Hello Lange Family:
I hope everyone is enjoying some relaxing time with family and friends this summer. Our focus continues to be about helping our students achieve academic success. In doing so, we remind our students that we expect them to be respectful, safe and responsible learners from the time school begins to the very last day of school. Along the way we will have many celebrations for those who meet our expectations and plenty teaching and learning opportunities for those who need extra time to get there. As we approach the start of the school year, there are a few dates to place on your calendar.

**August 12th is Schedule Pickup Night and School Pictures.** All incoming 6th graders should come to pick up their schedule 6:30-7:30PM; 7th & 8th graders should come pick up schedules 5-6:30PM. All students will need to wear school appropriate clothing to take a photo for their school ID card.

**August 14th is Jump Start Day for all incoming 6th graders.** This day will a half day, 7:30AM-12:05PM. The buses will pick up and drop students off.

**August 15th is the first day of school for all students.** This is a regular school day which is 7:30AM-2:35PM.

**August 15th is “Calling All Men” Day.** We are asking each man associated with a student at Lange to come the first day between 7:15 and 7:30 AM to help us kick off the new year. This can include fathers, brothers, uncles, grandparents, family friends, mentors, etc. We will have a brief conversation and should be finished by 8AM.

**August 27th is Back to School Night.** All families are invited to come meet our teachers on this day, 6-7:30PM, to learn more about some of the academic and social opportunities available to our students this year.

We look forward to seeing you throughout the school year to support our students as they attempt to become the best Lange leopards they can be. Each month we will send out a newsletter with important information about ways you can stay connected. I am excited about the coming year and the wonderful students, families and teachers who are part of our Lange Family. Go Leopards!

C. Bernard Solomon, Ph.D.
Typical Day In the Life of Our Students at Lange

This is a short overview of what your child will experience during the day:

Buses arrive between 7:00—7:20 a.m. Non-bus riders should not arrive before 7:00 a.m. Upon arrival students either eat breakfast, or go to the gym.

Students wait in the gym until 7:20 when directed by teachers to their team hallways.

Each class is 46 minutes for all core, elective and PE classes. Lunch is 25 minutes.

Sixth grade students will rotate through some of the following options: Health, Art, Industrial Technology, Family & Consumer Science, Choir, Computers, and Drama. Students will attend each class for twelve weeks.

Seventh and Eight grade Elective classes are semester long classes with two periods of elective classes. This allows students to take four classes during the school year. Foreign Languages, Band and Orchestra are year long courses.

Locker Assignments

Every student will be assigned a locker. DO NOT GIVE LOCKER COMBINATIONS TO OTHERS. Many times students feel they can give their combination to a “friend” and no one else will get it. Often, this can result in improper locker use. Parents can help by reminding students not to give out their student numbers or locker combinations.

Students will also have a PE locker assigned by their PE teacher. It may be several days after school starts before these lockers are assigned.

Locks: It will help students get off to a great start if they know how to use a standard combination lock. Incoming 6th graders will be given opportunities to practice opening locks the first few days of school.

Late Arrivals, Early Departures

- If your child arrives late to school, an adult should come into the main office and sign him/her in or call the office to excuse the tardy.
- No student will be allowed to leave the building unless an adult signs him/her out in the main office.

Very Important.... Students can ONLY be released to a parent/guardian. If a situation arises that a child is being picked up by someone other than the parent/guardian, written or verbal permission must be provided.

- Persons listed on the student’s Emergency Card are allowed to pick up your child from school, unless we are told otherwise.
- Your child must be signed in/out or have a signed note by the parent/guardian to have an absence excused.

Thank you for your understanding and cooperation.

~Lange Administration, 214-3250

Release of Student Information

The Columbia School District operates under the procedure of not making student information available unless permission is granted by parents, or as is provided in Section 438 of the Family Educational Rights and Privacy Act of 1974, as amended by S.J. Resolution 40; 20 U.S. Code 1232g. There is certain directory-type information, however, that the district may provide the general public. This information includes student’s name; parent’s name; address; telephone number; age; grade level; participation in officially recognized activities and sports, including audiovisual or photographic records; weight and height of members of athletic teams; degrees, honors, and awards received; most recent previous school attended; and photographs, including photographs of regular school activities that do not disclose specific academic information about the child and/or would not be considered harmful or an invasion of privacy. In the event that any parents do not wish the directory information released for currently enrolled students of Columbia Public Schools, they have until September 9, 2016, to provide notice in writing to the Assistant Superintendent for Elementary Education or the Assistant Superintendent for Secondary Education, 1818 West Worley Street, Columbia, MO, 65203.
HOW LUNCH WORKS...

There are two options to pay for lunch at school:

1. Students may bring money each day.
2. Students may use the computerized cashiering system. Here’s how it works:
   - Send a check made out to Columbia Public Schools. We suggest you start with no less than $10.00, but you may send any amount you wish.
   - Check amount is credited to your child’s lunch account.
   - He/she goes through the line, punches in student I.D. #, and the cost of items is deducted from their lunch account.
   - The cashier will remind your child when their account has dropped below $7.00.
   - Any amount remaining at the end of the year will be carried over to the next year or may be refunded upon request.

*** Parents may also put money in their student’s account through MySchoolBucks at: www.MySchoolBucks.com

SACK LUNCHES FROM HOME ARE ALWAYS WELCOME!

DRESS AND GROOMING EXPECTATIONS

Students should use good judgment about what to wear to school. The best guidelines are good taste and common sense. Dress cannot distract from the learning environment. Extremes in dress and/or grooming, which may be health or safety hazards or detract from a desirable educational setting, are inappropriate for school. The principal is responsible for ensuring that a student’s dress does not distract from or interfere with the educational process. Dress or grooming which interferes or disrupts the educational process will be addressed by Lange staff or administration. We can usually help students to easily turn a shirt inside out, borrow a clean top from our clothing closet, or provide a belt to keep pants from sagging. If necessary, we will contact parents to help with a change of clothes.

CELL PHONE AND ELECTRONICS EXPECTATIONS

Electronic devices of any type including cell phones are commonly owned and possessed by students. However, an electronic device and/or cell phone should not be used from 7:20 am — 2:35 pm. We ask that all students put their electronic devices in their locker. All students have a personal locker with their personal lock. Students should not share their combination with other students. This should help to decrease the possibility of lost or stolen devices. If inappropriate use occurs the electronic device or cell phone may be required to be relinquished, and consequences will be assigned according to school policy. The school does not have manpower to investigate lost or stolen electronics so please remind your child to adhere to our expectations.

PHONE CALLS AT SCHOOL

We request that phone calls to your child during the school day be for situations that just can’t wait until your child arrives home. Please do not attempt to call or text your child’s cell phone during the school day. All calls should be made to the main office and we will make every effort to contact your child with emergency messages.

Bus riders do not have time to make phone calls after school and still make it to their bus. Please make all transportation arrangements before the end of the day.

Pleas help your child know which bus to ride before school begins! Finding the right bus is always a challenge on the first day. Bus Routes will be published and mailed in August.

Please be patient and understanding the first few days of school, as many routes will run long and late. Student Transportation of America has to build the route based on all eligible students, even though only a portion will ride. This process takes about a week.

ANY BUS QUESTIONS???
Contact Student Transportation of America at 214-3860
2019-2020 Lange Middle School
Supply List

1 Drawstring bag
2"/ 3" Ring Binder
2 packages of lined notebook paper
1 package of graph paper
2 spiral notebooks
2 composition notebooks
3 ring Pencil bag
   -One for writing utensils
   -One for iPad
1 package of 8 dividers
1 package of Post-it notes
1 package of index cards
Erasers
5 packages of pencils
1 package pens
1 package colored pencils
1 3-pack of glue sticks
1 package of colored Highlighters
4 boxes of tissues
1 Pair of Ear buds (must have daily)
1 Microfiber cloth
1 Large bottle of hand sanitizer

*Additional supplies may be required for specific classes throughout the school year.
LANGE MIDDLE SCHOOL
ATHLETIC PASSES NOW ON SALE

LEOPARD SPIRIT PACK - $50
All sport pass for family of 5 to all Columbia (CPS and OLLIS) hosted middle school games (home and away). Volleyball, Football, Cross Country, Basketball and Track. This excludes any tournaments.

2 PTSA memberships

$5 coupon towards LMS spirit wear

Add-On a second All Sport Pass for just $20

ALL SPORT ATHLETIC PASS - $40
All sport pass for family of 5 to all Columbia (CPS and OLLIS) hosted middle school games (home and away). Volleyball, Football, Cross Country, Basketball and Track. This excludes any tournaments.

Add-On a second All Sport Pass for just $20

ORDER FORM

Last name to appear on season pass

QTY.:

Leopard Spirit Pack -- $50
Cost

All Sport Athletic Pass -- $40
Cost

Lange Home Sport Pass -- $25
Cost

Student Pass -- $10
Cost

Add on a second All Sport Pass -- Only $20
Cost

TOTAL ENCLOSED $_______

Return Order to Lange Middle School Office, c/o PTSA, 2201 Smiley Ln., Columbia, MO 65202
LMS Volleyball Tryouts
August 19-23

August 19
7th Grade - 2:45pm to 5:00pm
8th Grade - 2:45pm to 5:00pm

August 20-23
7th Grade 2:45pm to 4:15pm
8th Grade 4:30pm to 6:00 pm

Please come with athletic clothing, shoes, and knee pads. Each student must have a current physical dated February 1, 2019 or after.

For questions please contact Coach Johnson (Dade) at: tjohnson@cpsk12.org or 573.424.4408.
FREE TO ALL MID-MISSOURI MIDDLE AND HIGH SCHOOL STUDENTS

Thursday, July 18 • 5-8 p.m.
Missouri Orthopaedic Institute
1100 Virginia Ave

Please call (573) 884-3821 for an appointment.
Walk-ins will still be welcome.

Mid-Missouri middle and high school students are invited to attend Sports Physical Day at MU Health Care’s Missouri Orthopaedic Institute.

In addition to basic sports physicals, an optometrist and orthopaedic specialist will evaluate each athlete.

A sports fair hosted by MU Health Care’s Human Performance Institute will be on site with activities and information for parents, coaches and athletes.

For more information, please email Hannah Nichols at nicholshm@health.missouri.edu.
School Photos & ID Pictures
Lange Middle School
2019-2020

Inter-State Studio will take your school photo. This photo will be available for purchase and used for your school ID and the yearbook.

Registration Day
August 12th
7th & 8th Grade – 5:00-6:30 pm
6th Grade – 6:00-7:30 pm

- Additional order forms will be available on picture day for cash or check purchases.
- You may also pre-order your photos online at www.inter-state.com/order and enter Order Code: 40066G
- Contact Inter-State Studio 573-449-3090 with any questions.

Dress code for your ID pictures is school appropriate clothing; NO HATS, SUNGLASSES, MUST FOLLOW SCHOOL DRESS CODE! It is your responsibility to wear school appropriate clothing.

MAKE UP DAY:
There will be ONE (1) Picture make up/re-take and new student photo day on: September 13, 2019
You may also pre-order your photos online at www.inter-state.com/order with Retake Order Code: 40068H

* If you purchased photos on original picture day and want a retake photo, you do not need to reorder. Just return your complete original picture packet and we will replace it with your new retake photo.
# 2019-2020 Student Verification Form

You must bring this form with you when you pick up your schedule!!!!!

This form will be used to verify your personal information.
Please fill out the following information completely and legibly!

**Student Name:**

**Student ID:**

Circle one: 6th 7th 8th

**If you have moved since the last school year YOU MUST PROVIDE A PROOF OF RESIDENCE with your parent(s)/guardian(s) name on it. Proof of residence must be a copy of lease or contract on the home, or a current utility bill (gas, electric, or water ONLY). IF YOUR FAMILY RESIDES WITH SOMEONE ELSE, PLEASE CONTACT JEN BROOKS, DISTRICT REGISTRAR, AT THE BOARD OFFICE (573-214-3400). Also, if you want to add or delete a guardian you must have legal documentation or the changes cannot be made on the spot.**

**The email address you indicate below on contact #1 or #2 will be used to communicate with you during the school year (important messages, newsletters, IPR’s, etc.) UNLESS YOU INDICATE THAT YOU WOULD NOT LIKE IT TO BE USED FOR THESE PURPOSES. PLEASE MAKE SURE THE EMAIL ADDRESS IS CORRECT AND THAT YOU CHECK IT REGULARLY.**

## Personal Information

<table>
<thead>
<tr>
<th><strong>Student Name:</strong></th>
<th><strong>D.O.B:</strong></th>
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<th><strong>Mailing Address:</strong></th>
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<th><strong>Physical Address (if different):</strong></th>
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<th><strong>Cell Phone:</strong></th>
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## Contact Information

### Contact #1

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<th><strong>Relationship to Student</strong></th>
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### Email Address:

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<th><strong>Use this email to communicate concerning student</strong></th>
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### Contact #2

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<th><strong>Emergency Contact:</strong></th>
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### Field Trips: My child has permission to attend school field trips unless I notify the school.

**Signature:**
COLUMBIA PUBLIC SCHOOLS
Administration Building • 1818 W. Worley Street • Columbia, MO 65203

Health Summary

SCHOOL_________________ GRADE_________ STUDENT #________

NAME_________________ Male/Female ________ Birthdate ________

PARENT/GUARDIAN #1_________________ Home #______ Work #______ Cell #______

PARENT/GUARDIAN #2_________________ Home #______ Work #______ Cell #______

EMERGENCY CONTACT ____________________________

Name_________________ Relationship_________________ Phone #______

DOCTOR/CLINIC__________ Phone#______

DENTIST__________ Phone#______

PREFERRED HOSPITAL __________________________

TYPE OF INSURANCE □Employment □Private Self-Pay □Straight Medicaid (red card) □MoHealthNet □None

□NONE OF THE HEALTH CONCERNS LISTED IN THE BOX BELOW APPLY TO MY CHILD

MY CHILD HAS THE FOLLOWING SPECIAL HEALTH CONCERNS

□ALLERGIES: (drugs, food, insects, pollens) Please list________

Has allergy required emergency action in the past? □Yes □No Describe reaction:__________________________

A FOOD ALLERGY SUBSTITUTE REQUIRES A PHYSICIAN’S STATEMENT OF DISABILITY

□ASTHMA ** If yes, must complete Asthma History form**

□ATTENTION DEFICIT DISORDER (ADHD): Medications__________ Taken at: □Home □School

□DIABETES: □Insulin Dependent □Non-Insulin Dependent Physician:__________ Comments:________

□EARS: □ frequent infections □tubes (□Right □Left, date inserted ______) □hearing difficulty (explain)

□hearing aid (□Right □Left, wear at school? □Yes □No ) □other

□EYES: □ glasses (□reading □distance) □contacts □lazy eye □difficulty seeing □previous surgery

□SEIZURES: Describe seizure________________________

Date of last seizure ____________________ Medication________________________

□SICKLE CELL DISEASE: ______ yes Physician:__________ Restrictions:________

□OTHER MEDICATIONS:________________________ Reason for taking__________ Taken at: □Home □School

OTHER HEALTH CONCERNS:

□Bladder □bleeding □blood disorder □blood pressure □bowel □dental □eating □headaches

□heart problem □lungs □menstruation □nosebleeds □neurologic □orthopedic □phobias(fears) □skin

□sleeping □Other illness, injury or health problems which might affect performance at school

Explain:________________________________________

□Requires Special Nursing Health Care (specify):________

□ Check if you believe that because of the above stated impairment your child needs special education and related services under IDEA or Section 504 of the Rehabilitation Act.

SPECIAL SERVICES STUDENT HAS REQUIRED OR IS RECEIVING: □IEP □Speech/Language □504 □OT/PT □Counselor

** Copy of current immunization record must be presented to enroll **

In accordance with the Board of Education policy, parents/guardians will be notified as soon as possible in case of serious illness or injury. Students given emergency care by school personnel as indicated in the Student Handbook. Parents/guardians who do not wish their child cared for in accordance with this policy should indicate this in writing to:

HEALTH SERVICES COORDINATOR; 1818 W. Worley, Columbia, MO 65203.

My signature below verifies the above information to be accurate. I also permit the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child’s health and safety.

Signature of Parent/Guardian_________________ Date_________________ Revised 1/28/2019
Asthma History

Complete ONLY if student has asthma or history of asthma and return form to the school nurse.

Student ___________________ Student number ________ Grade ________ Height ________ Date ________

Triggers that might start an episode for this student? (check all that apply)

Animal Dander Emotions (when upset) Molds Temperature Changes
Cigarette smoke, strong smells Exercise Pollens Other
Cockroaches Food Allergy Respiratory Infections

Dust Mites Irritants

1. Does this student have a current prescription for any of the following medications to be taken daily to control respiratory problems? (check all that apply)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Off brand</th>
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<tbody>
<tr>
<td>Advair®</td>
<td>Albuterol</td>
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<tr>
<td>Atrovent®</td>
<td>Alvesco®</td>
</tr>
<tr>
<td>Symbicort®</td>
<td>Asmanex®</td>
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<tr>
<td>Theophylline</td>
<td>QVAR®</td>
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<tr>
<td></td>
<td>Singulair®</td>
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</table>

2. How many times in the last 3 years has this student required urgent or emergency care due to respiratory problems?
   - Zero
   - 1-2
   - 3-5
   - 6 or more

3. How many times in the last 3 years has this student been hospitalized due to respiratory problems?
   - Zero
   - 1-2
   - 3-5
   - 6 or more

4. Previous admission to Intensive Care Unit (ICU) for respiratory problems? Yes ______ No ______ Date: ______

5. How many days of school did this student miss last school year due to respiratory problems?
   - Zero
   - 1-2
   - 3-5
   - 6-9
   - 10 or more

6. What seasons of the year make this student’s asthma symptoms worse? (check all that apply)
   - Spring
   - Summer
   - Fall
   - Winter
   - Seasons do not affect

7. Does this student recognize his/her early signs of worsening asthma? Yes ______ No ______

8. Approximately how often in a year does this student require the use of quick relief medicine, Albuterol (ProAir®, Proventil® or Ventolin®) or Xopenex®, to relieve respiratory problems?
   - Zero
   - 5 or fewer days per year
   - 5 or fewer days per month
   - 2 or fewer days per week
   - more than 2 days per week

9. How many times in the last year was the student prescribed a systemic steroid (ex. Prednisone, Pediapred®, Ora prest®, Medrol®) for treatment of an respiratory flare up?
   - Zero to 1
   - 2-3
   - 4-5
   - 6 or more

10. How often does this student awaken during the night having difficulty with coughing, wheezing or breathing?
    - Zero- 1 time/month
    - twice/month
    - 3-7 times/month
    - 6 or more times/month

Medication plan for school (check all that apply)

- No medications at school/does not carry inhaler
- Quick relief inhaler to be kept in nurse’s office
- FEV1 or Peak Flow monitoring supplies to be kept in nurse’s office
- No inhaler for sports/extra-curricular only
- Daily asthma medications to be kept in nurse’s office
- Student will carry quick relief inhaler during school hours (Middle School and Senior High School students ONLY)
- Nebulizer tubing and medications to be kept in the nurse’s office

Columbia Public School’s nurses recommend having an Asthma Action Plan for all students with asthma. Students who will be receiving asthma medications at school must have an asthma action plan on file. A form is available from the school nurse. If your physician has already developed an asthma plan, please provide a copy to the school nurse.

***Please note: If your child has not used asthma medication in more than 3 years and no longer meets the criteria of persistent asthma, the health record may be changed to reflect ‘history of asthma’. For questions, please contact your school nurse.
July 2019

Dear Parents/Guardians:

Subject: Free Flu Vaccine Will be Offered at School

Every flu season, thousands of children become sick with the flu, and some can become very sick. Getting the vaccine every year is the best way to protect your child from this potentially serious disease. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices recommends all people over six (6) months of age get vaccinated with the injectable flu vaccine. The injectable flu vaccine (flu shot) is the only type of flu vaccine that will be offered. FluMist nasal spray will not be given this season.

Thanks to generous support from MU Children’s Hospital and the David B. Lichtenstein Foundation, the Columbia/Boone County Health Department is once again able to offer this year’s flu vaccine free of charge at Boone County schools. Flu vaccine will be available for all children in preschool through 12th grade. We are working with your child’s school to provide this year’s seasonal flu vaccine to children at their school. Vaccination clinics will be held this fall and you will be notified by your school of the dates once the clinics are scheduled. If you decide not to vaccinate, or if you do not return the required permission form to the school, the free seasonal flu vaccine will not be given to your child at school. The opportunity to get your child vaccinated is encouraged but not mandatory. This vaccine is free.

If you have questions about the vaccine or the vaccination clinics, contact your school nurse or the Columbia/Boone County Department of Public Health and Human Services at 573.874.7356. You can also learn more at http://www.cdc.gov/flu/. Beginning later in the fall, all Boone County children (age 6 months through 18 years old) can receive free flu vaccine at our clinic, located at 1005 West Worley in Columbia, Monday through Friday from 8 a.m. to 4:30 p.m. Walk-ins are welcome and no appointment is needed.

Sincerely,

Stephanie K. Browning, Director
Columbia/Boone County Department of Public Health and Human Services
Don’t forget about your child’s flu shot!

Please keep this page as a reminder that you completed the 2019 Influenza Vaccine School-Based Clinic Consent Form for _______________ (child’s name).

By completing this form, you have given permission for your child to receive a flu shot at school during the flu vaccination clinic.

If your child receives the flu shot elsewhere, please notify your school nurse or administrator immediately, so your child will NOT receive an additional/unnecessary dose of flu vaccine.
2019 Influenza “Flu” Vaccine School-Based Clinic Consent Form

All questions must be answered. If you do not complete this form and return it to school, your child will not be vaccinated.

SECTION 1: INFORMATION ABOUT THE CHILD TO RECEIVE VACCINE (PLEASE PRINT)

STUDENT’S NAME (Last) (First) (M.I.) STUDENT’S AGE STUDENT’S GENDER

STUDENT’S DATE OF BIRTH MONTH _____ DAY _____ YEAR ______

SCHOOL NAME

GRADE/TEACHER

DOES THE STUDENT HAVE HEALTH INSURANCE:

☐ Yes ☐ No ☐ Insured Through Medicaid (MO Health Net)

STUDENT NUMBER

STUDENT’S ADDRESS CITY STATE ZIP

PARENT/GUARDIAN DAYTIME PHONE NUMBER(S):

PARENT/GUARDIAN EMAIL ADDRESS (Optional)

PARENT/LEGAL GUARDIAN’S NAME (Last) (First) (M.I.)

SECTION 2: SCREENING FOR VACCINE ELIGIBILITY

1. Does your child have a serious allergy to eggs? YES NO

2. Does your child have any other serious allergies? Please list: ____________________________

3. Has your child ever had a serious reaction to a previous dose of flu vaccine? YES NO

4. Has your child ever had Guillain-Barré Syndrome (temporary severe muscle weakness) within 6 weeks of receiving a flu vaccine? YES NO

SECTION 3: VACCINE INFORMATION

The injectable flu vaccine (flu shot) is the only type of flu vaccine that will be offered. FluMist nasal spray will not be given this season.

--- SIGN BELOW: VACCINATION WILL NOT BE GIVEN WITHOUT PARENT/LEGAL GUARDIAN’S SIGNATURE ---

SECTION 4: CONSENT FOR CHILD’S VACCINATION

I UNDERSTAND THE RISKS AND BENEFITS AND GIVE CONSENT to the Columbia/Boone County Department of Public Health and Human Services and its staff for my child named on this form to be vaccinated with the 2019 injectable influenza vaccine (flu shot). I understand that a 2019 Vaccine Information Statement (VIS) will be provided at the time of vaccination, and I can access the VIS at: www.immunize.org/vis

Parent/Legal Guardian Signature ________________________ Month _____ Day _____ Year ______

SECTION 5: VACCINATION RECORD - FOR ADMINISTRATIVE USE ONLY

Vaccine Date Dose Administered Route Dosage VIS Given Vaccine Manufacturer Lot Number Name and Title of Vaccine Administrator

2019 Influenza 1/1/19 IM RD LD 0.5 cc IIV4 Date: 8/7/15 __________
2019 Consentimiento de vacuna contra la Influenza “Gripe” - Ofrecido por la escuela

Hay que rellenar el formulario completamente. Si no rellene Ud. este formulario completamente y no lo devuelva a la escuela, su hijo(a) no será vacunado.

SECCIÓN 1: INFORMACION DE ESTUDETANTE QUE RECIBIRÁ LA VACUNA (POR FAVOR-Escriba en letra imprenta)

<table>
<thead>
<tr>
<th>Nombre de estudiante (Apellido)</th>
<th>(Nombre)</th>
<th>(2º Nombre)</th>
<th>Fecha de Nacimiento mes   día   año</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre de escuela/grado/maestro(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Tiene el/la estudiante seguro de salud?:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐  Sí   ☐ No   ☐ Asegurado(a) por MEDICAID (MO HEALTHNET)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Edad de estudiante</th>
<th>Sexo de estudiante</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Masculino □ Femenino</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dirección de estudiante</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ciudad</th>
<th>Estado</th>
<th>Código Postal</th>
<th>Número(s) telefónico(s) del padre/madre/guardián:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nombre del padre/madre/guardián(Apellido)</th>
<th>(Nombre)</th>
<th>(2º Nombre)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dirección del padre/madre/guardián(Option)</th>
</tr>
</thead>
</table>

SECCIÓN 2: PREGUNTAS DE ELEGIBILIDAD

1. ¿Es su hijo(a) alérgico(a) severamente a los huevos?
   ☐ Sí ☐ No

2. ¿Tiene su hijo(a) cualquier otra alergia severa? Por favor liste:
   ☐ Sí ☐ No

3. ¿Ha tenido alguna reacción sería a la vacuna de la gripe o a un componente en la vacuna?
   ☐ Sí ☐ No

4. ¿Ha padecido su hijo(a) del síndrome de Guillian-Barré (severa debilidad muscular temporal) dentro de 6 meses de recibir la vacuna contra la influenza “gripe”?
   ☐ Sí ☐ No

SECCIÓN 3: INFORMACION SOBRE LA VACUNA

La vacuna contra la gripe inyectable es el único tipo de vacuna contra la gripe que se ofrecerá. El aerosol nasal (FluMist) no será dado esta estación.

--- FIRMA ABAJO: NO SE DARÁ LA VACUNA SIN LA FIRMA DEL PADRE/MADRE/O GUARDIÁN---

SECCIÓN 5: DECLARACION DE AUTORIZACIÓN

Doy consentimiento al Departamento de Salud pública y servicios humanos de Columbia/condado de Boone y a sus empleados para administrar la vacuna 2019 contra la gripe/influenza. He leído o me han explicado la declaración de información 2019 (8/7/2015 versión) para la vacuna 2019 contra la gripe/influenza y entiendo los riesgos y beneficios. Entiendo que se de un declaración de información sobre vacuna para 2019 en el momento de la vacunación, y puedo acceder a la declaración en www.immunize.org/vis/spanish_flu_inactive.pdf

Firma del padre/madre/guardián ___________________________ Fecha: mes _____ día _____ año __________

☐ Sí ☐ No

SECCIÓN 6: REGISTRO DE VACUNA – PARA USO OFICIAL SOLAMENTE:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Dose Administered</th>
<th>Route</th>
<th>Dosage</th>
<th>VIS Given</th>
<th>Vaccine Manufacturer</th>
<th>Lot Number</th>
<th>Name and Title of Vaccine Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 Influenza</td>
<td>/ /</td>
<td>☐ IM RD LD</td>
<td>☐ 0.5cc</td>
<td>☐ IIIV4 Date: 8/7/15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2019-2020 FREE & REDUCED-PRICE SCHOOL MEAL APPLICATION

SCHOOL MEALS FAQ

Children need healthy meals to learn. Columbia Public Schools’ Nutrition Services offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals. Enclosed is an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some frequently asked questions (FAQ) and answers to help you with the application process and with general information. For any questions about meal services, contact Nutrition Services or visit our website.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?
   • All children in households receiving the following benefits are eligible for free meals:
     • Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP)
     • Food Distribution Program on Indian Reservations (FDPIR)
     • Temporary Assistance for Needy Families (TANF)
     • Foster children: children who are the legal responsibility of a foster care agency.
     • Children participating in a Head Start program
     • Homeless, runaway, or migrant children
   • Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on the chart below:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annually</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
<td>$445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>1,546</td>
</tr>
<tr>
<td>For each add’l person add</td>
<td>+ 8,177</td>
<td>+ 682</td>
<td>+ 158</td>
</tr>
</tbody>
</table>

2. 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 your child fits these criteria, contact the district’s Student Services at 573-214-3438.

3. DOES EACH CHILD NEED TO HAVE THEIR OWN APPLICATION? No. Use one Free and Reduced-Price School Meals Application for all students in your household each year. We cannot approve an incomplete application. Return the completed application to: Columbia Public Schools, Nutrition Services’ address above or your child’s school cafeteria.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Nutrition Services immediately. The school year starts on July 1st and ends June 30th of each year. Eligibility must be renewed annually.

5. CAN I APPLY ONLINE? Yes! The process is quicker and have the same requirements. Visit http://www.cpsk12.org/nutrition to begin or to learn more about the online application process. Contact Nutrition Services if you need assistance.

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 one school year. You must send in a new application unless you have been notified by Nutrition Services that your child has been directly certified for the current year (the school year runs from July 1-June 30).

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Maybe. Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. Additional written proof of the household income reported on the application may be requested. It is not necessary during the application process unless requested.
9. IF I DON’T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit mid school year.

10. WHAT IF I DISAGREE WITH THE SCHOOL’S DECISION ABOUT MY APPLICATION? A hearing may be requested by contacting Randy Gooch, Chief Operations Officer at 573-214-3400, or in writing at 1818 W. Worley Street, Columbia, MO 65203.

11. 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.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive the month prior to application. If you have lost a job or had your hours or wages reduced, use your most current income and/or update your application if income decreases later.

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. Please write a “0” in the field for each household member not receiving income. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN’T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application.

16. WHAT IF MY CHILD’S SCHOOL IS AN ALL FREE MEAL SCHOOL, DO I FILL OUT AN APPLICATION? Yes. Not all schools offer all free meals. If your child leaves one school, another school may not be under the same provision. Having an approved application on file may prevent households from accumulating unnecessary meal charges.

17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

18. HOW DO I PAY FOR MY CHILD’S SCHOOL MEALS? All schools use a computerized cashier system. Each student is automatically assigned a meal account. To access this account, all students enter their student ID on a key pad at the cash register for all food purchases in the cafeteria. This account rolls information from year to year and follows your child in the Columbia Public School district only. There are 3 ways to pay on this account:
   - In the school cafeteria to school lunch personnel only
   - Online via www.myschoolbucks.com (can also track student purchases with this system)
   - In the Nutrition Services office at 1818 W. Worley St., Columbia, MO 65203

19. WHAT IF MY CHILD DOES NOT HAVE MONEY IN THEIR MEAL ACCOUNT? Students will still be able to select a complete USDA certified meal but will not be able to purchase any additional items such as milk only or a snack. The account will be charged in deficit. Households with account deficits will be contacted and asked to bring the deficit back to a zero or a positive balance. Please review the district’s 2019-2020 Breakfast/Lunch Program Information and Meal Purchasing Procedures concerning accounts in negative standing on the Nutrition Services website or call to inquire.

For more information visit our website at www.cpsk12.org/nutrition and have a great school year!

USDA Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (566) 632-9992. Submit your completed form or letter to USDA by: (1) MAIL: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) FAX: (202) 690-7442; or (3) EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.
# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Columbia Public Schools. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact the Nutrition Services office at 573-214-3480 or lunch@cpsk12.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 Columbia Public Schools regardless of age

<table>
<thead>
<tr>
<th>List each child’s name. Print each child’s name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</th>
<th>Building name/Grade. If child is a student, list building name and grade.</th>
<th>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.</th>
<th>Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the “Homeless, Migrant, Runaway” box next to the child’s name and complete all steps of the application.</th>
</tr>
</thead>
</table>

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, 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)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

<table>
<thead>
<tr>
<th>If no one in your household participates in any of the above listed programs:</th>
<th>If anyone in your household participates in any of the above listed programs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leave STEP 2 blank and go to STEP 3.</td>
<td>Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636. Go to STEP 4.</td>
</tr>
</tbody>
</table>

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**
- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- 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.

(Information follows on the reverse side.)
• 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 suspect 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.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. 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 together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

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 they are not related and even if they do not receive income of their own.
• Do NOT include:
  o People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  o Infants, Children and students already listed in STEP 1.

List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1, if a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Report earnings from work. Report all total gross 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 a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any 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.

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 reduce-price meals.

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.

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.

Print and sign your name. Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

Write today’s date. In the space provided, write today’s date in the box.

Mail Completed Form to:
Columbia Public Schools
Nutrition Services Department
1818 W. Worley St.
Columbia MO, 65203

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.

This institution is an equal opportunity provider.
# 2019-2020 Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

**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 another sheet of paper)

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>MI</th>
<th>Child's Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: ____________________ Write only one case number in this space.

**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 income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child's income: $________

How often? __________

**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 gross income for each source in whole dollars 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.

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and Last)</th>
<th>Earnings from Work</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Bi-Weekly</td>
</tr>
<tr>
<td></td>
<td>$________</td>
<td>__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and Last)</th>
<th>Public Assistance/ Child Support/Alimony</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Bi-Weekly</td>
</tr>
<tr>
<td></td>
<td>$________</td>
<td>__________</td>
</tr>
</tbody>
</table>

**Total Household Members (Children and Adults):** $________

Last four digit of Social Security Number (SSN) of primary wage earner or another adult household member: XX XX XX

**STEP 4** Contact information and adult signature

Mail completed form to Columbia Public Schools, Nutrition Services, 1818 W. Worley St., Columbia MO 65203

*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) Apt #: City: State: Zip: Daytime Phone and Email (optional):

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

**DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.**

**ANNUAL INCOME CONVERSION:** WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

- Food Stamps/Temporary Assistance:
- Household size:
- Total income: Per: __________
- Every 2 Weeks: __________
- Twice a Month: __________
- Month: __________
- Year: __________

Eligibility: __Free, __Reduced, __Denied Reason:

Determining Official's Signature: Date withdrawn: Date Approved/Denied: Date: ______

Confirming Official's Signature (For verification purposes only):
### Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Earnings from work</td>
<td>A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>- Social Security</td>
<td>- A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td></td>
<td>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Income from person outside the household</td>
<td>A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>- Income from any other source</td>
<td>A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

### Sources of Income for Adults

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>Public Assistance/Alimony/Child Support</th>
<th>Pensions / Retirement / All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Salary, wages, cash bonuses</td>
<td>- Unemployment benefits</td>
<td>- Social Security (including railroad retirement and black lung benefits)</td>
</tr>
<tr>
<td>- Net income from self-employment (farm or business)</td>
<td>- Worker’s compensation</td>
<td>- Private pensions or disability benefits</td>
</tr>
</tbody>
</table>

If you are in the U.S. Military:
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
- Allowances for off-base housing, food and clothing
- Cash assistance from State or local government
- Alimony payments
- Child support payments
- Veteran’s benefits
- Strike benefits

### OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals. If ethnicity/race is not selected, a visual identification will be determined.

- Ethnicity (check one): □ Hispanic or Latino □ Not Hispanic or Latino
- Race (check one or more): □ American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

1. mail: U.S. Department of Agriculture 
   Office of the Assistant Secretary for Civil Rights 
   1400 Independence Avenue, SW 
   Washington, D.C. 20250-9410;

2. fax: (202) 690-7442; or

3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.
Breakfast/Lunch Program Information and Meal Purchasing Procedures
2019-2020

Welcome to the Columbia Public Schools’ (CPS) cafeterias! This document is meant to assist our families with understanding how the school district’s food service works. Nutrition Services has a computerized cashiering system at all schools. All students enrolled in CPS are automatically assigned access to a student debit account to purchase and to pay for lunch, breakfast, dinner at 3 high schools, and/or a la carte items. Money may be deposited into a student’s account so that it is available each time a student eats and allows the student to move through the lines quickly. Students may choose to pay cash daily to our cashiers, however, students bringing cash to school is discouraged due to potential loss. Columbia Public Schools will not be responsible for any deposits or lost funds not given directly to the Nutrition Services Department whether cash or check. As a convenience, parents/guardians may view student purchases and deposit money online.

Parental/Guardian account access to child(ren) meal information:

- Parents/guardians may review and/or pay for student purchases via MySchoolBucks at www.MySchoolBucks.com
- Parents/guardians may also fill out a free and reduced-price meal application to receive free or reduced priced meals for their student at: http://www.cpsk12.org/nutrition. Free and reduced-price meal applications are accepted all year long.
- Parents/guardians may pay for student meals in the school cafeteria, but only to Nutrition Services personnel and;
- Lastly, payments and account review can be made in the Nutrition Services office at 1818 W. Worley Street, Columbia, MO 65203

All students use their assigned personal identification number to access their meal account. This identification number will be typed into a keypad by the student at the cashier stand after obtaining a meal. Kindergarten students are encouraged to practice using their individual student identification number to move through the lunch lines efficiently.

All complete component meals are federally subsidized and therefore monitored for a minimum number of components on a student’s tray by the cashier. The following is a list of components:

- For lunch (5 components offered) and breakfast (4 items offered covering 3 components) students must select 3 components/items but may all have 4 for breakfast and 5 for lunch. A mandatory component is either a choice between a fruit or a vegetable. Without one, a student will not pass inspection for completeness and may be charged higher a la carte prices per item or sent back to obtain a missing component.

These posters are found in all cafeterias to assist students with selections.

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Free, Reduced-Price and Full-Price Meals
Annually all households by regulation will receive a free and reduced-price application to the address or e-mail listed on file in our Student Information System (SIS). Applications for meal benefits must be submitted every year to maintain meal benefits from July 1 through June 30. Income guidelines change every July 1st. Eligibility begins as of the date parents place on the application or within 60 days of a federal claim if date is beyond 2 months. Applications are accepted all year long.

All students without free meal benefits selecting a meal without money in their account will have the full-price or reduced-price meal charge added to their account. Households are responsible for all student charges incurred prior to free meal benefit approval.

All households who apply for benefits will be notified by mail whether approved or denied. If a student in your home is missing from the meal benefit notification, contact Nutrition Services immediately to have that student student added to the application to avoid unnecessary meal charges. All accumulated charges are the responsibility of the parent/guardian of the student. Columbia Public Schools reserves the right to pursue payment of unpaid charges with a third-party collection agency. Please see the new Student Charges and Delinquent Meal Accounts section for details.

2019-2020 Meal Prices

Breakfast for Grades Pre-Kindergarten through 12th grade
All students are welcome to eat breakfast every morning.

Price:
- Full-price breakfast: $1.85
- Reduced-price breakfast: $0.30
- Adult breakfast: $2.25

Elementary Lunch Grades Pre-Kindergarten through 5th grade

Price:
- Full-price lunch: $2.80
- Reduced-price lunch: $0.40

Middle School and High School Lunch Grades 6-12

Price:
- Full price lunch: $3.00
- Reduced-price lunch: $0.40
- Adult lunch: $3.75

Popular a la carte items (additional price listing can be found online at www.cpsk12.org/nutrition)

- Extra 8 oz milk or milk only: $0.50 (no meal)
- Juice 4 oz: $0.40
- Juice 8 oz: $0.60
- Juice 10 oz: $1.50
- 4 oz ice cream: $0.75
- 16.9 oz water: $0.75

Parents are always welcome to eat meals with their children.

Student Charges and Delinquent Meal Accounts

Elementary (grades K-5) Charge Procedures
A complete lunch must consist of at least 3 of the 5 components offered: Whole Grains, Meat/Protein Substitute, Fruit, Vegetable, and Milk. A complete breakfast consists of 3 components offered: Grain or

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Protein item (2 offered daily), fruit/vegetable, and milk. All students are required to take a fruit or vegetable at both lunch and breakfast or will be charged a la carte prices. A la carte purchases are strictly prohibited if a student does not have money in his or her account or if the account balance is negative, regardless of cash in hand. Milk or juice-only purchases are considered an a la carte purchase. Nutrition Services will provide low funds letters for teachers to send home with students grades K-5 on a weekly basis when a student reaches a positive $7.00. Courtesy automated phone calls will also go out to all households with any negative meal account balances.

Students going through the meal line to obtain a complete meal will not be denied a meal for any reason. The only exception to this rule pertains to seniors in the month of May who have delinquent meal accounts. Seniors will be denied meals the last 2 weeks of school and diploma will be withheld if meal account is delinquent at graduation.

**Important Information:** Students will only be allowed to charge a maximum of 5 lunches and breakfasts combined before an additional automated message is generated to all households with a deficit account of negative $25.00. Accounts with any deficit are considered delinquent. Immediate payment in full is required to avoid further action.

All delinquent accounts exceeding a negative $50.00 will be turned over to a third-party debt recovery service and is considered bad debt. Once delinquent debt is turned over to a debt recovery service, interest fees and court fees associated with law suits may be charged if bad debt is not resolved in a timely manner. Columbia Public Schools has chosen a debt recovery service that is sensitive to our families’ needs and will set up a payment plan if needed.

Once a delinquent account is turned over to a 3rd party collection service, payments must be directed to the 3rd party service to avoid account confusion. Any payments made to Columbia Public Schools after being turned over to the 3rd party collection service will be added to the student’s account for future purchases and **will not** be applied to outstanding bad debt without explicit instructions with payment to do so.

All communications sent home are sent using the student information on file with the District. Please keep all student contact information up to date to receive important information. Failure to receive these notices does not negate parental/guardian responsibility for negative meal balances.

**Meal Account Refunds:**
Refunds of $10 are only issued in person in the Nutrition Services office at 1818 West Worley Street, Columbia. Amounts over $10.00 must be requested and will be mailed to the address on file for the parent/guardian. Refunds may take up to 4 weeks to process. Families who plan to leave the District at years end are encouraged to make plans for refunds that may include the address of their new residence or make an early request. Overseas payments will take significantly longer to receive.

**Food Allergies**
If your child has a food allergy that requires a food substitution in the cafeteria, a physician’s order is required that includes foods to be eliminated and a list of acceptable substitutions. The student’s physician must fill out and sign the Medical Statement for Students to Request Special Meals form found on the CPS Nutrition Services’ website [www.cpsk12.org/nutrition](http://www.cpsk12.org/nutrition) or call 573-214-3480 to have a copy mailed or faxed to a physician. Due to large numbers of students, Nutrition Services cashiers will be unable to monitor for student religious or lifestyle preferences that are not physician ordered.

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However, updated menus and ingredient information can be found on the Nutrition Services’ website to assist families with meal selections daily.

All foods sold to students during the school day are under the scrutiny of USDA’s National School Lunch Program Regulations which were created to promote high standards for all foods available to children. Columbia Public Schools strictly adheres to research-based nutrition regulations geared toward targeting nutrients deficient and excesses in the U.S. American diet.

For more information regarding school meals, please contact the Nutrition Services office at (573) 214-3480, lunch@cpsk12.org or log on to the Nutrition Services’ website: www.cpsk12.org/nutrition.
Columbia Public Schools
School Transportation Program

To: Parents of students eligible for school bus transportation

From: Dr. Peter Stiepleman, Superintendent of Schools

An important objective of the Columbia Public Schools and (STA) Student Transportation of America, (the company which provides transportation for eligible Columbia Public Schools students) is to offer a safe, effective, and efficient transportation program. In order to achieve this objective, it is necessary to establish rules and regulations for the conduct of students riding school buses. The regulations are intended to serve the best interests of all students.

The guidelines established for the conduct of Columbia school bus riders are attached. Please review this information with your student and complete the following:

I have read the attached guidelines for the student conduct and safety pertaining to school bus transportation and I have discussed them with my student.

Date ____________  Student’s Name (please print) ______________

Parent’s (Guardian’s) Signature

Please return to your child’s school by Tuesday, September 10, 2019.

www.cpsk12.org
COLUMBIA PUBLIC SCHOOLS

GUIDELINES FOR STUDENT CONDUCT AND SAFETY
FOR THE SCHOOL TRANSPORTATION PROGRAM

In order to provide a safe and efficient school transportation program for all students, the following regulations shall be observed. Students shall:

PRIOR TO AND DURING LOADING

1. Be extremely careful when approaching bus stops. Whenever possible, remain off the streets when walking to and from the bus stop and when waiting for the bus. Look in both directions before crossing the street.
2. **Observe reasonable rules of safety and good conduct** while walking to and from the bus stops and while waiting for the bus. Avoid pushing, shoving, etc.
3. Wait until the bus has come to a complete stop before moving forward to board the bus. Cross the street, when necessary, only after the driver signals it is safe. Cross at least ten feet in front of the school bus.
4. Board the bus in single file. Observe reasonable rules of safety and good conduct while boarding the bus.

RIDING THE SCHOOL BUS

1. After boarding the bus, go directly to your seat without disturbing or crowding other students. **Remain seated until the bus reaches its destination.** The bus driver and/or school official may assign seats on the bus.
2. At all times, **observe reasonable rules of good and safe conduct.** Excessively loud talking and laughing, or other acts which cause unnecessary confusion, may divert the driver’s attention from driving and could result in a serious accident.
3. Keep all portions of your body inside the bus at all times.
4. **Remain seated until the bus reaches its destination** and comes to a complete stop.

LEAVING THE SCHOOL BUS

1. **Remain seated until the bus has stopped.**
2. Leave the bus in single file. **Observe reasonable rules of safe conduct.**
3. If it is necessary to cross the street, do so only after the driver signals that it is safe. Cross at least ten feet in front of the bus.
4. Be discharged from the bus only at regular designated stops near home or at school. If a parent wants his or her child to be dropped off at a location other than the regular stop, the student must have a bus pass which is signed by a school administrator. It is advisable that school administrators accompany an elementary student to the bus, especially when the student is riding a different bus than normal. The administrator should hand the bus pass to the bus driver while also communicating with the driver about the situation. This is to ensure the student reaches the correct destination.

OTHER REMINDERS

1. Drivers’ directions shall be followed promptly and courteously at all times.
2. Smoking is not permitted on the school bus.
3. Profanity is not permitted on the school bus.
4. Objects shall not be thrown from and/or within the school bus.
5. The bus shall be kept clean, sanitary, and safe. Large articles that cannot be held easily on your lap and items that are prohibited on school property are also prohibited on the bus.
6. School bus equipment must be treated with reasonable care. Any damage caused by a student will be paid for by the student.
7. No eating or drinking is permitted while riding the bus.
8. Bullying will not be tolerated and will be reported to a school official.
9. Keep aisles clear at all times.

Please visit the Columbia Public Schools Web site, [www.cysk12.org](http://www.cysk12.org), for additional transportation-related information.