

Home of the Vikings

Board of Education Jerry Jaixen Chad Anderson Keith Runge

Lakeview Community Schools 3744 83rd Street Columbus, NE 68601 Phone- 402-564-8518 Mr. Jason Cline- Superintendent **Board of Education** Joy Escen **Eric Stuthman** Jeremy Sprunk

August 3, 2023

It is hard to believe we are already saying goodbye to summer and hello to the 2023-2024 school year. Our teachers have been hard at work this summer preparing to welcome students back on August 16th! We hope that you were able to enjoy the time with family and friends and recharge for what is going to be a fabulous year of learning and growth.

This year we are excited to implement a new math curriculum. Our K-4 students will be working with Reveal Math and 5th - 6th will be implementing Big Ideas. Teachers have been hard at work since the spring with professional development and learning this new curriculum and are ready to hit the ground running.

- If you have not signed up to receive text messages from the school for schedule changes, announcements and other information, please text "YES" to 87569.
- The bridge at Lost Creek Parkway and 48th Avenue is under construction. If this is part of your route to school, please plan an alternate route.
- Monday, August 14th Kindergarteners will have a "Kindergarten Open House" from 4:00-6:00.
- Tuesday, August 15th Open house for students in Preschool and 1st through 6th grade will be held from 5:30 to 7:00. We encourage families to bring supplies and spend time meeting their new teacher.
- Wednesday, August 16th The first day of school for students with dismissal at 11:30. Students will again gather on the playground as long as the weather permits. Breakfast will be served starting at 7:30 and an optional sack lunch will be available.
- Tuesday, August 29th School Pictures

Every year, I continue to be grateful to be a part of this wonderful school. Our students and staff, our families, and members of our community are truly amazing. We are grateful for the support we receive from our families as we all work together to meet the needs of all our students. We can't wait to see the smiling faces of our students Please reach out if there is anything we can do for you.

Go Vikings!

Mrs. Craven

Lakeview Jr.-Sr. High School

3744 - 83rd Street Columbus, NE 68601 Steve Borer – Principal Jake Shadley – Assistant Principal/Activities

Kurt Frenzen – JH Dean of Students Dan Krueger – JH Activities Director

Phone: 402-564-8518 Fax: 402-564-5209

Platte Center Elementary Box 109 (155 Platte St.) Platte Center, NE 68653 Brandon Nygren –Principal

Phone: 402-246-3465

Shell Creek Elementary

16786 - 280th Street Columbus, NE 68601 Erin Craven – Principal

Phone: 402-564-8008

	Ju	ıly 20	23				August			Jani	uary 2	2024		
М	T	W	Т	F	S	July 31	7th Grade Orientation	S	M	T	W	Т	F	S
					1	Aug 1	9th Grade Orientation		11	2 (3	4	5	6
3	4	5	6	7	8	Aug 2	New Teacher Orientation	7	8	9	10	11	12	13
10	11	12	13	14	15	Aug 10, 11,		14	15	16	17	18	19	20
17	18	19	20	21	22	Aug 16	K-8 Dismiss @ 11:30	21	22	23	24	25	26	27
24	25	26	27	28	29		7-8 Dismiss @11:30	28	29	30	31			
31						4 00	9-12 Grades (12:00-3:30PM)							
						Aug 23	Early Dismissal/Collaboration Day							
						- Commission	<u>September</u>							
						Sept 4	Labor Day (No School)							
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		just 2				Sept 20	K-12 Dismissal @ 1:30PM			999132965	uary	COLUMN CO.		
М	T 1	W 2	T 3	F 4	S 5	Sept 21	K-12 P/T Conference 4:00-8:00PM	S	М	Т	W	T 1	F 2	3
7	8	9	10	11	12	Sept 21	K-12 Dismiss @ 12:00PM K-12 P/T Conferences 2:00-7:00PM	. 4	13	6	7	8	9	
-	AT TOMOURS DESIGNATION OF		dramatical.	Application of the Party of the		C==+ 22				6	7		STATISTICS.	10
14	15	16 23	17 24	18 25	19 26	Sept 22	Vacation Day (No School)	11 18	12 19	13 20	14	15	16 23	17
				25	20	Sept 27	Early Dismissal/Collaboration Day						23	24
28	29	30	31			0.144	October	25	26	27	28	29		
						Oct 11	Early Dismissal/Collaboration Day							
						Oct 16	End of 1st Quarter							
						Oct 16 Oct 17	In-Service/Work Day (No School) Start of 2nd Quarter							
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M	Т	W	T	F	S	Oct 25	Early Dismissal/Collaboration Day PD (No School)	S	M	T	W	T	F	S
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18	19	/20	∕21\	22	23		<u>December</u>	17	18	19	20	21	22	2
25	26	27	28	29	30	Dec 1	7-12 Dismiss @ 12:00PM for Wrestling	24	25	26	27	28	29	3
						Dec 13	Early Dismissal/Collaboration Day	31						
						Dec 22	End of 2nd Quarter/1st Semester							
							7-12 Dismiss at 1:30PM							
						K-6 (N	lo School) - Teacher In-Service/Work Day							
	Oct	ber :	2023			Dec 23-31	Winter Break (No School)	器語		Ap	ril 20	24		
М	Т	W	Т	F	S		January	S	М	Т	W	Т	F	S
2	3	4	5	6	7	Jan 1	Winter Break (No School)		11	2	3	4	5	6
9	10	11	12 ((13)	14	Jan 2	In-Service/Work Day (No School)	7	8	9	10	11	12	1
16	(17)	18	19	20	21	Jan 3	Start of 3rd Quarter K-12	14	15	16	17	18	19	2
23	24	25	26	27	28	Jan 10	Early Dismissal/Collaboration Day	21	22	23	24	25	26	2
30	31					Jan 15	PD (No School)	28	29	30				
						Jan 24	Early Dismissal/Collaboration Day							
							February							
						Feb 5	K-12 Dismiss @ 1:30PM							
							K-12 P/T Conferences 4:00-8:00							
	Nove	mber	2023		X P	Feb 9	Dismiss at 12:00PM			M	ay 20	24		
М	Т	W	Т	F	S	Feb 14	Early Dismissal/Collaboration Day	S	М	Т	W	Т	F	5
		1	2	3	4	Feb 16	Mid-Winter Break (No School)				1	2	3	4
6	7	8	9	10	11	Feb 28	Early Dismissal/Collaboration Day	5	6	7	8	9	10	1
13	14	15	16	17	18		March	12	13	14	15 (16)	17	1
20	21	22	23	24	25	Mar 6	Early Dismissal/Collaboration Day	19	20	21	22	23	24	2
27	28	29	30	-			End of 3rd Quarter	26	27	28	29	30	31	^
						Mar 7 & 8	End of Quarter Break (No School)			-				
						Mar 11	Teacher Inservice/Work Day							
						Mar 12	Start of 4th Quarter							
						Mar 13	Early Dismissal/Collaboration Day							
	Dece	mber	2023			Mar 27	Early Dismissal/Collaboration Day	1) (1)		Ju	ne 20	24		
М	Т	W	Т	F	S	Mar 28	Teacher Inservice (Snow Day #2)	S	М	Т	W	Т	F	
				1	2	Mar 29	Spring Break (No School)							
4	5	6	7	8	9		April	2	3	4	5	6	7	8
11	12	13	14	15	16	Apr 1	Spring Break (No School)	9	10	11	12	13	14	1
18	19	20	21 (22	23	Apr 10	Early Dismissal/Collaboration Day	16	17	18	19	20	21	2
25		27	28	29	30	Apr 23	7-12 12:00PM Dismissal - Track Meet	23	24	25	26	27	28	2
- meta-sirile				-		Apr 24	Early Dismissal/Collaboration Day	30	3530				8585	
						Apr 26	Vacation Day (No School)							
							May							
						May 8	Early Dismissal/Collaboration Day							
ent Da	ay Cou	ints		No.	A 15		Seniors Last Day		1046			Maic	or Hol	ida
	JH	HS				May 15	K-8 Last Day of Classes (Dismiss at 11:30AM)	27 KB 71/57		Lah	or Day		Marie Strate Court	-
100	Days		To	tal Da	ys	May 16	End of 4th Quarter/2nd Semester	***************************************	т		giving			
41	41		Elem	JH	HS		Dismiss at 12:00PM			. ici iko		aster -		
44		45	85	86	86	May 17	In-Service/Work Day			8.4				1000
44		45	87	87	88	May 20	Curriculum Day (Snow Day #3)			IV	emori	ai Day	- ivia	1 21
44	44			× /										

Vacation (No School)
Early Dismissal

PD PD (No School)
Half Day for Students



Bus Schedule - Shell Creek

Schedule Dismissal Early Dismissal	Type of	3:20pm	1:30pm	12:00pm	11:30pm	10am	1st Day of
6:55 6:55 6:55 6:50 8:40 8 7:02 7:02 7:02 8:48 8 7:10 7:10 7:10 8:56 8 7:15 7:15 7:15 8:36 8 7:20 7:20 7:20 9:06 8 7:25 7:25 7:25 9:01 8 7:25 7:25 7:25 9:01 8 7:26 7:25 7:25 9:01 8 7:27 7:25 7:25 9:01 8 7:28 7:25 7:25 9:01 8 7:29 7:25 7:25 9:01 8 7:25 7:25 7:25 9:01 8 7:26 7:25 7:25 9:01 8 7:27 7:25 7:25 9:40 8 8:30 11:30 11:15 3:45 8 8:32 11:40 11:20 11:40 8:45	Schedule	Dismissal	Early Dismissal	Early Dismissal	Early Dismissal	Late Start	School
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4:20 2:15 12:40 12:15 4:20							
	Arrive at Country View	4:20	2:15	12:40	12:15	4:20	12:20

*All times are approximate, please be at pick-up point at least 5 minutes before.

SHELL CREEK ELEMENTARY SCHOOL SUPPLY LIST 2023-2024

KINDERGARTEN

PLEASE LABEL EVERYTHING

- *PENCIL BOX (6" x 9" SIZE, **NOT LARGER, NO ZIPPERS**)
- *1 BOX OF 8 <u>CRAYOLA</u> BRAND CRAYONS (REGULAR SIZE)
- *1 BOX OF 24 <u>CRAYOLA</u> BRAND CRAYONS (REGULAR SIZE)
- *6 YELLOW PENCILS-NO FOIL OR GLITTER
- *1 BOX OF <u>CRAYOLA</u> WASHABLE MARKERS
- *ELMER'S GLUE-MEDIUM SIZED BOTTLE (WHITE GLUE)
- *10-12 GLUE STICKS
- *1 PAIR OF FISKARS SCISSORS
- *1 NOTEBOOK (70 PAGES)
- *BOOK BAG
- *1 SET OF HEADPHONES (NO EARBUDS)
- *1 FAMILY SIZE BOX OF KLEENEX
- *1 CONTAINER OF CLOROX WIPES
- *1 BOX OF GALLON ZIPLOC BAGS OR 1 BOX OF SANDWICH BAGS
- *1 BOTTLE OF HAND SANITIZER
- *\$1.00 FOR 4-H SCHOOL ENRICHMENT

GRADE 1

PLEASE LABEL EVERYTHING

- *LARGE ZIPPERED POUCH OR PENCIL BOX
- *1 LARGE PINK ERASER (NO TOY ERASERS)
- *PENCIL TOP ERASERS
- *1 BOX OF 8 <u>CRAYOLA</u> BRAND CRAYONS (FOR MATH)
- *1 BOX OF 24 CRAYOLA BRAND CRAYONS
- *PENCILS (#2) <u>PLEASE SHARPEN</u>-WILL NEED 2 EVERY DAY
- *1 BOX OF 12 COLORED PENCILS
- *8 GLUE STICKS (WHITE)
- *4 BLACK DRY ERASE MARKERS FINE TIP (NOT WET DRY ERASE MARKERS)
- *1 YELLOW HIGHLIGHTER-FINE TIP
- *1 BOX OF 8 WASHABLE MARKERS
- *1 SHARPIE BLACK FELT TIP MARKER
- *1 PAIR OF FISKAR SCISSORS
- *1 POCKET FOLDER
- *BOOK BAG
- *EARBUDS/HEADPHONES
- *2 FAMILY SIZE BOXES OF KLEENEX
- *1 CONTAINER OF CLOROX WIPES (GIRLS ONLY
- *1 CONTAINER OF HAND SANITIZER (BOYS ONLY)
- *1 BOX OF QUART ZIPLOC BAGS
- *1 SOCK (TO ERASE MARKER BOARD)
- *\$1.00 FOR 4-H SCHOOL ENRICHMENT
- *2 CONTAINERS WITH MONEY

CONTAINER 1 - 25 PENNIES, 1 QUARTER

(NOT A STATE QUARTER IF POSSIBLE)

CONTAINER 2 - 10 DIMES, 10 NICKELS

GRADE 2

PLEASE LABEL EVERYTHING

- *LARGE ZIPPERED PENCIL POUCH OR BOX
- *ERASER-BASIC RECTANGLE (NO TOYS)
- *1 BOX OF 24 CRAYONS
- *10 PENCILS (NOT MECHANICAL) PLEASE

SHARPEN

- *1 BOX OF 12 COLORED PENCILS
- *1 BOTTLE OF ELMER'S GLUE
- *4 GLUE STICKS
- *1 BOX OF 8 WASHABLE MARKERS
- *4 DRY ERASE MARKERS
- *2 RED CHECKING PENS OR PENCILS
- *1 PAIR OF SCISSORS
- *2 NOTEBOOKS (SPIRAL BOUND, 70
- PAGES)
- *5 POCKET FOLDERS
- *BOOK BAG
- *EARBUDS/HEADPHONES
- *MARKER BOARD ERASER OR SOCK
- *\$1.00 FOR 4-H SCHOOL ENRICHMENT

GRADE 3

- *LARGE ZIPPERED PENCIL POUCH OR BOX
- *2 ERASERS (BASIC RECTANGLE-NO TOYS)
- *1 BOX OF 24 CRAYONS
- *24 PENCILS-BASIC YELLOW PLEASE

SHARPEN

- *1 BOX OF 12 COLORED PENCILS
- *8 GLUE STICKS
- *1 BOX OF 8 WASHABLE MARKERS
- *8 BLACK EXPO DRY ERASE MARKERS
- *1 HIGHLIGHTER
- *1 PAIR OF SCISSORS
- *1 WOODEN RULER (INCH/CM)
- *1 PLASTIC POCKET FOLDER
- *2 POCKET FOLDERS
- *BOOK BAG
- *EARBUDS/HEADPHONES
- *2 FAMILY SIZE BOXES OF KLEENEX
- *1 CONTAINER OF CLOROX WIPES
- *1 SOCK (TO ERASE MARKER BOARD)
- *\$1.00 FOR 4-H SCHOOL ENRICHMENT

GRADE 4

PLEASE LABEL EVERYTHING

- *PENCIL POUCH OR BOX
- *1 LARGE ERASER
- *1 BOX OF 24 CRAYONS
- *24 PENCILS (#2)
- *1 BOX OF 12 COLORED PENCILS
- *8 GLUE STICKS
- *1 BOX OF MARKERS
- *6 DRY ERASE MARKERS
- *2 HIGHLIGHTERS
- *2 RED CHECKING PENS
- *1 PAIR OF POINTED SCISSORS
- *1 WOODEN RULER
- *4 WIDE RULED NOTEBOOKS (70 PAGES)
- *6 POCKET FOLDERS

- * 1" BINDER
- *EARBUDS/HEADPHONES
- *2 FAMILY SIZE BOXES OF KLEENEX
- *1 CONTAINER OF CLOROX WIPES
- *1 CONTAINER OF HAND SANITIZER (<u>BOYS</u> ONLY)
- *1 BOX OF SANDWICH BAGS (GIRLS ONLY)
- *\$1.00 FOR 4-H SCHOOL ENRICHMENT

GRADE 5

PLEASE LABEL EVERYTHING

- *PENCIL POUCH OR BOX
- *1 BIG ERASER
- *12 PENCILS (#2) NOT MECHANICAL
- *1 SMALL BOX OF MARKERS
- *1 BOX OF COLORED PENCILS
- *2 GLUE STICKS
- *4 DRY ERASE MARKERS
- *1 HIGHLIGHTER
- *2 RED CHECKING PENS
- *1 PAIR OF SCISSORS
- *2 NOTEBOOKS (SINGLE SUBJECT)
- *2 POCKET FOLDERS
- *3 JUMBO SIZE BOOK COVERS (OPTIONAL)
- *EARBUDS/HEADPHONES
- *1 FAMILY SIZE BOX OF KLEENEX
- *1 CONTAINER OF CLOROX WIPES
- *1 WHITE BOARD ERASER (OPTIONAL)
- *\$1.00 FOR 4-H SCHOOL ENRICHMENT

**NO EXTRA SUPPLIES ARE NEEDED (GLITTER PENS, MARKERS, SHARPIES, ETC.)

GRADE 6

PLEASE LABEL EVERYTHING

- *SMALL CLOTH PENCIL POUCH-NO PENCIL BOXES
- *1 ERASER
- *24 PENCILS (#2)
- *2 BOXES OF 12 COLORED PENCILS
- *3 GLUE STICKS
- *1 RED CORRECTING PEN OR PENCIL (NO CLICK PENS)
- *1 PAIR OF SCISSORS
- *1 WOODEN RULER (12 INCH/30 CM)
- *6 NOTEBOOKS (WIDE RULED, SINGLE SUBJECT, PERFORATED)
- *1 COMPOSITION NOTEBOOK
- *7 FOLDERS
- *1 REAM OF LOOSE LEAF PAPER (WIDE RULED)
- *6 JUMBO SIZE CLOTH BOOK COVERS
- *2 FAMILY SIZE BOXES OF KLEENEX
- *\$1.00 FOR 4-H SCHOOL ENRICHMENT

BACK TO SCHOOL



Tuesday, August 15th 5:30 - 7:00 Shell Creek Elementary School

Preschool and first through sixth grade students are invited to come to Shell Creek and meet their teacher. Feel free to bring your school supplies.

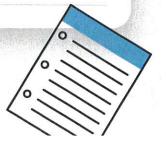
Kindergarten Open House Will take place on Monday, August 14th from 4:00-6:00. More details to come!

Questions: (402) 564-8008

















*



What: Kindergarten students and parents are invited to come meet the kindergarten teachers and explore the school!

When: August 15th (4:00-6:00)

Where: Shell Creek

Why: Come see your new kindergarten teachers and classrooms

We strongly encourage parents and kindergarten child only.

We encourage your child to bring a backpack every day to school but please DO NOT send school supplies until Friday, August 18th. You will be notified who your child's teacher is after school on Friday.

Mrs. Meyer Mrs. Reeves Mrs. Wilke

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Sat	ಬ	12	- 10	26	
14	4		82	25	
.3 Thu	m	10	- 12 - 12	24	37
August 2023	2	ത	16 First Day of School 11:30 Dismissal	23 1:30 Dismissal	30
Tue		∞	15 Preschool & 1-6 th Grade Open House (5:30-7pm)	22	29 School Pictures
Mon		7	14 Kindergarten Open House (4-6pm)	21 1 st Day of Preschool	28
Sun		ဖ	13	20	27



Shell Creek Elementary School uses the BrightArrow messaging system to keep parents notified of important information happening within the school. Most of our messages will come in the form of a text message to keep parents informed of early dismissals, no school, meetings, and other important information.

To receive these messages you must opt in to the messaging system by typing YES to the number 87569.

PowerSchool



The PowerSchool Portal allows you to see each of your student's grades, individual assignment scores, days of attendance, and lunch balance with one password. The Powerschool app is available for iPhones and Android devices.

You can also access this same information on any desktop computer at:

https://powerschool.lakeview.esu7.org/public/

To set up your account please contact the school office at 402-564-8008 or email rbignell@lakeview.esu7.org

Lakeview Community Schools Platte Center and Shell Creek After School Program

The Lakeview Elementary Schools will be continuing the after school program to provide educational support, healthy activities, and a service to parents who need a positive option for their children between the hours of 3:20 and 6:00 p.m. These will be offered at both Platte Center and Shell Creek as long as there are enough students for the program to be self-supporting. A ratio of at least one staff member per 12 students will be maintained. Please call the school if you have questions.

Start Date is August 17, 2023

3:20-6:00 p.m.

Time/Days:

	Monday, Tuesday, We	ednesday, Thursday,	Friday						
Location:	Elementary Gyms/Ca	feterias/Playground/N	Music Room						
Transportation:	None provided by the	After School Program	m or District						
Daily Program:	3:20-3:45 p.m. 3:45-4:15 p.m. 4:15-5:00 p.m. 5:00-6:00 p.m. 6:00 p.m.	Snack and Milk or Ju Planned Craft/Game							
5:00 p.m., \$8.00 if pic \$2.00 discount for each receive a bill at the co	\$4.00 per day if the child is picked up by 4:00 p.m., \$6.00 if child picked up by 00 p.m., \$8.00 if picked up by 6:00 p.m. or \$1.00 per half hour after 4:00 p.m. There will be a 2.00 discount for each additional child in a family. (Fees are to be paid bi-weekly). You will be a bill at the conclusion of each month. Fees are to be paid by the following Friday. If ot, service will not be provided to your child until payment has been received.								
Brandon Nygren, Principal Platte Center Elementary School 402-246-3465		Erin Craven, Principal Shell Creek Elementary School 402-564-8008							
		Page 1 April 2	oint this school year, please n the first day of school.						
I plan on havi school year.	ng my child(ren) attend	d the after school pro	gram during the 2023-2024						
Parent Signature:			_						
Child(ren)s names:	1		Grade						
			Grade						
		and the second s	Grade						









Portrait Day Coming Soon!

Lakeview CSD Shell Creek Elementary

8/29/23

Digital Solutions
SCHOOL . SPORTS . DANCE
402-844-0004 . support@dsschools.com

Sat	5 Items offered daily: Fruit/Veggie Bar PBJ Sandwich Milk/Water	12	19	26	ovider and employer
Æ	4	1-	18 Pizza Tri Potato Green Beans	25 Pork Steak Mashed Potatoes Gravy Mixed Veggies	USDA is an equal opportunity provider and employer Menus are subject to change
.023 Thu	m	10	17 Hamburgers Chips Baked Beans Cookies	24 Beef Nachos Refried Beans Corn	31 Cheeseburger Casserole Green Beans Bread Stick
August Lunch 2023	5	ത	16 Grab n Go Lunch (optional)	23 Chicken Nuggets Smile Fries Carrots	30 Mandarin Orange Chicken Rice Broccoli Fortune Cookie
Au	_	ω	15	22 Sub Sandwich Chips Cookie	29 Sloppy Joes Sun Chips Baked Beans Cookie
Mon		7	14	21 Com Dogs Mac & Cheese Peas	28 Chicken Quesadilla Tri Potato Corn
Sun	Students: \$3.00 Adults: \$4.60	9	13	20	27

Sat 5 All breakfast meals will be served with milk, fruit, juice, and assorted cereals	12	19	26	USDA is an equal opportunity provider and employer Menus are subject to change
4		18 Frosted Donut	25 Coffee Cake	USDA is an equal opportunity employer Menus are subject to change
2023 Thu	10	17 French Toast	24 Pop Tart	31 Scrambled Eggs
August Breakfast 2023	ത	16 Warm Blueberry Muffin	23 Omelet	30 Uncrustable
Augu Tue	œ	15	22 Pancakes	29 Breakfast Pizza
Mon	7	14	21 Warm Bagel	28 Muffin
Sun Students: \$1.85 Adults: \$2.40	ဖ	13	20	27

2023-2024 Lunch Prices

Preschool-6th

Full Pay: \$3.00

Reduced: \$0.40

Adults: \$4.60

Main Seconds: \$2.00 (5th-6th Grade ONLY)

Second Milk: \$0.50

Cold Lunch Milk: \$0.50

2023-2024 Breakfast Prices

Preschool-6th

Full Pay: \$1.85

Reduced: \$0.30

Adults: \$2.75

Pay your Lunch Account, After School Fees, or your Preschool Tuition with your Debit or Credit Card



STEPS:

- 1. Go to the Lakeview web page <u>www.lakeview.esu7.org</u>
- 2. Click the \$ E Funds logo in the top right of the screen
- 3. Click New User > Register Here
- 4. Fill in all the information to set up an account
- 5. You will need your Student's lunch number.
- 6. Then log in and make a payment.

Credit Card \$2.65 Fee Each (\$100 spent)

Debit Card \$1.00 Fee

Free & Reduced Price School Meals Family Return Completed Application to: Each Buil	Applica	ation – c	omplete	one applicati	on per househo	old Atta	achmei	nt C: 2023-2
kmiller@lakeview.esu7.org	idingo Oi	11100 1 10	110 001	iter, onen c	NOCK OF LAKE	AICAA	Cilian	
Part 1: Children in School								
List names of all children in school (First, Middle Initial, L If <u>all</u> children listed are foster, skip to Part 4 to sign the form of the children are foster or are homeless, migrant	m. ´						Foster	all that apply: Homeless, Migrant,
runaway children, complete all steps of the application.		Grade	N:	ame of School	ol Child Attends	-	Child	Runaway
							<u></u>	
							<u> </u>	
	maratumpiapavanse	ementarishin dab en Gent	Maria de la compositione	vanimoninaminaminami	annani manananananana			
Part 2: Assistance Programs - SNAP, TANF o	TAXABLE PARTY OF THE PARTY OF T							
Enter MASTER CASE NUMBER if household qua								
(Social Security numbers, Medicaid numbers and EBT Part 3: Total Household Gross Income — Your							energaniana.	LTAKAN KARAN MANAKATAN MANAKATAN MANAKATAN MANAKATAN MANAKATAN MANAKATAN MANAKATAN MANAKATAN MANAKATAN MANAKAT
1. Household Members					ind How Ofte	n if wa	e Rec	eived
List everyone in the household, current income each	Earnin	ngs from V			istance, Child			tirement and
person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies	befor	e deducti	ons	Suppor	t, Alimony	· A	II Other	Income
no income to report. A foster child's personal use		.						
income must be listed.	Income	e How	often	Income	How often	inco	me	How often
	ļ							\
								(1×30.000 4.101) + 1.100 4.110

Total Number of Household Members:	Last four	digits of S	Social S	ecurity Numb	er (SSN) of the			
(Children and Adults)		ning this fo		XXX - XXX		•/		SSN 🖵
Rai 14. Adult Signature and contact informatio	n — An ad	ult house	hold m	ember must	sign the appli	cation		
"I certify (promise) that all information on this application connection with the receipt of Federal funds and that sch false information, my children may lose meal benefits an	ool official	ls may vei	rify (che	ck) the inform	ation. I am awa	are that	if I pur	n is given in oosely give
Sign here:	Print name	e:		4.5		Da	te:	
Street Address (if available):			9	Zip:		/time		
Partis: Childrenis Ethnic and Racial Identities		KANTANTANTANTAN		oninimimiaisimini T	Ph Mariananananan	ione:	Madamakan	muummuestalanes
	k one or		acial Id	entities:	unnajarajamanajajajajajaja	HAMINIAMANIAMA	HATERIALISM	
□Hispanic or Latino □Asia			- 1	n American	Dr.	Mativo	Hawaii	an or
□Not Hispanic or Latino □Wh				an or Alaska				an or slander
Do Not Fill Out th								
Annual Income Conversion: Weekly X 52;		ery 2 wee			month X 24;		Monthl	v X 12
v)	□Fr		•	Reduced		!		
Total Household Size:		Income		⊟ Reduced		enied eason f	or denia	al·
		Categorie	cally elig	ible:			me too h	
Total Income: per		□ SNAP/T	ANF/FDE			□Inco	mplete a	application
☐Year ☐Month ☐2 X Mo ☐Every 2 Wks ☐Week	9	☐ Foster C ☐ Homeles		nt/Runaway:				
				on Required at	School)			
Signature of Determining Official:			norraphyz-	Da	te Approved:			
FORTHE VERIFICA	TION PROC	CESSIONL						Vithdrawn
Signature of Confirming Official:			CONTROL OF THE PARTY.	Confirmed:			Liou	School:
Signature of Verifying Official:			Da	te Verified:				

Request for Meal Accommodation

This form may be used to request meal modifications for students who have a physical or medical impairment and participate in the National School Lunch & School Breakfast Programs. The district will work collaboratively with parents to ensure equal opportunity to participate in the School Meal Programs and receive program benefits. However, if the district is unable to accommodate your student's request within the meal pattern requirements; a *Medical Statement* completed by a State licensed Medical Professional will be needed (SP 59-2016).

Parent/Guardian:

Completing the Request for Meal Accommodation form helps the school provide meal modifications within the meal pattern requirements for students with a mental or physical impairment. Your participation in this process is very important and communication with the school team allows for advanced planning and preparation needed to provide the accommodation. The district is not required to provide a specific substitution (such as a particular brand name), but offer a reasonable modification that effectively accommodates your child's needs.

Name of Child:		
Traine of Child.		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
		· ·
Email Address:	School Building Child Attends:	Grade:
Specify any dietary restrictions or special instructions for me	als:	
1		
Describe the student's physical or mental impairment:		
boomso the stadom of physical of mental impairment.		
IMPORTANT: The only fluid cow's milk substitutions allowed	d by ICDA are (1) I set as a free flyid a	and !!! (0)
with a nutrient profile equivalent to fluid cow's	a by USDA are (1) Laciose-free fluid co	ow's milk or (2) a non-dairy beverage
that meet the this requirement visit https://ww	mik as specified in lederal regulation	s. 10 see the non-dairy beverages
and most the this requirement visit mips,//ww	/w.euucation.ne.gov/ns/torms/nsiptorm	IS/SPaietivilikSub.pdf
n accordance with Federal civil rights law and LLS. Donartmo	-1 - f A - : II - / I (I C C C C C C C C C	

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. Individual 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 <u>USDA Program Discrimination Complaint Form</u>, (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 (866) 632-9992. Submit your completed form or letter to USDA by:

- 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.

Internal Use - School Information	
Return to:	
Phone number:	
Date form received by school:	
Follow-up:	

MEDICAL STATEMENT

Parent/Guardian: You have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements for school meals (SP 59-2016). Therefore, in order to meet your child's needs, this form must be completed and returned to the school. The form must be completed by a State Licensed Health Care Professional (Physician (MD or DO), Physician's Assistant (PA). Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP), or Chiropractor, A Licensed Medical Nutrition

Name of Child:		D ((D) ::
manie of Gring.		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip;
Email Address:	School Building Child Attends:	Grade:
Description of student's physical or mental impairment that res	tricts the diet:	
Specify any dietary restrictions or special instructions for meals	3:	
If applicable, list foods to omit:	If applicable, list foods to substitute	9:
Texture Modifications:	Thickness Modifications:	
Signature of State Licensed Health Care Professional:	Name of referring physician workir	ng with LMNT (if applicable):
Printed Name and Title;	Phone Number:	Date:
n accordance with Federal civil rights law and U.S. Department its Agencies, offices, and employees, and institutions participating liscriminating based on race, color, national origin, sex, disability program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of commandation Sign Language, etc.), should contact the Agency (Statiated of hearing or have speech disabilities may contact USDA the program information may be made available in languages of the rigogram information may be made available in languages of the rigogram information may be made available in languages of the rigogram information may be made available in languages of the rigogram.	ng in or administering USDA programs y, age, or reprisal or retaliation for prior unication for program information (e.g. e or local) where they applied for bene brough the Federal Relay Service at (8)	are prohibited from civil rights activity in any Braille, large print, audiotape,

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 (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

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Internal Use - School Information	*********
Return to:	_
Phone number:	_
Date form received by school:	_
Follow-up:	

I NEED TO STAY HOME IF

I HAVE BEEN IN THE HOSPITAL	₩	Hospital stay	and/or	emergency room	visit
I HAVE AN EYE INFECTION		Redness, itching,	and/or pus	draining from eye	
I HAVE HEAD LICE		Itchy head, active	head lice		
I HAVE A RASH	0	Body rash with	itching or fever		
I HAVE DIARRHEA	0	Within the past 24	hours		
HAVE A FEVER I AM VOMITING		Within the past 24	hours		
I HAVE A FEVER			100 degrees F or	higher	

I AM READY TO GO BACK TO SCHOOL WHEN I AM...

om Released by my	nd/or medical provider	to return to	by my school.	
Free from	drainage and/or	have been	evaluated by my	doctor if needed.
Treated with	appropriate lice	treatment at	home.	
Free from rash,	itching or fever.	I have been	evaluated by my	doctor if needed.
Free from	diarrhea for 24	hours.		
Free from	vomiting for 24	hours.		
Fever free without	the assistance of	medication for 24	hours (i.e., Tylenol,	Motrin, Advil)

and your health care provider has given permission for your child to return to school. We encourage you to seek medical attention when your If your child has strep throat or another bacterial infection, he/she should stay home until the antibiotic has been given for at least 24 hours child is sick and to follow your health care provider's recommendations about returning to school and other activities.