

2015-2016 STUDENT REGISTRATION

PLEASE FILL OUT THE ENCLOSED REGISTRATION FORM and return it to school with payment by August 11th. A list of 2015-16 fees is included.

If you prefer to pay school fees in person, you may do so on THURSDAY, AUGUST 6TH or FRIDAY, AUGUST 7TH during the hours of 8:00 AM -12:00 PM and 1:00 PM-4:00PM in Manning or Irwin.

SCHOOL START

The first day of classes will be August 24th with a 2:30 dismissal. The school day will begin at 8:15.

IOWA ELIGIBILITY APPLICATION:

If you are completing an application for free or reduced price meals and instructional materials fee waiver, pay no fees at this time. Complete the Iowa Eligibility Application and mail it to the school as soon as possible. Be sure to fill out the application completely.

- The application must be completed annually.
- Read and sign (if applicable) hawk-i/Medicaid Information Form.
- Read and sign Waiver Statement.

After applications are approved, those qualifying for free or reduced price meals will be notified. At that time, fill out the enclosed registration form and return it to school with payment.

DIRECT CERTIFICATION FOR SCHOOL MEALS:

Direct Certification is a procedure to automatically qualify children from Food Assistance and FIP households for free meals. School enrollment records will be electronically compared to records from the Department of Human Services. If your child(ren) are identified during this process, they will be directly certified as eligible to receive free meal benefits and you will be notified of their eligibility by the school.

ORIENTATION FOR HIGH SCHOOL STUDENTS:

Freshman and New Student Orientation will be held at 1:00 p.m. on Monday, Aug. 10th, Orientation for 10-12 graders will be held at 3:00 p.m. Orientation will be held in the auditorium. Student handbooks, class schedules, insurance forms, health record update, and other important information will be provided at orientation. **ALL STUDENTS** are expected to attend. Orientation will last approximately an hour and parents do not need to attend. Concurrent Enrollment parent/student meeting will be held on Thursday, August 20th in the High School Library starting at 6:00 p.m.

HIGH SCHOOL 1:1 ROLLOUT MEETINGS:

IKM-Manning is excited to expand our 1:1 Chromebook Initiative to the high school. All students in grades 9-12 will be assigned a Chromebook to use at school and at home. The Chromebooks are set-up and ready to go, but before allowing students to use them we are requiring all parents/guardians to attend a 30-45 minute meeting with their student(s). This meeting will cover what the Chromebook is, general do's and don'ts, digital citizenship, and explain which repair/replacement costs will be responsibility of the student/parent/guardian. At the conclusion of the meeting the student and parent will sign a Chromebook agreement. The meeting will be held during Open House, Thursday, August 20th. Students will be divided into two groups with each meeting at a different time.

5:30 p.m. All Freshmen and Sophomores, along with parent/guardian, will meet in the auditorium.

6:30 p.m. All Juniors and Seniors, along with parent/guardian, will meet in the auditorium.

If you have more than one student in grades 9-12, you only need to attend one meeting but all students need to attend. The middle school will also be having a parent/guardian meeting during Open House. If you have students in both the middle and high schools, please attend the high school meeting. You will be able to fill out paperwork for the middle school student(s) at the high school meeting as well.

If you have any questions please feel free to contact the school at 712-655-3781.

SCHOOL NOTIFICATION SYSTEM:

IKM-Manning Community School will be utilizing Iowa SchoolAlerts as our school notification system for the 2015-

2016 school year. To sign up for this resource, please go to <https://schoolalerts.iowa.gov> and sign up, or go to the IKM-Manning homepage at <http://www.ikm-manning.k12.ia.us/> and click on the direct link (lower right corner) to the sign-up page. Look for IKM-Manning. In case of delays and closures the District will report to these medias: KNOD Harlan, KDSN Denison, KCIM/KKRL Carroll, Channels 6 and 7 in Omaha, KTVI Channel 4 Sioux City and Channels 5 and 13 in Des Moines.

PARENT'S PERMISSION FOR STUDENTS TO ACCESS SCHOOL'S ELECTRONIC NETWORKS:

Please notify the appropriate school office, in writing, if you do not want your son or daughter to access the school's electronic networks, resources, or devices.

PARENT'S PERMISSION FOR PUBLICATION OF STUDENT WORK/PICTURES:

Please notify the appropriate school office, in writing, if you do not want your son or daughter's school projects or photograph published.

SCHOOL PICTURES:

School pictures will be taken in the fall on MONDAY, SEPTEMBER 21ST. LifeTouch, who uses a prepaid plan, will take school pictures. Order forms will be sent home with students prior to picture day.

OPEN ENROLLMENT INFORMATION:

Parents/guardians considering the use of the open enrollment option to enroll their child(ren) in another public school district in the state of Iowa should be aware of the following dates:

September 1, 2015	Last date for open enrollment requests for entering kindergarten students and those students falling under the "good cause" definition for the 2015-2016 school year.
March 1, 2016	Last date for regular open enrollment requests for the 2016-2017 school year.

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

Parents should be aware that open enrollment might result in the loss of athletic eligibility. For further details, contact the Superintendent of Schools at 712-655-3781

ACTIVITY TICKETS:

An activity ticket can be purchased for \$30, which allows students admission into varsity athletic events and high school music concerts. If a student attends school functions frequently, it is cheaper to purchase an activity ticket rather than paying regular admission. The activity ticket is NOT valid for the school play, the musical, and conference or state activities. All students participating in extracurricular activities are required to purchase an activity ticket. Activity Tickets purchased during registration will be handed out to students at their attendance center on the first day of school.

TRANSPORTATION:

Whereas, the Board of Education, under the law of Iowa, is charged with the responsibility of public school students from the time they leave home in the morning until they reach home after the dismissal of school, normal time permitted for travel, the following rules are necessary:

SCHOOL BUSES: The bus driver is the supervisor in charge at all times. Regular school conduct is required of all students. Any violations and cases of misbehavior will be reported to the principal's office and dealt with in the same manner as any other school misbehavior. Repeated misbehavior will result in prohibiting the student from riding the school bus.

The board supports the use of video cameras on school buses used for transportation to and from school as well as for field trips, curricular or extracurricular events. The video cameras will be used to monitor student behavior and may be used as evidence in a student disciplinary proceeding. The videotapes are student

records subject to school district confidentiality, board policy, and administrative regulations.

RURAL BUS ROUTES:

Rural bus routes and approximate pick up times will be communicated to the riders on Friday, August 21st by the drivers. All routes should expect to be picked up at least 5 minutes earlier than in the past. Alternate Routes (Hard Surface) may be required when roads are icy and gravel becomes extremely soft. These routes will be distributed to all riders during the first month of the year.

SHUTTLE BUS SCHEDULES:

All shuttle buses will leave respective buildings at 7:50 a.m.

CHILD ABUSE REPORTING:

If a school district employee or other member of the school district community believes a child has suffered abuse, which shall include sexual and physical abuse, by a school district employee in the course of their employment, it shall be reported to the superintendent or a school principal.

Superintendent's Phone Number	655-3781 EXT. 477
High School Principal's Phone Number	655-3781 EXT. 402
Middle School Principal's Phone Number	655-3761 EXT. 443
Primary Principal's Phone Number	782-3126 (Irwin) EXT. 304

HOMELESS CHILDREN & YOUTH:

It is the policy of the IKM-Manning Community School District to identify homeless children and youth of school age within the district, encourage their enrollment, and eliminate existing barriers to their receiving an education. The complete Homeless Children and Youth Policy can be found in IKM-Manning School Board Policy Code No. 501.16. The designated coordinator for identification of homeless children and youth and the tracking and monitoring programs and activities for these children is the school liaison officer.

BULLYING & HARASSMENT:

It is the policy of the IKM-Manning Community School District to maintain a learning and working environment that is free from harassment and bullying. Violation of this policy or procedure will be cause for disciplinary action up to, and including, suspension and expulsion. The complete Anti-Bullying/Harassment Policy can be found in IKM-Manning School Board Policy Code No. 104. Students who believe they have suffered harassment shall report such matters in a timely manner to a teacher, counselor, or principal.

STATEMENT OF GUIDING PRINCIPLES/NONDISCRIMINATION:

The Board of Education recognizes its obligation and duty to provide an educational program equally available to all young people of the school district. The Board of Education believes that all children should have the opportunity to be educated to the full extent of their abilities, aptitudes, capabilities, and interest through a program that recognizes and provides for the individual differences of all children of the school district. Innovation and change, based upon thorough research, study, deliberation, and evaluation shall be encouraged.

It is also the policy of this district that the curriculum content and instructional materials utilized reflect the cultural and racial diversity present in the United States and the variety of careers, roles and life styles open to women as well as men in our society. One of the objectives of the total curriculum and teaching strategies is to reduce stereotyping and to eliminate bias on the basis of age, race, creed, color, sex, national origin, religion, sexual orientation, gender identity or disability. The curriculum should foster respect and appreciation for the cultural diversity found in our country and an awareness of the rights, duties and responsibilities of each individual as a member of a pluralistic society.

NOTICE OF NON-DISCRIMINATION POLICY

It is the policy of the IKM-Manning Community School District not to illegally discriminate on the basis of race, color, national origin, gender, disability, religion, creed, age (for employment), marital status for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. The complete Notice of Non-Discrimination Policy can be found in IKM-Manning School Board Policy Code No. 102.E1. There is a grievance procedure for processing complaints of discrimination. If you have questions

or a grievance related to this policy, please contact the district's Equity Coordinator, High School Principal, 209 10th Street, Manning, Iowa 51455.

NOTIFICATION CONCERNING ASBESTOS:

Notice to parents, teachers, and employee organizations: Pursuant to the requirements of the Asbestos Hazard Emergency Response Act, a copy of the asbestos management plan for each school building is available for review in each respective facility. A complete set of management plans is available for review in the district administrative offices located with the superintendent.

IKM-MANNING 2015-2016 STUDENT FEES

Textbook/Software Fee (PS-12)	\$45/\$85 Family Limit \$25 (Reduced)
Student Activity Ticket (K-6 optional, 7-12 required if involved in activities)	\$30
NOT GOOD FOR MUSICAL/STATE EVENTS	
Adult 10 Punch Activity Ticket/Optional (Purchase at Varsity Gate)	\$40
Driver's Education Fee	\$250/Reduced \$175
Driver's Education Fee Out of District	\$350
Band Rental Percussion	\$10
Band Rental/Horn-Renter Responsible for Repair	\$50
Instrument Insurance	\$45 for year and District Picks up Cost of Repair
Class Dues (Grades 9-12)	\$3
<u>FOOD SERVICE</u>	
K-12 Breakfast	\$1.55/Reduced .30
Adult Breakfast	\$1.55
K-4 Lunch	\$2.60/Reduced .40
5-12 Lunch	\$2.70/Reduced .40
Adult Lunch	\$3.35
Student Daily Extra Milk	\$0.35
Snack/Milk Fee (PS)	\$35 Semester/\$70 (Year)
Milk Fee	\$20 Semester/\$40 (Year)
<u>FINES</u>	
Books Replaced	Cost of the Book
Equipment	Cost of Replacement

**IKM-MANNING COMMUNITY SCHOOL DISTRICT
REGISTRATION 2015-2016**

MAIL COMPLETED REGISTRATION FORMS WITH PAYMENTS BY **AUGUST 14TH** TO:

IKM-MANNING BUSINESS OFFICE
209 10th STREET
MANNING, IA 51455

STUDENT INFORMATION:	GENERAL FUND		ACTIVITY FUND		HOT LUNCH FUND		TOTAL PER STUDENT
	GRADE	PS-12 TH GRADE TEXTBOOK/COMPUTER FEE \$45.00/\$85.00 FAMILY LIMIT	BAND RENTAL \$10.PERCUSION \$50 HORN \$45 INSTRUMENT INSURANCE	KG-12 TH GRADE ACTIVITY TICKET \$30	9 TH -12 TH GRADE CLASS DUES \$3 Juniors \$25 Graduation Fee	MEAL DEPOSIT BREAKFAST \$1.55 K-4 LUNCH \$2.60 5-12 LUNCH \$2.70	
TOTAL PER FUND							

1. If English is not your student's first language, please contact the school for assistance.
2. If you are completing an Iowa Eligibility Application, and/or choose to apply for waiver of fees, **PAY NO FEES AT THIS TIME. Complete the enclosed Iowa Eligibility Application and mail to the school as soon as possible.**
 - Complete the enclosed Iowa Eligibility Application (BOTH FRONT & BACK OF APPLICATION)
 - hawk-i/Medicaid Information Form MUST be signed if you DO NOT want your information shared (on back side of application).
 - Waiver Statement - if you choose to have your fees waived or reduced (on back side of application).

MAIL COMPLETED APPLICATION TO: IKM-Manning Business Office, 209 10th Street, Manning, IA 51455, as soon as possible.
After Iowa Eligibility applications are processed, applicants will be notified of eligibility determination.

Make all checks payable to " IKM-Manning Community School" and mail registration form and checks to IKM-Manning Business Office,209 10th Street, Manning, IA 51455. Email address for corresponding purposes is necessary.

Parent/Guardian Name: _____ E-mail Address: _____
 JMC Parent online access password: _____

School Band Instrument Rental Agreement

IKM-MANNING Community School District
Fall 2015-Spring 2016



I agree to accept the responsibility for the care of the school instrument being loaned to (Student's Name) _____ for use in their instrumental music class at IKM-MANNING Community School during the 2015-2016 academic year.

I agree to pay a yearly rental fee of \$50.00 and also choose one of the two options listed below.

____ Option 1: I will pay an additional insurance fee of \$45.00 for the school year. This payment will cover all repairs.

____ Option 2: I waive the insurance fee and will pay for any necessary repairs on the school owned instrument myself.

I understand that I am to keep the instrument in good playing condition. The instrument will be due for return by the last scheduled class meeting of the school year. The school may claim all instruments, cases, and accessories that are property of the IKM-Manning Community School District at any time. If a student to whom a school-owned instrument has been issued withdraws from class for any reason, any IKM-Manning instruments, cases, and accessories in the student's possession will be due for immediate return to the school.

I have read the above statements of policy regarding use of musical instruments owned by the IKM-Manning Community School District and I understand them fully and agree to comply with each.

Parent/Guardian(PRINTED)Name _____

Parent/GuardianSignature _____

Student Signature _____

Address _____ Telephone Number _____

_____ Email Address _____

Acceptable Use Guidelines for Student Access to Electronic Networks, Resources, and Devices of IKM-Manning CSD

INFORMED CONSENT FOR PARENT'S PERMISSION FOR STUDENTS TO ACCESS Both GLOBAL & THE SCHOOL'S ELECTRONIC NETWORKS

Please notify the appropriate school office, in writing, if you do not want your son or daughter to access the school's electronic networks, resources, or devices

INFORMED CONSENT FOR PARENT'S PERMISSION FOR THE PUBLICATION OF STUDENT WORK/PICTURES

From time-to-time the school may wish to publish examples of student projects, photographs of students, and other work on the school websites, global websites, class newsletters, yearbook, school newsletters, and/or local newspaper(s).

Please notify the appropriate school office, in writing, if you do not want information about your son or daughter to appear in any of the above examples. It will be the responsibility of the parent or student to inform the principal, teacher, supervisor, or advisor to the activity that you do not want the release of student information to be used.

The use of the network is to promote the exchange of information to further education and research, and should be consistent with the mission of the school. The use of the school network is a privilege and may be taken away for violation of board policy or regulations. Any action that is illegal, immoral, or creates an expense to the district is considered unacceptable and will not be tolerated. These rules apply to equipment owned by the school and equipment and/or personal devices brought to school from home.

E-Mail

Students will be given access to a Google Apps Account that includes a district-provided e-mail account. Appropriate and respectful language will be used in electronic mail and communications.

System Monitoring

Network technology coordinators will periodically view files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files on school devices or those brought to school will be private. Any staff member may request the technology coordinator to deny, revoke or suspend specific user accounts.

User Network Etiquette

Users are expected to abide by the generally accepted rules of network etiquette, which include, but are not limited to, the following:

- Students will communicate politely and appropriately. Do not transmit, share, or display offensive messages or images.
- Students will maintain privacy. Do not reveal anyone's personal information, including your own.
- Students will respect all copyright and license agreements.
- Students will properly cite Internet sources when gathering information for school research papers or projects. To not site a source is plagiarism and considered cheating thus making the student accountable for possible consequences.
- Students will respect the right of others to use shared equipment by leaving settings as set according to building standards.
- Students will respect the privacy of others, including their electronic storage areas.
- Students will report any problems with equipment to supervising teacher or technology coordinator.

Unacceptable use includes, but it not limited to, the following:

- Using the network for illegal purposes.
- Using the network for immoral actions.
 - Includes but not limited to:*
 - *Harassing, insulting, attacking, or threatening harm or embarrassment to others.*
 - *Accessing, uploading, downloading, transmitting, or distributing illegal, obscene, profane, abusive, threatening, or sexually explicit material.*
- Using the network for activities that incur an expense to the school.
(Students will be expected to pay for these expenses.)
- Downloading or uploading programs/apps or files without permission from a supervising teacher.

Violations — Consequences and Notifications

Students who do not follow the Acceptable Use Guidelines shall be subject to the appropriate action described in board policy, in the school's discipline policy, in the school's student handbook, or to the following consequences, which will be decided upon between teacher, technology coordinator, and administration if necessary.

First Violation — The student may lose electronic network access/computer use for a period up to 4 weeks at the discretion of the supervising teacher/staff member

Second Violation — The student may lose electronic network access/computer use for a period up to 9 weeks at the discretion of the supervising teacher/staff member.

Third Violation — The student may lose electronic network access/computer use for the remainder of the school year at the discretion of the supervising teacher/staff member. If the time left is less than 9 weeks, the time may be transferred to the following school year.

A verbal and written "Warning/Violation" notice will be issued to the student. A copy of the notice will be mailed to the student's parent/guardian and a copy provided to the building principal.

****Student violations will be in effect during school hours outside of regular classroom time such as study halls or before and after school. When computers are required for a classroom lesson, the student will be allowed to use the computer under direct teacher supervision unless a teacher deems otherwise.**

IKM-Manning Community School District
Home Language Survey

Date _____ School _____ Grade _____

Student Name _____

First Name

Middle Initial

Last Name

*PLACE OF BIRTH _____

Father/Guardian name _____

*EMPLOYMENT _____

Mother/Guardian Name _____

*EMPLOYMENT _____

Address _____

Phone Number _____ (home) _____ (work)

.....

Was English the first language your son/daughter learned to speak? Yes No

If any other language besides English is spoken please answer the following.....

1. What language do you speak to your son/daughter? (Father) _____

(Mother) _____

2. What language does your son/daughter speak to you? _____

3. What language does your son/daughter speak to other relatives? _____

4. What language does your son/daughter speak to friends? _____

5. In what language would you prefer to receive communication from the school? _____

I understand that my son/daughter, _____, will receive English language proficiency testing. I will be notified if my son/daughter qualifies for English Language Learner (ELL) program services. I understand that at that time I have the right to refuse ELL services for my child. However, I can request services at a later date.

Parent or Guardian signature

Date

OFFICE USE ONLY Refer for Initial ELL identification _____ Initial Migrant identification _____

El Distrito de IKM-Manning
El Cuestionario de Idioma

La Fecha _____ La Escuela _____ El Grado _____

El Nombre del Estudiante _____
el nombre el inicial medio el apellido

*EL PAIS DE NACIMIENTO _____

El nombre del padre/guardián _____

*EL EMPLEO _____

El nombre de la madre/guardián _____

*EL EMPLEO _____

La Direccion _____

El Numero Telefónico _____ (casa)

¿ Fue inglés la primera lengua que su hijo(a) aprendió hablar? _____ Sí _____ No

Si otra lengua además de inglés está hablado, por favor, conteste los siguientes.....

1. ¿ Qué lengua habla UD. con su hijo(a)? (El padre) _____

(La madre) _____

2. ¿ Qué lengua habla su hijo(a) con UD.? _____

3. ¿ Qué lengua habla su hijo(a) con otros parientes? _____

4. ¿ Qué lengua habla su hijo (a) con amigos? _____

5. ¿ En qué lengua prefiere UD. recibir comunicaciones de la escuela? _____

Yo entiendo que mi hijo(a), _____ recibirá una evaluación de fluencia de inglés. Yo recibiré notificación si mi hijo(a) califique para los servicios del programa de un Principiante de la Lengua de Ingles (ELL). A ese tiempo, yo entiendo que tengo derecho para rehusar esos servicios de ELL para mi hijo(a). Sin embargo, yo puedo pedir servicios más tarde.

La Firma de Padre o Madre/Guardián

La Fecha

OFFICE USE ONLY: Refer for
Initial ELL identification _____

Initial Migrant identification _____

"HOME OF THE IKM-MANNING WOLVES"

IKM-MANNING COMMUNITY SCHOOL DISTRICT
209 10TH STREET
MANNING, IA 51455
712-655-3781

Dr. Thomas Ward, Superintendent

Brian Wall, 9-12 Principal

Sharon Whitson, PS 4-8 Principal

Cory McCarville, A.D.

Dear Parent/Guardian:

Children need healthy meals to learn. **IKM-Manning CSD** offers healthy meals every school day. Breakfast costs **\$1.55**; lunch costs **PS-4 \$2.60 and 5-12 \$2.70**.. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is **.30** for breakfast, **.40** for lunch.

- 1. Do I need to fill out an application for each child each year?** YES-Complete the Iowa Eligibility Application for your household with all children listed. Your application is only good for one school year and for the first few days of this school year. When the carry-over period ends, unless you are notified that your child(ren) are directly certified or you submit an application that is approved, the child(ren) must pay full price for school meals. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application: Barb Willenborg, 209 10th Street, Manning, Iowa 51455 for questions call 712-655-3781 Ex 478.**
- 2. Who can get free meals?** Children in households getting Food Assistance or Family Investment Program (FIP) can get free meals regardless of household income. Children enrolled in Head Start/Even Start can get free meals regardless of income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 4. Who can get free milk?** If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they have an afternoon milk break are not eligible to receive free milk.
- 5. Can homeless, runaway and migrant children get free meals?** Yes. Please call **712-655-3781, Gerri Ann Wagner, School Liaison Officer** to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
- 6. Someone in our household receives Food Assistance or FIP, are all school age household members eligible for free meals?** Yes. Eligibility for free meals is extended to all school age children in a household.
- 7. Who can get reduced price meals?** Your child(ren) can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart on the back of this page.
- 8. I currently receive Food Assistance or FIP benefits; do I need to fill out an application?** Perhaps. School enrollment records have been compared to records from the Department of Human Services to identify children who are members of households receiving Food Assistance or FIP benefits. If ANY of your child(ren) are identified during this process all your children will be directly certified as eligible to receive free meal benefits and you will be notified of their eligibility by the school. Parents need to do nothing more for their children to receive free meal benefits. Some eligible children may not be identified in this process. Households with children who were not identified should receive a Free Lunch Notice from DHS. Children on these letters will receive free meal benefits only if parents provide the letter to the school. Instructions to parents are included on the letter. You may add any students living in your household who are not listed. Households with any member who is currently certified to receive Assistance Program benefits may submit an application for these children with the abbreviated information as indicated on the application.
- 9. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but do not include overtime if you get it only sometimes.
- 10. Will the information I give be checked?** Yes, we may ask you to send written proof. You are not required to provide proof with your application.

11. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Assistance, FIP, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
12. **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: **Dr. Thomas Ward, 209 10th Street, Manning, Iowa, 712-655-3781 Ex. 477.**
13. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
14. **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. You must include yourself and all children who live with you. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
15. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
16. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income. There are currently no active Military Housing Projects in Iowa. For a listing of the Military Housing Projects by state visit the following web site: <http://www.acq.osd.mil/housing/mhpi.htm>.
17. **What other benefits might I be eligible for?** Your child may be eligible for other benefits including *hawk-i* (children's health insurance) or for a waiver of school fees. Read the information on the back of the Iowa Eligibility Application for *hawk-i* information. A school fee waiver form is available from your school.
18. **Can children with disabilities get food substitutions?** If a child has a disability, as determined by a medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
19. **Do I have to provide my Social Security Number?** The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SS#".
20. **Income Guidelines effective July 1, 2015 – June 30, 2016.**
If you have other questions or need help, call 712-655-3781.

Household Size	Federal Income Chart				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional person:	7,696	642	321	296	148

Instructions for Completing Iowa Eligibility Application

Complete both sides of an application for each household.

All applicants should complete Part 1. This application may be used to apply for benefits in school meals or milk programs, child care centers and home based care for children. Check all boxes that apply to your family. You may make copies of a completed application for each program in which your child participates.

FIP OR FOOD ASSISTANCE HOUSEHOLD MEMBER, including child(ren) in Head Start or Even Start, follow these instructions.

Part 2. List one FIP or Food Assistance Case Number per household in the area provided. Use the Case Number listed in the DHS Notice of Decision. Eligibility based on Head Start or Even Start is available only if your child is enrolled in Head Start and documentation from the Head Start agency is provided. **NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable.**

Part 4, List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not complete this section.

Part 5. Skip this section.

Part 6. Read the certification and complete this section.

HOMELESS, MIGRANT OR RUNAWAY, follow these instructions.

Part 3. For children attending school, check if any child is Homeless, Migrant, or a Runaway and call your child's school.

Part 4, List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not complete this section.

Part 5. Skip this section.

Part 6. Read the certification and complete this section.

FOSTER CHILD IN HOUSEHOLD, follow these instructions. A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. Foster children can be included as household members or included on a separate application.

Part 4. List the child's name, date of birth, grade (if applicable), name of school/Head Start/child care center attended. Check the box for foster child. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your foster child's ethnic and racial status if you do not fill this section.

Part 5. Complete this section only if the foster child receives money for personal use or has other regular personal income. If the foster child has no income, check the box indicating no income. **DO NOT** include the stipend received by the foster family to provide care to the foster child.

Part 6. Read the certification and complete this section.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions for reporting income.

Part 4. List the name, date of birth, grade (if applicable), name of school/Head Start/child care center/home attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of each child's ethnic and racial status if you do not complete this section.

Part 5. Follow these instructions to report total household income from last month.

Name: List the last and first names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends); include yourself and all children living with you. The household decides whether to include the foster child on their household application with non-foster children. Attach another sheet of paper if needed.

Age: List the age of each household member.

If No Income: Put a mark in the box if a household member **does not** have an income, or leave the income cells blank.

Gross Income last month and how it was received: Report the amount of income received in the appropriate Gross Income column (weekly, every 2 weeks, twice monthly, or monthly). List the **gross income** each person earned from work.

This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income. If the household includes the foster child, they must report any personal income received by the foster child on the foster parent's household application.

Other Monthly Payments or Income: Money is reported in this section if it is regularly received. List the amount each person received last month from welfare, child support, alimony, adoption subsidies, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income** column, include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME.** Use the Self-Employment Income Worksheet on the back of the application to calculate net income for self-owned businesses, farm, or rental income and report in the All Other Income column. **Do not report:** Scholarships, educational benefits, lump sum payments, combat pay, Deployment Extension Incentive Pay (DEIP) or children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass. If you are in the Military Housing Privatization Initiative or get combat pay do not include these allowances.

Social Security Number: If the application is being made on the basis of income, the adult signing the form must provide the last 4 digits of his or her Social Security number or mark the "I do not have a Social Security number" box. If you do not provide your Social Security information or mark the box, your application cannot be processed.

Part 6. Read the certification and complete this section.

Received Date: _____

Iowa Eligibility Application

FFY 15-16

Complete one application per household. School Year 2015-2016

Part 1. Check all applicable boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> school meals | <input type="checkbox"/> children in child care center | <input type="checkbox"/> children in child care home(HP) |
| <input type="checkbox"/> special milk (restrictions apply) | <input type="checkbox"/> Tier I home provider (HP) | Provider name: _____ |
| | <input type="checkbox"/> Head Start/Even Start | |

Part 2. FIP or Food Assistance Eligible: Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable. Skip part 5.

Name of household member with Case Number _____ List Case Number _____

Part 3. Check if any child is Homeless, Migrant, or a Runaway and call your child's school. Run away Migrant Homeless

Part 4. Children enrolled. REQUIRED OF ALL APPLICANTS.

List name(s) of all enrolled child(ren) in your household.								
Ethnicity: H=Hispanic or Latino, N=Non Hispanic or Latino			Race: A=Asian B=Black or African American I=American Indian or Alaska Native P=Native Hawaiian or other Pacific Islander W=White					
Last Name	First Name	Middle Name or Initial	Check box for FOSTER child	Date of Birth	Grade	OPTIONAL		Name of School/Head Start/ Child Care Center/Home
						ETHNICITY	RACE	
1.			<input type="checkbox"/>					
2.			<input type="checkbox"/>					
3.			<input type="checkbox"/>					
4.			<input type="checkbox"/>					

Part 5. Total Household Gross Income. DO NOT COMPLETE PART 5 IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2. Report the gross income received by EACH household member one time in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side of this application. If a household member does not receive income from any source, check "No income" or leave cells blank. If you check "no income" or leave any cells blank, you are certifying (promising) that there is no income to report.

List the names of <u>everyone</u> living in your household, including the children listed in Part 4. Attach a separate page if more space is needed. For FOSTER children, include only money available for child's personal use or child's own income.					Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income Received.		
Last Name	First Name	Age	Check if NO Income	Gross amount earned weekly	Gross amount earned every 2 weeks	Gross amount earned twice a month	Gross amount earned monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA benefits	All other income	
1.			<input type="checkbox"/>								
2.			<input type="checkbox"/>								
3.			<input type="checkbox"/>								
4.			<input type="checkbox"/>								
5.			<input type="checkbox"/>								

Last four digits of my Social Security Number: **XXX - XX -** _____ I do not have a Social Security Number.
 If Part 5 is completed, the adult signing the form must provide the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. For further information refer to the Privacy Act Statement in the parent letter.

Part 6. Certification and Signature. REQUIRED OF ALL APPLICANTS.
 I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted. Email of Adult Completing Form _____

Signature of Adult Completing Form _____	Printed Name of Adult Completing Form _____	Date Signed _____
Address of Adult Completing Form _____	Town _____	ZIP Code _____
	Work Phone _____	Home Phone _____
		Cell Phone _____

Part 7. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12
 Household Income: \$ _____ Weekly Every 2 Weeks Twice Monthly Monthly Annually Household Size _____

Application Approved: Income Foster Child FIP/Food Assistance
 Head Start DOCUMENTATION REQUIRED Tier 1
 Homeless/Migrant/Runaway (Schools only) -Local Official Documentation Required

Eligibility Determination: Free Meals Reduced Price Meals Free Milk
 Application Denied: Incomplete Over income limits

	Confirming Official Signature (Schools only) _____ Date _____
Determining Official Signature _____ Effective Date _____	Follow-Up Official Signature (Schools only) _____ Date _____

hawk-i /Medicaid Information Form: Read this information and sign if you do not want your name released to hawk-i or Medicaid.

If your children do not have health insurance, many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law requires schools to share your free and reduced price meal eligibility information with Medicaid and **hawk-i**, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and **hawk-i** can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

Childcare organizations may share this information at their option.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the **hawk-i** program. It will not affect your children's eligibility for free and reduced price meals. If you do NOT want your information shared with Medicaid or **hawk-i**, you must tell us by completing the information below at the time you complete this eligibility application. If you want further information, you may call **hawk-i** at 1-800-257-8563.

I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or hawk-i. Also, if you are already receiving Medicaid or hawk-i, please sign below. This will avoid another contact.

Child's Name: _____ School/Child Care/Head Start Center: _____

Child's Name: _____ School/Child Care/Head Start Center: _____

Child's Name: _____ School/Child Care/Head Start Center: _____

Parent/Guardian Name (Printed) _____ Signature _____ Date _____

Self-Employment Income Worksheet: This worksheet will assist you in calculating the amount to report if you engage in farming, are self-employed, or have income from other sources.

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. **The least self-employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 5 of the application.

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.

Line 12 - Business income or (loss) \$ _____

Line 13 - Capital gain or (loss) \$ _____

Line 14 - Other gains or (losses) \$ _____

Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc. \$ _____

Line 18 - Farm income or (loss) \$ _____

Total \$ _____

The least income possible is zero (a negative number cannot be reported)

Total +12* = _____

*Enter amount in the "All Other Income Last Month" column in Part 5 on the front of the Iowa Eligibility Application.

Optional Waiver Infor WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is **(must be specific)**(eg. book fees, band fees, drivers education). If you sign this waiver, your child(ren) will be considered for a full or partial waiver of **(list your specific fees)**. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees ONLY.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of Parent/guardian _____ Date _____

YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

IKM-MANNING CSD 2015-2016 SCHOOL CALENDAR

Start –Finish
(August 24 - May 24)

Summary of Calendar
Days/Hours in classroom:
First Semester 91/578.5
Second Semester 88/555.5
TOTAL DAYS/HOURS 179/1134.0

CALENDAR LEGEND

- Early Out
- PD/WD
- QT/SEM
- 2 HR Late
- PTC
- No School

HOLIDAYS:

- Labor Day (9/7)
- Thanksgiving Day (11/26)
- Christmas Day (12/25)
- New Year's Day (1/1)
- Memorial Day (5/30)

These three days (9/2, 11/4 and 1/6) have been designated as 2 hour late start professional development days.

PD-8/19 & 21, and 4/29
Teacher Work Days -8/20, 1/15 and 5/25
Comp Days- 10/30 and 3/25
Parent Teacher Conferences 10/27 & 29; 3/22 & 24 with 2:30 dismissals
Any make-up hours are added to the end if total falls below the 1080 required.
APPROVED 4/9/2015
AMENDED 5/21/2015

August				Student Days/Hours		
M	T	W	Th	F		
03	04	05	06	07		
10	11	12	13	14		
17	18	19	20	21		
24	25	26	27	28	5	31.5
31					1	6.5
September						
	01	02	03	04	4	24
07	08	09	10	11	4	26
14	15	16	17	18	5	30.5
21	22	23	24	25	5	32.5
28	29	30			3	19.5
October						
			01	02	2	13
05	06	07	08	09	5	30.5
12	13	14	15	16	5	32.5
19	20	21	22	23	5	30.5
26	27	28	29	30	4	32.0
November						
02	03	04	05	06	5	30.5
09	10	11	12	13	5	32.5
16	17	18	19	20	5	30.5
23	24	25	26	27	2	13.0
31					1	6.5
December						
	01	02	03	04	4	24.0
07	08	09	10	11	5	32.5
14	15	16	17	18	5	30.5
21	22	23	24	25	2	13.0
28	29	30	31			
January						
				01		
04	05	06	07	08	5	30.5
11	12	13	14	15	4	26.0
18	19	20	21	22	5	30.5
25	26	27	28	29	5	32.5
February						
01	02	03	04	05	5	30.5
08	09	10	11	12	5	32.5
15	16	17	18	19	5	30.5
22	23	24	25	26	5	32.5
29					1	6.5
March						
	01	02	03	04	4	24.0
07	08	09	10	11	5	32.5
14	15	16	17	18	5	30.5
21	22	23	24	25	4	32.0
28	29	30	31		2	13.0
April						
				01	1	6.5
04	05	06	07	08	5	30.5
11	12	13	14	15	5	32.5
18	19	20	21	22	5	30.5
25	26	27	28	29	4	26.0
May						
02	03	04	05	06	5	30.5
09	10	11	12	13	5	32.5
16	17	18	19	20	5	30.5
23	24	25	26	27	2	8.5
30	31				179	1134
June						
		01	02	03		
06	07	08	09	10		

Date	Events
Aug 19/21	PD
Aug 20	Teacher WD/Open House 6-8
Aug 24	First Day Students/Early Out
Sept 2	2Hour Late Start PD
Sept 7	Labor Day (No School)
Oct 20	End of First Quarter
Oct 27/29	PTC 4-8 Early Out
Oct 30	No School Comp Day
Nov 4	2 Hour Late Start PD
Nov 25-27	Thanksgiving Holiday (No School)
Dec 23-31	Winter Break (No School)
Jan 4	First Day for Students
Jan 6	2 Hour Late Start PD
Jan 14	End of 2 nd Qt/1 st Sem
Jan 15	Teacher Work Day
Mar 15	End 3 QT
Mar 22/24	PTC 4-8
Mar 25	No School Comp Day
Mar 28-29	Spring Break
April 29	PD No Students
May 18	Senior's Last Day
May 22	Graduation
May 24	Students Last Day (10:30)
May 25	Teacher Work Day