

WELCOME BACK

TIGERS



We are so excited to have the building full of students and get the school year going, but first let's make sure everyone is prepared for the year! Check out the newsletter for all the details!



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LET'S GET CONNECTED



Sign up for Tiger Text Alerts to stay in the loop about District happenings. Sign up for texts by going to our website, click on "Parents/Family" tab, then click "Sign up for Tiger Text Alerts" OR scan the QR code! For a current list of school happenings and events go to our website and find the district calendar.

Click around! You can easily access the desired section by clicking on the headline under the index.



NEED TO KNOW

We are busy preparing for our students to come back to school! Here are a few things that you need to know:

7/31-8/6 - ONLINE REGISTRATION

8/6 - NEW FAMILY REGISTRATION 9 AM - 3 PM

8/22 - ELEMENTARY MEET YOUR TEACHER NIGHT | 4 - 6 PM

8/22 - FRESHMAN TRANSITION PRESENTATION | 5:30 PM

8/22 - 6TH GRADE ORIENTATION | AUDITORIUM | 6 PM

8/23 - FIRST DAY OF SCHOOL K-12 ** REGULAR DISMISSAL **

8/28 - FIRST DAY OF PRE-SCHOOL

9/4 - SCHOOL PICTURE DAY

Returning Students

Parents of returning students will need to register their students online through the parent portal at www.griswoldschools.org

Registration will be open July 31st - August 6th

Online registration will not open until 9:00 AM on July 31st. Per JMC, registration is not meant to be done on a cell phone. Please use an iPad, laptop, or computer to register your student(s). If you do not have computer access, we will have computers available at the MS/HS during registration week for you to use. If you need help accessing your parent portal or have general questions regarding the registration process, please contact Monica Brandt at 778-2154 or mbrandt@griswoldschools.org

New Students

(Including New Preschool + Kindergarten Students)

Parents of new students will need to register their students in person at the School Office on August 6th between 9:00 am - 3:00 pm.

Fees

Book Fee

We require a \$30 book fee per student (K-12) Please make sure this fee is paid before August 23rd. This can be dropped off at the School Office or paid online! Please note, this fee can be waived or reduced if your student qualifies for free or reduced priced school meals. To apply for a waiver please complete the Student Fee Waiver Form or the waiver portion of the Free / Reduced Price Meals Application.

Athletic Passes

Athletic passes are available to purchase for attendance to home events. The prices are as follows:

Adult Annual Pass - \$120

Senior Citizen Annual Pass - \$85 (65 and older)

Students from Other Districts - \$50

All Home events for Griswold Students PK-12th grade are FREE of charge.

CONTACT US

Our students and families are important to us - please note our contact information and reach out if you have any questions or issues!



Superintendent
David Henrichs



MS/HS Principal
Seth Lembke



Elementary Principal
Nigel Horton

Superintendent's Office

712-778-2152

Fax 712-778-4145

Dan Rold, Business Manager

Hannah Bierbaum, Supt. Secretary

Eric Baker, Technology Coordinator

Transportation

712-778-2166

Jeb Peck, Transportation Director

School Nurse

Blair Rush, RN, BSN

Main Office

712-778-2154

FAX 712-778-2161

MS /HS

Amy Akers, K-12 Counselor

Deb Arp, Secretary

Monica Brandt, Counselor Secretary

Cole Cooper, Athletic Director

Elementary

Michele Kirchhoff, Secretary

All school employees have a school email address. Emails are the first initial last name@griswoldschools.org

School Board

The School Board meets on the third Monday of each month at 5:30 p.m. to discuss and act upon school district business. All meetings will be held in the conference room unless otherwise noted.

Erika Kirchhoff	Expires 2027	District #1 (Lewis)
Scott Hansen (P)	Expires 2027	District #2 (Griswold)
Aaron Houser	Expires 2025	At-large
Rob Peterson	Expires 2025	At-large
Scott Peterson	Expires 2025	District #3 (Elliott/Grant)
Don Smith (VP)	Expires 2025	District #4 (Griswold/Lyman)
Ryan Smith	Expires 2027	At-large

STUDENT HANDBOOKS

Elementary

The Elementary and Pre-School Handbooks can be found on the District website under the Elementary tab. Please make sure to review the handbook as there is information containing attendance policies, bullying/harassment, assessments, sick policy, homework, bus conduct, general rules and expectations. Any questions should be directed to the Elementary Secretary, Michele Kirchhoff or Elementary Principal, Nigel Horton.



Middle School / High School

The Middle / High School Handbook can be found on the District website under the High School/Middle School tab. Please make sure to review the handbook as there is information containing attendance policies, bullying/harassment, assessments and grading policies, student conduct, homework, bus conduct, computer usage, discipline, student organizations, academic requirements, general rules and expectations. Any questions should be directed to the MS / HS Secretary, Deb Arp or MS / HS Principal, Seth Lembke.

JMC - PARENT PORTAL

More Updates

JMC is our student record management system. JMC has a fresh look that started release last year. Don't worry! It still has all the same functionalities, just with a fresh new feel. JMC houses all of your student's information, everything from their lunch account balance, tardies and absences, grades, you name it! Any questions on how to use it? Ask Monica Brandt, our Student Data specialist!

Online Payments

We are also excited to continue to be able to take book fee payments along with lunch account payments online through JMC this year! Each transaction paid online will be charged a flat \$4 convenience fee.



The screenshot shows the JMC login interface. At the top left, there is a logo with a man and a woman and the text "JMC STUDENT RECORD MANAGEMENT SOFTWARE INC.". Below the logo, the "School Year" is set to "2023-2024". There are input fields for "Username:" and "Password:". A checkbox labeled "Change password" is present. The "Language" is set to "English". At the bottom, there is a "Login" button and links for "Forgot your password?" and "Forgot your username?".



SCHOOL SUPPLIES



GRISWOLD ELEMENTARY

PRESCHOOL:

- Full size backpack (no wheels)
- 2 boxes of tissues
- change of clothes (shirt, pants, underwear, 2 pair of socks - appropriate for the season)
- 2 large containers of clorox wipes
- children will be asked to provide snacks during the year. List will be provided in the first month.
- thin blankets or towel for rest time
- 2 rolls of paper towels
- ziplock bags (gallon-boys, quart-girls)
- paint shirt (old t-shirt)
- 2 containers of baby wipes
- other toileting needs if necessary

KINDERGARTEN:

- 1 bottle Elmers white school glue
- backpack
- 2 boxes of 24 crayons
- regular size towel for rest time (NO mats)
- 1 box ziplock plastic storage bags (quart-boys, quart or snack-girls)
- 2 three-prong plastic folders
- 2 boxes kleenex
- 1 large eraser
- 5 pencils (sharpened)
- 2 container clorox wipes
- head phones (no earbuds)
- Black Expo SKINNY dry erase marker
- plastic supply box (pencil box)
- Scissors (fiskars, blunt tip)

FIRST GRADE: *(please label student's items with their name)*

- 1 highlighter
- 2 boxes kleenex
- 1 box snack ziplock bags (girls)
- 1 box gallon ziplock bags (boys)
- 3 wide ruled spiral notebooks - 1 subject
- BLACK dry erase EXPO markers
- head phones (not earbuds)
- 1 (1") 3 ring binder
- 2 large erasers
- 3 plastic folders (no fasteners)
- 2 containers clorox wipes
- 24 #2 sharpened pencils (no name on them)
- 2 packages glue sticks
- Scissors (fiskars)
- 1 pencil supply box (5"x8")

these will be left at school and passed on to 2nd grade

SECOND GRADE:

- 2 packages of 4 glue sticks
- 2 large pink erasers
- Scissors (Fiskars if possible)
- 4 wide rule notebooks
- 1 binder (2 inch) with pocket cover
- 2 packages EXPO dry erase markers - fine tipped
- 1 package loose leaf wide lined paper
- 1 package 48 #2 sharpened pencils (Tyconderoga or American brand)
- 1 box gallon ziplock bag (boys)
- 1 box quart ziplock bags (girls)
- 3 2-pocket folders
- 1 plastic pencil box
- 3 containers of clorox wipes
- 1 highlighter
- 1 1-inch binder with pocket cover
- 2 boxes kleenex
- bottle of glue
- head phones (not earbuds)
- 2 plastic folders
- 2 boxes of 24 Crayola crayons
- backpack
- 1 package of colored pencils

THIRD GRADE:

- 2 small glue sticks
- 1 package of 4 EXPO dry erase markers
- 1 box of kleenex
- school bag / back pack
- head phones (not earbuds)
- Crayola markers
- plastic pencil box (5"x8")
- 1 blue pen
- 1 box of ziploc bags (boys-gallon / girls-quart)
- Crayola colored pencils
- 2 containers clorox wipes
- scissors
- 2 spiral notebooks, wide-ruled
- 4 pocket folders
- 1 box 24 pack Crayons
- 1 package 3"x3" sticky notes
- 24 #2 sharpened pencils and pencil sharpener

SCHOOL SUPPLIES



FOURTH GRADE:

- 1 package colored pens
- colored pencils
- erasers
- 2 boxes kleenex
- 3 highlighters
- 2 packages 3"x3" sticky notes
- 1 package 3"x5" notecards
- plastic pencil box
- 1 package dry erase markers
- 1 inch white 3-ring binder
- scissors
- loose leaf paper
- 3 spiral or composition notebooks
- 1 package of markers
- 1 pair of ear buds OR head phones
- back pack
- #2 pencils
- 3 2-pocket folders
- 2 glue sticks
- 2 containers clorox wipes
- 1 box ziplock bags (quart-boys, gallon-girls)

FIFTH GRADE:

- Plastic pencil box
- 3 boxes of kleenex
- 3 2-pocket folders
- 2 containers clorox wipes
- erasers (pencil top and/or big single)
- 1 package dry erase markers
- ear buds OR head phones (not wireless)
- back pack
- 3-ring binder (1 1/2")
- 1 package 3-ring binder dividers with pockets
- 1 package 3"x5" notecards
- #2 pencils (no mechanical)
- 2 spiral notebooks
- 2 packages loose leaf paper

GRISWOLD MIDDLE SCHOOL SUPPLIES:

FOR 6TH-8TH GRADE:

- highlighter
- red checking pens
- glue sticks
- accordion folder with 7 or more pockets OR pocket folders per subject (5-8)
- wooden pencils, erasers, and blue/black pens (mechanical pencils are NOT recommended)
- large paper bags for book covers, NOT fabric
- ART: sketch book (any size)
- scissors
- colored pencils and crayons (8 or 16 pack)
- earbuds OR head phones
- hand held pencil sharpener for colored pencils
- PE necessities including socks, indoor shoes, shorts, shirt, deodorant, towel
- SCIENCE: notebook, folder, colored pencils

ADDITIONAL 7TH GRADE ITEMS:

- 7th grade Family Consumer Science supplies to make shorts: 1 1/2 yard fabric and 1 large spool of all-purpose thread to match, 1 yard of 1" elastic
- READING: 7th - 2 notebooks (one for Reading/one for Language Arts)

ADDITIONAL 8TH GRADE ITEMS:

- READING: 2 notebooks (one for Reading/one for Language Arts)
- ENGLISH: for 4th quarter 3-ring binder and page protectors (must have clear cover and back), tri-fold display board (3 ft. tall)
- PRE-ALGEBRA: Texas Instruments TI-30x-IIS Calculator

NOTE: LOCKERS ITEMS SUCH AS PENCIL HOLDERS/MIRRORS MUST BE MAGNETIC-NO TAPE
STUDENT LOCKERS are 11" wide x 11" deep. Do not buy big book bags - they don't fit.

GRISWOLD HIGH SCHOOL SUPPLIES

- Pencils, erasers, and blue/black pens, notebooks
- PE: socks, indoor shoes, shorts, shirt, deodorant, towel
- SCIENCE: Texas Instrument TI-30x-IIS calculator (NEW)
- BIOLOGY: highlighters, notebook, folder, hard-bound permanent notebook, colored pencils
- MATH & PREALGEBRA: Texas Instrument TI-30x-IIS calculator (NEW)
- GENERAL BUSINESS/21st CENTURY/ACCOUNTING: Texas Instrument TI-30x-IIS calculator
- ART: Sketchbook (any size)

SCHOOL MEALS



Our Kitchen crew is excited to offer nutritious meals to our students again this year! The District encourages all families to fill out a Free/Reduced Price Meal Application to see if they qualify for a reduction of price or free meals.

Who can get Free or Reduced Price Meals?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price 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 at or below the limits on the Federal Income Eligibility Guidelines below. (Requires submitting an Application for Free and Reduced Price Meals/Milk.)

To obtain an application for Free/Reduced lunches, [click here](#) or email Hannah Bierbaum at hbierbaum@griswoldschools.org

Meal Prices

During the regular school board meeting held June 17th, the Board of Directors approved increasing student meals by \$0.10 for 2024-2025. Annually, the school is required to review their paid lunch revenue to assure compliance with the PLE (Paid Lunch Equity) requirement. Below are the amounts that will be deducted from the student and adult accounts for school meals. If you wish to limit your student's capability to purchase extras or seconds, please contact the office.

To deposit funds into your students lunch account, you can either give cash/check to the front office or pay online through JMC.

Students	Extras	Adults
Breakfast (PK-12) \$1.90	Milk, Juice, Toast \$0.65	Breakfast \$2.30
Lunch (PK-5) \$2.60	Dessert, Potato, Fruit/Veggie \$0.75	Lunch \$4.85
Lunch (6-12) \$2.80	Bag of chips \$1.50	



Please note, negative balance accounts will not be allowed to purchase extra items or a la cartes until the negative balance is paid.

NURSE'S CORNER

Meet our School Nurse!

We are excited to be able to have a full time nurse again this year! Blair Rush, RN continues to serve in this capacity. Blair oversees all aspects of health services, policies, and programs in the school community. The school nurse provides students healthcare to minimize absenteeism and promote equal access to education. If you are in need of additional school health related information to assist the well being of your child or a related form, please visit the District Nurse page on our website.

Screenings Information

Throughout the school year, there are various screenings that may be performed by the school nurse or school personnel. The Griswold Community School District understands that it is your implied consent that these screenings can be done with your student, unless you notify the school at the beginning of the year that you do not want some or any of them done.

These include:

- Vision Screenings (Preschool and Kindergarten)
- Hearing Screenings (Greenhills AEA)
- Dental Screenings (Kindergarten)

Please keep in mind that all screenings are done in a professional manner, and that student privacy is always honored in this school district. If you have any questions, please contact the school.

Elementary Parents: Please fill out the **School Health & Screenings Exemption Form** if you do not want your child to participate in some or all of the screenings.

Dental Screening

Iowa law requires any student entering **Kindergarten and 9th Grade** provide the school proof of a dental screening. The purpose of this law is to improve the oral health of Iowa's children. For students in Kindergarten and 9th grade, screenings must occur no earlier than 1 year before enrollment and no later than 4 months after enrollment.

All students entering the 9th grade must have proof of a dental screening. Proof of a dental screening must be provided on the Certificate of Dental Screening form provided by the Iowa Department of Public Health. (This form is included in this newsletter and is on the Griswold School Website.) The screening must be completed by a dentist or dental hygienist. Your provider should complete the Certificate of Dental Screening form, for you to return to the school office. This is a requirement for the 2024-25 school year.

IMMUNIZATIONS

Make sure your child(ren) are up to date on their immunizations! Click [here](#) for the CDC's recommendation for Child and Adolescent Immunization Schedule. If you have a medical or religious exemption to the administration of immunizations please complete the proper paperwork and return to the Nurse's office prior to the first day of school. Exemption paperwork can be viewed [here](#).

Required Immunizations:

7th and 12th Graders

The Iowa Department of Public Health made changes to the Iowa Immunization law in the 2017/18 school year. This change requires that all students entering 7th and 12th grade have a Meningococcal vaccine booster before school starts in the fall. Meningococcal disease is a life threatening illness that is caused by bacteria that infects the brain, blood, and spinal cord. It easily spreads in crowded settings.

- All students entering 12th grade must have proof of having the [Meningococcal and Tdap](#) vaccine before school starts in August, unless the student has a Certificate of Immunization Exemption.
- All students entering 7th grade must have proof of having both the [Meningococcal and the Tdap](#) vaccines before school starts in August, unless the student has a Certificate of Immunization Exemption.

There will be no grace/extension period for the implementation of this requirement. If you have any questions please contact the school nurse.

DRESS CODE

Appropriateness is the criterion for dress and grooming for school. The board expects students to be clean and well-groomed and wear clothes in good repair and appropriate for the time, place, and occasion. Clothing or other apparel promoting products illegal for use by minors and clothing displaying obscene material, profanity, or reference to prohibited conduct are disallowed. Appearance disruptive to the education program will not be tolerated. NO head coverings such as hats, bandanas, are to be worn. Shirts and outfits that expose the midriff are not allowed in the building. Clothing with spaghetti straps, halter tops, asymmetrical tank top, strapless tops, and all similar apparel is to not be worn in the building. Shorts and skirts will be long enough to be appropriate for school. Shorts and skirts should be long enough to cover the student's backside and a few inches of their upper leg. Pants/Shorts/Skirts must be worn above the hips and underwear must not show. Clothing with large holes, rips, or slashes will not be allowed. However, jeans with small tears, rips, or holes that are school appropriate will be the exception to this rule. No under clothing is to be shown at any time. White sleeveless undershirts are considered underwear. T-shirts that are modified by ripping the inseam out are only to be worn if there is another shirt underneath. No exposure of the rib cage is allowed. Chains may be worn as jewelry only; they may not be used to attach wallets, etc. Students who wear such clothing will have it confiscated and be given alternative clothing to wear. On the first offense, the student may pick up the shirt or any other item in question at the end of the day. On any subsequent offense, the shirt or any other items confiscated will not be given back until the end of the school year, and only to a parent. Students who do not abide by the dress code for multiple occurrences may be subject to discipline as deemed appropriate by administration. Dress code is in effect at all school activities home and/or away. (Board Policy 502.1)

BUS INFORMATION

Dear Parent/Guardian:

If your child(ren) is/are scheduled to be a regular passenger on one of our school buses, or will ride the bus on special occasions, their safety is of great concern to all of us. Every precaution is taken for the children to arrive at their destination safely. Driving a bus is a difficult and responsible task. The driver's entire attention must be on their driving responsibility at all times. Anything which happens to divert their attention immediately endangers the safety of the riders. It is absolutely necessary for children to conduct themselves in the proper manner.

All students must observe the regulations on the back of this letter. In order to avoid any misunderstanding which might occur at some future date, the procedures described will be followed in case of an infraction of the rules.

When a violation occurs:

1. The bus driver will complete a "Bus Conduct Notice" which goes to the building principal.
2. The principal will talk to the student. The original will be given to the child for delivery to you. Every effort will be made to call.
3. If serious or habitual infractions occur, the child will be denied school transportation.

Please review the attached regulations with your child(ren).

We sincerely hope you will cooperate in helping make our buses safe for all the children.

Sincerely,

Griswold Schools Administration
Superintendent David Henrichs, Principals Nigel Horton and Seth Lembke



The Griswold Community School District Board of Directors has authorized the use of recording devices on school district buses. The recording devices will be used to monitor student behavior to maintain order on the school buses to promote and maintain a safe environment. Students and parents are hereby notified that the content of the recording may be used in a student disciplinary proceeding. The content of the recording are confidential student records and will be retained with other student records. Recordings will only be retained if necessary for use in a student disciplinary proceeding or other matter as determined necessary by the administration. Parents may request to view the recording of their child if the recordings are used in a disciplinary proceeding involving their child.

Student Conduct on School Transportation - Board Policy 711.2

Students utilizing school transportation will conduct themselves in an orderly manner fitting to their age level and maturity with mutual respect and consideration for the rights of the school vehicle driver and the other passengers. Students who fail to behave in an orderly manner will be subject to disciplinary measures. The driver will have the authority to maintain order on the school vehicle. It is the responsibility of the driver to report misconduct to the building administrator. 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. After two (2) warnings for bad conduct, the building principal will have the authority to suspend transportation privileges of the student or impose other appropriate discipline. It is the responsibility of the superintendent, in conjunction with the building principal, to develop administrative regulations regarding student conduct and discipline when utilizing school district transportation.

Student Conduct on School Transportation Regulation - Policy 711.2R1

All persons riding in school district vehicles will adhere to the following rules. The driver, sponsor or chaperones are to follow the school bus discipline procedure for student violations of this policy. Video cameras may be in operation on the school buses.

1. Bus riders will be at the designated loading point before the bus arrival time.
2. Bus riders will wait until the bus comes to a complete stop before attempting to enter.
3. Riders must not extend arms or heads out of the windows at any time.
4. Aisles must be kept cleared at all times.
5. All bus riders will load and unload through the right front door. The emergency door is for emergencies only.
6. A bus rider will depart from the bus at the designated point unless written permission to get off at a different location is given to the driver.
7. A rider may be assigned a seat by the driver.
8. Riders who damage seats or other equipment will reimburse the district for the cost of the repair or replacement.
9. Riders are not permitted to leave their seats while the vehicle is in motion.
10. Waste containers are provided on all buses for bus riders' use.
11. Permission to open windows must be obtained from the driver.
12. Classroom conduct is to be observed by students while riding the bus except for ordinary conversation.
13. The driver is in charge of the students and the vehicle, and the driver is to be obeyed promptly and cheerfully.
14. Students will assist in looking after the safety and comfort of younger students.
15. A bus rider who must cross the roadway to board or depart from the bus will pass in front of the bus (no closer than 10 feet), look in both directions and proceed to cross the road or highway only on signal from the driver.
16. Students will not throw objects about the vehicle nor out through the windows.
17. Shooting paper wads, squirt guns or other material in the vehicle is not permitted.
18. Students will keep feet off the seats.
19. Roughhousing in the vehicle is prohibited.
20. Students will refrain from crowding or pushing.
21. The use or possession of alcohol, tobacco or look-alike substances is prohibited in the vehicle.
22. The Good Conduct Rule is in effect.

GET INVOLVED

There are several organizations that support the Griswold Community School District. If you are looking to get involved - this is a great start!



TEAMMATES

TeamMates is a student mentoring program. TeamMates mentors and students meet once per week during the academic year. If you're interested in being a part of the program contact Charity Mundorf at cmundorf@griswoldschools.org or click the TeamMates logo above for more information on the program.

GRISWOLD TIGER PARENT TEACHER ORGANIZATION (PTO)

Griswold's PTO proudly supports our District's teachers and families through a variety of fundraisers and events. Make sure to follow them on Facebook! Search for Griswoldtigerspto. If you're interested in being involved contact Griswoldpto@gmail.com.

GRISWOLD YOUTH SPORTS, inc.

We have a variety of youth sports programs available for our students. If you are interested in more information on youth schedules or upcoming sports seasons follow Griswold YOUTH sports, inc on Facebook or email griswoldyouthsports1@gmail.com with any questions you have. They are always looking for volunteers to be coaches or for help in the concession stands. Contact a Youth Sports board member for more information!

GRISWOLD SPORTS BOOSTERS

Griswold Sports Boosters is a non-profit organization that supports the Griswold Athletic Department through concession sales at home sporting events. The Sports Boosters are always looking for more volunteers and supporters. There are multiple levels of support to choose from. Contact sportsboostergriswold@gmail.com for membership information. Another way to show your support is through participation in the Annual Golf Tournament and Auction. The Tournament will be held August 17th at 10 am. The Auction will be held following the tournament at the Griswold Community Building! Make sure you are following the Griswold Sports Boosters on Facebook for updates throughout the year!

BECOME A SUBSTITUTE TEACHER

We are always looking for more substitute teachers. If you are interested in becoming a substitute you will need to obtain a substitute teaching authorization. The AEA now has a self-paced course making it even easier to obtain! Click here for more information or contact Hannah Bierbaum at hbierbaum@griswoldschools.org

NEW STAFF

Our Administration and School Board is motivated to find staff who are invested in our community and have strong leadership qualities to ensure the best learning environment for our students. Please join us in welcoming the following individuals to our staff and returning staff to their new positions! We are excited they chose to join the Griswold Schools Team!

Cadee Burnison - 3rd Grade Teacher

Cole Cooper - MS/HS PE + Health Teacher / Athletic Director

Julie Frizzell - Elementary Resource Room Teacher

**Alysia Holbrook - Preschool Teacher

Ryan Jaeckel - HS English Teacher

**Rachel Larsen - Elementary Instructional Coach

**Seth Lembke - MS/HS Principal

Cody McCreedy - MS/HS Social Studies Teacher

Abby Parris - 2nd Grade Teacher

Pluma Pross - Elementary PE Teacher

Kate Sorensen - MS/HS Accompanist

**Chase Wallace - 4th Grade Teacher

*** denotes current staff members that have obtained a new position within the district.
Please note, this list is comprehensive of hires made as of 7/3/2024 ***

ANNUAL NOTIFICATIONS

August 2024 - Asbestos Notice

Each six months our Maintenance Director, Kevin Farr, completes a periodic inspection of all asbestos containing materials to check on their condition.

ASBESTOS AND HEALTH: In attempting to come to terms with asbestos in buildings, several issues must be considered. Until recently, the asbestos mineral was used in thousands of better constructed buildings as a fire retardant. Hundreds of thousands of tons were used in school buildings, hospitals, shopping centers, and homes within the past several decades. The purpose was to prevent fires from starting or a building from collapsing once a fire had started. Asbestos is commonly found in floor and ceiling tile, acoustical soundproofing, on structural reinforcing in decorative coatings, in pipe and heating equipment insulations, roof materials, carpet glue, and even concrete. Of most concern are areas of asbestos-bearing materials which can be easily crumbled under pressure. Such materials create a potential for asbestos fiber release.

Exposure to airborne asbestos (tiny mineral particles which can be inhaled), especially in heavy doses, has been found to relate to several forms of cancer. Children and young adults who are exposed to asbestos are probably at greater risk than older people of developing certain asbestos related diseases. The Environmental Protection Agency has developed guidelines for schools to identify asbestos within buildings and the Chart Services has designed a system for determining relative risks and suggesting appropriate safety responses.

What Does All This Mean? Asbestos found in schools can be dealt with safely and responsibly. The Environmental protection Agency states: It is important to note that not all friable (easily pulverized) asbestos containing material need be removed from schools. Once the material has been identified, a program can be implemented to insure that the material is maintained in good condition and that appropriate precautions are followed when the material is disturbed for any reason.

School officials began the risk assessment process by having buildings inspected and analyzing any suspect materials. A management plan has been developed. The management plan can be seen at any of the school offices.

If you have any questions regarding the Asbestos Maintenance Program call David Henrichs at 778-2152, LEA Designated Asbestos Program Manager

Post Secondary Enrollment Options Act:

The state of Iowa has established a program called the "Post Secondary Enrollment Options Act." This act makes it possible for the 11th and 12th grade students to take college courses for which the local district is obligated to pay expenses up to \$250, not including travel. The course must be one that is not currently offered at the local school and must be nonsectarian. The accepted course must be taken through an eligible Iowa post secondary school. See the counselor for further information.

Abuse of Students:

Pursuant to Chapter 232 of the Iowa Code, abuse of children may fall in either of the two categories: (1) The non-accidental physical injury of a student as a result of the action of an agency employee or (2) Sexual offenses of misconduct as defined by Iowa Code, Chapter 709. The investigators for the alleged abuse of a student by an employee are: Level One - High School Counselor 778-2154; Level Two - Cass County Sheriff - 243-2206.

Disabilities Act:

Griswold Community School District is committed to complying with the requirements in Section 504 of the Vocational/Rehabilitation Act of 1973, and Americans with Disabilities Act is seeking information from adults with disabilities in our community.

1. Do you have a physical or mental disability, and do you have a child enrolled in our school? (Are you deaf, have a physical disability, or serious medical condition(s) etc.? We are responsible for providing you access to parent-teacher conferences and other programs and activities, including graduation.
2. Are you or do you know of an individual with a disability that may attend a function in our building (graduation ceremony)? We would like to be aware of this in case there are physical barriers in accessing our building. If you have special needs as detailed above, please contact the following: Mr. David Henrichs, Griswold Community School, 712-778-2512.

Schools have adopted a sequentially developed Health/Human Development Curriculum for grades K-12. Healthy safety classes are taught in the science curriculum in K-5th grades. Parents and guardians may have their child excused from the class when human growth and development topics are taught. The students will incur no penalty but may be required to complete an alternative assignment that relates to the class and is consistent with assignments required of all students in the class. Parents wishing to have their student excused from the human growth and development topics should contact the building principal to secure the required excuse form. Information relating to the human growth and development topics and when they will be taught can be obtained by contacting the classroom teacher.

Homeless Students:

In accordance with Chapter 3, Iowa Administrative Code, The Griswold Schools encourage homeless children and youth to enroll in school. For more information, please contact Nigel Horton at 778-2154. The format of the posting is a local decision. Sample postings can be downloaded from the DE website at <https://www.educateiowa.gov/pk-12/title-programs/title-x-part-c-homeless-education>. Definition should be as defined in Chapter 33 of Iowa Administrative Code: Chapter 33 of Iowa Administrative Code defines "Homeless child or youth" as a child or youth from the age of 3 years through 21 years who lacks a fixed, regular, and adequate nighttime residence and includes the following:

1. A child or youth who is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; is living in a motel, hotel, trailer park, or camping grounds due to the lack of alternative adequate accommodations; is living in an emergency or transitional shelter; is abandoned in a hospital; or is awaiting foster care placement;
2. A child or youth who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
3. A child or youth who is living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting; or
4. A migratory child or youth who qualifies as homeless because the child or youth is living in circumstances described in paragraphs "1" through "3" above.

Medication Policy:

Some students may need prescription and nonprescription medication to participate in their educational program. Medication shall be administered when the student's parent or guardian provides a signed and dated written statement requesting medication administration and the medication is in the original, labeled container, either as dispensed or in the manufacturer's container. When administration of the medication requires ongoing professional health judgment, an individual health plan shall be developed by the licensed health personnel with the student and the student's parent. Students who have demonstrated competence in administering their own medications may self-administer their medication. A written statement by the student's parent shall be on file requesting co-administration of medication, when competence has been demonstrated. By law, students with asthma or other airway constricting diseases may self-administer their medication upon approval of their parents and prescribing physician regardless of competency. Persons administering medication shall include the licensed registered nurse, parent, physician, and persons who have successfully completed a medication administration course reviewed by the Board of Pharmacy Examiners. A medication administration course and periodic update shall be conducted by a registered nurse or licensed pharmacist, and a record of course completion kept on file at the agency. A written medication administration record shall be on file. Medication shall be stored in a secured area unless an alternate provision is documented. Emergency protocols for medication-related reactions shall be posted. Medication information shall be confidential information.

Notice of Nondiscrimination

It is the policy of the Griswold Community School District not to discriminate on the basis of race, color, national origin, sex 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. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact Secondary Principal, Griswold Community Schools, Griswold, Iowa 51535, 712-778-2154.

REGISTRATION FORMS

Please complete the following forms as applicable. **Completed forms and registration fee of \$30 must be returned to the office by August 23, 2024.** Note, forms required of ALL ages will be included with the online registration process in JMC. Make sure to read carefully before completion, as your student might not meet one of the categories.

- Release of Records Form
- Student Information Sheet
- Home Language/Student Race & Ethnicity
- Iowa MEP Parent Form
- Housing Information Form - To be completed by ALL students, one time
- Appropriate Use Policy and Form
- Field Trip Permission Form
- School Bus Registration Form - This MUST be completed if you plan to utilize school district transportation.
- JMC On-line Access
- Military Opt Out (11th - 12th grade only)
- Parental Authorization and Release Form for the Administration of Medication to Students - Complete if you wish for your child(ren) to be able to receive medication during the school day.
- Athletic Pre-participation Physical Exam Form - Only need to be completed by 6th -12th grade students that plan to participate in athletics.
- Concussion in High School Sports Form - Only need to be completed by 6th -12th grade students that plan to participate in athletics.
- Dental Screening Form - Iowa Law requires any student entering Kindergarten and 9th Grade provide the school proof a dental screening.
- Iowa Department of Public Health Certificate of Vision Screening - Iowa Law requires any student entering Kindergarten and 3rd grade to provide the school proof of a vision screening.
- School Health & Screenings Exemption Form - Only to be completed by elementary parents that don't want their children to participate in screenings provided by the district during the school day.
- Student Waiver of Fees Application - Students that are eligible for free or reduced meals have the opportunity to waive student fees such as the annual book fee. Complete if your student is eligible.
- Authorization for Releasing Student Directory Information - This form only needs to be completed if you do NOT want the school district using your student(s) information for school related publications such as the yearbook, honor roll, graduation programs, sports rosters, musical/drama production programs, etc.
- Free / Reduced Meals Application - Complete if you believe your student(s) might be eligible for free or reduced meals. Do not complete if you have already received notification of direct certification.

Griswold Community Middle/High School
20 Madison St.
Griswold, IA 51535
PH: 712-778-2154 FAX: 712-778-2161
Parent Authorization for Release of Records

To: Student Records Department

Last School Attended: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Please forward the following: Transcript, Health/Immunization Record, Testing Data, Withdrawal/Transfer Grades and Last Report Card, Special Ed Records

Full Legal Name

Grade 2024-2025

Mail to: Guidance Office
20 Madison St.
P.O. Box 280
Griswold, IA 51535

Fax or 712-778-2161

Email or mbrandt@griswoldschools.org

I hereby authorize the release of school records for the student(s) listed above to the Griswold Community School District, Griswold, Iowa 51535.

*Parent/Guardian Signature

Date

*Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 9930(b), it is not necessary to have the written consent of parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll."

Faxed

Received

Student Information

2024-2025

Student's Name: _____ Gr: _____ S.S. # _____ B/D: _____

Country of Birth: U.S. Other: Racial and Ethnic Identities (optional): Mark one or more Racial Identities: Asian White
 Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other:

Mark one Ethnic Identity: Hispanic or Latino Not Hispanic or Latino

Student's gender M F

Student's Name: _____ Gr: _____ S.S. # _____ B/D: _____

Country of Birth: U.S. Other: Racial and Ethnic Identities (optional): Mark one or more Racial Identities: Asian
White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other:

Mark one Ethnic Identity: Hispanic or Latino Not Hispanic or Latino

Student's gender M F

(Attach a separate page if more space is needed for students)

Address (where above student(s) living): _____

City/State/Zip: _____ County: _____

Phone: _____ E-Mail: _____

Parents/Guardian (living at above address) Name: Father: _____ Mother: _____

N.C.L.B. information - STUDENT LIVING ARRANGEMENT: Does the student reside at the above address YES NO

if NO please give address where student living _____

Where the student lives is this a **PERMANENT** address YES NO OR **TEMPORARY** address YES NO
(Permanent means will be living at this address all year.) (Temporary means might be moving.)

Sometimes it is necessary to locate the parent/guardian during the school day, please furnish us the telephone number of where you can be reached between 8 a.m. and 4 p.m.

Father during the day - phone #: _____ cell phone #: _____

Mother during the day - phone #: _____ cell phone #: _____

If neither of you can be reached, who can accept responsibility for your child(ren).

(name) (relationship) (phone)

(name) (relationship) (phone)

If no one can be reached and medical care is needed, the Griswold Ambulance will be called and they will transport to the nearest hospital.

Your cooperation in filling this slip out will be greatly appreciated. _____

SIGNATURE of Adult/Guardian

Thank you,

David Henrichs, Superintendent

PRINTED name of Adult/Guardian

Is English the spoken language in your home? Yes _____ No _____ Other _____

Home Language Survey (2022) - IA – English+12

Date: _____
Student Name: _____ Birth Date: _____ Sex: Male Female
Parent/Guardian Name: _____
Address: _____
Phone (H): _____ Phone (W): _____ Phone (C): _____
School: _____ Grade: _____

Note to districts:

- In accordance with federal law and required by Iowa code, districts are required to administer this HLS for all students at the time of enrollment. This form should be completed once, upon enrollment and not each year.
- **To obtain accurate information, schools should reassure parents that the HLS is used solely to offer appropriate educational services, not for determining legal status, for immigration purposes or any other purpose than best serving the student's educational needs.**
- A complete HLS, signed and dated by the parent must be appropriately filed with the other permanent student enrollment documentation.

Home Language Survey Questions for Parents

The state of Iowa values the diversity represented throughout Iowa, home of more than 200 languages. We collect information on the home language survey from *all* students to make decisions to ensure all students receive equitable access to education.

These questions have been approved by the U.S. Department of Education Office for Civil Rights (OCR) and the U.S. Department of Justice (DOJ) and are the required HLS questions for all students enrolling into Iowa's K-12 schools beginning the 2022-23 school year.

Please note: The three required, questions are translated into Iowa's top 12 languages other than English. These translations are required for Iowa's HLS.

English

1. What is the primary language used in the home, regardless of the language spoken by the student?

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Spanish

1- ¿Cuál es el idioma principal que se usa en la casa, independientemente del idioma que hable el estudiante? _____

2- ¿Cuál es el idioma que el estudiante habla con más frecuencia? _____

3- ¿Cuál es el idioma que el estudiante adquirió por primera vez? _____

Arabic

- _____ 1- الطالب؟ بها يتحدث التي اللغة عن النظر بصرف، المنزل في المُتخدمة الأساسية اللغة هي ما- 1
- _____ 2- الطالب؟ بواسطة تحدثًا اللغات أكثر هي ما- 2
- _____ 3- أرى؟ الطالب اكتسبها التي اللغة هي ما- 3
-

Vietnamese

1. Ngôn ngữ chính được sử dụng ở nhà, bất kể ngôn ngữ nói của học sinh là gì? _____
2. Ngôn ngữ nói mà học sinh hay sử dụng nhất là gì? _____
3. Ngôn ngữ mà học sinh tiếp thu đầu tiên là gì? _____
-

Karen

1. ဂံၢ်ခိၣ်ထံးကိၣ်တၢ်စံးကတိၢ်အီၤလၢဟံၣ် လၢတဘၣ်ထွဲကိၣ်လၢပုၤကိၣ်ဖိစံးကတိၢ်အီၤ မ့ၢ်ကိၣ်မနုၤလဲၣ် _____
2. ကိၣ်လၢပုၤကိၣ်ဖိညိၣ်န့ၢ်စံးကတိၢ်အီၤအါကတၢ်မ့ၢ်ကိၣ်မနုၤလဲၣ်. _____
3. ကိၣ်လၢပုၤကိၣ်ဖိစံးကတိၢ်အီၤဆိကတီၢ်မ့ၢ်ကိၣ်မနုၤလဲၣ်. _____
-

Bosnian

1. Koji je primarni jezik koji se koristi kod kuće, bez obzira na jezik kojim govori učenik? _____
2. Koji je jezik koji učenik najčešće govori? _____
3. Koji je jezik koji je učenik prvo usvojio? _____
-

Additional Required Information

Please answer all of the following questions. Your responses may give us information about your student's knowledge and skills allowing us to better support your child's educational needs. All information collected is needed for district data and funding and is completely unrelated to immigration and citizenship.

Was your child born in the United States? Yes No

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States for *any three years* during their lifetime?

Yes No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____

Dates Attended _____

Name of School _____ State _____

Dates Attended _____

<p>Right to Translation and Interpretation Services</p> <p>Your response will help the school provide communication in a language you prefer.</p>	<p>In which language do you prefer to receive written information from school? _____</p> <p>In which language do you prefer to receive spoken information from school? _____</p>
--	--

Have parent/guardian sign and date this document ensuring that the answers within are factual.

Parent Name:	
Parent Signature:	
Interpreter Name (if applicable)	

Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ Male Female

Person Completing This Form: Parent/Guardian Student Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.



IOWA MEP PARENT FORM

School District: _____ Date completed: _____

The answers to this form will help determine if your child (ren) is eligible to receive supplemental services

Name of Parent(s) or Legal Guardian(s): _____

Current Street Address: _____ Apt #: _____

City: State: _____ Zip Code: _____ Phone Number: _____

Best Time to be Contacted: _____

1. Have both parents lived in this town continuously for the past 3 years or more?
YES _____ NO _____

2. If YES you may stop filling out the form, if NO please continue to question 3.

3. Please select any of the following jobs that the family have done in the last 3 years?

___ Tyson, JBS, Monsanto, Smithfield, Seaboard, Pineridge farm, Loffredo

___ Feeding, Taking care of Cows, Goats (Dairy Farm), Milking

___ Planting/ Detasseling- Corn, Soybeans (Monsanto, Syngenta, Stine)

___ Pork, Chicken, Egg, Turkey Farms (Daybreak, Rembrand)

___ Preparing farm fields

___ Other agricultural work activity/Company _____

4. Name of student(s) Name of School Grade

_____	/	_____	/
_____	/	_____	/
_____	/	_____	/
_____	/	_____	/

Disclaimer at bottom of the form-
Please return this form to the school. Note for the school/district: When both "No" to #1 and one or more of the boxes from #3 is/are checked, please give this form to the migrant liaison to scan and email to alex.johnson@iowa.gov. Please file original in student's records. For additional questions regarding this form, please contact Isbelia Arzola (515) 326-5962 <isbelia.arzolaarocha@iowa.gov>

Housing Information Form

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student: _____ Parent/Guardian: _____

Grade: _____

Address (C, S, Z) : _____ (Permanent or Temporary)

Please choose which of the following situations the student currently resides in (you can choose more than one)

____ House or apartment with parent/guardian

____ Motel, car or campsite

____ Shelter or other temporary housing

____ With friends or family members (other than or in addition to parent/guardian)

If you are living in a shared housing, please circle all the following reasons that apply:

____ Loss of income

____ Economic situation

____ Temporarily waiting for housing or apartment

____ Provide care for a family member

____ Living with boyfriend/girlfriend

____ Loss of employment

____ Parent/Guardian is deployed

____ Other (please explain)

Are you a student living apart from your parents or guardians? Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations.
2. Transportation to the school of origin for the regular school day.
3. Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that is offered to the other students

Any questions about these rights can be directed to Nigel Horton, 712-778-2154 or the State Coordinator.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/UHY Youth

Date

Signature of McKinney-Vento Liaison

Policy 605.06: Appropriate Use Policy

Status: ADOPTED

Original Adopted Date: 06/15/2015 | **Last Revised Date:** 02/19/2024 | **Last Reviewed Date:** 02/19/2024

The district recognizes the importance of developing students into agile learners who are capable of addressing the complex needs of our future workforce. For this reason, the district has prioritized making available technology and programs that teach students to embrace modern technology and tools while fostering a secure learning environment for students to the extent reasonable. Because technology is a vital part of the school district curriculum, the Internet will be made available to employees and students. Appropriate and equitable use of the Internet will allow employees and students to access resources unavailable through traditional means.

Individual student accounts and electronic mail addresses will be issued to students.

The Internet can provide a vast collection of educational resources for students and employees. Because information appears, disappears and changes constantly, it is not possible to predict or control what students may locate. The school district makes no guarantees as to the accuracy of information received on the Internet. Although students will be under teacher supervision while on the network, it is not possible to constantly monitor individual students and what they are accessing on the network. Some students might encounter information which may not be of educational value. Student Internet records and access records are confidential records treated like other student records. Students' Internet activities will be monitored by the school district to ensure students are not accessing inappropriate sites that have visual depictions that include obscenity, child pornography or are harmful to minors. The school district will use technology protection measures to protect students from inappropriate access, including sites that include obscenity, child pornography or are harmful to minors.

The school district will monitor the online activities of students and will educate students about appropriate online behavior, including interacting on social networking sites and chat rooms. Students will also be educated on cyberbullying, including awareness and response. Employees will provide age appropriate training for students who use the Internet. The training provided will be designed to promote the school district's commitment to:

- The standards and acceptable use of Internet services as set forth in this policy and regulation;
- Student safety with regard to:
 - safety on the Internet;
 - appropriate behavior while online, on social networking web sites, and
 - in chat rooms; and
 - cyberbullying awareness and response.
- Compliance with the E-rate requirements of the Children's Internet Protection Act

Employees and students will be instructed on the appropriate use of the Internet. Parents will be required to sign a permission form to allow their students to access the Internet. Students will sign a form acknowledging they have read and understand the Internet Acceptable Use policy and regulations, that they will comply with the policy and regulations, and that they understand the consequences for violation of the policy or regulations

In compliance with federal law, this policy will be maintained at least five years beyond the termination of funding under the Children's Internet Protection Act (CIPA) or E-rate.

Electronic Learning Device (ELD)

1. Damage due to carelessness may result in disciplinary action including, but not limited to fees and/or suspension of privileges.
2. Vandalism will result in a suspension of privileges and payment for damages. Other district disciplinary policies and practices may also apply. Vandalism is defined as any malicious attempt to harm or destroy hardware, software, or data of another user or interference with network operation. This includes, but is not limited to the uploading or creation of viruses, removing keys from keyboards, removing any parts from equipment and hacking.
3. To maintain consistency and licensing, the technology department will regulate installation of software on computers. Students are prohibited from installing software.

Damage or Loss of ELD –

The student is responsible for maintaining a 100% working ELD at all times. If there is a problem it should be

reported to the Technology department or building principal immediately.

In the event of damage not covered by the warranty, due to negligence, the Student and Parent will be billed a fee according to the following schedule:

- Charger \$12
 - Hinges \$10
 - Touchscreen \$75
 - Touchpad \$10
 - Bag / Sleeve \$15
 - Outer Case \$20
-

Regulation 605.06-R(1): Appropriate Use Policy - Regulation

Status: ADOPTED

Original Adopted Date: 06/15/2015 | **Last Revised Date:** 02/19/2024 | **Last Reviewed Date:** 02/19/2024

When using district-supplied technology resources, individuals agree to abide by all policies and procedures adopted by the Griswold Community School District as well as all current federal, state, and local laws. These include district policies and procedures against harassment, plagiarism, and unethical conduct; as well as local, state and federal laws prohibiting theft, copyright infringement, insertion of viruses into computer systems, vandalism, and other unlawful intrusions. In the event of violation of any these policies, procedures or laws, current district disciplinary policies and practices will be followed, including those regulating the provision of information to law enforcement authorities.

The Griswold Community School District offers a variety of technology resources for staff and student use. Access to these resources is a privilege and not a right and each student and staff member must have a signed acceptable use policy on file prior to having access. Privileges can and will be taken away for violation of the policy and regulations. All students and their parents or guardians must read and understand the acceptable use policy, then sign and turn in the form to their building office.

The following statement of acceptable use of Griswold Community School District technology resources applies to all Griswold Community School District (GCSD) staff, administration, and students.

I. Responsibility for Internet Appropriate Use.

- A. The authority for appropriate use of electronic Internet resources is delegated to the licensed employees. Internet and technology resources must be used in support of education and research, and consistent with GCSD educational objectives. Appropriate use of the network is critical for stability and smooth operation.
- B. Instruction in the proper use of the Internet will be available to licensed employees who will then provide similar instruction to their students.
- C. Employees are expected to practice appropriate use of the Internet, and violations may result in discipline up to, and including, discharge.

II. Internet Access.

- A. Access to the Internet is available to teachers and students as a source of information and a vehicle of communication. The district's computers, network, and/or internet connection is not a public access service and the district has the right to place reasonable restrictions on the material accessed and/or posted, along with the right to monitor all aspects of its computers, networks, and internet access including, but not limited to, monitoring sites students and staff visit on the internet and reviewing e-mail. The amount of time and type of access available may be limited by the school district's technology and the demands for the use of the school district's technology.
- B. Students will be able to access the Internet through their teachers. Individual Internet-based collaboration software student accounts and electronic mail addresses may be issued to students .
 - 1. Making Internet access available to students carries with it the potential that some students might encounter information that may not be appropriate for students. However, on a global network, it is impossible to control all materials. Because information on the Internet appears, disappears and changes, it is not possible to predict or control what students may locate.
 - 2. It is a goal to allow teachers and students access to the rich opportunities on the Internet, while we protect the rights of students and parents who choose not to risk exposure to questionable material.
 - 3. The smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines which require efficient, ethical and legal utilization of network resources.
 - 4. To promote accountability, users may use real-time conference features such as talk/chat/Internet relay chat only as approved by the supervising teacher.

5. Transmission of material, information or software in violation of any board policy or regulation is prohibited.
6. System users will follow district cybersecurity policy and procedures to ensure network security.
7. The school district makes no guarantees as to the accuracy of information received on the Internet.

III.

IV. Student Use of Internet.

A. Equal Opportunity - The Internet is available to all students within the school district through teacher access.

B. On-line Protocol.

1. The use of the network is a privilege and may be taken away for violation of board policy or regulations. As a user of the Internet, students may be allowed access to other networks. Each network may have its own set of policies and procedures. It is the user's responsibility to abide by the policies and procedures of these other networks.
2. Students should adhere to on-line protocol:
 - a. Respect all copyright and license agreements.
 - b. Cite all quotes, references and sources.
 - c. Remain on the system long enough to get needed information, then exit the system.
 - d. Apply the same privacy, ethical and educational considerations utilized in other forms of communication.
3. Student access for electronic mail will be through their own account. Students should adhere to the following guidelines:
 - a. Others may be able to read or access the mail so private messages should not be sent.
 - b. Delete unwanted messages immediately.
 - c. Use of objectionable language is prohibited.
 - d. Always sign messages.
 - e. Always acknowledge receipt of a document or file.

C. Restricted Material - The school district will use filtering and monitoring on-site for protection of minors, to the extent technically possible, from inappropriate pictures that are (a) obscene, (b) child pornography, or (c) harmful to minors. The technology protection measures will block access to a large percentage of inappropriate sites, however, it should not be assumed that users are completely prevented from accessing inappropriate materials or from sending or receiving objectionable communications. Students will not intentionally access or download any text file or picture or engage in any conference that includes material which is obscene, libelous, indecent, vulgar, profane or lewd; advertises any product or service not permitted to minors by law; constitutes insulting or fighting words, the very expression of which injures or harasses others; or presents a clear and present likelihood that, either because of its content or the manner of distribution, it will cause a material and substantial disruption of the proper and orderly operation and discipline of the school or school activities, will cause the commission of unlawful acts or the violation of lawful school regulations.

D. Unauthorized Costs - If a student gains access to any service via the Internet which has a cost involved or if a student incurs other types of costs, the student accessing such a service will be responsible for those costs.

V. Student Violations--Consequences and Notifications.

Inappropriate use and/or access will result in the restriction and/or termination of the individual's privilege and may result in further discipline for students and/or other legal action and may result in further discipline for staff members and/or other legal action. All violations may be reviewed by administration to determine the severity and appropriate disciplinary action. Students who access restricted items on the Internet are subject

to the appropriate action described in board policy or regulations or the following consequences:

1. First Violation - A verbal and written "Warning" notice will be issued to the student. The student may lose Internet access for a period of 3 weeks at the discretion of the supervising teacher. A copy of the notice will be mailed to the student's parent and a copy provided to the building principal.
2. Second Violation - A verbal and written "Second Violation" notice will be issued to the student. A copy of the notice will be sent to the student's parent and a copy provided to the building principal. The student will forfeit all Internet privileges for a minimum period of 90 days.
3. Third Violation - A verbal and written "Third Violation" notice will be issued to the student. A copy of the notice will be sent to the student's parent and a copy provided to the building principal. The student will forfeit all Internet privileges for the balance of the school year.

VI. Email Communication

- A. School issued e-mail accounts are provided for all staff and students. E-mail access will be determined at the building level. Students should use the school issued account only and not their personal e-mail account while on-site.
 - B. Instruction will be given to students on safety and security when using email, chat, and other forms of direct electronic communications.
 - C. Email messages are not confidential. Email messages may be requested by the public under the Open Records Act.
 - D. School issued e-mail accounts are for school/educational purposes ONLY.
-

INTERNET ACCESS PERMISSION AND APPROPRIATE USE AGREEMENT

Your child has access to the Internet. The vast domain of information contained within Internet's libraries can provide unlimited opportunities to students.

Students will be able to access the Internet through their teachers. Individual student accounts and electronic mail addresses will be issued to students at this time. If a student already has an electronic mail address, he/she will not be permitted to use the address to send and receive mail at school.

Students will be expected to abide by the following network etiquette:

- The use of the network is a privilege and may be taken away for violation of board policy or regulations. As a user of the Internet, students may be allowed to access other networks. Each network may have its own set of policies and procedures. Students will abide by the policies and procedures of these other networks.
- Students will respect all copyright and license agreements.
- Students will cite all quotes, references, and sources.
- Students will only remain on the system long enough to get needed information.
- Students will apply the same privacy, ethical and educational considerations utilized in other forms of communication.
- Student access for electronic mail will be through their own account. Students should adhere to the following guidelines:
 - Others may be able to read or access the mail, so private messages should not be sent.
 - Delete unwanted messages immediately.
 - Use of objectionable language is prohibited.
 - Always sign messages.
 - Always acknowledge receipt of a document or file.
- Students accessing Internet services that have a cost involved will be responsible for payment of those costs.
- Students will not intentionally access or download material that is obscene, libelous, indecent, vulgar, profane or lewd; including, but not limited to:
 - illegal activity
 - accessing or transmitting offensive materials
 - harassment, threats or bullying
 - material advocating violence or discrimination
 - obtaining obscene or pornographic material
 - creating or forwarding inappropriate (mean-spirited, racist, pornographic, false) material
 - using another user's account, with or without their permission
 - accessing or modifying other user's accounts, files, or passwords
 - any actions that deliberately disrupt network service or damage equipment
 - commercial activities not related to school or unsolicited political lobbying

Please sign the form if you would like your child to be granted Internet access and return the permission form to your child's school.

Student Name _____ Grade _____

School _____ Date _____

(Parent or guardian's signature)

If you have granted your child Internet access, please either read the Internet Appropriate Use policy to them or have them read it and respond to the following:

- _____ I have read the expected network etiquette and agree to abide by these provisions. I understand that violation of these provisions may constitute suspension or revocation of Internet privileges.

- _____ I agree to be responsible for payment of costs incurred by accessing any Internet services that have a cost involved.

- _____ I understand inappropriate use and/or access of the internet may result in the restriction and/or termination of my internet privileges.

(Student signature)

Approved: 06/19/2023

Field Trip Permission

During the school year, students are taken on field trips occasionally. Some of these trips are in the Griswold community and others are outside the community. Trips within the community may involve walking or busing. When the students go outside of the community, they are transported by bus. Parents will be informed of the event before the trip occurs.

If you wish to give your student(s) permission to participate in these trips for the 2024-2025 school year, please sign below.

Student(s) name: _____

Parent signature: _____

Date signed: _____

SCHOOL BUS REGISTRATION FORM

In order for your student to receive school transportation, you must complete this form. If a completed form is not received by August 6, 2024, the school will assume you do not need transportation and cannot guarantee pick up/drop off for the first week of school.

Parent/Legal Guardian Name: _____

Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Please list all students in your household that require School Transportation.

	Student Last Name:	Student First Name	Grade for 2024-2025
1.			
2.			
3.			
4.			

Please circle AM, PM, or both to indicate what time and where the school bus should pick up and drop off your child(ren):

- AM PM Griswold - Bouchers Bus Stop - near 5th and Montgomery Streets
- AM PM Griswold - Library Bus Stop - 505 Main Street
- AM PM Griswold - City Park Bus Stop - near Whitney and Montgomery Streets
- AM PM Griswold - Burnside's Bus Stop - near 4th and Madison Streets
- AM PM Lewis - Water Tower Bus Stop - near 4th and Main Streets
- AM PM Lewis - Park Bus Stop - near Market and Nebraska Streets
- AM PM Lewis - Old Elementary School Bus Stop - near 1st and California Streets
- AM PM Elliott - Library - 403 Main Street
- AM PM Elliott - City Park - near 2nd and Linden Streets
- AM PM The following rural address: _____

By signing this form, I understand that school transportation for my child(ren) is a privilege, not a right and as such, may be revoked for safety and disciplinary issues if they arise.

Signature of Parent/Legal Guardian

Date

****Please note, you will be contacted concerning bus pick up time prior to school starting. Please make sure to have your student ready to load the bus a few minutes before the bus arrives.****

Office Use: Route Bus #: _____ Route Bus Driver: _____

JMC On-line Access for Parents and Students

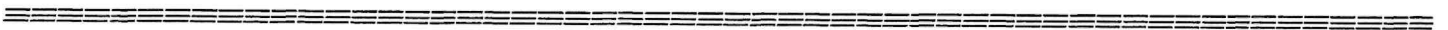
Access to your child's/children's attendance and meals account information is available at any time on-line from the Griswold Community Schools homepage. For grades 3-12, current class progress reports will also be available. In order to keep this secure we are asking you to select your password. Select one that is not obvious, but one that is unique (use letters and other characters) so it can't easily be guessed by others. Security can only be breached if you allow someone else access to your password. Your user name will be your last name. Please write it on both parts of this sheet. You will be able to take the bottom half home in order to keep your information on file.

If you already have a password you do not need to complete this form, unless you would like a new password. If at any time you feel your security has been breached, please contact the school and a new password will be issued. Students may also have a separate password that allows them access to only their individual information (they will not be able to see their siblings' information). If a student would like their own password they may contact

Your Name: _____

Children's Names and Grades they will be in this school year:

Password selected: _____



JMC On-line Access for Parents

My JMC user name and password for the 2024-2025 school year is:

-

User name: (Your Last Name)

Password: _____

With this I can access my children's grades, attendance, and meal account information by going to: <http://www.griswoldschools.org> and clicking on the link "Parent Info" and then "Check Attendance, Grades and Lunch Account Balance".

**Griswold Community Schools 11th and 12th Grade Students (only) Opt-Out Form
For Armed Forces and Military Recruiters, Colleges, Universities, or
Companies Seeking Employees**

Student Name (please print): _____ Grade: _____ Birth Date: ___ / ___ / _____

As a student you have the right to request that your private information is NOT released to military recruiters and others. Complete this Opt-Out form and give it to your principal.

___ I request that this student's name, address, and telephone number NOT be released to the Armed Forces and Military Recruiters, or Military Schools.

___ I request that this student's name, address, and telephone number NOT be released to colleges, universities, or companies seeking employees.

Parent Name (printed): _____ (signature): _____

Date: _____

Federal law 107-110, section 9528 of the ESE, "No Child Left Behind Act" requires school districts to release student names, addresses, and phone numbers to military recruiters upon their request. Students are then called at home by recruiters to join the military. The law also requires the school district to notify you of your right to Opt-Out from this by requesting that the district NOT release your information to military recruiters. The completion and return of this form serves as your request to withhold your private information.

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION OR SPECIAL HEALTH SERVICES TO STUDENTS

_____ /____/____ _____ _____ /____/____
Print Student's Name (Last), (First), (Middle) Birthday School Grade Date

School medications and special health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service. Electronic signatures meet the requirement of written signatures.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of the medication, the medication dosage, time(s) to administer, route to administer, and date.
- Authorization is renewed annually and as soon as practical when the parent notifies the school that changes are necessary.
- Over-the-counter medications do not require a prescriber signature and information.

_____ _____ _____ _____
Medication/Health Care Dosage Route Time at School

Special Health Services and instructions:

Special Directives, Signs to Observe and Side Effects: _____

Discontinue/Re-Evaluate/Follow-up Date ____/____/____

Prescriber's Signature ____/____/____
Date

Parent's Signature ____/____/____
Date

Parent's Address _____
Home Phone

Additional Information _____
Business Phone

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Please complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____

Date of Birth: _____

Date of Examination: _____

Sport(s): _____

Home Address (Street, City, Zip): _____

School District: _____

Parent's/Guardian's Name: _____

Phone #: _____

Physician: _____

Phone #: _____

History Form:

List past and current medical conditions.

Have you ever had a surgery? If "yes", list all past surgical procedures.

Medicines and Supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (to medicines, pollen, food, stinging insects, etc.)

PHQ-4: Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response)

	Not at all	Several Days	Over half the days	Nearly Everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [Questions 1 and 2, or Questions 3 and 4] for screening purposes)

SCORE: _____

In the section below, if you answer "yes" to any questions, please explain further in the space provided at the end of this form. Circle any questions you don't know the answer to.

General Questions:

Y N

- Do you have any concerns that you would like to discuss with your provider?
- Has a provider ever denied or restricted your participation in sport for any reason?
- Do you have any ongoing medical issues or recent illnesses?

Heart Health Questions:

Y N

- Have you ever passed out or nearly passed out during or after exercise?
- Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?
- Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?
- Has a doctor ever told you that you have any heart problems?
- Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography?
- Do you get lightheaded or feel shorter of breath than your friends during exercise?
- Do you have high blood pressure or high cholesterol?

Questions about your Family:

Y N

- Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?
- Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?
- Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?
- Does anyone in your family have asthma?

Bone and Joint Questions:

Y N

- Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?
- Have you had an X-ray, MRI, CT scan or physical therapy for any reason?
- Do you have a bone, muscle, ligament or joint injury that bothers you?
- Do you currently, or have you in the past worn orthotics, braces or protective equipment for any reason?

Medical Question:

Y N

- Do you cough, wheeze or have difficulty breathing during or after exercise?
- Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?
- Do you have groin or testicle pain or a painful bulge or hernia in the groin area?
- Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?
- Have you had a concussion? Or a head injury that caused confusion, a prolonged headache, or memory problems?
- Have you ever had a seizure?
- Do you get frequent headaches?
- Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?
- Have you ever become ill when exercising in the heat?
- Do you have sickle cell trait or disease? Or anyone in your family?
- Have you ever had or do you have any problems with your eyes or vision?
- Do you worry about your weight?
- Are you trying to or has anyone recommended that you gain or lose weight?
- Are you on a special diet or do you avoid certain types of foods or food groups?
- Have you ever had an eating disorder?

FEMALES only:

Y N

- Have you ever had a menstrual period?
- How old were you when you had your first menstrual period?
- When was your most recent menstrual period?
- How many periods have you had in the last 12 months?

EXPLAIN "Yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Athlete: _____

Signature of Parent or Guardian: _____

Date: _____

Physical Examination *(To be filled out by medical provider)*

Consider additional questions as below:

Y N

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?
- Do you drink alcohol or use any other drugs?
- Have you taken prescriptions medications that were not yours or outside of their intended use?
- Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt and a helmet?
- Do you use condoms if you are sexually active?

EXAMINATION

Height: _____ Weight: _____

BP: _____ / _____ (_____ / _____) Pulse: _____ Vision: R 20/____ L 20/____ Corrected Y / N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency) 		
Eyes, ears, nose and throat <ul style="list-style-type: none"> • Pupils equal & Hearing 		
Lymph Nodes		
Heart <ul style="list-style-type: none"> • Murmurs (auscultation standing, auscultation supine, and ± Valsalva) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> • Herpes Simplex Virus, lesions suggestive of MRSA or Tinea Corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, hand, and fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional <ul style="list-style-type: none"> • May include: Duck Walk, Double-leg squat test, single-leg squat test, and box drop or step drop test 		

- Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings or a combination of those.

Medical Eligibility Form

Student Athlete Name: _____ Date of Birth: _____ Date of Examination: _____

I acknowledge and give consent for a copy of this entire form to be kept in the student's school record. I agree that should student's health change in any way that would alter this form that I will inform the school as soon as possible.

Signature of Parent or Guardian: _____ Date: _____

Shared Emergency Information *(To be filled out by athlete/athlete's caregiver)*

Allergies:

Medications:

Other Information:

Emergency Contacts:

<u>Name</u>	<u>Relationship</u>	<u>Contact Information</u>
_____	_____	_____
_____	_____	_____

Participation Eligibility *(To be filled out by medical provider)*

- Medically Eligible for sports without restriction.
- Medically Eligible for all sports without restriction with recommendations for further evaluation or treatment of:

- Medically eligible for certain sports:

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations:

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined in this form. A copy of the physical examination findings is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional:

HEADS UP: Concussion in High School Sports

Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, **must be immediately removed from participation** if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided** by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.
- (4) Definitions:
 - “**Contest official**” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.
 - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.
 - “**Medical clearance**” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

What parents/guardians should do if they think their child has a concussion?

1. Teach your child that it's not smart to play with a concussion.
2. **OBEY THE LAW.**
 - a. Seek medical attention right away.
 - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
3. Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

Signs Observed by Parents or Coaches:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Student-Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

STUDENTS, If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

PARENTS/GUARDIANS, You can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

For more information visit: www.cdc.gov/Concussion

IMPORTANT: Students (grades 7-12) participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Student's Signature _____ Date _____

Student's Printed Name _____

Parent's/Guardian's Signature _____ Date _____

Student's Grade _____ Student's School _____

CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YY):
--------------------	---------------------	----------------------

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check **ONE** only based on screening results, prior to treatment services provided):

No Obvious Problems – the child's hard and soft tissues appear to be visually health and there is no apparent reason for the child to be seen before the next routine dental checkup.

Requires Dental Care – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.

Requires Urgent Dental Care – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth Decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.
² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.
³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check **ONE** only): (Ninth grade screening must be provided by DDS/DMD or RDH.)

DDS/DMD RDH MD/DO PA RN/ARNP

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH MD/DO, PA, or RN/ARNP) may transfer information on this form from another health department. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Certificate of Vision Screening

Pursuant with Iowa Code Chapter 641.52
Return completed form to child's school.

Student Information (please print)

Student's Last Name: _____	Student's First Name: _____
Student Address: _____	Zip Code: _____
Date of Birth (M/D/YYYY): _____	Parent/Guardian Phone Number: _____

Screening Information Vision testing requirements can be accomplished either through a screening (see below) or with a comprehensive eye exam (see other side). Screening provider must complete this section or parents may attach a copy of vision screening results given to them by a provider.

Date of Vision Screening: _____
Result (Please check): <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Testing Method (Please check): <input type="checkbox"/> Vision Screening <input type="checkbox"/> Photo Screening <input type="checkbox"/> Other
Visual Acuity (If available): <input type="checkbox"/> With Correction <input type="checkbox"/> Without Correction
Right Eye: _____ Left Eye: _____
Referral to Eye Health Professional (Please check): <input type="checkbox"/> Yes <input type="checkbox"/> No

Business Name/Source of Screening (Please print name of provider office; or name of school if provided by the school nurse): _____

Provider Name (please print): _____ Phone: _____

Signature/Credentials of Provider: _____ Date: _____

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten **and** again before enrollment in the 3rd grade.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and 3rd grade and no later than six months after the date of the child's enrollment in Kindergarten and 3rd grade.

Eye Exam Section

Pursuant with Iowa Code Chapter 280.7A

To the Parent or Guardian: The Iowa Optometric Association strongly recommends that to fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. **If you choose to** take your child to an eye care professional for a comprehensive eye exam, this side of the form should be filled out and signed by the eye care professional and returned to your child's school nurse or teacher.

Visual Acuity

At Distance

At Near

- | | | | | |
|--|------|------|------|------|
| <input type="checkbox"/> Without correction | R20/ | L20/ | R20/ | L20/ |
| <input type="checkbox"/> With present correction | R20/ | L20/ | R20/ | L20/ |
| <input type="checkbox"/> With new correction | R20/ | L20/ | R20/ | L20/ |

External Eye Health

- Normal Other

Internal Eye Health

- Normal Other

Vision Analysis

R L

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Normal Eyesight |
| <input type="checkbox"/> | <input type="checkbox"/> Nearsighted (Myopia) |
| <input type="checkbox"/> | <input type="checkbox"/> Farsighted (Hyperopia) |
| <input type="checkbox"/> | <input type="checkbox"/> Astigmatism |
| <input type="checkbox"/> | <input type="checkbox"/> Amblyopia |

-
- Eye teaming difficulty
 Crossed eyes (Strabismus)
 Eye focusing difficulty
 Sensitivity to light
 Other

Vision Correction Recommendations

- No correction necessary
 No change in present prescription
 New prescription needed

To be worn for:

- | | |
|---|---|
| <input type="checkbox"/> Constant Wear | <input type="checkbox"/> Near vision only |
| <input type="checkbox"/> Distance vision only | <input type="checkbox"/> As needed |

To the Eye Care Professional: Please sign and date this card after the examination.

Dr. Name (Please Print) _____

Date _____ Signature _____

School Health & Screenings Exemption Form (2024-2025)
(Elementary Students only)

Student's Name: _____

Grade: _____

I, _____, do not wish to have the following school health activities and/or screenings to include my student (circle all that apply):

* vision screenings

* hearing screening (Greenhills AEA)

* dental screenings (kindergarten)

Parent's Signature Date

Please return this signed form to the Elementary office before August 23, 2024.

STUDENT FEE WAIVER AND REDUCTION PROCEDURES

The board recognizes that while certain fees charged students are appropriate and authorized, certain students and their families are not financially able to pay the fees. The school district will grant either full waivers, partial waivers or temporary waivers depending upon the circumstances and the student or student's parents' ability to meet the financial criteria.

- A. Waivers -
 - 1. Full Waivers - a student will be granted a full waiver of fees charged by the school district if the student or student's parents meet the financial eligibility criteria for free meals under the Child Nutrition program, Family Investment Program, or transportation assistance under open enrollment. Students in foster care are also eligible for full waivers.
 - 2. Partial Waivers - a student will be granted a partial waiver of fees charged by the school district if the student or the student's parents meet the financial eligibility criteria for reduced price meals offered under the Child Nutrition program. The reduction percentage will be 50 percent.
- B. Application - Parents or students eligible for a fee waiver will make an application on the form provided by the school district. Applications may be made at any time but must be renewed annually.
- C. Confidentiality - The school district will treat the application and application process as any other student record and student confidentiality and access provisions will be followed.
- D. Appeals - Denials of a waiver may be appealed to the school superintendent.
- E. Fines or charges assessed for damage or loss to school property are not fees and will not be waived.
- F. Notice - the school district will annually notify parents and students of the waiver. The following information will be included in registration materials.

Students whose families meet the income guidelines for free and reduced price lunch, the Family Investment Program (FIP), or transportation assistance under open enrollment, or who are in foster care are eligible to have their student fees waived or partially waived. This waiver does not carry over from year to year and must be completed annually.

STANDARD FEE WAIVER APPLICATION

Date _____ School year _____

All information provided in connection with this application will be kept confidential.

Name of student: _____ Grade in school _____

Name of student: _____ Grade in school _____

Attendance Center/School: _____

Name of parent, guardian, or legal or actual custodian: _____
(please print)

Please check type of waiver desired: Full waiver ___ Partial waiver ___

Please check if the student or the student's family meets the financial eligibility criteria or is involved in one of the following programs:

Full waiver

- ___ Free meals offered under the Children Nutrition Program (CNP)
- ___ The Family Investment Program (FIP)
- ___ Transportation assistance under open enrollment
- ___ Foster care

Partial waiver

- ___ Reduced priced meals offered under the Children Nutrition Program

Signature of Parent/guardian _____ Date _____

Approved: 8/12/1996

Reviewed: 06/20/2022

Revised: 7/16/2018

GRISWOLD COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS

AUTHORIZATION FOR RELEASING STUDENT DIRECTORY INFORMATION

The Griswold Community School District has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act of 1974 (FERPA). A copy of the school district's policy is available for review, upon request.

This law requires the school district to designate as "directory information" any personally identifiable information taken from a student's educational records prior to making such information available to the public.

The school district has designated the following information as directory information:

Student' name, Address, Telephone listing, Electronic mail address, Photograph, Date and place of birth, Major field of study, Dates of attendance, Grade level, Participation in officially recognized activities and sports, Weight and height of members of athletic teams, Degrees, honors, and awards received, The most recent educational agency or institution attended, Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc. (A student's SSN, in whole or in part, cannot be used for this purpose.)

You have the right to refuse the designation of any or all of the categories of personally identifiable information as directory information with respect to your student provided that you notify the school district in writing not later than August 15th of the current school year. If you desire to make such a refusal, please complete and return the slip attached to this notice. New students to the district will have 15 calendar days from the 1st day of attendance to request releasing student directory information.

If you have no objection to the use of student information, you do not need to take any action.

***ONLY complete this form if you do NOT want your student(s) information used in school district communications (sports rosters, yearbook, news articles, etc.)
If you have further questions, contact Hannah Bierbaum at hbierbaum@griswoldschools.org***

Authorization for Releasing Student Directory Information

Griswold Community School District Parental Directions to Withhold Student/Directory Information for Education Purposes, for the 2024-2025 school year.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Signature of Parent/Legal Guardian/
Custodian of Child

Phone Number

Date

This form must be returned to your child's school no later than August 23, 2024. Additional forms are available at your child's school.



GRISWOLD COMMUNITY SCHOOLS

SERVING THE COMMUNITIES OF ELLIOTT, GRANT, GRISWOLD, LEWIS & LYMAN

20 Madison St | Griswold, IA 51535
www.griswoldschools.org

Main Office | 712-778-2154
Supt/Business Office | 712-778-2152
Fax | 712-778-2161

David Henrichs, Superintendent
dhenrichs@griswoldschools.org

Seth Lembke, MS/HS Principal
slembke@griswoldschools.org

Nigel Horton, Elementary Principal
nhorton@griswoldschools.org

PARENT/GUARDIAN INFORMATION LETTER FOR FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION

Frequently Asked Questions About Free and Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **Griswold Community School District** offers healthy meals every school day. Breakfast costs **\$1.90**; lunch costs **\$2.60** for PK-5th grade and **\$2.80** for 6th-12th grade. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. Return or mail the completed application to: **Griswold Community School District, 20 Madison St, Griswold, IA**
Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced-price 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 at or below the limits on the Federal Income Eligibility Guidelines below and submit an application for free and reduced price meals/milk.

FEDERAL INCOME ELIGIBILITY GUIDELINES for SCHOOL YEAR 2024-2025

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each additional family member:	9,953	830	415	383	192

2. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your notification, contact: Hannah Bierbaum, 20 Madison St., Griswold, IA 51535, 712-778-2152, hbierbaum@griswoldschools.org immediately as eligibility for free or reduced-price meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from the Iowa Department of Health and Human Services (Iowa HHS), submit this letter to your children’s school. You may add any students living in your household who are not listed on the letter. Also, if someone in your household receives SNAP or FIP benefits and you did not receive either of these letters, you may complete an application listing the case number as this will qualify all school age children in your household for free meals. If you were informed that your children will get

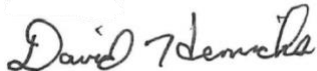
reduced price meals, see the income guidelines above and if you feel you would qualify for free meal benefits, complete an application for free and reduced price meals.

3. **WHAT IF WE HAVE FOSTER CHILDREN?** Households with foster and non-foster children may choose to include the foster child as a household member, as this may help other children in the household qualify for benefits. 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.
4. **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 contact: Griswold Community Schools, homeless liaison or migrant coordinator Nigel Horton, 712-778-2154, nhorton@griswoldschools.org.
5. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No, complete the applications for free and reduced price school meals for all the students in your household. We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
6. **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 4, 2024**. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carryover period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please complete and send in an application.
8. **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 for free or reduced price meals.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, we may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
10. **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 for free or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to your school officials. You also may ask for a hearing by calling or writing to: David Henrichs, 20 Madison St., Griswold, IA 51535, 712-778-2152, hbierbaum@griswoldschools.org
12. **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.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive the types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 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.

14. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
15. DO I NEED TO PROVIDE MY SOCIAL SECURITY NUMBER? Only the last four digits of the Social Security Number of the household's primary wage earner or another adult household member (or an indication of "none") is needed.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a Supplemental Worksheet and attach it to your application. Contact Hannah Bierbaum, 20 Madison St., Griswold, IA 51535, 712-778-2152, hbierbaum@griswoldschools.org to receive a Supplemental Worksheet.
17. 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 eat breakfast or lunch and have an afternoon milk break, are not eligible to receive free milk.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for Hawki information. A school waiver form is available from your school.
19. CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS? If a child has a disability, as determined by a licensed medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed 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.
20. DO I NEED TO REPORT MY RACE AND ETHNICITY? It is optional to complete the racial/ethnic portion of the application.
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, call *Hannah Bierbaum* 712-778-2152 or email at hbierbaum@griswoldschools.org

Sincerely,



Superintendent, David Henrichs
dhenrichs@griswoldschools.org
712-778-2152

USDA Nondiscrimination Statement:

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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov
This institution is an equal opportunity provider.

Iowa Non-Discrimination Statement: "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

Information Statement

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) 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 programs rules.

2024-2025 Iowa Application for Free and Reduced Price School Meals/Milk Complete one application per household. Use a pen (not a pencil). **Please read "How to Apply for Free and Reduced Price School Meals" for more information on completing this application**

STEP 1	List ALL Household Members who are infants, children, and students up grade 12 (if more spaces are required for additional names, attach the supplemental worksheet)											
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. 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.	Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School and Grade	Foster Child	Homeless Migrant Runaway	OPTIONAL		
					Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.							
	Ethnicity		Race									
	Hispanic or Latino		Non-Hispanic/Latino		A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander							
	Check all that apply											
					Yes	No						
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STEP 2	Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDIR? If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3). Write only one case number in this space. Medicaid and EBT card numbers are NOT acceptable	Case Number: _____ - _____ - _____
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STEP 3	Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	Apply Online: <input type="checkbox"/>
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A. Total Number of All Household Members (Children + Adults)	B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits)	XXX-XX-	C. Check No SSN (adult):	<input type="checkbox"/>
--	---	---------	--------------------------	--------------------------

D. All Adult Household Members (include yourself): List all Household Members not listed in STEP 1 even if they do not receive income. 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. Applications with blank income fields will be processed as complete. **If more spaces are required for additional names, attach the supplemental worksheet.** The sources of income for adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes.

Names of All Adult Household Members <small>First and Last Names. Include children who are temporarily away at school or in college.</small>	Gross Earnings from Work/All Other Income					Gross Public Assistance/Child Support/Alimony				Gross Pension/Retirement					
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Weekly	Every 2 Weeks	2x Month	Monthly	Weekly	Every 2 Weeks	2x Month	Monthly		
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here. The sources of income for children section will help you with the Child Income.	Total Income Received by All Children		Weekly	Every 2 Weeks	2x Month	Monthly	Annual
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 4 Contact Information and Adult Signature **PAGE TWO CONTAINS MORE INFORMATION**

"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 applicable State and Federal laws."

Signature of adult completing the form		Printed name of adult completing the form				Today's Date	
Street Address (if available)	Apt. #	City	State	Zip	Daytime Phone (optional)	Email (optional)	

DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY				Return completed form to:				
Annual Income Conversion (if needed)			Household Size: _____	Total Income: \$ _____	Application #: _____		Date Received: _____	
Weekly (x52)	Every 2 Weeks (x26)	2x Month (x24)			Monthly (x12)	<input type="checkbox"/> ERROR PRONE APPLICATION		
Signature and Effective Date of Determining Official			Signature and Date of Confirming Official			Signature and Date of Verification Follow-Up		
Application Eligibility Determination		<input type="checkbox"/> Income <input type="checkbox"/> Foster Child <input type="checkbox"/> FIP/SNAP <input type="checkbox"/> Head Start (confirmation required)		<input type="checkbox"/> Homeless/Migrant/Runaway-Local Official confirmation Required				
		<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Free Milk		Application Denied		<input type="checkbox"/> Incomplete		<input type="checkbox"/> Over Income Limits

Low-Cost Health Insurance for Children

If your children do not have health insurance, many families getting free or reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free and reduced price meal eligibility information with Medicaid and Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name and address. Medicaid and Hawki can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose or to share it with any other entity or program. You are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced price meals. **If you do NOT want your information shared with Medicaid or Hawki, you must tell us by completing the information below.** If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This will avoid another contact.

My signature below indicates I DO NOT want school officials to share information from my free and reduced price meal application with Medicaid or Hawki.

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

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price 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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) 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.

USDA Nondiscrimination Statement: 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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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; or

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.**

This institution is an equal opportunity provider.

Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>

Iowa Non-Discrimination Statement: "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

**Return completed form to:
Waiver Information**

Sources of Child Income	Earnings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Support (Adult Income Sources)	All Other Income (Adult Income Sources)
<ul style="list-style-type: none"> Earnings from work Social Security (disability payments and survivor's benefits) Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ol 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 	<ul style="list-style-type: none"> Cash Assistance from State/local government Supplemental Security Income Unemployment benefits Worker's compensation Alimony or child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security Disability benefits Regular income from trusts or estates Annuities Investment income Rental income Regular cash payments from outside household

Optional Supplemental Worksheet 2024-2025 Iowa Application for Free and Reduced Price School Meals/Milk

Additional Children in Your Household (not listed on page 1)

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL							
				Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.													
										Ethnicity		Race					
										H=Hispanic or Latino N=Non-Hispanic/Latino		A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander					
				YES	NO	Check all that apply											
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>								

Any income earned by the above listed children should be included under Step 3 D on the first page of the application.

Additional Adults in Your Household (Not listed on page 1)

Names of All Adult Household Members	<u>Gross Earnings from Work/All Other Income</u>					<u>Gross Public Assistance/Child Support/Alimony</u>				<u>Gross Pension/Retirement</u>			
	How Often? (mark "X" in box)												
	First and Last Names. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			

Self-Employment Income Calculations

This guidance will assist you in calculating the amount to report if you engage in farming, are self-employed or have income from other sources.

Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less the operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040 or 1040-SR and Schedule 1. Add together the amounts reported on the following lines:

- Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7 \$ _____
- Business Income or (Loss) Schedule 1 Part 1, LINE 3 \$ _____
- Other Gains or (Losses) Schedule 1 Part 1, LINE 4 \$ _____
- Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5 \$ _____
- Farm Income or (Loss) Schedule 1 Part 1, LINE 6 \$ _____

TOTAL \$ _____ Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (**Computed Monthly Income \$ _____** Gross Annual Income ÷ 12)

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household, even if your children attend more than one school in **the Griswold Community School District**. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. **Completed applications should be mailed or returned to Griswold Community Schools, 20 Madison St. Griswold, IA 51535.** If at any time you are not sure what to do next, please contact **Hannah Bierbaum; (712)-778-2152 or through email at hbierbaum@griswoldschools.org.**

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children and 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 foster arrangement or qualify as homeless, migrant or runaway youth;
 Students attending **Griswold Community School District**, *regardless of age.*

- A) **List each child's name and date of birth.** Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.
- B) **Is the child a student?** Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend the Griswold Community School District. If you marked 'Yes' write where the child attends school and 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.
- D) **Are any children homeless, migrant or runaway?** If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**
- E) **Share children's racial and ethnic identities (optional).** Next to each child's name, 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.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN the Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) 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-formerly Food Assistance in Iowa)
 The Family Investment Program (FIP)
 The Food Distribution Program on Indian Reservations (FDPIR)

- If 'NO', go to STEP 3. (Leave the rest of STEP 2 blank)
- If 'YES,' provide a case number for SNAP, FIP, or FDPIR. You only need to write **one** case number. Case numbers are located on your Notice of Decision. **Go to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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.

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 have known or available information that your household income was reported incorrectly, your application will be investigated.

- A) Report 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.
- B) 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.
- C) 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 SSN.”

FOR EACH ADULT HOUSEHOLD MEMBER:

- D) List all adult household member’s name.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.**

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 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.

Children and students already listed in Step 1.

Report earnings from work. Refer to the chart below titled “Sources of Income for Adults” and report 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 self-employed or farm owner, you will report your net income. If you need assistance with this, ask your children’s school for the Supplemental Worksheet which has self-employment calculations.

What if I am self-employed?

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask your school for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

Report income from public assistance/child support/alimony. Refer to the chart below titled “Sources of Income for Adults” and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value 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.

Report income from pensions/retirement/all other income. Refer to Table 2 below titled “Sources of Income for Adults” and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

Table 1. Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) <p>Allowances for off-base housing, food and clothing</p>	<ul style="list-style-type: none"> Unemployment benefits Worker’s compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran’s benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Regular Income from trusts or estates Annuities Investment Income Earned interest Rental income Regular cash payments from outside household

E) Report all income earned or received by children. Refer to the table below titled “Sources of Income for Children” and report 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 with the rest of your household (income from a part-time job or from any funds provided to the child for the child’s personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

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. Use the chart below to determine if your household has child income to report.

Table 2. Sources of Income for Children

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)
<ul style="list-style-type: none"> Social Security <ul style="list-style-type: none"> Disability Payments Survivor’s Benefits 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Income from person <i>outside</i> the household 	<ul style="list-style-type: none"> A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust.

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 privacy and civil rights statements on the back of the application.**

- A) Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** 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 sign in the box labeled "Signature of adult completing the form."
- C) Mail or return completed form to:** Attn: Hannah Bierbaum, GCSD, 20 Madison St., Griswold, IA 51535.
Please do not mail completed form to the Department of Agriculture as this will delay processing.
- D) Decline having your information released to Hawki.** If you do not want your household information shared with Hawki, **print, sign and date in the box provided.**
- E) Obtaining translated applications.** If you need a translated application with instructions, they can be found in 49 languages at: <https://www.fns.usda.gov/school-meals/translated-applications>.

USDA Nondiscrimination Statement:

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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

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