveedor CNP, por favor, contacte a la Comisión de Derechos Civiles de Iowa, 6200 Park Ave, Suite 100, Des Moines, IA 50321; número telefónico 515-281-4121, 800-457-4416; página de internet: <https://icrc.iowa.gov/>."

**Devuelva el formulario completo a:**

Highland CSD  
1715 Vine St.  
Riverside, IA 52327

Esta institución es un proveedor que fomenta la igualdad de oportunidades.  
Hay solicitudes traducidas en: <http://www.fns.usda.gov/school-meals/translated-applications>

### Información opcional de exención

Fuentes de ingreso del niño	Ganancias de trabajo (Fuentes de ingresos para adultos)	Asistencia pública/pensión alimenticia/manutención de niños (Fuentes de ingresos para adultos)	Pensiones / Jubilación / Todos los ingresos adicionales (Fuentes de ingresos para adultos)
<ul style="list-style-type: none"><li>• Ganancias de trabajo</li><li>• Seguridad social<ul style="list-style-type: none"><li>○ Pagos de discapacidad</li><li>○ Beneficios de sobreviviente</li></ul></li><li>• Ingresos de personas ajenas al hogar</li><li>• Ingresos de cualquier otra Fuente</li></ul>	<ul style="list-style-type: none"><li>• Ganancias de trabajo (Fuentes de ingresos para adultos)</li><li>• Sueldos, salarios, bonos en efectivo</li><li>• Ingreso neto de trabajo por cuenta propia (granja o empresa)</li><li>• Si usted hace parte de las fuerzas militares de los Estados Unidos:<ul style="list-style-type: none"><li>a) Pago básico y bonos con valor en efectivo (NO incluya el pago por combate, FSSA o subsidios de vivienda privatizados)</li><li>b) Subsidios para la vivienda fuera de la base, alimentación y ropa</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Beneficios de desempleo</li><li>• Compensación a trabajadores</li><li>• Ingreso de seguridad suplementario (SSI, por su signa en inglés)</li><li>• Asistencia en efectivo del gobierno estatal o local</li><li>• Pagos de alimentos</li><li>• Pagos de manutención de niño</li><li>• Beneficios para veteranos</li><li>• Beneficios de huelga</li></ul>	<ul style="list-style-type: none"><li>• Seguridad Social (incluyendo jubilación del ferrocarril y beneficios de enfermedad pulmonar minera)</li><li>• Pensiones privadas o beneficios por discapacidad</li><li>• Ingresos regulares por fideicomisos o sucesiones</li><li>• Anualidades</li><li>• Ingresos por inversiones</li><li>• Intereses ganados</li><li>• Ingresos de rentas</li><li>• Pagos en efectivo regulares desde fuera del hogar</li></ul>

# Hoja suplementaria para la solicitud 2024-2025 de Iowa para comidas escolares gratuitas o a precio reducido

## Niños adicionales en su hogar (no listados en la página 1)

Primer nombre del menor	SN	Apellido del menor	Fecha de nacimiento	¿Estudiante?		Escuela del menor	Grado	Crianza Temporal	Sin hogar, inmigrante, que ha huido	Opcional	
				Sí	NO					Origen étnico	Raza
										H= Hispano o Latino N= No Hispano o Latino	A=Asiático I= Amerindio o Nativo de Alaska B= Negro o Afroamericano P= Nativo de Hawai u otro isleño del Pacífico

**Cualquier ingreso obtenido por los niños mencionados anteriormente se debería incluir bajo el Paso 3 A en la primera página de la solicitud.**

## Adultos adicionales en su hogar (no listados en la página 1)

Nombre de adultos miembros del hogar	Ganancia bruta de trabajo/ Todos los demás				Ganancia bruta de Asistencia pública/ Manutención de niño /Pensión - Bruta				Ganancia bruta de Ingresos brutos por Pensiones / Jubilación							
	¿con qué frecuencia? (marque "x" en la casilla)				¿con qué frecuencia? (marque "x" en la casilla)				¿con qué frecuencia? (marque "x" en la casilla)							
nombre y apellido. Incluya a los niños que estén temporalmente en la escuela o universidad.	Semanal	Quincen	2x	Anual	Semanal	Quincen	2x	Mensual	Semanal	Quincen	2x	Mensual	Semanal	Quincen	2x	Mensual
	\$				\$								\$			
	\$				\$								\$			
	\$				\$								\$			
	\$				\$								\$			
	\$				\$								\$			

### Cálculo del impuesto sobre la renta para trabajadores independientes

**Esta guía le ayudará a calcular la cantidad que debe declarar si se trabaja como agricultor, trabajador independiente, o tiene ingresos procedentes de otras fuentes.** Los trabajadores independientes pueden usar registros de impuestos de impuestos del año calendario anterior como base para proyectar los ingresos netos del año en curso, a menos que el ingreso mensual actual proporcione una medida más exacta. Informe ingresos derivados de negocios comerciales menos los costos operativos en que se incurre para la generación de ese ingreso. Deducciones de gastos personales tales como intereses sobre pagos de vivienda, gastos médicos y otras deducciones no correspondientes a sus negocios, no están permitidos en la reducción de ingresos brutos de la empresa. Los ingresos adicionales por otros tipos de empleo se deben tratar por separado y aparte de los ingresos generados o permitidos de su empresa. Por ejemplo, si usted ha operado una empresa con una pérdida neta, pero ha mantenido un empleo adicional por el que ha recibido un salario, sus ingresos, para fines de solicitud de alimentación a precio reducido o gratuita sería solamente el ingreso del salario. Las pérdidas de la empresa no son deducibles de un ingreso positivo obtenido en otro empleo. Para esta solicitud no es posible informar un ingreso negativo de cualquier empresa. El menor ingreso posible es cero (sin ingresos). La información necesaria para llegar a un ingreso permisible de operaciones de empresa privada se puede obtener en su más reciente de Formulario 1040 o 1040-SR, enclavo programar uno de Declaración de impuestos Individual de los Estados Unidos - Formulario 1040 o 1040-SR y Programa 1. Suma las cantidades reportadas en las siguientes líneas:

- Ganancia o (pérdida) de capital Formulario 1040 o 1040-SR, LÍNEA 7 \$ \_\_\_\_\_
  - ingresos de empresa o (pérdida) Programa 1 Parte 1, LÍNEA 3 \$ \_\_\_\_\_
  - Otras ganancias o (pérdidas) Programa 1 Parte 1, LÍNEA 4 \$ \_\_\_\_\_
  - alquiler de inmuebles, regalias, sociedades, corporaciones S, fideicomisos, etc. Programa 1 Parte 1, LÍNEA 5 \$ \_\_\_\_\_
  - ingresos de agricultura o (pérdida) Programa 1 Parte 1, LÍNEA 6 \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_ ingresos brutos antes de deducciones. **Ingresos Mensuales Calculados** \$ \_\_\_\_\_ (ingreso bruto anual ÷ 12 = ingresos mensuales calculados).

Los ingresos calculados deben ser reportados en el paso 3 de la solicitud de alimentación escolar gratuita y a precio reducido, bajo todos los demás ingresos.





