

SISTERS SCHOOL DISTRICT

2023 - 2024

■ No Students, Holiday
 ■ No School, In-Service/Workday
 ■ First Day
 ■ Conferences
 ■ Finals
 Graduation

	AUGUST	FEBRUARY																																																												
<p>Aug 28th-1st Prof. Development</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </table>	M	T	W	T	F		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31		<p>15th Conferences Schedule: Evening Conferences SES & SMS</p> <p>16th Conferences Schedule: Morning Conferences SES & SMS No School for SES & SMS</p> <p>19th No School, Presidents Day</p>																														
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<p>4th Labor Day, No School</p> <p>5th First Day of School 1st - 5th, & 9th</p> <p>6th School in Session 1st - 12th</p> <p>11th First Day for Kindergarten & Pre-K</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th></tr> <tr><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> </table>	M	T	W	T	F					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	<p>13th SHS Finals, Full Day</p> <p>14th 1/2 Day-All Schools, SHS Finals</p> <p>15th No School, Grading Day, All Schools</p> <p>*****End of 2nd Trimester*****</p> <p style="text-align: center;">SPRING BREAK</p> <p style="text-align: center;">March 18th - March 29th</p>																														
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APPROVED 10/4/23



Teacher Work Days: 190

1st Trimester: 58 Instructional Days

2nd Trimester: 56 Instructional Days

3rd Trimester: 54 Instructional Days

SHS Bell Schedules 2023-24

Regular Daily Schedule			
Monday - Thursday		Early Release Friday	
Period 0	7:30 - 8:20	Period 0	7:30 - 8:20
Period 1	8:30 - 9:40	Period 1	8:30 - 9:20
Period 2	9:45 - 11:00	Period 2	9:25 - 10:15
Period 3	11:05 - 12:15	Period 3	10:20 - 11:10
<i>Lunch</i>	12:20 - 12:50	Period 4	11:15 - 12:05
Period 4	12:55 - 2:05	Period 5	12:10 - 12:55
Period 5	2:10 - 3:20	<i>Lunch</i>	12:55

Assembly/Advisory Schedule			
Monday - Thursday		Early Release Friday	
Period 0	7:30 - 8:20	Period 0	7:30 - 8:20
Period 1	8:30 - 9:35	Period 1	8:30 - 9:10
Period 2 (assembly/advisory)	9:40 - 11:15	Period 2 (assembly/advisory)	9:15 - 10:35
Period 3	11:20 - 12:25	Period 3	10:40 - 11:20
<i>Lunch</i>	12:30 - 1:00	Period 4	11:25 - 12:05
Period 4	1:05 - 2:10	Period 5	12:10 - 12:50
Period 5	2:15 - 3:20	<i>Lunch</i>	12:55

Inclement Weather (2 hour delay)			
Monday - Thursday		Early Release Friday	
Period 0	9:30 - 10:20	Period 0	9:30 - 10:20
Period 1	10:30 - 11:15	Period 1	10:30 - 10:55
Period 2	11:20 - 12:05	Period 2	11:00 - 11:25
Period 3	12:10 - 12:55	Period 3	11:30 - 11:55
<i>Lunch</i>	1:00 - 1:30	Period 4	12:00 - 12:25
Period 4	1:35 - 2:25	Period 5	12:30 - 12:50
Period 5	2:30 - 3:20	<i>Lunch</i>	12:55

Parents/Guardians,

We issue new and updated forms and handbooks each year. Please review each section and initial that you acknowledge and agree to each underlying topic.

**Sisters High School
Parent/Guardian Consent Form
2023-24**



Student's Name (last, first)

Grade

Internet Use Agreement:

My student understands ALL of the following actions are **PROHIBITED** while using the school internet:

- Checking personal email
- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting or verbally attacking others online
- Damaging computers, computer systems, or computer networks
- Using another's password or access sites or to email
- Trespassing into another's folders, work or files
- Visiting or participating in chat rooms
- Downloading files of any kind without direct staff permission or supervision
- Playing computer games without permission
- Printing for personal use

Handbook Review: SHS handbook <http://shs.ssd6.org/parents/studenthandbook/>

WE signify, as a student AND as parents/guardians, that we have read the handbook and understand the information it contains and understand the school district's policies.

Technology Equipment

I understand that if my child uses **any** technology equipment for school usage, I will be responsible for any damages incurred during such use.

Use of Student Images

I give my permission for my student's photograph or video to be used for school purposes (such as the Yearbook) or for publicity features (such as the Sisters Folk Festival).

Google Third Party and Services for Education

I give my consent for my student to use *Google Third Party and Services for Education*. Full policy is available from the Chromebook User Agreement.

Parent signature

Date

Student signature

Date

FREQUENTLY ASKED QUESTIONS: FEDERAL FREE AND REDUCED PRICE SCHOOL MEALS & OREGON EXPANDED INCOME GUIDELINES (EIG) 2023/24

This document provides information for families with students attending a school in Oregon offering federal Child Nutrition Programs such as the National School Lunch Program and/or School Breakfast Program, as well as information about Oregon's Expanded Income Guidelines for public schools. It is effective July 1, 2023.

Dear Parent/Guardian:

Children need healthy meals to learn. Sisters School District offers healthy meals every school day. Breakfast costs \$2.55; lunch costs **Elementary/\$3.45-Middle/\$3.75-High\$4.05**. **Your children may qualify for free meals or for reduced price meals or for no-cost meals through Oregon's Expanded Income Guidelines for public schools.** **Reduced** price is **NO CHARGE** for breakfast and **NO CHARGE** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FEDERAL FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Oregon SNAP, The Food Distribution Program on Indian Reservations (FDPIR)] or Oregon TANF**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on the chart below:

FEDERAL ELIGIBILITY INCOME CHART For School Year 2023-24					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	26,973	2,248	1,124	1,038	519
- 2 -	36,482	3,041	1,521	1,404	702
- 3 -	45,991	3,833	1,917	1,769	885
- 4 -	55,500	4,625	2,313	2,135	1,068
- 5 -	65,009	5,418	2,709	2,501	1,251
- 6 -	74,518	6,210	3,105	2,867	1,434
- 7 -	84,027	7,003	3,502	3,232	1,616
- 8 -	93,536	7,795	3,898	3,598	1,799
Each add'l household member add	9,509	793	397	366	183

1A. WHO CAN GET OREGON EIG NO-COST MEALS?

- Children attending public schools in Oregon may receive no-cost meals if your household income is within the limits on the Oregon Expanded Income Guidelines. Your children may qualify for no-cost meals if your household income falls at or below the limits on the chart below:

OREGON EXPANDED INCOME GROUP INCOME CHART For School Year 2023-24					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	43,740	3,645	1,823	1,683	842
- 2 -	59,160	4,930	2,465	2,276	1,138
- 3 -	74,580	6,215	3,108	2,869	1,435
- 4 -	90,000	7,500	3,750	3,462	1,731
- 5 -	105,420	8,785	4,393	4,055	2,028
- 6 -	120,840	10,070	5,035	4,648	2,324
- 7 -	136,260	11,355	5,678	5,241	2,621
- 8 -	151,680	12,640	6,320	5,834	2,917
Each add'l household member add	15,420	1,285	643	594	297

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Katie Estvold, McKinney Vento liaison, Migrant coordinator, Foster point of contact @ (541) 549-6853, Katie.estvold@ssd6.org**
3. HOW DO I KNOW IF A SCHOOL IS PARTICIPATING IN OREGON EIG? Not all schools are eligible to participate in Oregon EIG. Public schools, public charter schools and Education Service Districts are eligible. The following school are participating in Oregon EIG **Sisters Elementary, Middle, and High schools.**
4. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Terri Rood 1700 West McKinney Butte, Sisters, OR 97759 (541)549-4057**
5. DO I NEED TO FILL OUT A DIFFERENT APPLICATION TO QUALIFY FOR THE OREGON EIG NO-COST MEALS? No, use one meal application for both federal and Oregon EIG benefits.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER **THIS SCHOOL YEAR** SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact : **Terri Rood 1700 West McKinney Butte, Sisters, OR 97759 (541)549-4057 terri.rood@ssd6.org** immediately.
7. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **SSD6.org** to begin or to learn more about the online application process. Contact: **Terri Rood 1700 West McKinney Butte, Sisters, OR 97759 (541)549-4057 terri.rood@ssd6.org** if you have any questions about the online application.
8. MY CHILD'S APPLICATION WAS APPROVED **LAST YEAR**. DO I NEED TO FILL OUT A NEW ONE? **Yes.** Your child's application is only good for that school year and for the first few days of this school year, through **October 17, 2023.** You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals. **You are responsible for these charges.**
9. I PARTICIPATE IN WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
10. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report. *(Not applicable to Oregon EIG eligible applications)*
11. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible if the household income drops below the income limit.
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. **Curtiss Scholl, School Superintendent @ curtiss.scholl@ssd6.org** *(Not applicable to Oregon EIG eligibility decisions)*
13. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply.
14. 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.

15. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a zero (0) in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
16. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, 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.
17. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Terri Rood 1700 West McKinney Butte, Sisters, OR 97759 (541)549-4057** terri.rood@ssd6.org to receive a second application.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Oregon SNAP** or other assistance benefits, contact your local assistance office.

If you have other questions or need help, call **(541) 549-4057**

Sincerely,

Terri Rood

Federal Free Meals

Participants may qualify for free meals if the household income falls at or below the limits on this chart.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	18,954	1,580	790	729	365
- 2 -	25,636	2,137	1,069	986	493
- 3 -	32,318	2,694	1,347	1,243	622
- 4 -	39,000	3,250	1,625	1,500	750
- 5 -	45,682	3,807	1,904	1,757	879
- 6 -	52,364	4,364	2,182	2,014	1,007
- 7 -	59,046	4,921	2,461	2,271	1,136
- 8 -	65,728	5,478	2,739	2,528	1,264
Each add'l household member add	6,682	557	279	257	129

Federal Reduced Price Meals

Participants may qualify for reduced price meals if the household income falls at or below the limits on this chart.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	26,973	2,248	1,124	1,038	519
- 2 -	36,482	3,041	1,521	1,404	702
- 3 -	45,991	3,833	1,917	1,769	885
- 4 -	55,500	4,625	2,313	2,135	1,068
- 5 -	65,009	5,418	2,709	2,501	1,251
- 6 -	74,518	6,210	3,105	2,867	1,434
- 7 -	84,027	7,003	3,502	3,232	1,616
- 8 -	93,536	7,795	3,898	3,598	1,799
Each add'l household member add	9,509	793	397	366	183

Oregon Expanded Income Guidelines (EIG)

Oregon students may qualify for EIG meals at no charge² if the household income falls at or below the limits on this chart and above the limits on the Federal Reduced Price Meal chart.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	43,740	3,645	1,823	1,683	842
- 2 -	59,160	4,930	2,465	2,276	1,138
- 3 -	74,580	6,215	3,108	2,869	1,435
- 4 -	90,000	7,500	3,750	3,462	1,731
- 5 -	105,420	8,785	4,393	4,055	2,028
- 6 -	120,840	10,070	5,035	4,648	2,324
- 7 -	136,260	11,355	5,678	5,241	2,621
- 8 -	151,680	12,640	6,320	5,834	2,917
Each add'l household member	15,420	1,285	643	594	297

¹ EIG only applies to NSLP and SBP and not all Child Nutrition Programs

² Available through SSA funding. CNPWeb must document the selection to participate in EIG.

How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the**

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

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

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age)

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.

B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are **ONLY** applying for foster children, after finishing **Step 1**, go to **Step 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

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

- The Supplemental Nutrition Assistance Program (SNAP) or
- Temporary Assistance for Needy Families (TANF) or
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Check “No” in **Step 2** and go to **Step 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a **case number** for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact:
 - Go to **Step 4**.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled “**Sources of Income**” & “**Examples of Income for Children**,” on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received **before** taxes and deductions.
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write “0” or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by adults

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, children and students already listed in **Step 1**.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

6) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B List income earned by children

List all income earned or received by children.

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

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

Step 4: Contact information and adult signature

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

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail completed application to:

Optional

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

Prototype Household Application for Free and Reduced Price School Meals

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

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

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

NO → Go to STEP 3.
 YES → Write case number here and proceed to STEP 4.

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2Weeks	2xMonth	Monthly	Annual		Weekly	Every 2Weeks	2xMonth	Monthly		Weekly	Every 2Weeks	2xMonth	Monthly
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)
 Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)
 Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$

How often received?				
Weekly	Every 2Weeks	2xMonth	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mailing Address (if available)	City	State
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Zip	Phone (optional)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. ***Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility <input type="checkbox"/>	Eligibility			Oregon Expanded Income Group Eligible:		
<input type="text"/>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="text"/>	<input type="checkbox"/>	Free	Reduced	Denied	N/A	Yes	No
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date								

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.

SHARING INFORMATION WITH OTHER PROGRAMS

SISTERS SCHOOL DISTRICT
2023-2024

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School Athletics Program.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School fees as authorized by school board (Including Chromebook Insurance)**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Additional Educational programs or opportunities.**

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Terri Rood** at **541-549-4057** or e-mail at terri.rood@ssd6.org.

This institution is an equal opportunity provider

SISTERS SCHOOL DISTRICT STUDENT HEALTH CONCERNS 2023-2024

Re: _____ / ____ / ____
(student name/grade) (birthdate)

Parent/Guardian: _____ Daytime Phone Number: _____
PRINT

Does your student have any current medical concerns: Yes No

Is your student covered by health insurance? Yes No

If no, would you like more information? Yes No

In case of emergency, do you give permission for your child to be transported to the nearest facility and for their staff to provide the necessary treatment until you arrive? Yes No

My child has the following medical concern(s) (please check all that apply)

- ADD/ADHD
- Asthma
- Bleeding Disorder (specify) _____
- Cardiac Condition (specify) _____
- Diabetes Type 1 _____ Type 2 _____
- Eating Disorder (specify) _____
- Eye/Ear Problem (specify) _____
- Food Allergies (specify) _____
- Insect Allergy (specify) _____
- Medication Allergy (specify) _____
- Muscle/Bone/Joint Problem (specify) _____
- Recurrent Headaches _____
- Seasonal/Environmental Allergies _____
- Seizures (specify what kind) _____
- Surgery (specify and indicate date) _____
- COVID-19 positive date _____ Lasting Symptoms Yes No
- Traumatic Brain Injury/Concussion Date _____
- Other (specify) _____
- My child is taking medication at home (prescription, over-the-counter, daily or as needed) (specify):

<u>Nurse's Notes</u>

My child will need medication during school hours: Inhaler/Epi-Pen/Other (specify):

(Students who require an Epi-Pen will bring dose to office and have an emergency protocol on file)

If your child **does** have a medical concern, the nurse will contact you to obtain more information and to plan for the upcoming school year.

- ***If any changes occur or a new condition is diagnosed during the school year, I, the parent/guardian, will notify the school nurse of the new status by providing a new student health concern form. Overnight trips might require additional forms.***

Parent/Guardian Signature: _____ **Date:** _____

Release of Confidential Information: For your child's safety and well-being while at school and on field trips, it may be beneficial for appropriate school personnel to be informed of any medical conditions included on this medical authorization form. Please be assured the staff will keep this information confidential. If you do not want medical information shared, please indicate to the school in writing on this form.

RETURN FORM TO SCHOOL OFFICE

SISTERS SCHOOL DISTRICT

SELF MEDICATION CONTRACT BETWEEN STUDENT, PARENT AND SCHOOL

Permission for _____ to self-administer medication at school:
(Student name)

Student contract for self-administration of asthma inhaler or other medication:

- 1. Student has demonstrated to the nurse correct use of medication.
2. Student agrees to never share the medication with another person, or to misrepresent medication to other students.
3. Student will bring only one day's dose of medication to school each day, unless prior arrangement with nurse and parent has been made.
4. Student may be subject to discipline, up to and including expulsion, as appropriate if the Board's policy or regulations regarding self-administration of medication is violated.
5. In the case of asthma inhalers, the student agrees that after two puffs, if there is not marked improvement, he/she will go to see the nurse immediately.

Student Signature _____ Date: _____

Parent permission:

I give permission for my child to carry the medication described below. This medication is to be used for treatment listed below and is to be given to allow the student to remain in school. I understand that he/she must follow the rules listed above. I will notify the school of changes in medications or my child's condition. I understand that according to school policy, permission to self-medicate may be revoked if the student violates the Board's policy or regulations governing administering medicines to students. In addition, students may be subject to discipline, up to and including expulsion, as appropriate. Students in grades 9 through 12 only may carry medications other than asthma inhalers.

Table with 4 columns: NAME OF MEDICATION, DOSE/ROUTE, FREQUENCY OF USE, CONDITION FOR WHICH MEDICATION IS USED

Start date: _____ Stop date: _____

Parent name: _____

Parent signature: _____ Date: _____

Nurse signature: _____ Date: _____



Device User Agreement, Protection Plan, Damage, Loss and Repair Information

Sisters School District views the use of electronic resources as central to the delivery of its educational program. By providing each secondary student a chromebook computer to use at school and at home, Sisters School District intends to enable an engaging, collaborative, self-directed, and empowering learning environment. Students are expected to use district technology and network resources responsibly and parents are expected to collaborate with the school district in ensuring their child uses the district issued device in accordance with district policies and guidelines. Below is a summary of commitments made by students and parents.

Student Agreement

Students agree to the following responsibilities before, during, and after school whether or not they are on or off campus.

- Use the device in a responsible and ethical manner, complying with the Sisters School District Code of Conduct in regards to cyberbullying ([JFCFA/GBNAA](#)) and Electronic Communications System ([IIBGA](#)) and [IIBGA-AR](#)) at all times. Use technology only to support learning and school appropriate functions. (<http://ssd6.org/schoolboard/policies/>)
- Obey school rules concerning behavior and communication that apply to technology use.
- Avoid damaging school equipment by using the device in an appropriate manner and taking a proactive role to aid Sisters School District in the protection of the chromebook by reporting all issues.
- Notify a staff member or parent/guardian immediately of information, images, or messages that are inappropriate, dangerous, threatening, or uncomfortable.
- Return the chromebook at the end of the school year (or district enrollment) in the same condition received.
- Secure the device at all times.
- Bring the chromebook to school daily fully charged.

Parent Agreement

The parent/guardian agrees to monitor student use at home, and away from school. The best way to keep students safe and on-task is to have a parent/guardian present and involved.

- Talk to my child about values and the standards that they should follow on the use of the Internet just as you do on the use of all digital media (TV, phones, movies, music, etc.).
- Be active participants by asking your child to show you what sites they are navigating to and how they are being used in your child's education.
- Ensure that siblings and other family members are not using the device for personal use.
- Assume responsibility for the cost of repair or replacement if the device is not returned, damaged, lost or stolen.
- Encourage balanced and healthy digital media use.

Device Protection Plan

Devices are on loan to students and remain the property of the Sisters School District. SSD will incur the repair cost for damaged equipment resulting from normal use or equipment malfunction. Costs for all other damage, loss, or theft—whether intentional or accidental—will be the responsibility of the student.

Sisters School District offers an optional and inexpensive annual protection plan for parents/guardians to lessen the financial burden should an incident occur. If a family chooses not to enroll in the Chromebook Protection Plan, you will be financially responsible for the full repair or replacement cost of the device.

Fees are annual and non-refundable.

\$25 – base Protection Plan fee*

\$15 – Protection Plan fee for families qualifying for free or reduced meal prices

. *Families with multiple children will only be required to pay two protection plan fees to cover all district devices within the family.

Coverage and Benefits

The following benefits are afforded under the protection plan. Sisters School District staff reserve the right to determine the cause of damage or loss and may adjust or escalate the fees if gross negligence is determined.

Repair/Replacement Fee	1st Claim	2nd Claim	All Other
Accidental Damage	None	50% of cost	Full cost to replace
Theft (with police report)	None	50% of cost	Full cost to replace
Loss or damage due to negligence	Full cost to replace	Full cost to replace	Full cost to replace

Reporting Damage or Loss

In the event of damage or loss, contact school staff immediately. Any technical issue with the device must be reported to the school Technology Office in order to avoid further damage. In the event of theft or damage due to criminal activity, families should notify local law enforcement.

Repairs

Regardless of the cause of damage or malfunction, SSD Technical Support is available to assist students with getting issues resolved quickly. If it is determined that a device needs extensive repair, Technology Office staff will swap out the student’s device with an operable one.

DO NOT TAKE SSD owned devices to an outside computer service for repair.

Repair costs range from \$10 - \$400 and include only the cost of the repair parts; the district does not charge labor for repairs. See table for most commonly incurred replacement costs.

Component	Approximate Cost
Complete replacement (NL7CT, NL71CT)	\$350
Complete replacement (NL72T)	\$400
Screen	\$170
Camera	\$20
Lower and Upper Casing	\$30
Keyboard	\$30
Charger	\$25
Asset Sticker Removal	\$10
Chromebook Bag	\$35



Sisters School District
A great place to live and learn.

Technology Department

Form must be returned
to receive Chromebook

Chromebook Device Protection Plan (Insurance)

Annual rate: \$25 (\$15 for qualified Free/Reduced Lunch participants)

I am purchasing device protection

\$_____ Cash/check returned with this form.

Bill my student's account and I will pay in person or by phone by 9/29/23.

I understand the device is NOT protected until payment is received.

I am NOT purchasing device protection and agree to cover all device repairs and losses.

Device User Agreement

My student and I have read, discussed and agree to the responsibilities and expectations outlined in this form, as well as:

- Sisters School District Student and Parent Handbook 1:1 Handbook,
- Sisters School District Code of Conduct in regards to cyberbullying ([JFCFA/GBNAA](#)) and Electronic Communications System ([IIBGA](#)) and [IIBGA-AR](#)). (<http://ssd6.org/schoolboard/policies/>)

By Signing below, I also give my consent for my student to use [Google Third Party and Services for Education](#).

Student Name (print): _____ ID#: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____