

2021-2022



# 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



**Sue Rich**  
School Board Secretary/  
Business Manager



**Ken Crawford**  
Superintendent

## BOARD OF DIRECTORS

Nate Robinson – President.....	At-Large
Megan Allen - Vice President.....	District # 5
Rachel Longbine.....	District # 1
Michael Golden.....	District # 2
Kevin Engel.....	District # 3
Samantha Holden.....	District # 4
Kathy Butler.....	District # 6

# Registration and Fees

## Registration Schedule

### E-Registration Assistance Day

We are now using Powerschool's online registration system on the E-Registration Portal. This portal is available on the Highland School website ([highlandhuskies.org](http://highlandhuskies.org)). This portal is open for registration August 1st and needs to be completed by August 23rd.

**All Grades** { Payment of fees for hot lunch, book rental, and school insurance can be paid during the E-Registration Help Days, online, or your school's secretary.

#### Kindergarten age through 5th grade

Tuesday, August 10 – 4:00 to 7:00 p.m. at the Elementary School

*Any secondary students who need help registering, contact Donna DeWolf at 648-2891 or 657-4101.*

## Fees

### Student Fees and Fee Waivers

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

*Contact your School's Secretary*

**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** ..... \$250.00 per student  
(to be paid when course starts not Registration)

### 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 17, 8:00 a.m. ....All Schools Picture Day

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

### Hot Lunch Program

Highland Community School operates its Hot Lunch Program 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
\$2.83	\$2.93	\$4.05

A la Carte and seconds are available at the middle school and high school for an additional cost.

A la Carte / Snack Milk \$0.40 per carton

Breakfast

K-5	6-12	Adult/Visitor
\$1.80	\$1.90	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.intouchrecepting.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.

### School Insurance Program

*– Information will be offered at registration.*

### 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 902.60, 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 8:15 a.m. daily at the elementary, and 8:15 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 .....	8:15 a.m. - 3:15 p.m.
Middle-High School .....	8:15 a.m. - 3:15 p.m.

### Early Out

Elementary School .....	2:00 p.m.
Middle-High School .....	2:00 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. While constructive criticism is welcomed, the Board desires to support its employees and their actions to free them from unnecessary, spiteful, or negative criticism and complaints that do not offer advice for improvement or change.

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. Prior to board action however, the following should be completed:

- Step 1 In the event of a complaint the school patron is strongly encouraged to discuss the problem with the individual directly involved.
- Step 2 If it cannot be resolved at Step 1 or if the complainant cannot meet with the individual directly involved then they must meet with the individual and their immediate supervisor.
- Step 3 In the event that the matter is not satisfactorily resolved at Step 1 or Step 2 then the appeal process will follow this order.

- Other supervisory or administrative personnel in the line of responsibility.
  - The Superintendent of Schools
  - The Board of Directors
- In the event that one of the individuals in the appeal process is unavailable, the next person in line can assume that individual's role in the process if the situation warrants immediate attention.*

It is within the discretion of the Board to receive complaints from the members of the school district community, and the Board will only do so if they are in writing, signed and the complainant has complied with this policy.

### 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, KWVL 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 319-657-4180.

### 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 purposes of this rule, a victim of violence is a student who is physically injured, sexually assaulted or threatened with physical injury or is physically injured, sexually assaulted or threatened with physical injury as a result of the commission of a crime (as defined by Iowa law) against the student while the student is in the school building or on the grounds of the attendance center. Within ten calendar days following the date of the request, the school district will offer an opportunity to transfer to the parent of the student.

## Discrimination Complaint Procedure in the Highland Community School District

Students, parents of students, employees and applicants for employment in the Highland Community School District shall have the right to file a formal complaint alleging discrimination under federal or state regulations requiring non-discrimination in programs and employment.

### Level One— Principal, Immediate Supervisor or Personnel Contact Person

Employees with a complaint of discrimination based upon their gender, race, national origin, religion, age, sexual orientation, gender identity or disability are encouraged to first discuss it with their immediate supervisor, with the objective of resolving the matter informally. An applicant for employment with a complaint of discrimination based upon their gender, race, national origin, religion, age, sexual orientation, gender identity or disability are encouraged to first discuss it with the personnel contact person.

A student, or a parent of a student, with a complaint of discrimination based upon their gender, race, national origin, religion, marital status, sexual orientation, gender identity or disability are encouraged to discuss it with their instructor, counselor, supervisor, building administrator, program administrator or personnel contact person directly involved.

### Level Two— Compliance Officer, Superintendent

If the complaint is not resolved at level one and the complainant(s) wishes to pursue the complaint, they may formalize it by filing the allegation in writing on a Discrimination Complaint Filing Form, which may be obtained from the Compliance Officer. The complaint shall state the nature of the discrimination complaint and the remedy requested. The filing of the formal, written discrimination complaint at level two must be within fifteen (15) working days from the date of the event giving rise to the complaint, or from the date the complainant could reasonably become aware of such occurrence. The complainant may request that a meeting concerning the complaint be held with the Compliance Officer. A minor student may be accompanied at that meeting by a parent or guardian. The Compliance Officer shall investigate the complaint and attempt to resolve it. A written report from the Compliance Officer regarding action taken will be sent to the involved parties within fifteen (15) working days after receipt of the complaint.

### Level Three — The Discrimination Complaint Committee

If the complaint is not resolved at level two, the complainant may appeal it at level three by presenting a written appeal to the Discrimination Complaint Committee (through the Compliance Officer) within ten (10) working days after the complainant receives the report from the Compliance Officer. The Discrimination Complaint Committee shall include six persons including one administrator, one teacher, one non-certified employee, one student, one parent, and one consultant. The Discrimination Complaint Committee shall include both men and women and reflect racial/ethnic diversity and persons with disabilities when possible. The complainant may request a meeting with the Discrimination Complaint Committee to discuss the appeal and the Discrimination Complaint Committee may request a meeting with the complainant or other relevant individuals. A decision will be rendered by the Discrimination Complaint Committee within ten (10) working days after receipt of the written appeal.

### Level Four— The School Board

If the discrimination complaint is not resolved at level three, the complainant may appeal it to level four by presenting a written appeal to the Highland School Board of Directors within ten (10) working days after the complainant receives the report from the Discrimination Complaint Committee. The complainant may request a meeting with the School Board or its designee. The Board may request a meeting with the complainant or other relevant individuals to discuss the appeal. A decision will be rendered by the Board or its designee within ten (10) working days after the regular school board meeting after receipt of the written appeal.

This procedure in no way denies the right of the complainant to file a formal complaint with the Iowa Civil Rights, the Equal Employment Opportunity Commission, or the Iowa Department of Education for mediation or rectification of civil rights complaints, or to seek private counsel for complaints alleging discrimination.

## 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 Highland Community School District Board of Directors has authorized the use of recording devices on school district owned property. The recording devices will be used to enhance safety and security within the educational environment. Students, employees, and parents are hereby notified that the content

of the recording may be used in a student or employee disciplinary proceeding. The content of the recordings may be considered confidential student records and will be retained with other student records. Recordings will only be retained if necessary for use in a student or employee disciplinary proceeding or other matter as determined necessary by the administration. Parents may request to view the recording of their child.

## 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 be aware of the following dates:

**September 1, 2021:** Last date for open enrollment requests for entering kindergarten students for the 2021-22 school year.

**March 1, 2022:** Last date for regular open enrollment requests for the 2022-23 school year.

Parents/guardians of open enrolled students whose income falls below 160% of the federal poverty guidelines are eligible for transportation assistance. This may be in the form of actual transportation or in the form of a cash stipend.

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 Pharmacy 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 will 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 Superintendent.

## **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 circumstances. 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 \$10.00 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

Adopted 8-14-17

# 2021-22 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 broad-line markers
3. erasers
4. 8 fine tip dry erase makers
5. 2 glue sticks
6. 1 pencil pouch / bag
7. 2 folders with fasteners
8. old paint shirt
9. rug or towel for rest time
10. book bag
11. a change of clothes (In a Ziploc bag) (to be kept In their book bag: socks, underwear, pants, shirt)
12. non-marking tennis shoes for PE (no sandals, cowboy boots dress shoes, flip flops)
13. headphones (no earbuds)

## First Grade

(Please label all items with student's name)

1. 5- inch sharp point scissors
2. 1 boxes 24 crayons
3. 3 boxes of washable markers
4. 1 box colored pencils
5. 6 glue sticks
6. 1 small pencil box or bag
7. erasers (toppers ok)
8. 1 wide ruled spiral notebook
9. 1 primary journal composition notebook
10. one 2-pocket folder
11. 24 yellow or black #2 pencils (no designer pencils)
12. 4 dry erase markers
13. 1 bottle school glue
14. 1 book bag without wheels
15. heavy duty headphones
16. non-marking tennis shoes for PE (sandals, cowboy boots, flip flops not allowed)
17. Please keep an extra set of clothes in backpack

Donations appreciated: Kleenex, Clorox Wipes

## Second Grade

(Please label all items with student's name)

1. 1 box colored pencils or Crayons
  2. 2 boxes of markers
  3. 24 #2 pencils (no designer 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. 1 two pocket folder
  10. 1 composition notebook
  11. 1 spiral notebook (wide-line)
  12. 2 highlighters
  13. book bag without wheels
  14. headphones
  15. non-marking tennis shoes for P.E. (sandals, cowboy boots, dress shoes, flip flops not allowed)
- Desired donations: Kleenex & Clorox Wipes

## 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
  14. non-marking tennis shoes for P.E. (sandals, cowboy boots, dress shoes, flip flops not allowed)
- Desired Donations: Clorox wipes, Kleenex, Baggies, index cards

## Fourth Grade

1. pencils / erasers / pens
  2. scissors
  3. glue / glue sticks
  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. expandable folder
  13. non-marking tennis shoes for P.E. (sandals, cowboy boots, dress shoes, flip flops not allowed)
  14. index cards
  15. Earbuds / Headphones
- Donations Clorox Wipes, Kleenex

## Fifth Grade

1. 24 yellow #2 pencils
  2. 1 pkg pencil top erasers
  3. 1 pkg colored pencils / makers
  4. 4 red pens
  5. scissors
  6. 4 glue stick
  7. 2 highlighters
  8. 4 fine tipped dry erase markers
  9. pencil box (all of the box items need to fit in this box)
  10. 5 pocket folders (5 different colors - no trapper keepers)
  11. 5 composition notebooks wide-ruled
  12. loose leaf notebook paper wide-ruled
  13. 3 ring binder (for paper) 1/2 inch
  14. 1 expandable folder
  15. earbuds (labeled with name)
  16. non-marking tennis shoes for P.E. (sandals, cowboy boots, dress shoes, flip flops not allowed)
- Desired Donations Kleenex and Clorox wipes

**\* Donations of Clorox wipes and Kleenex are appreciated.  
ALL Pencils need to be yellow. Please no designer pencils.**

## 2021-22 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
- 2 pkgs (12 ct) pencils (no mechanical pencils)
- 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 pkgs 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: 1.5 in. 3 ring binder
- 1: red 3 hole punched two pocket folder
- 1: blue 3 hole punched two pocket folder
- 1: one subject college ruled spiral notebook with holes (red or blue)
- 1: 3x5 in notecards (100 ct. Or more)
- 1: package of sticky notes (non-accordion style)

### 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: 1.5 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



**Drake Brezina**  
Second Grade



**Anna Burns**  
Elementary Music



**Ryan Cortum**  
Fifth Grade



**Clay Eaton**  
Elementary P.E. &  
Health



**Megan Eaton**  
Preschool



**Teresa Greiner**  
Preschool



**Thomas Hartley**  
Kindergarten



**Brooke Henze**  
Instructional Strategist



**Courtney Hurt**  
Third Grade



**Courtney James**  
Kindergarten



**Tanner Kruse**  
Second Grade



**Cam Larson**  
Fifth Grade



**Sonya Stanerson**  
School Counselor



**Debra Stewart**  
Math Interventionist



**Mackenzie Stoffer**  
Fourth Grade



**Jill Strubbe**  
Third Grade



**Janelle Sulhoff**  
Instructional Coach



**Kelsey Tran**  
First Grade



**Ashley VanBuren**  
Elementary Art



**Angela Whetstine**  
Title I Teacher



**Rebeca Yoder**  
First Grade

# Highland District Additional Teachers



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



**Marlinda Beachy**  
Librarian



**John Black**  
School Counselor



**Cassandra Goodwin**  
K-12 ELL Instructor



**Cindy Peiffer**  
School Nurse

## Grant Wood AEA



**GRANT WOOD**  
AREA EDUCATION AGENCY

**Lisa Martin**  
Psychologist / Spec. Ed. Consultant

**Anne Schlabaugh**  
Speech & Language

# Highland Middle & High School



**Lisa Bohannon**  
HS Instructional  
Strategist



**Cindy Conrad**  
HS At-Risk



**Samantha Cox**  
MS Instructional  
Strategist



**Joe Donovan**  
MS/HS P.E.



**Mike Eden**  
Secondary Social  
Studies



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



**Casey Halligan**  
Secondary Social  
Studies



**Tom Harbison**  
HS Instructional  
Strategist



**Zach Hebl**  
Secondary Math



**Jim Higdon**  
HS Language Arts



**Mitchell Huntington**  
Consumer Science/  
P.E./Health



**Clint Jones**  
HS Business Education  
Computers



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



**Mandi Lueck**  
MS Science



**Jennifer McClenahan**  
Vocal Music



**Andy McDonald**  
Band Instructor



**Angie Netser**  
MS Math



**Justin Rapier**  
HS Language Arts



**Denise Roth**  
MS Language Arts/  
Reading/6-12 Talented  
and Gifted Instructor



**Peggy Schwab**  
School Counselor

# Highland Middle & High School



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



**Tim Surine**  
HS Science



**Carla Trees**  
MS/HS Art



**Kurt Trout**  
HS Science



**Gina Trower**  
MS/HS Ag



**Olga Zelenski**  
Secondary Math



**Molly Zywiec**  
HS Foreign Language

# District Support Staff

## BUS DRIVERS

### ROUTE DRIVERS

Joe Donovan  
Steve Genck  
Tom Harbison  
Larry Murphy  
Jeff Wieland

### VAN DRIVER

Tom Kappes

## Cooks



**Rachel Cerny**  
Food & Nutrition  
Director



**Cindy Mize**  
Lead Cook



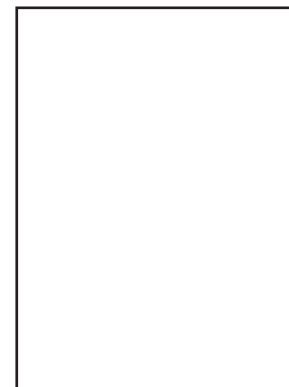
**Michelle Wollrab**  
Elementary Cook



**Bonnie Clarke**  
MS Cook



**Julie Barnes**  
General Cook



**Raye Wieland**  
General Cook



# Associates



**Alli Brand**  
Elem. Associate



**Patti Britt**  
Elem. Associate



**Alison Butterbaugh**  
MS Associate



**Julie Colbert**  
Elem. Associate



**Natoshia Kennedy**  
MS Associate



**Brenda Kirk**  
HS Associate



**Jessie Krotz**  
Elem. Associate



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



**Maria Marin**  
Elem. Associate



**Sheila Mast**  
Preschool Associate



**Kelli Schwarz**  
Library / Admin. Associate



**Amber Shafer**  
Elem. Associate



**Nicole Staley**  
Elem. Associate



**Penny Sweeting**  
HS At-Risk Associate



**Tamara VanSchoyck**  
Elem. Associate



**Christina Waters**  
HS Associate



**Susan Weber**  
MS Associate



**Carrie Wieland**  
Elem. Associate

# Secretaries



**Donna DeWolf**  
Secondary/Nutrition  
Bookkeeper



**Julie Strabala**  
Elementary

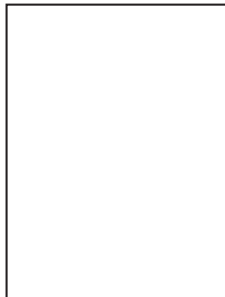


**Traci Vonnahme**  
Admin. Assistant/  
Transportation  
Director

# Custodians



**Steven Genck, Sr.**  
Maintenance Director



**Todd Riggan**  
Middle/High School



**Dustin Shaffer**  
Middle/High School



**Jeff Wieland**  
Riverside

# Extra-Curricular Activity Coaches/Sponsors 2021-22

Angie Alberts	Jr. High Track Jr. High Volleyball	Seth Milledge	Head Baseball
Alison Butterbaugh	Jr. High Student Council Sponsor	Abbie Miller	Jr. High Softball
Clint Cobert	Assistant Baseball	Scott Morel	Co-Head Football
Nick Cole	Assistant Wrestling	Travis Riggan	Head Golf
Cindy Conrad	NHS Sponsor	Jason Schlabaugh	Jr. High Football
Samantha Cox	Assistant Volleyball Assistant Softball	Kelli Schwarz	HS Student Council Sponsor
Joe Donovan	Co-Head Football	Dylan Stewart	Head Soccer Jr. High Wrestling
Mike Eden	Jr. High Baseball	Angela Strobel	Head Cross Country Head Girls Track
Nick Ehret	Head Boys Track	Tim Surine	Robotics Advisor
Jody Fink	Head Girls Basketball Driver's Education	Michelle Teran	Jr. High Girls Basketball
Ashley Fisher	Wrestling Cheer Sponsor Drill Team Sponsor Football Cheer Sponsor Basketball Cheer Sponsor	Gina Trower	Head Volleyball, FFA Advisor
Zach Hebl	Assistant Football	Traci Vonnahme	HS Student Council Sponsor
James Higdon	Assistant Boys Basketball	Carrie Wieland	Head Softball
Mitchell Huntington	Jr. High Football	Jesse Wollrab	Jr. High Boys Basketball
Scott James	Jr. High Boys Basketball	Bill Zywiec	Head Boys Basketball
Clint Jones	Jr. High Volleyball Jr. High Baseball	Molly Zywiec	NHS Sponsor
Jayne Kallaus	Jr. High Student Council Sponsor Speech Sponsor	TBA	Assist. Track
Jennifer McClenahan	Vocal Music Sponsor	TBA	Assist. Cross Country Coach
Andy McDonald	Instrumental Music Sponsor	TBA	Head Wrestling
		TBA	School Play Sponsor
		TBA	Assist. Girls Basketball
		TBA	Jr. High Track

# 2021-2022 SCHOOL CALENDAR

JULY					JANUARY				
M	T	W	TH	F	M	T	W	TH	F
			1	2	3	4	5	6	7
5	6	7	8	9	10	11	12	13	14
12	13	14	15	16	17	18	19	20	21
19	20	21	22	23	24	25	26	27	28
26	27	28	29	30	31				

AUGUST					FEBRUARY				
M	T	W	TH	F	M	T	W	TH	F
2	3	4	5	6		1	2	3	4
9	10	11	12	13	7	8	9	10	11
16	17	18	19	20	14	15	16	17	18
23	24	25	26	27	21	22	23	24	25
30	31				28				

SEPTEMBER					MARCH				
M	T	W	TH	F	M	T	W	TH	F
		1	2	3		1	2	3	4
6	7	8	9	10	7	8	9	10	11
13	14	15	16	17	14	15	16	17	18
20	21	22	23	24	21	22	23	24	25
27	28	29	30		28	29	30	31	

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

NOVEMBER					MAY				
M	T	W	TH	F	M	T	W	TH	F
1	2	3	4	5	2	3	4	5	6
8	9	10	11	12	9	10	11	12	13
15	16	17	18	19	16	17	18	19	20
22	23	24	25	26	23	24	25	26	27
29	30				30	31			

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

## Summary of Calendar

August	16-17	New Teachers Workshop
	18	Teacher In-Service Day
	19	Teacher In-Service Day
	20	Teacher In-Service Day
	23	Begin First Semester
Sept.	6	<b>Labor Day – No School</b>
Oct.	6	Parent/Teacher Meetings (3:00 pm – 7:00 pm)
		<b>Early Dismissal</b>
	13	Parent/Teacher Meetings (3:00pm – 7:00 pm)
		<b>Early Dismissal</b>
	15	<b>No School</b>
	22	End of 1st Quarter (43 Days/270.4 hrs)
Nov.	24	<b>Early Dismissal 12:30 – No Professional Development</b>
	25-26	<b>Thanksgiving Vacation - No School</b>
Dec.	22	<b>Early Dismissal 12:30 – No Professional Development</b>
		End of 2nd Quarter (41 days/254.3 hrs)
		End of 1st Semester (84 days/524.7 hrs)
	23-31	<b>Winter Vacation - No School</b>
Jan.	1-2	<b>Winter Vacation - No School</b>
	3	Classes Resume - Begin Second Semester
	17	<b>Martin Luther King Jr. Day - No School</b>
Feb.	21	<b>President's Day - No School</b>
	23	Parent/Teacher Meetings (3:00 pm – 7:00 pm)
		<b>Early Dismissal</b>
March	2	Parent/Teacher Meetings (3:00 pm – 7:00 pm)
		<b>Early Dismissal</b>
	4	<b>No School</b>
	11	End of 3rd Quarter (47 days/295.4 hrs)
	17	<b>No School</b> or 4th Snow Make-Up Day
	18	<b>No School</b>
April	15-18	<b>Easter Break - No School</b>
May	22	Graduation
	23	<b>Last Day of School – Early Dismissal</b>
		End of 4th Quarter (47 days/294.1 hrs)
		End of 2nd Semester (94 days/589.5 hrs)
	24	Teacher In-Service Day
	24-26	Snow Make-Up Days - 1st, 2nd, 3rd
	30	<b>Memorial Day</b>

**Teacher In-Service – Early Dismissal**  
Wednesday afternoons • August 25, 2021 – May 18, 2022

### Key

<>	Early Dismissal
□	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**  
May 24, May 25, May 26,  
March 17

Families interested in Free or Reduced Meals for the 2021-2022 school year must complete and return the Free and Reduced Meal Application Form by August 1<sup>st</sup> to have their applications processed before the beginning of the school year.

A new application form is required each school year.

Forms can 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.

## INFORMATION LETTER-NSLP/SBP

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

Dear Parent/Guardian:

Children need healthy meals to learn. Highland Community School District offers healthy meals every school day. Breakfast cost [\$]; lunch costs [\$]. 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

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-formerly Food Assistance in Iowa), 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. (Requires submitting an Application for Free and Reduced Price Meals/Milk.)

#### FEDERAL INCOME ELIGIBILITY GUIDELINES for School Year 2021-2022

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each additional person:	8,399	700	350	324	162

- 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 Donna DeWolf, 1715 Vine Ave., Riverside, IA 52327 or call 319-648-2891 or 319-657-4101. If any children in your household were missing from your notification, contact: 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 DHS, 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 food assistance 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 automatically, 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: Highland CSD or Building Principal.
- 5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals Application for all 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, through August 31, 2021. You must send in a new application unless the school told you that your child is eligible for the new school year. When the carry-

over 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 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 school officials. You also may ask for a hearing by calling or writing to: Highland CSD Superintendent, 1715 Vine Ave., Riverside, IA 52327 or call 319-648-3822 or 319-657-4180.
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 some 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. There are currently no active Military Housing Projects in Iowa as found on [Active Military Housing Projects](#). 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 319-648-2891 or 319-657-4101, 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, they 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.

If you have other questions or need help, call 319-648-2891 or 319-657-4101 or email [ddewolf@highlandhuskies.org](mailto:ddewolf@highlandhuskies.org)

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household, even if your children attend more than one school. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals.

**Completed applications should be mailed or returned to Highland CSD, 1715 Vine Ave., Riverside, IA 52327.** If at any time you are not sure what to do next, please contact the Highland CSD, 319-648-2891 or 319-657-4101 or email [ddewolf@highlandhuskies.org](mailto:ddewolf@highlandhuskies.org).

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

### STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

#### Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Children age 18 or under **and** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Highland CSD**, *regardless of age*.

- A) List each child's name and date of birth.** Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.
- B) Is the child a student?** Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend Highland CSD. If you marked 'Yes' write where the child attends school and write the grade level of the student in the "Grade" column to the right.
- C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are *ONLY* applying for foster children, after finishing STEP 1, go to "STEP 4". Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

### STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN the Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP), OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa)
- The Family Investment Program (FIP)
- The Food Distribution Program on Indian Reservations (FDPIR)



**A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Circle 'NO' and go to **STEP 3. (Leave the rest of STEP 2 blank)**

**B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Circle 'YES' and provide a case number for SNAP, FIP, or FDPIR. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, it is located on your Notice of Decision. **You must provide a case number on your application if you circled "YES".**
- Go to **STEP 4.**

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

Report all amounts in **GROSS INCOME ONLY**. Report all income in whole dollars. Do not include cents.

- Gross income is the total income received before taxes.
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has **NOT** been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

**A) Report all income earned or received by children.** Refer to the table below titled "Sources of Income for Children" and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them with the rest of your household (income from a part-time job or from any funds provided to the child for the child's personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

**Table 1. Sources of Income for Children**

**What is Child Income?**

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> <li>• Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>• A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)</li> </ul>
<ul style="list-style-type: none"> <li>• Social Security                             <ul style="list-style-type: none"> <li>○ Disability Payments</li> <li>○ Survivor's Benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A child is blind or disabled and receives Social Security benefits.</li> <li>• A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from person <i>outside</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>• A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• A child receives regular income from a private pension fund, annuity, or trust.</li> </ul>

**FOR EACH ADULT HOUSEHOLD MEMBER:**

- B) List Adult Household member's name.** Print the name of each household member in the boxes marked "All Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.**
- C) Report earnings from work.** Refer to the chart below titled "Sources of Income for Adults" and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are self-employed business or farm owner, you will report your net income. If you need assistance with this, ask your children's school for the Supplemental Worksheet which has self-employment calculations.

**Who should I list here?**

When filling out this section, please include **all** adult members in your household who are:

- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

**Do not include:**

- People who live with you but are not supported by your household's income AND do not contribute income to your household.
- Children and students already listed in Step 1.

**What if I am self-employed?**

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask your school for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

- D) Report income from public assistance/child support/alimony.** Refer to the chart below titled "Sources of Income for Adults" and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
- E) Report income from pensions/retirement/all other income.** Refer to Table 2 below titled "Sources of Income for Adults" and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

**Table 2. Sources of Income for Adults**

<b>Earnings from Work</b>	<b>Public Assistance/ Alimony/Child Support</b>	<b>Pensions/Retirement/All Other Income</b>
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> </ul> <p><b>Allowances for off-base housing, food and clothing</b></p>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability benefits</li> <li>• Regular Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment Income</li> <li>• Earned Interest</li> <li>• Rental Income</li> <li>• Regular cash payments from outside household</li> </ul>

- F) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. **You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

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

**All applications must be signed by an adult member of the household.** By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

- A) Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) Print and sign your name and write today's date.** Print the name of the adult signing the application and sign in the box labeled "Signature of adult completing the form."
- C) Mail or return completed form to: Highland CSD, 1715 Vine Ave., Riverside, IA 52327. Please do not mail completed form to the Department of Agriculture as this will delay processing.**
- D) Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. If you do not select race or ethnicity, one will be selected for you based on visual observation.
- E) Decline having your information released to Hawki.** If you do not want your household information shared with Hawki, **print, sign and date in the box provided.**
- F) Obtaining translated applications.** If you need a translated application with instructions, they can be found in 49 languages at: <https://www.fns.usda.gov/school-meals/translated-applications>.

# 2021-2022 Iowa Application for Free & Reduced-Price School Meals/Milk

Return completed form to: Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted.

## STEP 1 List ALL Household Members who are infants, children, and students up to and including 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. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	MI	Child's Last Name	Date of Birth	Student? Yes No	Child's School	Grade	Homeless, Migrant, Runaway	Foster Child

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP, or FDIPIR? Circle one: Yes / No. 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, Title XIX & EBT card numbers are not acceptable.

Case Number: \_\_\_\_\_

To Apply On-Line go to: (delete if NA)

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered Yes to STEP 2)

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here. Total Child Income \$ \_\_\_\_\_

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (before taxes) for each source in whole dollars (no cents) only. 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.

Name of Adult Household Members (First and Last)	How often?		C. Earnings from Work	D. Public Assistance/ Child Support/Alimony	E. Pensions/Stipend/ All Other Income	How often?	
	Weekly	Bi-Weekly				2x Monthly	Monthly
			\$ _____		\$ _____		
			\$ _____		\$ _____		
			\$ _____		\$ _____		

**F. Total Household Members (Children and Adults)** of \_\_\_\_\_  
G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: \_\_\_\_\_ X X X X  
Check if no SSN

## 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.

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

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

## DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12  
Household Income: \$ \_\_\_\_\_  
Application Approved:  Income  Foster Child  FIP/SNAP  Head Start (documentation required)  Monthly  Annually  Household Size: \_\_\_\_\_  
Eligibility Determination:  Free  Reduced  Free Milk  Application Denied:  Incomplete  Over income limits

Determining Official \_\_\_\_\_ Effective Date \_\_\_\_\_ Confirming Official \_\_\_\_\_ Date \_\_\_\_\_ Follow-up Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2021-2022 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

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

Child's First Name	MI	Child's Last Name	Student? Yes	No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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

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

Name of Adult Household Members (First and Last)	Weekly	Bi-Weekly	2x Month	Monthly	Annually	Public Assistance/ Child Support /Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	\$	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	\$	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	\$	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

### 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 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	\$ _____
<b>TOTAL</b>	\$ _____ Gross Annual Income Before Any Deductions.

Computed Monthly Income \$ \_\_\_\_\_ (Gross Annual Income ÷ 12 = Computed Monthly Income.)  
 The computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income.



**WAIVER STATEMENT**

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees ONLY. I certify that I am the parent/guardian of the child(ren) for whom application is being made. **YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## CARTA DE INFORMACIÓN

## Preguntas frecuentes acerca de comidas escolares gratis y a precio reducido

Estimado padre/guardián:

Los niños necesitan alimentación nutritiva para aprender. Highland Community School District ofrece comidas saludables todos los días de estudio. Sus hijos podrían ser elegibles para comidas / leche gratis o comidas a precio reducido. Los precios reducidos son de .30 para desayuno y .40 para almuerzo. Devuelva o envíe por correo la solicitud completa a: **Highland CSD, 1715 Vine Ave., Riverside, IA 52327.**

A continuación, hay algunas preguntas y respuestas frecuentes para ayudarle con el proceso de solicitud.

1. ¿QUIÉN PUEDE RECIBIR COMIDAS GRATIS O A PRECIO REDUCIDO?

- Todos los niños en hogares que reciban beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés-anteriormente llamado Asistencia Alimentaria en Iowa), el Programa de Inversión Familia (FIP) o algunos programas de Medicaid específicos, son elegibles para comidas gratuitas o a precio reducido.
- Los hijos en hogares sustitutos que estén bajo la responsabilidad legal de una agencia o tribunal de cuidado sustituto son elegibles para recibir comidas gratis.
- Los niños que participan en el programa Head Start de su escuela son elegibles para recibir comidas gratis.
- Los niños que cumplan con la definición de personas sin hogar, inmigrantes o que han huido, son elegibles para recibir comidas gratis.
- Los niños pueden recibir comidas gratis o a precio reducido si los ingresos de su hogar son iguales o inferiores a los límites de la siguiente Tabla Federal de Ingresos. (Requiere la entrega de una solicitud para comidas/leche gratis y a precio reducido).

LINEAMIENTOS FEDERALES DE ELEGIBILIDAD POR INGRESOS para el año escolar 2021-2022

Tamaño del hogar	Anual	Mensual	Dos por mes	Cada dos semanas	Semanal
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Cada persona adicional:	8,399	700	350	324	162

2. ¿DEBO COMPLETAR UNA SOLICITUD SI RECIBÍ UNA CARTA ESTE AÑO ESCOLAR INFORMANDO QUE MIS HIJOS YA ESTÁN APROBADOS PARA COMIDAS GRATIS O A PRECIO REDUCIDO? No, pero por favor, lea atentamente la carta y siga las instrucciones. Si cualquiera de los niños en su hogar no ha recibido notificación, contacte a: **Donna DeWolf, 1715 Vine Ave., Riverside, IA 52327** or call 319-648-2891 or 319-657-4101 de inmediato, ya que la elegibilidad para recibir comidas gratis o a precio reducido se extiende a todos los niños en edad escolar de un hogar. Si no ha recibido una carta de la escuela, pero recibió un aviso de almuerzo gratuito de parte de DHS, presente esta carta en la escuela de sus hijos. Puede añadir cualquier estudiante que viva en su hogar y que no esté en la lista de la carta. También, si algún miembro de su hogar recibe asistencia alimentaria y usted no recibió ninguna de estas cartas, puede completar una aplicación mencionando el número de caso ya que esto calificará para comidas gratis a todos los niños de su casa que estén en edad escolar. Si le informaron que sus hijos van a recibir comidas a precio reducido de forma automática, consulte los lineamientos de ingresos mencionados y si considera que puede calificar para beneficios de comida gratis, complete una solicitud para comidas gratis o a precio reducido.
3. ¿QUÉ PASA SI TENGO NIÑOS COMO PADRE SUSTITUTO? Los hogares que tengan hijos de crianza y naturales pueden optar por incluir a los hijos de crianza como miembros del hogar, ya que esto puede ayudar a que otros niños del hogar califiquen para recibir beneficios. Si la familia sustituta no es elegible para los beneficios de comida gratis, esto no es impedimento para que un hijo de crianza reciba los beneficios de comida gratuita.
4. ¿CÓMO SÉ SI MIS HIJOS CALIFICAN COMO SIN HOGAR, INMIGRANTES O QUE HAN HUIDO? ¿Los miembros de su familia no tienen una dirección permanente? ¿Se quedan juntos en un refugio, hotel, u otro lugar de vivienda temporal? ¿Su familia se reubica de forma estacional? ¿Alguno de los niños que viven con usted ha decidido salir de su familia u hogar anterior? Si usted considera que los niños que hacen parte de su hogar cumplen con estas descripciones y no ha sido informado que sus hijos recibirán comidas gratis, por favor contacte a: **Highland CSD or Building Principal.**
5. ¿DEBO COMPLETAR UNA SOLICITUD PARA CADA NIÑO? No. *Utilice una solicitud de comidas escolares gratis y a precio reducido para todos los estudiantes en su hogar.* No podemos aprobar una solicitud a menos que la información de elegibilidad no esté completa, así que asegúrese de completar toda la información requerida.
6. LA SOLICITUD DE MI HIJO FUE APROBADA EL AÑO PASADO. ¿DEBO COMPLETAR UNA NUEVA? Sí. La solicitud de su hijo sólo es válida para ese año escolar y para los primeros días de este año escolar, hasta **August 31, 2021.** Envíe una nueva solicitud a menos que la escuela le haya dicho que su hijo es elegible para el nuevo año escolar. Una vez finalizado el periodo de aplazamiento, a menos que se le notifique que sus hijos recibirán comidas gratis o usted presente una



solicitud que es aprobada, los niños tendrán que pagar el precio completo para las comidas escolares. La escuela no está obligada a enviar un recordatorio o aviso de expiración de elegibilidad.

7. **RECIBO WIC. ¿PUEDEN MIS HIJOS RECIBIR COMIDAS GRATIS?** Los niños en hogares que participan en WIC pueden ser elegibles para recibir comidas gratis o a precio reducido. Por favor, envíe una solicitud.
8. **¿PUEDO HACER UNA SOLICITUD SI ALGUIEN EN MI HOGAR NO ES CIUDADANO DE LOS EE.UU.?** Sí. Usted, sus hijos u otros miembros del hogar no tienen que ser ciudadanos estadounidenses para solicitar comidas gratis o a precio reducido.
9. **¿LA INFORMACIÓN QUE ENTREGUE SERÁ REVISADA?** Sí. También podemos pedirle que envíe una certificación escrita de los ingresos de su hogar que usted reporta. Usted no tiene la obligación de entregar una prueba con su solicitud.
10. **¿SI NO CALIFICO AHORA, PUEDO HACER UNA SOLICITUD DESPUÉS?** Sí, usted puede hacer una solicitud en cualquier momento durante el año escolar. Por ejemplo, los niños con un padre o tutor que quede sin empleo pueden ser elegibles para recibir comidas gratis o a precio reducido si los ingresos familiares están por debajo del límite de ingresos, si el tamaño de la familia aumenta, o si comienza a recibir SNAP, FIP u otros beneficios.
11. **¿Y SI NO ESTOY DE ACUERDO CON LA DECISIÓN DE LA ESCUELA SOBRE MI SOLICITUD?** Debe hablar con funcionarios de la escuela. También puede solicitar una audiencia llamando o escribiendo a: Highland CSD Superintendent, 1715 Vine Ave., Riverside, IA 52327 or call 319-648-3822 or 319-657-4180.
12. **¿QUÉ PASA SI MIS INGRESOS NO SIEMPRE SON IGUALES?** Enumere la cantidad que recibe normalmente. Por ejemplo, si normalmente recibe \$ 1000 al mes, pero se ausentó del trabajo el mes pasado y solo recibió \$ 900, escriba que recibe \$ 1000 por mes. Si normalmente trabaja horas extras, inclúyalas, pero no lo haga si sólo trabaja horas extras a veces. Si perdió su empleo o las horas o salarios fueron reducidos, use sus ingresos actuales.
13. **¿QUÉ SI ALGUNOS DE LOS MIEMBROS DEL HOGAR NO TIENEN INGRESOS QUE REPORTAR?** Quizás los miembros del no reciban algunos tipos de ingresos que le pedimos que reporte en la solicitud, o es probable que no reciban ingreso alguno. Cada vez que esto suceda por favor escriba 0 en el campo. Sin embargo, si cualquiera de los campos de ingreso queda vacíos o en blanco, se contarán como en ceros. Por favor tenga cuidado al dejar campos de ingresos en blanco, porque asumiremos que esa era su intención.
14. **ESTAMOS EN LAS FUERZAS MILITARES. ¿REPORTAMOS NUESTROS INGRESOS DE FORMA DIFERENTE?** Debe reportar su salario básico y bonos en efectivo como ingresos. Si recibe asignaciones en efectivo para vivienda fuera de la base, alimentos o ropa, o si recibe pagos de Asignaciones Suplementarias de Subsistencia Familiar, esto también lo debe incluir como ingreso. Sin embargo, si su vivienda hace parte de la Iniciativa de Privatización de Viviendas para Militares, usted no debe incluir el subsidio para vivienda como ingreso. En este momento no hay activo ningún Proyecto de Vivienda Militar en Iowa como se encuentra en Proyectos Activos de Vivienda Militar. Cualquier pago adicional de combate, resultante de asignaciones, también queda excluido de los ingresos.
15. **¿DEBO PROPORCIONAR MI NÚMERO DE SEGURO SOCIAL?** Sólo se necesitan los últimos cuatro dígitos del Número de Seguro Social del principal proveedor de ingresos del hogar u otro adulto miembro del hogar (o indicar que no hay "ninguno").
16. **¿QUÉ HAGO SI NO HAY SUFICIENTE ESPACIO PARA MI FAMILIA EN LA SOLICITUD?** Enumere a todos los miembros adicionales del hogar en una Hoja de Trabajo Suplementaria, y adjúntela a su solicitud. Contacte a 319-648-2891 or 319-657-4101 para recibir una Hoja de Trabajo Suplementaria.
17. **¿QUIÉN PUEDE RECIBIR LECHE GRATIS?** Si su escuela participa en el Programa de Leche Especial para niños de kínder de medio día, su hijo en edad de jardín de infancia puede ser elegible para recibir leche gratis. Los niños que compran leche extra con una comida, o si comen desayuno o almuerzo y tienen un receso para leche por la tarde, no son elegibles para recibir leche gratis.
18. **MI FAMILIA NECESITA MÁS AYUDA. ¿HAY OTROS PROGRAMAS QUE PODAMOS SOLICITAR?** Para saber cómo solicitar Asistencia Alimentaria u otros beneficios de asistencia, contacte a su oficina de asistencia local o llame al 1-877-347-5678. Sus hijos pueden ser elegibles para Hawki (seguro de salud para niños) o una exención de costos de estudio. Lea la información en el respaldo de la solicitud para conocer información acerca de Hawki. En su escuela encontrará un formulario de exención de costos de estudio.
19. **¿LOS NIÑOS CON DISCAPACIDADES PUEDEN RECIBIR SUSTITUCIONES DE ALIMENTOS?** Si un niño tiene una discapacidad, según lo indicado por un profesional médico licenciado, y la discapacidad le impide consumir los alimentos regulares de la escuela, la escuela hará sustituciones prescritas por el profesional médico licenciado. Si es necesaria una sustitución, no habrá ningún cargo adicional por la comida. Sin embargo, tenga en cuenta que la escuela no está obligada a realizar cambios por alergias a los alimentos, a menos que cumpla con la definición de discapacidad. Por favor llame a la escuela para tener mayor información.

Si tiene otras preguntas o necesita ayuda, llame al 319-648-2891 or 319-657-4101.

Esta institución es un proveedor que fomenta la igualdad de oportunidades.

## CÓMO HACER SU SOLICITUD PARA COMIDAS/LECHE GRATIS O A PRECIO REDUCIDO

Por favor, siga estas instrucciones para llenar la solicitud de comidas/leche escolares gratis o a precio reducido. Presente sólo una solicitud por familia, así sus hijos asistan a escuelas distintas de Highland CSD. Por favor siga estas instrucciones en orden. Cada paso de las instrucciones es el mismo que los pasos de su solicitud. Llene por completo la solicitud para certificar a sus hijos para la recepción de comidas gratis o a precio reducido. Las solicitudes completas se deben enviar por correo o devolver a Highland CSD, 1715 Vine Ave., Riverside, IA 52327. Si en algún momento no está seguro de qué hacer a continuación, por favor contacte a Highland CSD, 319-648-2891 or 319-657-4101.

**POR FAVOR, UTILICE BOLÍGRAFO (NO LÁPIZ) AL LLENAR LA SOLICITUD PROCURE ESCRIBIR CON CLARIDAD.**

**PASO 1: ENUMERE TODOS LOS MIEMBROS DE SU HOGAR QUE SEAN BEBÉS, NIÑOS Y ESTUDIANTES HASTA, E INCLUYENDO, GRADO 12.**

Díganos cuántos bebés, niños y estudiantes en edad escolar viven en su hogar. NO tienen que tener ningún grado de consanguinidad con usted para ser parte de su hogar.

**¿A quién debería escribir aquí?**

Al completar esta sección, por favor incluya a **todos** los miembros del hogar que son:

- Jóvenes de 18 años o menores y que reciban sustento con los ingresos del hogar;
- Bajo su cuidado dentro de un acuerdo acogida paternidad sustituta, o que califiquen como personas sin hogar, inmigrantes o que han huido;
- Estudiantes que asistan a Highland CSD, *independientemente de su edad.*

- A) Enumere los nombres de cada niño y fecha de nacimiento.** Escriba el primer nombre de cada niño, inicial de segundo nombre, apellido y fecha de nacimiento (opcional). Utilice una línea de la aplicación para cada niño. Si hay más niños que líneas disponibles en la solicitud, adjunte una hoja de trabajo suplementaria, la cual puede obtener en la escuela, con toda la información requerida para los niños adicionales.
- B) ¿El niño estudia?** Marque "Sí" o "No" bajo la columna titulada "estudiante" para decirnos cuál niño estudia en Highland CSD. Si marcó "Sí", escriba a qué escuela asiste el niño y el grado en el que se encuentra bajo la columna "Grado" a la derecha.
- C) ¿Tiene algún hijo de crianza?** Si cualquiera de los niños mencionados es hijo de crianza, marque la casilla de "Hijo de Crianza" junto al nombre del niño. Si **SÓLO** está presentando una solicitud para niños de crianza, después de completar el PASO 1, prosiga al "PASO 4". Los hijos de crianza que vivan con usted pueden contar como miembros de su hogar y debe mencionararlos en su solicitud. Si ya está presentando una solicitud para niños de crianza y naturales, prosiga al paso 3.

- D) ¿Alguno de los niños es un niño sin hogar, inmigrante o que ha huido? Si cree que cualquiera de los niños mencionados en esta sección puede cumplir con esta descripción, por favor marque la casilla "sin hogar, inmigrante, que ha huido" junto al nombre del niño y complete todos los pasos de la solicitud.

**PASO 2: ¿ALGÚN MIEMBRO DE SU HOGAR PARTICIPA ACTUALMENTE EN el Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), FIP, O FDPIR?**

Si cualquiera de los miembros de su hogar (incluido usted) participa en los programas de asistencia indicados a continuación, sus hijos son elegibles para recibir comidas gratuitas en las escuelas:

- El Programa de Asistencia Nutricional Suplementaria (SNAP, anteriormente Food Assistance en Iowa)
- El Programa de Inversión Familiar (FIP)
- El Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR)

- A) SI NINGUNO DE LOS INTEGRANTES DE SU HOGAR PARTICIPA EN CUALQUIER DE LOS PROGRAMAS ANTERIORMENTE MENCIONADOS:

- Encierre 'NO' y vaya al PASO 3. (Deje el resto del PASO 2 en blanco)

- B) SI CUALQUIERA DE LOS INTEGRANTES DE SU HOGAR PARTICIPA EN CUALQUIER DE LOS PROGRAMAS ANTERIORMENTE MENCIONADOS:

- Encierre en un círculo 'SÍ' y escriba un número de caso para SNAP, FIP, o FDPIR. Escriba sólo un número de caso. Si usted participa en uno de estos programas y no conoce su número de caso, éste se encuentra en la Notificación de Decisión. Proporcione un número de caso en su solicitud si encerró en un círculo "SÍ".
- Vaya al PASO 4.

**PASO 3: INFORME DE INGRESOS DE TODOS LOS MIEMBROS DEL HOGAR**

Reporte todas las cantidades ÚNICAMENTE EN INGRESOS BRUTOS. Reporte todos los ingresos en dólares enteros. No incluya centavos.

- El ingreso bruto es el ingreso total recibido antes de impuestos.
- Muchos piensan que los ingresos son la cantidad de dinero que "llevan a casa" y no el total, la cantidad "bruta". Asegúrese de que los ingresos que reporte en esta solicitud NO hayan sido reducido para pagar impuestos, primas de seguros, o de cualquier otra cantidad tomadas de su pago.
- Escriba un "0" en cualquier campo donde no hay ingresos para reportar. Cualquier campo de ingreso que quede vacío o en blanco también se contará como en ceros. Si escribe "0" o deja algún campo en blanco, usted está certificando (prometiendo) que no hay ingresos para reportar. Si los funcionarios locales tienen información conocida o disponible que indique que los ingresos de su hogar han sido reportados de forma incorrecta, su solicitud será investigada.
- Marque con qué frecuencia se recibe cada tipo de ingreso, usando las casillas de verificación a la derecha de cada campo.

- A) Reporte todos los ingresos obtenidos por los niños. Consulte la tabla "Fuentes de Ingresos para Menores" a continuación e informe el ingreso bruto combinado para TODOS los niños mencionados en el Paso 1 en su hogar, en la casilla marcada como "Ingreso Total de Menores". Incluya únicamente ingresos de hijos de crianza si está haciendo una solicitud para ellos con el resto de su hogar (ingreso de un trabajo a tiempo parcial o de cualquier ingreso proporcionado para el uso personal del niño). De manera opcional, el

hogar puede incluir en la lista hijos de crianza que vivan con ellos como parte del hogar en una solicitud para hijos que no sean de crianza.

**Tabla 1. Fuentes de ingresos para niños**

<b>¿Qué son ingresos de niños?</b> Los ingresos del niño es dinero recibido fuera de su hogar que se pague directamente a sus hijos. Muchos hogares no tienen ingresos de niños. Utilice la siguiente tabla para determinar si su hogar tiene ingresos de niños para informar.	
<b>Fuentes de ingreso del niño</b>	<b>Ejemplo (s)</b>
<ul style="list-style-type: none"> <li>• Ganancias de trabajo</li> </ul>	<ul style="list-style-type: none"> <li>• Un niño tiene un trabajo de tiempo completo o parcial en el que gana un sueldo o salario. (Las ganancias poco frecuentes, como el ingreso ocasional por servir como niñera o cortar el césped, no se cuentan como ingresos.)</li> </ul>
<ul style="list-style-type: none"> <li>• Seguridad social               <ul style="list-style-type: none"> <li>○ Pagos de discapacidad</li> <li>○ Beneficios de sobreviviente</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Un niño es ciego o discapacitado y recibe beneficios de Seguridad Social.</li> <li>• Un padre es discapacitado, jubilado, o ha fallecido, y su hijo recibe beneficios de seguridad social.</li> </ul>
<ul style="list-style-type: none"> <li>• Ingresos de personas <i>ajenas</i> al hogar</li> </ul>	<ul style="list-style-type: none"> <li>• Un amigo o miembro de la familia extendida proporciona <i>con regularidad</i> dinero para los gastos del niño.</li> </ul>
<ul style="list-style-type: none"> <li>• Ingresos de cualquier otra fuente</li> </ul>	<ul style="list-style-type: none"> <li>• Un niño recibe ingresos regulares de un fondo privado de pensión, anualidad o fideicomiso.</li> </ul>

**PARA CADA MIEMBRO ADULTO DEL HOGAR:**

**B) Escriba los nombres de los miembros adultos del hogar.** Escriba el nombre de cada miembro del hogar en las casillas marcadas "Nombres de miembros adultos del hogar" (nombre y apellido)" No incluya ningún miembro del hogar que haya mencionado en el PASO 1.

**¿A quién debería escribir aquí?**

Al completar esta sección, por favor incluya a todos los miembros adultos del hogar que estén:

- Viviendo con usted y que comparta ingresos y gastos, incluso si no tengan relación de consanguinidad e incluso si no reciben ingresos propios.

*No incluya personas que:*

- Vivan con usted, pero que no reciban sustento de parte de los ingresos de su hogar y no contribuyan a los ingresos para su hogar.
- Niños y los estudiantes ya mencionados en el Paso 1.

**C) Informe ganancias de trabajo.** Consulte el cuadro a continuación titulado "Fuentes de Ingresos para Adultos" e informe todos los ingresos de trabajo en el campo de "Ingresos por trabajo", en el formulario de solicitud. Este suele ser el dinero recibido por trabajos realizados. Si usted es empleado independiente o dueño de una finca, informe su ingreso neto. Si necesita ayuda con esto, solicite en la escuela de su hijo la Hoja de Trabajo Suplementario que contiene cálculos de empleados independientes.

**¿Qué hago si soy empleado independiente?**

Si usted trabaja por cuenta propia, informe los ingresos de trabajo como cantidad **neta**. Esto se calcula restando los gastos operativos totales de su empresa a partir de los ingresos brutos y utilidades. Solicite en la escuela una Hoja de Trabajo Suplementaria para ayudarle a determinar de su ingreso anual bruto por mes, antes de deducciones.

- D) **Informe de Ingresos de Asistencia Pública / manutención de niños / pensión alimenticia.** Consulte el cuadro a continuación titulado "Fuentes de Ingresos para Adultos" e informe todos los ingresos que apliquen en el campo de "Asistencia pública/Manutención de menores/Pensión alimenticia", en el formulario de solicitud. No incluya en el informe el valor de beneficios de asistencia pública que tengan valor en efectivo y que NO aparezcan enumerados en el gráfico. Si recibe ingresos de manutención para niños o pensión alimenticia, enuncie únicamente los pagos por orden judicial. Reporte los pagos informales pero regulares como "otros" ingresos en la siguiente parte.
- E) **Reporte ingresos de pensiones / jubilación / todos los ingresos adicionales.** Consulte la Tabla 2 a continuación titulada "Fuentes de Ingresos para Adultos" e informe todos los ingresos que apliquen en el campo de "Pensiones/Jubilación/Cualquier otro ingreso", en el formulario de solicitud.

**Tabla 2: Fuentes de ingresos para adultos**

Ganancias de trabajo	Asistencia pública / pensión alimenticia / manutención de niños	Pensiones / Jubilación / Todos los ingresos adicionales
<ul style="list-style-type: none"> <li>Sueldos, salarios, bonos en efectivo</li> <li>Ingreso neto de trabajo por cuenta propia (granja o empresa)</li> </ul> <p><b>Si usted hace parte de las fuerzas militares de los Estados Unidos:</b></p> <ul style="list-style-type: none"> <li>Pago básico y bonos con valor en efectivo (NO incluya el pago por combate, FSSA o subsidios de vivienda privatizados)</li> <li>Subsidios para la vivienda fuera de la base, alimentación y ropa</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 sigla 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>

- F) **Reporte el tamaño total del hogar.** Ingrese el número total de miembros del hogar en el campo "Tamaño total del hogar (niños y adultos)". Este número **DEBE** ser igual al número de miembros del hogar que figuran en el PASO 1 y PASO 3. Si en la solicitud no ha mencionado cualquiera de los miembros de su hogar, vuelva al paso respectivo para añadirlo. Es muy importante hacer una lista de todos los miembros del hogar, ya que la cantidad de integrantes del hogar afecta su elegibilidad para comidas gratis o a precio reducido.
- G) **Escriba los últimos cuatro dígitos de su número de seguro social.** Un adulto miembro del hogar debe escribir los últimos cuatro dígitos de su número de Seguridad Social en el espacio proporcionado. **Usted tiene derecho a solicitar los beneficios incluso si no tiene Número de Seguridad Social.** Si en el hogar no hay miembros adultos con número de seguridad social, deje este espacio en blanco y marque la casilla de la derecha con el texto "Comprobar si no hay SSN".

#### PASO 4: INFORMACIÓN DE CONTACTO Y FIRMA DE UN ADULTO

Todas las solicitudes deben estar firmadas por un adulto miembro del hogar. Al firmar la solicitud, ese miembro de del hogar asegura que toda la información proporcionada ha sido veraz y completa. Antes de

completar esta sección, por favor asegúrese también de haber leído las declaraciones de privacidad y de derechos civiles en la parte posterior de la solicitud.

- A) **Escriba su información de contacto.** Escriba su dirección actual en los campos correspondientes si tiene disponible esta información. **Si no tiene dirección permanente, esto no hace que sus hijos no sean elegibles para recibir comidas gratis o a precio reducido.** Es opcional compartir un número de teléfono, dirección de correo electrónico, o ambos, pero nos es útil para localizarlo rápidamente si nos es necesario contactarlo.
- B) **Escriba y firme con nombre y escriba la fecha de hoy.** Escriba el nombre del adulto que firma la solicitud y que esa persona firme en la casilla. "Firma del adulto que completó formulario".
- C) **Envíe por correo o devuelva el formulario completo a [Nombre de la(s) escuela(s), Dirección].**
- D) **Comparta las identidades étnicas y raciales de los niños (opcional).** En el respaldo de la solicitud, pedimos que comparta información sobre la raza y etnicidad de sus hijos. Este campo es opcional y no afecta la elegibilidad de sus hijos para que reciban comidas gratis o a precio reducido. Si no selecciona raza o etnicidad, se seleccionará una por observación.
- E) **Rechace que su información sea revelada a Hawki.** Si no desea que la información de su hogar sea compartida con Hawki, imprima, firme y escriba la fecha en el cuadro correspondiente.
- F) **Obtención de solicitudes traducidas.** Si necesita la traducción de una solicitud y sus instrucciones, las puede encontrar en 49 idiomas ingresando a: <https://www.fns.usda.gov/school-meals/translated-applications>.

Field Code Changed

**Solicitud 2021-2022 de Iowa para comidas/leche en la escuela gratis o a precio reducido Devuelva el formulario completo a:** [Clic aquí para introducir texto.](#)  
 Complete una solicitud por familia. Por favor, 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 hoja de trabajo suplementaria).

Definición del miembro de familia: *Cualquier persona que viva con usted y comparta los ingresos y gastos, incluso si no están relacionados*. Los niños en cuidado sustituto y los niños que cumplen con la definición de personas sin hogar, inmigrantes o que han huido, son elegibles para recibir comidas gratis. Para mayor información, lea Cómo solicitar comidas escolares gratuitas y a precio reducido.	Primer nombre del menor	SN	Apellido del menor	Fecha de nacimiento	¿Estudiante? SI No	Escuela del menor	Grado	Hijo de crianza inmigrante que ha huido

**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 FDIPIR? Encierre sólo uno: SI / No. No; vaya al PASO 3. Si su respuesta es SI, escriba un número de caso aquí y vaya al paso 4. (No complete el PASO 3).**

Si desea hacer su solicitud vía internet, vaya a (introducir números de tarjeta Medicaid, Title XIX y EBT).  
 Número de caso: \_\_\_\_\_  
 URL Elimínelo si NA

**PASO 3** **Informe de ingresos de TODOS los miembros del hogar (Omita este paso si respondió "SI" al PASO 2)**

**A. 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.

**B. Todos los miembros adultos del hogar (incluido usted mismo)**  
 Enumere todos los miembros del hogar no mencionados en el PASO 1 (incluido usted mismo) así ellos no reciban 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 (prometiéndolo) que no hay ingresos para reportar. Las aplicaciones con campos de ingresos en blanco serán procesadas como completas. Si requiere más espacios para nombres adicionales, adjunte la hoja de trabajo suplementaria.

Nombre de miembros adultos del hogar (Nombre y Apellido)	¿Con qué frecuencia?		Ingreso total del menor	¿Con qué frecuencia?	
	Semanal	Quincenal		2x por mes	Mensual
\$			\$		
\$			\$		
\$			\$		

**C. Ganancias de trabajo**  
 ¿Con qué frecuencia?  
 Semanal | Quincenal | 2x mes | Anual

**D. Asistencia pública/ Apoyo/Pensión alimenticia de niño**  
 ¿Con qué frecuencia?  
 Sem. | Quincenal | 2x mes | Mensual

**E. Pensiones/ Jubilación/ Cualquier otro ingreso**  
 ¿Con qué frecuencia?  
 Sem. | Quincenal | 2x mes | Mensual

**F. Miembros totales del hogar (Niños y adultos)**  
 G. últimos cuatro dígitos del número del seguro social (SSN) de Principal asalariado u otro Miembro adulto del hogar  
 X X X X X X X X

Marque si no tiene SSN

**PASO 4** **Información de contacto y firma de un adulto**

\*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.\*

Dirección de domicilio (si la tiene) Apt. # Ciudad Estado Código postal Teléfono durante el día (opcional) Correo electrónico (opcional)

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

**NO ESCRIBA DEBAJO DE ESTA LINEA. SÓLO PARA USO ADMINISTRATIVO.** Fecha de recepción por parte de SFA: \_\_\_\_\_

Conversion de ingresos anuales: Semana x 52; Quincenal x 26; 2 veces al mes x 24; Mensual x 12  
 Ingreso familiar: \$  Semanal  Quincenal  Dos veces por mes  Mensual  Anual  Tamaño del hogar.  
 Aplicación aprobada:  Ingresos  Hijo de crianza  FIP/Asistencia alimenticia  Head Start (requiere documentación)  Sin hogar/Inmigrante/Huyó de casa-Regulere Documentación Oficial Local  
 Determinación de elegibilidad:  Gratis  Reducido  leche gratis  Incompleta  Supera los límites de ingresos

Funcionario que toma la decisión Fecha Funcionario de confirmación Fecha Firma de seguimiento Fecha

**OPCIONAL**

**Identidad étnica y racial de los niños**

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. Completar esta sección es opcional y no afecta la elegibilidad de sus hijos para que reciban comidas gratis o a precio reducido. Si no selecciona raza o etnicidad, se seleccionará una por observación.

Origen étnico (marque uno):  Hispano o Latino  No Hispano o Latino

Raza (marque una o más):  Amerindio o Nativo de Alaska  Asiático  Negro o Afroamericano  Nativo de Hawái u otro isleño del Pacífico  Blanco

**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, pero 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 podremos 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 una 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 FDPPIR 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 de USDA:** De acuerdo con la ley federal de derechos civiles y las regulaciones y políticas de derechos civiles del departamento de Agricultura de los Estados Unidos (USDA), el USDA, sus agencias, oficinas, empleados, e instituciones que participan en o administran los programas del USDA no pueden discriminar por motivos de raza, color, origen nacional, sexo, discapacidad, edad, o tener represalias o venganzas por actividad previa a los derechos civiles en ningún programa o actividad realizado o financiado por el USDA.

Las personas con discapacidades que requieren medios alternativos de comunicación para información del programa (por ejemplo, Braille, letra grande, información en audio, lenguaje de signos americano, etc.), deben contactar la Agencia (estatal o local) donde solicitaron los beneficios. Las personas sordas o con problemas de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Servicio de Retransmisión Federal al (800) 877-8339. Adicionalmente, la información del programa puede estar disponible en otros idiomas diferentes de inglés.

Para presentar una queja de discriminación en el programa, complete el Formulario de Queja de Discriminación en Programa USDA, (AD-3027) que se encuentra en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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 secretario adjunto de derechos civiles  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
fax: (202) 690-7442; o
- (2) correo electrónico:
- (3) [program.intake@usda.gov](mailto:program.intake@usda.gov).

\*use esta dirección únicamente si está presentando una

**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 este proveedor CNP, por favor, contacte a la Comisión de Derechos Civiles de Iowa, Grimes State Office building, 400 E. 14<sup>th</sup> St. Des Moines, IA 50319-1004; número telefónico 515-281-4121, 800-457-4416; página de internet: <https://icrc.iowa.gov/>."

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



# Hoja suplementaria para la solicitud 2021-2022 de lowa 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	¿Estudiante?	Escuela del menor	Grado	Hijo de crianza	Sin hogar, inmigrante, que ha huido
			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Marque todos los que

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 (nombre y apellido)	¿Con qué			Ingresos por Pensiones / Jubilación / Todos los demás	¿Con qué							
	Semana	Quincena	2x Mes			Semana	Quincena	2x Mes	Mensual			
				\$								
				\$								
				\$								

Asistencia pública/Manutención de niño /Pensión

### 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 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 percibido 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, regalías, sociedades, corporaciones S, fideicomisos, etc. Programa 1 Parte 1, LÍNEA 5	\$	
ingresos de agricultura o (pérdida) Programa 1 Parte 1, LÍNEA 6	\$	

TOTAL \$ \_\_\_\_\_ ingresos anuales 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.





