July 1, 2018

Dear Parents/Guardians and Students:

I hope that you have been enjoying the summer. As we prepare for the opening of school, I want you to know how much I am looking forward to working with you and your child this year as the principal. Our main goal is that your child gets a valuable education. Your input, thoughts, and ideas about your child's learning will be most helpful to me as we plan the 2018-2019 school year. Please take the time to complete the enclosed forms about your child. Any additional comments you care to make will be most welcome.

Registration for the 2018-2019 school year will be held at Woolwine Elementary School on:

Tuesday, July 24, 2018 from 8:00 A.M. Until 7:00 P.M.

Enclosed you will find a **free and reduced lunch application**. If you would like to apply, please complete **ONE** form per family and bring it to registration. This will allow time to process information prior to the first day of school.

Enclosed you will also find a **School Information Sheet. Please bring these completed sheets with you on registration day (front & back).** It is extremely important that you include an emergency contact and phone number of someone other than yourself in which we can contact in the event of an emergency. Thank you in advance for keeping the office informed of any changes during the year as well. **If you did not fill out a transportation sheet before school ended, you will need to do so at registration.**

Finally, we have planned a:

Back to school Night for Tuesday, August 7, 2018 at 6PM

We will have a general meeting at 6:00 pm in the school gym. Then we will have two sessions to visit classrooms to choose from:

Session One is at 6:20 pm and Session Two is at 6:45pm

7:15 Back to School Night Ends

This will be a great time for parents and students to ask questions concerning the upcoming school year. At this time, parents and students will have the opportunity to meet with the teacher, visit the classroom, bring school supplies (so the students will not have to bring so much with them the first day of school), talk about daily schedules, review bus/car transportation procedures, discuss snack/lunch money collection, grade level expectations and hear other important information needed for a successful year. If possible, please make plans to attend. I look forward to meeting and working with you this year.

Sincerely,

Jeannie T. King, Principal

2018-2019 TEACHER_____ Grade: _____
*Custody Papers: ___Y ___N

Patrick County Public Schools—Woolwine Elementary
STUDENT INFORMATION AND EMERGENCY SHEET

NAME:_____ TELEPHONE: (_____)_____

CELL PHONE NUMBERS: _____

BIRTHDATE: _____

MAILING ADDRESS: _____CITY/STATE: _____ ZIP: _____
911 ADDRESS: _____
EMAIL ADDRESS: _____

DIRECTIONS FOR FINDING YOUR HOME: _____
A.M. BUS#: _____ P.M. BUS#: _____ ROAD #: _____

GENDER: Male Female

MOTHER'S NAME: _____PHONE#:_____ EDUCATION: _____

MAILING ADDRESS: _____ CITY/STATE: _____ ZIP: _____

911 ADDRESS: _____CITY/STATE: _____ ZIP: _____
Employer's Name & Phone: _____

FATHER'S NAME: _____PHONE#: _____ EDUCATION: _____

MAILING ADDRESS: _____ CITY/STATE: _____ZIP:_____

911 ADDRESS: _____ CITY/STATE: _____ ZIP: _____
Employer's Name & Phone: _____

Brothers/Sisters: _____Grade: _____ DOB: _____
Brothers/Sisters: _____Grade: _____ DOB: _____
Brothers/Sisters: _____Grade: _____ DOB: _____

CHILD LIVES WITH: _____MOTHER _____FATHER _____OTHER/SPECIFY_____
(check all that apply)

EMERGENCY TREATMENT AUTHORIZATION

Emergency Treatment Procedure: In case of serious illness or injury the school will make every possible effort to locate the parent or guardian. If these persons cannot be located, the child will receive medical care at the closest facility.
I authorize the above procedure: _____ Medical History:_____
(Signature of parent/guardian)

DOCTOR'S NAME: _____ PHONE#: _____
Insurance Company: _____ Policy #: _____

Allergies: _____ Medications Currently Taking **On Regular Basis:** _____

*** If applicable, custody orders must be turned in to the main office at your child's school.**

2018-2019 LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

Children need healthy meals to learn. Patrick County Elementary Schools offer healthy meals every school day. Student breakfast is free and lunch costs $ 2.00. Your children may qualify for free or reduced price breakfast and lunch meals. Reduced price lunch costs $.40.

All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact Darlene Rogers, Food Service Coordinator at 276-694-3836 for further information.

All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid may also be eligible for free or reduced price meals based on the household's income. Children who are members of households participating in WIC may also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals **or** reduced price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year. **You must send in a new household application for each school year.**

FEDERAL INCOME GUIDELINES: Your child(ren) may be eligible for free meals or reduced price meals if your household income is within the limits on the Federal Income Eligibility Guidelines chart shown below.

INCOME CHART For Free or Reduced Price Meals			
Effective July 1, 2018 to June 30, 2019			
Household Size	Yearly	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
For Each Additional Family Member Add	$7,992	$666	$154

HOW TO APPLY

Households that are receiving SNAP or TANF for their children as of July 1 may not have to fill out an application. School officials will notify you in writing of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits. **If you are not notified by 07/24/2018, you must submit an application.** The application must contain the names of all students in the household, the SNAP or TANF case number, and the signature of an adult household member.

If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the school division. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of all other household members, the amount of income each person received last month, and how often the income was received. An adult household member **must sign the application** and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

If you are applying for a foster child, who is the legal responsibility of a welfare agency or court, an application may not be required. Contact *Darlene Rogers* at *276-694-3836* for more information. If you are applying for a homeless, migrant, or runaway child, an application may not be necessary. Contact *Amanda Holt* at *276-694-3163* for more information.

An application that is not complete cannot be approved. An application that is not signed is not complete. You must send in a new application each school year.

OTHER BENEFITS: Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free or reduced price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced price meals. If you do not want your information shared, please check the appropriate box in Section 6 of the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

CONFIDENTIALITY AND NOTICE OF DISCLOSURE: School officials use the information on the application to determine if your child is eligible to receive free or reduced price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

VERIFICATION: School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced price meals.

FAIR HEARING: If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with officials in the school nutrition office at the telephone number below. If you wish to review the final decision on your application you also have the right to a fair hearing. You can request a hearing by calling or writing the following official:

Hearing Official Name: Mr. Dean Gilbert, Director of Operations Phone: 276-694-3163

Address: Patrick County Public Schools, P. O. Box 346, Stuart, VA 24171

REAPPLICATION: You may reapply for free and reduced price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

If you need help filling out the application form, please contact the school your child(ren) attends or the central school nutrition office. Return the complete, signed application to: (Name, address, phone number).

You will be notified when your child(ren)'s application is approved or denied. If you have questions or need help, call:

Name: Darlene Rogers Telephone #: 276-694-3836

Sincerely,

Signature Darlene Rogers Telephone #: 276-694-3836

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

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

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

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

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

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

2018-2019 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS
COMPLETE *ONE APPLICATION* PER HOUSEHOLD

Office Use Only

Complete, sign, and return the application to any school or the school nutrition office. Please read the instructions on the back of this form. Call the school nutrition office if you need help.

Part 1. CHILDREN IN SCHOOL: List ALL children in school who live in the household.

	LAST NAME	FIRST NAME	M.I.	GRADE	SCHOOL	STUDENT ID# (optional)	FOSTER CHILD**
1							☐
2							☐
3							☐
4							☐
5							☐
6							☐

** If the student(s) you are applying for is a **FOSTER CHILD**, who is the legal responsibility of a welfare agency or the court, **check the box above and go to Part 5. If there are other students in the household who are not foster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TANF benefits.**

Part 2. SNAP or TANF: If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5.

Name: **SNAP or TANF Case Number** (Do not use 16 digit EBT card number): ☐☐☐☐☐☐☐☐☐☐☐☐ **(Case number is 7-12 digits)**

Part 3. If the child you are applying for is homeless, a migrant, or a runaway, check the box and **call your school to talk with the homeless, migrant or runaway coordinator.**
☐ Homeless ☐ Migrant ☐ Runaway **Complete Parts 1, 4, 5, 6, and 7.**

Part 4. ALL OTHER HOUSEHOLDS: List all household members; include the children in school listed above. List gross income (before any deductions) and tell us how often it was received.

List Gross Income before any deductions. Write in **how often** income is received. Use the following: **(W) = Weekly (2Wk) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly**

Names of all Household Members [Include the children in school above] Do Not Complete Part 4 if all students are foster children or if you listed a SNAP or TANF case number in Part 2.	Age	Earnings from Work Before Deductions: Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income, Self-Owned Business or Farm		Welfare, Child Support, Alimony: Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments	Pensions, Retirement, Social Security: Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security	All Other Income: Disability Benefits, Cash from Savings, Interest/ Dividends, Income from Estates/Trusts/ Investments, Regular contributions from persons not in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income
		Job 1 $ Amount/How Often	Job 2 $ Amount/How Often	$ Amount/How Often	$ Amount/How Often	$ Amount/How Often
EXAMPLE: *Jane Doe*	32	$ 1,800 / 2M	$ 0 /	$ 0 /	$ 0 /	$ 0 /
1.		$ /	$ /	$ /	$ /	$ /
2.		$ /	$ /	$ /	$ /	$ /
3.		$ /	$ /	$ /	$ /	$ /
4.		$ /	$ /	$ /	$ /	$ /
5.		$ /	$ /	$ /	$ /	$ /
6.		$ /	$ /	$ /	$ /	$ /
7.		$ /	$ /	$ /	$ /	$ /
8.		$ /	$ /	$ /	$ /	$ /
Total Household Members (Children and Adults) ☐☐						

Part 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question.
Ethnic Identities: Choose one of the following: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Racial Identities: Choose one or more of the following racial identities (in addition to ethnicity): ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals. ☐NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Part 6b. OTHERS: Your permission is required for the school to use this information for other benefits. **YES**, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose(s) only.
☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box if they do not have one, before the application can be approved (Before signing, read the privacy and civil rights statements on the back of this application). 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 (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under state and federal laws.

XXX-XX-☐☐☐☐ ☐ I Do Not Have A Social Security Number | SIGN HERE | _____

Last four digits of Social Security Number of Adult Signing Application | Signature of Adult Household Member | Date

Mailing Address: _____ **Home Phone:**

City: **Zip Code:** **Work Phone:**

DO NOT WRITE BELOW LINE - SCHOOL USE ONLY

Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12

TOTAL INCOME/HOW OFTEN: $_____/____ HOUSEHOLD SIZE _____ ☐ SNAP ☐TANF ☐Foster Child
☐Approved Free ☐Approved Reduced ☐Other: _____
☐Denied Reason: ☐Income Too High ☐Incomplete Application **Date Approval/Denial Notice Sent To Household:** _____ **Signature of Approving Official:** _____

Transferred/Withdrawn Date: **Transferred To:**
VERIFICATION SUMMARY: Date Selected: Date of Confirmation Review: Reviewer's Initials: Confirmation Result:
Date Response Due: Date of 2nd Notice: Date Verification Results Notice Sent:
Verification Results: ☐No Change ☐Free to Reduced ☐Free to Paid ☐Reduced to Free ☐Reduced to Paid
Reason for Change: ☐Income ☐Household Size ☐Refused to Cooperate ☐SNAP/TANF Eligibility
Date: Verifying Official's Signature:

To apply for free or reduced price meals, **complete one application for ALL children in the household who are in school** using the following instructions. Sign the application and return to your child's school or Patrick County School Nutrition Office Call the school nutrition office if you need help. **A NEW APPLICATION MUST BE FILLED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS.**

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.
Part 2: List the name and case number for any household member (including adults) receiving SNAP or TANF benefits.
Parts 3 & 4: Skip these parts.
Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator.
Part 4: Complete this part. See instructions for All Other Households, Part 4, below.
Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:
Part 1: List all foster children in school. Include the school, grade, and the student's school identification (ID) number. Check the box for each child indicating the child is a foster child.
Parts 2, 3 & 4: Skip these parts.
Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.
If one or more children in the household are foster children and other children in the household are not foster children:
Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school. Check the "Foster Child" box for each child who is a foster child.
Part 2: If the household does not have a SNAP or TANF case number, skip this part.
Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

- **Columns 1–3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- **Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child in the household who is in school.
Part 2: If the household does not have a SNAP or TANF case number, skip this part.
Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

- **Columns 1–3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- **Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

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

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

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

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

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

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

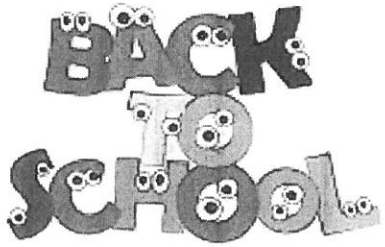
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

WOOLWINE ELEMENTARY SCHOOL 2018-2019 Supply List

Kindergarten

1-Plastic Pencil Box
1-Crayons, 16 Pk.
1-Crayons, 8 Pk.
12- #2 Pencils
1-Kids Scissors
12-Glue Sticks (preferably purple)
1-Clorox wipes
3-Facial Tissues
1-Storage bags (gallon or Sandwich size)
1-Nap Mat



First Grade

3-Crayons (24 count)
3-Facial Tissue
1- Storage Bags (Gallon or Sandwich size)
24- #2 Pencils
1- Plastic Pencil Box
1- Baby Wipes
1- Clorox Wipes
1- Kids Scissors
6- Glue Sticks
3- Spiral Notebooks

Second Grade

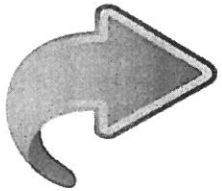
1- Storage Bags (Gallon or Sandwich size)
1- 3 Ring Binder
1- Scissors
6- Notebooks (1 Subject)
2- Crayons (24/pack)
24- #2 Pencils
1- Filler paper (Wide Rule)
12-Glue Sticks (White)
1- Colored Pencils (12/pack)
4- Highlighter (Yellow)
1- Pencil case (Fabric)
1- Pencil Erasers (12/pack)
3-Facial Tissue
3- Clorox wipes

Third Grade

1- Storage Bags (Gallon or quart size)
1- Scissors, 5" pointed tip
3-Notebooks (1 Subject)
1 Crayons (24/pack)
36- #2 Pencils
3- Filler paper (Wide Rule)
6- Glue Sticks
1-Colored Pencils (12/pack)
2- Highlighters (Yellow and Orange)
1- Pencil Pouch (Zippered)
1- Pencil Erasers (12/pack)
2- Facial Tissue
1- Clorox Wipes

PRE-SCHOOL

1 Regular Child Size Book bag (Labeled with Name) - NO Rollers
1 White T-Shirt to decorate - *New - prefer without pocket (Labeled with Name)*
1 **Small** Blanket (approximately 30"X45") or Towel (to be slept with at rest time)
1 Small Stuffed Animal without sounds/lights (to be slept with at rest time)
1 Child's Picture to be used in your child's cubby (wallet or 4"X6")
1 Set: Change of Clothes (Put in Plastic Bag. Label ALL belongings with name)
(Set includes: Shirt, Shorts, Pants, Underwear, Socks, & Shoes)
(The clothes will be used in case of sickness or bathroom accidents)
(Shoes are in case blisters rub, strap breaks, accident, etc.)



PRE-SCHOOL

TREATS! (To be used as class rewards! Examples: candy, small toys, stickers)
Lysol Spray or Clorox Disinfecting Wipes (used by the teacher for sanitizing)
Wet Wipes (will be shared with the class)
Tissues (will be shared with the class)
Paper Towels (will be shared with the class)
Ziploc Bags (pick one size: snack, sandwich, quart, gallon, or 2 gallon)
Party Supplies (Pick one: Big Plates, Small Plates, Bowls, Spoons, Forks, Juice Pouches)

FOURTH GRADE

1- Flash Drive (USB 8 GB, slide design)
1- Notebook (3 subject with 2 pockets)
1- Folder (2 pockets)
1- Binder (3 ring, 1.5")
1- Binder (3 ring, 1")
3- Highlighters (Yellow)
2- Composition Notebooks
1- Notebook (1 Subject)
10- Glue sticks
1- Scissors (5", pointed tip)
24- #2 Pencils
1- Pencil erasers (12/pack)
1- Pencil case
2- Filler paper (Wide Rule)
3- Facial Tissue

FIFTH GRADE

36- #2 Pencils
1- Storage Bags (Gallon or Quart size)
1- Dry Erase Markers (4/ pack)
2- Facial Tissue
1- Clorox Wipes
3- Glue Sticks
1- Binder (3 ring, 1")
2- Composition Notebooks
1- Folder (2 pocket)
2- Notebook (1 Subject)
1- Notebook (3 Subject)
2- Filler paper (Wide Rule)
1- Pencil Erasers (12/pack)

SIXTH GRADE

1- Composition Notebook
1- Dividers (5 tab)
1 Dry Erase Markers (4/pack)
3- Highlighters (Yellow)
2 Binders- (3 ring, 1.5")
2- Filler Paper (Wide Rule)
12- #2 Pencils
1- Pencil Erasers (12/pack)
2- Notebooks
3- Facial Tissue
1- Clorox Wipes
1- Combination lock
1- 4X6 index cards
4- Glue Sticks

SEVENTH GRADE

1- Dry Erase Markers (4/pack)
1- Dividers (5 Tab)
3- Highlighters (Yellow)
2- Binders (3 Ring, 2")
2- Filler Paper (Wide Rule)
12- #2 Pencils
1- Pencil Erasers (12/pack)
1- Composition Notebook
1- Notebook
3- Facial Tissue
1- Lysol Wipes
1- Combination lock