TRUMANSBURG CENTRAL SCHOOL DISTRICT
"Leaders in Excellence, Equity, Integrity, and Innovation"
100 Whig Street, Trumansburg, NY 14886-9179
(607) 387-7551
www.tburgschools.org

Trumansburg Central School District Registration Hours
September – June: 8:30 a.m. – 3:00 p.m.
July – August: 8:30 a.m. – 2:30 p.m.

To register your child for enrollment in the Trumansburg School District, please bring the following documents with you.

- **Completed Registration Packet (7 forms to be completed by parent/guardian)**
  Registration Form
  Residency Questionnaire
  Student Identification Form
  Home Language Questionnaire (two pages)
  Standard Authorization for the Exchange of Health Information
  Consent and Authorization for Media Purposes
  Release of School Records Form

- **Proof of Age (ONE of the following):**
  Original Birth Certificate
  Passport and/or Visa
  Baptismal Certificate with date of birth indicated

- **Proof of Residency in the Trumansburg School District**

- **Please submit at least one qualifying documents from each of the following columns:**

Column A	Column B
*Signed Rental/Lease Agreement *Mortgage/Deed *Other "Proof of Residency" as approved by the Superintendent or Designee	*Gas or Electric utility bill that links resident to residence *Income Sources (Pay Stubs, Social Security Check Stubs, etc.) matching signed rental/lease agreement

- **Immunization & Health records including a copy of the most recent physical and immunizations**
  (dated within the last year at the time of registration)

- **IF APPLICABLE**
  Custody agreement (required if parents are separated or divorced)
  Proof of Guardianship
  Form DSS-2999 for foster placement
  Court Order of Protection
  Individualized Education Program (IEP) or 504 Plan

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RECORDS REQUEST FORM

A school district in which a student enrolls may request student records from school in which the student last attended without a parent signature of approval. See "Protection of the Rights and Privacy of Parents and Students', Section 438, subsection (b)(1), parts A and B, page 97 as amended in 1976.

Permission is hereby given to the officials of _____ to release information regarding:

Name : _____

Date of Birth: _____

Address: _____

_____

General Information:

- ☐ ……. Permanent Record Information
- ☐ ……. Health Record Information (Immunization, Physical Exams)
- ☐ ……. Report Cards and Progress Reports
- ☐ ……. Withdrawal Grades and Current Schedule
- ☐ ……. Standardized Test Scores
- ☐ ……. ACT/SAT, RCT/Proficiency Test Scores

Committee on Special Education Reports:

- ☐ ……. Test Reports
- ☐ ……. Current IEP: _____ - _____
- ☐ ……. Social History
- ☐ ……. Most Recent Progress Report

Other Information:

_____

_____

_____

Please forward the information for all the items that are checked to:

☐ Trumansburg Elementary School
Attn:Michael DiPilla
100 Whig St. Bldg #2
Trumansburg, NY 14886
FAX (607) 387-2820
If you have any question, please contact Jeanie Day at (607)387-7551 ext 2433 or via e-mail at mdipilla@tburg.k12.ny.us

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☐ Trumansburg Middle School
Attn: Counseling Office
100 Whig St. Bldg #1
Trumansburg, NY 14886
FAX (607) 387-2864
If you have any question, please contact Counseling Office at (607)387-7551 ext 1449 or e-mail via at LMagee@tburg.k12.ny.us

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☐ Trumansburg High School
Attn: Students Services
100 Whig St. Bldg #3
Trumansburg, NY 14886
FAX (607) 387-2843
If you have any question, please contact Student Services at (607)387-7551 ext 3454 or via e-mail at bschmittmille@tburg.k12.ny.us

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Please send the requested information within 5 business days. Thank you in advance for your expedience in forwarding this student's records.

Optional Parent/Guardian Signature: _____ Date: _____

TRUMANSBURG CENTRAL SCHOOL DISTRICT
Registration Form

STUDENT INFORMATION

Student Name (as it appears on Birth certificate)

_____ _____ _____ _____
Student Last Name | Student First Name | Student Middle Name | Student Nickname

Gender Assigned at Birth: _____ Gender Identity: _____

Date of Birth: _____ Place of Birth (City, State): _____

What language did this student learn when s/he began to talk? _____

What language does the family speak in the home most of the time? _____

PLEASE ANSWER QUESTIONS (1) AND (2) BELOW. (For question (1) Check the box that best describes your child). Check only **ONE** box.

1. **Is the student Hispanic, Latino, or of Spanish origin**? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, central or South American or other Spanish culture or origin regardless of race.

   ☐ YES, Hispanic

   ☐ NO, not Hispanic
2. **Select one or more races from the following five racial groups** (For question (2), check all groups that apply to your child; check at least ONE box):

   ☐ **AMERICAN INDIAN OR ALASKA NATIVE**

   ☐ **ASIAN**

   ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

   ☐ **BLACK**

   ☐ **WHITE**

Date Entered the U.S. (if applicable): _____ Number of Years in U.S. Schools: _____

PARENT/GUARDIAN INFORMATION

PRIMARY (Please check one): ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ OTHER

Permissions for Primary (check all that apply): ☐ Mailings ☐ Pick up ☐ Parent Portal

_____ _____ _____ _____
Primary Last Name | Primary First Name | Preferred Pronoun | Primary E-mail Address

Primary Home Phone: __(_____)_____ ☐ Check if unlisted Primary Cellphone:__(____)_____

PARENT/GUARDIAN INFORMATION CONTINUED

Primary Residence Address: _____ Mailing Address: _____

_____ (if different than _____

_____ Residence address) _____

Primary County of Residence: ☐ TOMPKINS ☐ SENECA ☐ SCHUYLER

Primary Work Phone: __(____)_____ Employer: _____

Other Parent/Guardian information (i.e., step-parent, etc.) _____

Other (Please check one): ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ OTHER

Permission for Other (check all that apply): ☐ Mailings ☐ Pick up ☐ Parent Portal

_____ _____ _____ _____

Other Last Name | Other First Name | Preferred Pronoun | Other E-mail Address

Other Home Phone: __(____)_____ ☐ Check if unlisted Other Cell Phone: __(____)_____

Other Residence Address: _____ Mailing Address: _____

(If different than

☐ Check here if same as primary _____ Residence address)_____

_____ _____

Other County of Residence: ☐ TOMPKINS ☐ SENECA ☐ SCHUYLER

Other Work Phone: __(_____)_____ Employer: _____

3rd (if appropriate) Parent/Guardian information (i.e., step-parent, etc.) _____

STUDENT RESIDENCY AND PLACEMENT INFORMATION

Student Lives with: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ OTHER***

*** If OTHER, Name and Relationship to Student: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney -Vento Act. Students who are protectedunder the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records. immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

STUDENT RESIDENCY AND PLACEMENT INFORMATION CONTINUED

Where is the student currently living? (Please check one box)

- ☐ In a shelter
- ☐ With another family or other person (sometimes referred to as "doubled-up") due to a loss housing, economic hardship, or similar reason
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

When did the student start living at the primary address on this registration form? _____

Is this student under Foster Care and/or custody of the Department of Social Services? ☐ YES* ☐ NO

*If YES, what County: _____ Name of Caseworker: _____

Student's Previous Address: _____

Dates Student lived at Previous Address: _____ Last Grade Attended: _____

Has the student been in Trumansburg District before? ☐ YES ☐ NO What grade will this student attend for this school year?___

What year did the student first enter 9th Grade (if applicable): _____

Last School Attended: _____ Phone: ___(_____)_____

Address: _____ Fax: ____(_____)_____

_____

Was/Is this student receiving any Special Education Services or services through a 504 Plan? _____ If YES, please explain_____

_____

Was/Is this student receiving any Academic Intervention Services? _____ If YES, please explain _____

_____

Please indicate any other children at this residence. This includes all children either school age or pre-school age.

NAME	GENDER ASSIGNED AT BIRTH	GENDER IDENTITY	DATE OF BIRTH	GRADE

STUDENT RESIDENCY AND PLACEMENT INFORMATION CONTINUED

Who has legal custody of this student? Name: _____

Address: _____

_____

Phone: ___(_____)_____

Is there a court order custody agreement? _____ If so, please provide a copy to the school.

If applicable, give date of death: Biological Mother _____ Biological Father _____

Who does the student reside with? Name: _____

Address: _____

_____

Phone: __(_____)_____

Reason: _____

Does this student have a Law Guardian? ☐ YES ☐ NO If YES, give name and contact info: _____

_____

Has this student lived with either or both biological parents in the last year? _____ If YES, give dates: _____

Is this student covered by any type of insurance? ☐ YES ☐ NO

If YES, please indicate name of persons who owns the policy: _____

If applicable, attach a copy of the student's driver's license and insurance card

Is this student employed? ☐ YES ☐ NO If YES, where: _____

_____	_____	_____
Signature	Printed Name	Registration Date

FOR OFFICIAL USE ONLY ☐ PARENT IDENTIFICATION ☐ CUSTODIAL AGREMENT

Student I.D _____ Date Entering _____ Homeroom _____

RELEASE OF INFORMATION

- ☐ Previous School Records
- ☐ IEP (if applicable)
- ☐ Psych Report (if applicable)

TRANSPORTATION REQUEST

Date request sent to transportation _____

☐ **BIRTH CERTIFICATE**

MEDICAL INFORMATION

- ☐ Health Form
- ☐ Immunization Records
- ☐ Recent Physical Exam Report
- ☐ Emergency Information Sheet

PROOF OF RESIDENCY

- ☐ Gas/Electric/Propane Bill
- ☐ Phone/Cable Bill
- ☐ Bank Statement
- ☐ Signed Lease Agreement
- ☐ Emergency Information Sheet
- ☐ Signed Purchase Agreement

NOTES:

_____

_____

_____

_____

_____

_____

_____

Registrar/Counselor:

_____

Trumansburg Central School District

Health and Emergency Information

Date: _____

Student Name: _____

Address of Residence:_____

_____

_____

Mailing Address (if different than residence): _____

_____

_____

Home Room/Grade: _____

Date of Birth: _____

Home Phone: _____

Cell Phone #1: _____

Cell Phone #2: _____

Email #1: _____

Email #2: _____

Parent/Guardian Name	Address	Home Phone	Daytime Phone	Double Mailings?

Authorized Person(s) to call in an emergency <u>when Parent/Guardian is not available</u>

Name	Relationship	Address	Daytime Phone #

Daycare/After School Contact

Name	Address	Daytime Phone #

Health Information

<u>New York State requires physical exams for all new students, as well as those in grades Pre-K or Kindergarten, 1, 3, 5, 7, 9 and 11</u>. The Physical exam needs to have been performed within the previous 12 months from your student's first day of school in the required grade. Please call your student's Primary Care Provider and have them fax the <u>NYS School Health Examination Form</u> to your student's School Nurse.

Your student's Family Physician/Pediatrician: _____

Health Insurance: _____

If you are new to the area and your student is not established with a local Primary Care Provider, please let the school nurse know.

Health History

Student Name: _____ Date of Birth: _____

Date of last Physical Exam: _____ Grade: _____

Last School Attended: _____

Address of School: _____

Phone # of School: _____

Please circle any of the following health conditions that your student has been diagnosed with

Asthma	Food Allergies	Environmental Allergies	Seizure Disorder
Febrile Seizures	Bee Sting Allergy	Hearing Deficit	Vision Deficit
Heart Murmur	Chronic Heart Condition	Color Vision Deficit	ADHD
Glasses/Contacts	Previous Concussion	Mental Health Condition	Speech Needs
Previous Hospitalization	Diabetes	Migraines	Autism
Genitourinary Disorder	Ear Tubes	Frequent Nosebleeds	Eczema
Neurological Disorder	Gastrointestinal Disorder		

Please elaborate on any of the conditions circled above, and any not listed

_____

_____

_____

_____

_____

_____

Is your student currently taking any medication? Please list medications below

_____

_____

_____

_____

I, the undersigned, do hereby authorize officials of the Trumansburg School District to contact directly, the persons named on this form, and do authorize the named primary care provider to render such treatments as may be deemed necessary in an emergency, for the health of said student. In the event of physicians or other persons named on this form, or a parent cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of said student. I also give permission to school officials to share pertinent medical information on a professional level (allergies, medication, medical conditions) with said student's teachers. This is not a waiver of any legal rights which may accrue out of an accident and under which parents or students may seek to recover medical expenses.

Signature of Parent or Guardian_____

New York State Housing Questionnaire

Identifying and serving students in temporary housing under the McKinney-Vento Act and NYS Ed Law §3209

This form is to be completed when a student first enrolls, and any time a change in housing status occurs. There are no wrong answers. This form may be filled out independently, or the McKinney-Vento Liaison can assist. To access a list of McKinney-Vento Liaisons, please visit https://www.nysteachs.org/liaisons

District or LEA	**School Name**

About this form and your rights

Schools are required by federal and state law to identify students living in temporary housing and ensure they can enroll, attend, and succeed in school. The **McKinney-Vento Homeless Assistance Act**, together with **New York State Education Law Section §3209**, protects students and families who no longer have a permanent, stable place to live; families who have lost housing; are staying with others temporarily; or are living somewhere that was never meant to be a home.

Eligible students have the right to:

- ✓ Stay in the school they attended when last permanently housed (called the school of origin), for as long as they are in temporary housing.
- ✓ Immediately enroll in the local school where they are temporarily staying (the school of current location).
- ✓ Enroll and start school right away, even without a birth certificate, proof of residency, immunization records, or school records.
- ✓ Receive free transportation to and from the school of attendance, as well as after-school activities (If within 50 miles).
- ✓ Receive free school meals without income paperwork as well as access to other school services including McKinney-Vento Grant resources, if available.

This information is confidential and will be shared only with school staff who have a legitimate educational need to support student access to McKinney-Vento rights and services. Providing this information is voluntary and will be used only to determine eligibility for services under the McKinney-Vento Act and NYS Education Law §3209. Providing it will not affect your immigration status or your eligibility for enrollment or other services.

STUDENT INFORMATION:

Student Name (Last, First)	Student Grade Level (Preschool-12)
Student Gender ☐ M ☐ F ☐ X = Nonbinary	Student Date of Birth (Month/Day/Year)
Parent/Legal Guardian Name	
Phone Number	E-Mail Address
Address where the student is currently living	

Where is the student residing right now?

Under the McKinney-Vento Act, students are protected when their nighttime residence is not **fixed, regular, and adequate.** Check every box that describes where **the student** is residing right now.

☐ Permanent housing: you own or rent a fixed, regular, and adequate home

☐ Doubled up: staying with another family or person due to a loss of housing, economic hardship, eviction, or other similar reason

☐ In an emergency, transitional, or domestic violence shelter. Shelter or program name: _____

☐ In a hotel or motel because there is no other alternative, adequate place to stay

☐ In a car, park, campsite, bus or train station, abandoned building, or another place not meant for stable habitation or established dwelling.

☐ In a place with no heat, running water, or electricity, or that is otherwise structurally unsafe or inadequate to reside in

☐ Displaced by a fire, flood, natural disaster, or other emergency

☐ Another temporary situation not listed here: _____

Is there anything else you would like us to know about your situation? (optional)

_____

Is the student an Unaccompanied Homeless Youth (UHY)?

The McKinney-Vento Act identifies students who are not living with a parent or legal guardian, and are not residing in permanent housing, as **Unaccompanied Homeless Youth (UHY)**. UHYs have the right to enroll in school and to complete and sign this form independently, without a parent or adult present. The McKinney-Vento Liaison can assist UHYs with this process.

☐ **Please check the box if you believe the student identified above may meet the McKinney-Vento eligibility criteria described above.**

Additional Children within the Household?

To help us identify and support all eligible children and youth, please list every child who is currently living with you, regardless of age or school enrollment status. This includes infants, preschool-aged children, and school-aged children.

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Accuracy of Information and Signature

The person completing this form certifies that the information provided above is correct and accurate to the best of their ability.

Name (print): _____

Signature: _____ **Date:** _____

An unaccompanied homeless youth may sign on their own behalf.

Need help? Contact the McKinney-Vento Liaison listed at the top of this form or call the NYS-TEACHS Helpline at 800-388-2014. Visit nysteachs.org for more information.

OFFICIAL USE ONLY (School Staff)

Date received: _____ **Received by:** Eligibility: Eligible Not Eligible Pending

Homeless Primary Nighttime Residence Code (SIRS):

☐ D = Doubled up ☐ S = Shelter ☐ H = Hotel/Motel ☐ U = Unsheltered ☐ T = Transitional Housing

Unaccompanied Homeless Youth (UHY): ☐ Yes ☐ No

Designation Form: ☐ Yes ☐ N/A ☐ Coded in Student Information System (SIS)

Liaison notified (initials): _____ Date: _____ ☐ Family declined to provide information

Notes:

_____

_____

_____

_____

Sick Student Protocol

Please see below for a summary (provided by our Registered Professional Nurse staff) of TCSD's sick protocols for school. The protocols are based on the NYS Department of Health and NYS Education Department guidance as well as the guidance of our District Medical Director.

1. If your child is sick and may have trouble concentrating, may not have enough energy to get through the day, has a runny nose or cough that is disruptive to their learning or may spread germs, please keep them home.

2. If your child has had a fever, they must stay home and be fever free without medication for **at least 24 hours before they return**. They also must stay home if they are vomiting or having diarrhea and be free of diarrhea and vomiting for **at least 24 hours before returning to school**.

Injured Student Protocol

1. If your child is injured and may have physical limitations that prevent them from fully participating in Physical Education Class, sports or recess, please contact your child's building Nurse.
2. A signed letter of physical activity restrictions may be needed from your child's Healthcare Provider.

If you have any questions, please don't hesitate to contact your child's school nurse.

Respectfully,

Megan Conaway
TCSD Superintendent of Schools
100 Whig Street, Trumansburg, NY 14886
P: 607-387-7551, ext. 4421 | F: 607-387-2880
mconaway@tburg.k12.ny.us

Reviewed 6/24/26

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STUDENT BODY MASS INDEX (BMI) SURVEYS

As part of a required school health examination, a student is weighed, and his/her height is measured. These numbers are used to figure out the student's body mass index or 'BMI'. The BMI helps the doctor or nurse know if the student's weight is in a healthy range or is too high or too low. Recent changes to the New York State Education Law require that BMI and weight status group be included as part of the student's school health examination. A sample of school districts will be selected to take part in a survey by the New York State Department of Health. If our school is selected to be part of the survey, we will be reporting to New York State Department of Health Information about our students' weight status groups. **Only student population summary information is sent. No names and no information about individual students are sent.** However, you may choose to have your child's information excluded from this survey report.

The information sent to the New York State Department of Health will help health officials develop programs that make it easier for children to be healthier.

If you do not wish to have your child's weight status group information included as part of the NYS Department of Health's survey, please visit our Health Office Webpage, print and sign the refusal document in the right sidebar section labeled "important documents", and return it to your child's school nurse.

Bethany Ladd
Elementary Nurse
607-387-7551, Ext. 2444
BLadd@tburg.k12.ny.us

Cassie Campbell
Middle School Nurse
607-387-7551, Ext. 1424
ccampbell@tburg.k12.ny.us

Katy Iacovelli
High School Nurse
607-387-7551, Ext. 3445
KIacovelli@tburg.k12.ny.us

Board of Education
Megan Williams, President
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Dana Robson

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Administration
Megan Conaway
Superintendent of Schools

Amanda Verba
School Business Executive

Angela Gemignani
Director of Special Education

Pamela Rapoza
Director of Curriculum, Instruction, Assessment & Professional Development

Joshua Hunkele
Director of Innovation & Education Technology

September 2025

Dear Parent/Guardian:

As you no doubt realize, illnesses and accidents involving children are very unpredictable. When they occur, it is certainly best if both you and school personnel have a set of planned procedures that are understood by all.

With this in mind, if you have not completed and returned ***both sides*** of the ***STUDENT EMERGENCY INFORMATION*** form that you received on the first day of school, please take a few minutes to review, complete and return the form as soon as possible. This form asks questions of you that greatly help our staff members help your child if the need ever arises. Additionally, as a new school year begins, it is always good to review other matters pertaining to the health and safety of your children.

Medications in School

No school official is allowed to dispense any form of medication (over or under-the-counter) to your child without a specific written request from the parent granting permission to the school. **This written request must be accompanied by a written order from a doctor and must include the student's name, date, name of medication, dosage and time to be administered and, if applicable, side effects.** Please do not ask our nurses to make an exception to this rule. For the safety of the child, we must follow this practice to the letter.

Student Accident Insurance

The Board of Education provides limited medical coverage for student accidents, only as a supplement to your own personal family coverage. Our policy can yield additional coverage (up to set limits) after the limits of your policy have been reached. Please contact the school nurse immediately should you seek medical care for your child because of an accident in school.

Early Release from School

We need to be very careful when releasing a child from school. Please do not be offended if we ask you to present identification or call you to verify your child's release. This is only intended to protect your child.

Any questions you may have regarding the above information should be directed to one of our school nurses either by telephone or email. They are:

Mrs. Bethany Ladd	Elementary School	Ext – 2444	bladd@tburg.k12.ny.us
Mrs. Cassie Campbell	Middle School	Ext – 1424	ccampbell@tburg.k12.ny.us
Mrs. Katy Iacovelli	High School	Ext – 3445	kiacovelli@tburg.k12.ny.us

Best wishes for a safe and healthy school year.

Sincerely,

Megan E Conaway

Megan Conaway
Superintendent of Schools

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Person in Parental Relation:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

STUDENT NAME:		
First	*Middle*	*Last*
DATE OF BIRTH:		**GENDER:**
		❑ Male ❑ Female
Month	*Day*	*Year*
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to*

HOME LANGUAGE CODE _____

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	❑ English	❑ Other	_____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other	_____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Parent 1 _____ *specify*		❑ Parent 2 _____ *specify*	
	❑ Guardian(s) _____ *specify*			
4. What language(s) does your child understand?	❑ English	❑ Other	_____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other	_____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other	_____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other	_____ *specify*	❑ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School: *Address:*	

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes ***No*** ***Not sure***
❑ ❑ ❑ ***If yes,** please explain:_____

How severe do you think these difficulties are? ❑ Minor ❑ Somewhat severe ❑ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ❑ No ❑ Yes* **Please complete 10b below*

10b. *If referred for an evaluation, has your child ever *received* any special education services in the past?
❑ No ❑ Yes – Type of services received:_____

Age at which services received *(Please check all that apply):*
❑ Birth to 3 years (Early Intervention) ❑ 3 to 5 years (Special Education) ❑ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ❑ No ❑ Yes

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year:
Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ❑ Parent ❑ Other:_____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ **POSITION:** _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ **POSITION:** _____

ORAL INTERVIEW NECESSARY: ❑ NO ❑ YES

****DATE OF INDIVIDUAL INTERVIEW:** _____ (MO DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ **POSITION:** _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO. DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

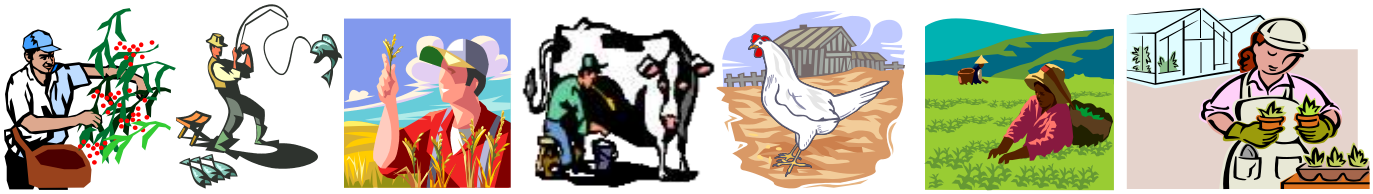
PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)





If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____)-_____-_____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____Grade_____

Student name: _____ Age _____Grade_____

To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program-Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.

TRUMANSBURG CENTRAL SCHOOL DISTRICT
Transportation Request

We hereby request transportation for our child/children for the school year _____

Directions:

1. Home, Daycare/ Alternate site address must be located within the Trumansburg Central School District.
2. A new form must be completed each year and **returned (by mail, in person or online)** to the transportation department, attention Lynne Porter.
3. Once a weekly transportation schedule is established, it must remain consistent.
4. If arrangements change, please complete a new form.

CHILD/CHILDREN TO BE TRANSPORTED - INFORMATION:

Name of Child	**Birthdate**	**Grade in School Next Year**

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____Work Phone: _____ Email: _____

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____Work Phone: _____ Email: _____

Legal Residence: _____ City/Zip: _____

Mailing Address: _____ City/Zip: _____

County: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone(s): _____

Relationship to student: _____

Address: _____

DETAILED DIRECTION TO YOUR HOME: Example – (1001 Rabbit Run) Rte 96, Right onto Rabbit Run Rd., 3rd house on the Right. White house w/ blue shutters and red front door

_____

_____

_____

DAY CARE OR ALTERNATE LOCATION INFORMATION (If Needed):

Address: _____

Name of Adult at this Location: _____

Phone: _____

STOP LOCATION INFORMATION:

A.M. TRANSPORTATION SCHEDULE

HOME –	ALTERNATE –
Pick-up Schedule: (Please Circle) **MON TUE WED THU FRI** **ALL WEEK**	Pick-up Schedule: (Please Circle) **MON TUE WED THU FRI** **ALL WEEK**

P.M. TRANSPORTATION SCHEDULE

HOME –	ALTERNATE –
Drop-off Schedule: (Please Circle) **MON TUE WED THU FRI** **ALL WEEK**	Drop-off Schedule: (Please Circle) **MON TUE WED THU FRI** **ALL WEEK**

Please complete the form in its entirety, <u>incomplete forms may be returned to sender due to lack of necessary information</u>. Send completed forms to the Transportation Department of the Trumansburg Central School, 100 Whig Street, Trumansburg, NY 14886. Please allow at least five(5) business days for processing.

(Signature of Parent) (Date)

FOR OFFICE USE ONLY: DATE: _____ APPROVED: _____ COMPUTER: _____

Please sign and return the first page to the school's main office.

Trumansburg G Suite for Education parent/guardian consent

To parents and guardians,

At Trumansburg Central School District, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including **Gmail, Calendar, Docs, Classroom, and more** used by tens of millions of students and teachers around the world. At Trumansburg Central School District, students will use their G Suite accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.
The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

What personal information does Google collect?
How does Google use this information?
Will Google disclose my child's personal information?
Does Google use student personal information for users in K-12 schools to target advertising?
Can my child share information with others using the G Suite for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create/delete a G Suite for Education account for your child.

I give permission for Trumansburg Central School District to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Thank you,
Josh Hunkele -
Director of Innovation and Educational Technology
Data Protection Officer
jhunkele@tburg.k12.ny.us

_____
Full name of student

_____
Printed name of parent/guardian

_____ _____
Signature of parent/guardian Date

Please sign and return the first page to the school's main office.

G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.
Using their G Suite for Education accounts, students may access and use the following "Core Services" offered by Google (described at https://gsuite.google.com/terms/user_features.html):

Gmail
Calendar
Chrome Sync
Classroom
Cloud Search
Contacts
Drive
Groups
Keep
Sites
Vault
Docs, Sheets, Slides, Forms

In addition, we also allow students to access certain other Google services (below) with their G Suite for Education accounts. Specifically, your child may have access to the following "Additional Services": A list of additional services is available at https://support.google.com/a/answer/181865.To learn more about what Additional Services are, and how they differ from Core Services, in the Help Center at https://support.google.com/a/answer/6356441

Blogger
Google Data Studio
Google Cloud Print (allows to print in school)
Google Earth
Google Maps
Google Photos
Youtube (Strict to Moderate)

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online at https://gsuite.google.com/terms/education_privacy.html You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, Trumansburg Central School District may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone number for account recovery or a profile photo added to the G Suite for Education account.
When a student uses Google services, Google also collects information based on the use of those services. This includes:

device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;

log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
location information, as determined by various technologies including IP address, GPS, and other sensors;
unique application numbers, such as application version number; and
cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

How does Google use this information?

In G Suite for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.
In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with a G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an G Suite for Education account.

Can my child share information with others using the G Suite for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations and individuals outside of Google unless one of the following circumstances applies:

- **With parental or guardian consent.** Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.
- **With Trumansburg Central School District.** G Suite for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- **For external processing.** Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the G Suite for Education privacy notice and any other appropriate confidentiality and security measures
- **For legal reasons.** Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:
    - meet any applicable law, regulation, legal process or enforceable governmental request.
    - enforce applicable Terms of Service, including investigation of potential violations

Please sign and return the first page to the school's main office.

- detect, prevent, or otherwise address fraud, security or technical issues.
- protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a G Suite for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of G Suite for Education, you can access or request deletion of your child's G Suite for Education account by contacting Josh Hunkele, Director of Innovation and Educational Technology (jhunkele@tburg.k12.ny.us). If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit https://myaccount.google.com while signed in to the G Suite for Education account to view and manage the personal information and settings of the account.

What if I have more questions or would like to read further?

If you have questions about our use of Google's G Suite for Education accounts or the choices available to you, please contact Josh Hunkele, Director of Innovation and Educational Technology (jhunkele@tburg.k12.ny.us). If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the G Suite for Education Privacy Center (at https://www.google.com/edu/trust/), the G Suite for Education Privacy Notice (at https://gsuite.google.com/terms/education_privacy.html), and the Google Privacy Policy (at https://www.google.com/intl/en/policies/privacy/).

The Core G Suite for Education services are provided to us under Google's Apps for Education agreement (at https://www.google.com/apps/intl/en/terms/education_terms.html)

Provision 2 Base Year Letter to Parents for School Meal Programs

Dear Parent/Guardian:

All children in the school will receive meals at no charge regardless of household income or completion of this form. However, families are strongly encouraged to complete and submit the Free and Reduced-Price application as this form is used to determine eligibility benefits for State and federal funding/programs.

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

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete one Application for all children in the household and **return to: Rose Beardsley 100 Whig St. Trumansburg NY 14886**.

2. **WHO CAN QUALIFY FOR FEDERAL FREE MEAL BENEFITS?**
   - All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance to Needy Families (TANF), are eligible for free meals. Categorical eligibility for free meal benefits is extended to all children in a household when the application lists an Assistance Program's case number for any household member.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals, regardless of income.
   - Children participating in their school's Head Start Program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals. Households with children who meet the definition of homeless, runaway or migrant should call or e-mail **Angie Gemignani@ agemignani@tburg.k12.ny.us** to see if they qualify.
   - Children may receive free meals if your household's gross income is within the free or reduced-price limits on the Federal Income Eligibility Guidelines. Students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.
   - Your child(ren) meet the income criteria if the household income falls at or below the limits on this chart:

2026-2027 Reduced Price Income Eligibility Guidelines					
Household Size	**Annual**	**Monthly**	**Twice per Month**	**Every Two Weeks**	**Weekly**
1	$ 29,526	$ 2,461	$ 1,231	$ 1,136	$ 568
2	$ 40,034	$ 3,337	$ 1,669	$ 1,540	$ 770
3	$ 50,542	$ 4,212	$ 2,106	$ 1,944	$ 972
4	$ 61,050	$ 5,088	$ 2,544	$ 2,349	$ 1,175
5	$ 71,558	$ 5,964	$ 2,982	$ 2,753	$ 1,377
6	$ 82,066	$ 6,839	$ 3,420	$ 3,157	$ 1,579
7	$ 92,574	$ 7,715	$ 3,858	$ 3,561	$ 1,781
8	$ 103,082	$ 8,591	$ 4,296	$ 3,965	$ 1,983
Each Add'l person, add	$ 10,508	$ 876	$ 438	$ 405	$ 203

3. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEAL BENEFITS?** Please read the letter you got carefully and follow the instructions. Call the school at **[phone number]** if you have questions.

4. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes, your child's application is only good for that school year and carried over for the first 30 operating days of this school year (or until a new eligibility determination is made, whichever comes first).

5. **I GET WOMEN, INFANTS AND CHILDREN (WIC) BENEFITS. CAN MY CHILD(REN) GET FREE MEALS?** All children in schools participating in the Universal Free Meals program receive meals at no charge, however, households participating in WIC may be free or reduced-price eligible benefits. Please fill out an Application for Free and Reduced-Price School Meals/Milk.

6. **WILL THE INFORMATION I GIVE BE CHECKED?** Schools are required to conduct verification of a sample of submitted applications. If your application is selected then written proof of the household income is required.

7. **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 or who experiences financial hardship mid-year may become eligible for free and reduced-price eligible benefits if the household income drops below the income limit.

8. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. **You also may ask for a hearing by calling or writing to:** ***Rose Beardsley (6070387-7551 ext. 4453 or rbeardsley@tburg.k12.ny.us***

9. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your child(ren), or other household members do not have to be U.S. citizens to qualify for free or reduced-price eligible benefits.

10. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

11. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

12. **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, clothing, 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.

13. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-342-3009**.

How to Apply: Complete one Application for Free and Reduced-Price School Meals/Milk, following the instructions on the form, for your household and **return it to the designated office listed on the application**. All household members and children should be listed on one application.

- If you receive SNAP or TANF benefits or participate in the FDPIR, the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member.
    - Contact your local Department of Social Services for your SNAP or TANF case number, if necessary.
    - No application is necessary if the household was notified by the School Food Authority that their children have been directly certified based on Assistance Program participation. If the household is not sure if their children have been directly certified, the household should contact the school.
- If you do not list a SNAP, TANF or FDPIR case number for any household member, the application must include the names of everyone in the household, the amount of income for each household member, how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number or check the box if the adult does not have a social security number.
- **An application for free and reduced-price benefits cannot be approved unless complete eligibility information is submitted, as indicated on the application and in the instructions.** We will let you know when your application is approved or denied.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year.

Meal Service to Children with Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities of such individual, a record of such an impairment or being regarded as having such an impairment. Major life activities include but are not limited to: functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. You must request meal modifications from the school and provide the school with medical statement from a State licensed healthcare professional or Registered Dietitian. If **you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical statement must contain.**

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA. **The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian.**

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, disability or limited English proficiency.

If you have other questions or need help, call Rose Beardsley (607)-387-7551 ext4453

Thank you,

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.
In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410
   Washington, D.C. 20250-9410; or
2. **fax:**
   (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

Date Withdrew_____ F _____ R _____ D_____

2026-2027 Application for Free and Reduced-Price School Meals/Milk

Schools are required to establish free and reduced-price eligibility while offering meals at no-charge. Please complete the free and reduced-price meals application for your child(ren), then sign and **return it to the address listed below.** Call ***(607-387-7551),*** if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **TCSD**
100 Whig St
Trumansburg, NY
14886

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).
List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions ***Amount / How Often***	Child Support, Alimony ***Amount / How Often***	Pensions, Retirement Payments ***Amount / How Often***	Other Income, Social Security ***Amount / How Often***	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

Total Household Members (Children and Adults) ☐☐

***Last Four Digits of Social Security Number:** XXX-XX-__ __ __ __ I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.
Signature: _____ **Date:** _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals benefits.

Ethnicity: ☐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 Island ☐White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____/_____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official_____ **Date Notice Sent:** _____

APPLICATION INSTRUCTIONS

To apply for free and reduced-price eligibility, complete only one application for your household using the instructions below. Sign the application and return the application to TCSD Food Service Department If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: 607-387-7551 Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **in your household**. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
(4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
(5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meal benefits. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), 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.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410
   Washington, D.C. 20250-9410; or
2. **fax:**
   (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

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FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: Rose Beardsley Title: School Lunch Specialist

Telephone Number: (607)-387-7551 ext 4453

ANNUAL NEWS RELEASE - PUBLIC ANNOUNCEMENT

New York State schools participating in the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP) will offer reimbursable meals to students at no cost. Trumansburg Central School District participates in NSLP and/or SBP.

Free and Reduced Price meal applications may still be collected by your school to determine student eligibility based on the federal income eligibility criteria listed in the chart below.

2026-2027 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK

Free Eligibility Scale						**Reduced Price Eligibility Scale**					
Free Lunch, Breakfast, Milk						Reduced Price Lunch, Breakfast					
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$ 20,748	$ 1,729	$ 865	$ 798	$ 399	1	$ 29,526	$ 2,461	$ 1,231	$ 1,136	$ 568
2	$ 28,132	$ 2,345	$ 1,173	$ 1,082	$ 541	2	$ 40,034	$ 3,337	$ 1,669	$ 1,540	$ 770
3	$ 35,516	$ 2,960	$ 1,480	$ 1,366	$ 683	3	$ 50,542	$ 4,212	$ 2,106	$ 1,944	$ 972
4	$ 42,900	$ 3,575	$ 1,788	$ 1,650	$ 825	4	$ 61,050	$ 5,088	$ 2,544	$ 2,349	$ 1,175
5	$ 50,284	$ 4,191	$ 2,096	$ 1,934	$ 967	5	$ 71,558	$ 5,964	$ 2,982	$ 2,753	$ 1,377
6	$ 57,668	$ 4,806	$ 2,403	$ 2,218	$ 1,109	6	$ 82,066	$ 6,839	$ 3,420	$ 3,157	$ 1,579
7	$ 65,052	$ 5,421	$ 2,711	$ 2,502	$ 1,251	7	$ 92,574	$ 7,715	$ 3,858	$ 3,561	$ 1,781
8	$ 72,436	$ 6,037	$ 3,019	$ 2,786	$ 1,393	8	$ 103,082	$ 8,591	$ 4,296	$ 3,965	$ 1,983
Each Add'l person, add	$ 7,384	$ 616	$ 308	$ 284	$ 142	Each Add'l person, add	$ 10,508	$ 876	$ 438	$ 405	$ 203

SNAP/TANF/FDPIR Households: Households that currently include children who receive the Supplemental Nutrition Assistance Program (SNAP) but who are not found during the Direct Certification Matching Process (DCMP), or households that currently receive Temporary Assistance to Needy Families (TANF), or the Food Distribution Program on Indian Reservations (FDPIR) must complete an Application for Free and Reduced Price School Meals/Milk, listing the child's name, a valid SNAP, TANF, or FDPIR case number and the signature of an adult household member. Eligibility for free eligibility benefits based on participation in SNAP, TANF or FDPIR is extended to all children in the household. When known to the School Food Authority, households will be notified of their children's eligibility for free benefits based on their participation in the SNAP, TANF or the FDPIR programs. No application is necessary if the household was notified by the SFA their children have been directly certified. If the household is not sure if their children have been directly certified, the household should contact the school.

Other Source Categorical Eligibility: When known to the School Food Authority, households will be notified of any child's eligibility for free eligibility benefits based on the individual child's designation as Other Source Categorically Eligible, as defined by law. Children are determined Other Source Categorically Eligible if they are Homeless, Migrant, Runaway, a foster child, or Enrolled in Head Start or an eligible pre-kindergarten program.

Foster children that are under the legal responsibility of a foster care agency or court, are eligible for free benefits. Any foster child in the household is eligible for free eligibility benefits regardless of income. A separate application for a foster child is no longer necessary. Foster children may also be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If non-foster children in a foster family are not eligible for free or reduced-price meal benefits, an eligible foster child will still receive free benefits

If children or households receive benefits under Assistance Programs or Other Source Categorically Eligible Programs and are not listed on the notice of eligibility and are not notified by the School Food Authority of their free meal benefits, the parent or guardian should contact the school or should submit an income application.

Other Households: Households may complete the Application for Free and Reduced-Price School Meals/Milk sent home with the letter to parents. One application for all children in the household should be submitted. Additional copies are available at the principal's office in each school. **Applications may be submitted any time during the school year to our School Lunch Specialist Please contact Rose Beardsley at (607)-387-7551 ext. 4453with any questions regarding the application process.**

Households notified of their children's eligibility must contact the School Food Authority if they choose to decline the free eligibility benefits. Households may apply for benefits at any time throughout the school year. Children of parents or guardians who become unemployed or experience a financial hardship mid-year may become eligible for free and reduced-price eligibility at any point during the school year.

Children in households receiving Women, Infants and Children (WIC) benefits may be eligible for free or reduced-price eligibility through the application process.

For up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first) an individual child's free or reduced-price eligibility status from the previous year will continue within the same School Food Authority.

The information provided on the application will be confidential and will be used for determining eligibility. The names and eligibility status of participants may also be used for the allocation of funds to federal education programs such as Title I and National Assessment of Educational Progress (NAEP), State health or State education programs, provided the State agency or local education agency administers the programs, and for federal, State or local means-tested nutrition programs with eligibility standards comparable to the NSLP. Eligibility information may also be released to programs authorized under the National School Lunch Act (NSLA) or the Child Nutrition Act (CNA). The release of information to any program or entity not specifically authorized by the NSLA will require a written consent statement from the parent or guardian.

The School Food Authority does, however, have the right to verify at any time during the school year the information on the application.

Under the provisions of the policy, the designated official will review applications and determine eligibility. If a parent is dissatisfied with the ruling of the designated official, he/she may make a request either orally or in writing for a hearing to appeal the decision**.Rose Beardsley, School Lunch Specialist** whose address is has been designated as the Hearing Official. Hearing procedures are outlined in the policy. However, prior to initiating the hearing procedure, the parent or School Food Authority may request a conference to provide an opportunity for the parent and official to discuss the situation, present information, and obtain an explanation of the data submitted in the application or the decisions rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

Only complete applications can be approved. This includes complete and accurate information regarding: the SNAP, TANF, or FDPIR case number; the names of all household members; on an income application, the last four digits of the social security number of the person who signs the form or an indication that the adult does not have one, and the amount and source of income received by each household member. In addition, the parent or guardian must sign the application form, certifying the information is true and correct.

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, disability or limited English proficiency.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.
In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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

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