

Xavier Charter School 2017-18 Notification of Rights under FERPA

The Family Educational Rights and Privacy Act (FERPA) afford parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the school receives a request for access. Parents or eligible students should submit to the Head of School a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. Parents or eligible students who wish to ask the school to amend a record should write the Head of School, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service or function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

FERPA Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Xavier Charter School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Xavier Charter Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow Xavier Charter Schools to include this type of information from your child's education records in certain school publications. Examples include:

- *A playbill, showing your student's role in a drama production;
- *The annual yearbook;
- *Achievements or other recognition lists; and Graduation programs

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent.

Yearbooks
Alumni Directories
Graduation Programs
Achievement and or other recognition lists
Club or Activity programs
Theatrical programs
District productions/publications
Classroom or student pictures

If you do not want Xavier Charter Schools to disclose directory information from your child's education records, you must complete the Opt Out form located at the front office. Please contact XCS at 734-3947.

The Xavier Charter School has designated the following information as directory information:

Student's name
Address
Telephone listing
Electronic mail address (e-mail)

Photograph of the student used by the district for recognition of student achievement and community relations, including, but not limited to, publication in the district's or school's newsletters, in the school setting and on the district's or school's web site;

Media/ Photo RELEASE

Throughout the course of the school year, the student/participant may be participating in Xavier Charter School activities in which the student /participant may be photographed or videotaped from time to time. The media may be in our schools or at school sanctioned events to cover our activities. The majority of the media coverage featuring students is considered human interest stories that do not contain sensitive subject matter or are not controversial in nature. Often, reporters are present at our request to showcase our students and teachers engaged in exciting educational activities. Xavier Charter Schools includes in its classification of directory information student names and photographic images of students participating in regular classroom or school-authorized events. This simply means that the media may publish and/or broadcast the names and photographs of students participating in school-related activities without prior parental consent.

***If you wish for your child to be excluded from any form of media, please pick up the FERPA Opt-Out Form which is located in the front office.**

1218 North College Road W
Twin Falls, ID 83301
(208) 734-3947 Phone (208) 733-1348 Fax

Waiver of Liability and Adherence to School Rules 2017-18

We acknowledge that it is the Student's obligation to ensure that their personal property is kept in a safe and secure place at all times, and that Xavier Charter School is not responsible for any lost or stolen property.

We acknowledge that Xavier Charter School has in place rules, policies, and a code of conduct that each student is required to follow as a condition of their enrollment at Xavier and their participation in school related activities. Anyone found to be violating any of the rules, codes of conduct, or found to be disruptive to either another individual or group may be asked to leave the premises or off-site location at any time and be refused reentrance to any event or activity without refund.

We acknowledge and hereby release, indemnify and hold harmless Xavier Charter School, its Board of Directors, employees, contractors and agents (the "Released parties") from all liabilities, suits, claims, and/or demands of any kind or nature, in law or equity, arising from or occurring during the participation in, or observation of, any Xavier Charter School activity, for injuries or damages to any person or property, whether on or off the premises. The student/participant named below does voluntarily participate in any and all Xavier Charter School activities and that the student/participant and I understand that certain risks are inherent to participation and involvement with Xavier Charter School and in its various formal and informal activities.

Print Parent Name: _____

Parent Signature: _____ **Date:** _____

Print Student Name: _____ **Grade:** _____

Xavier Charter School
STUDENTS
Policy: 3270F

INTERNET ACCESS CONDUCT AGREEMENT

This Agreement is valid for the 2017-2018 school year only

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Xavier Charter School's policy regarding School-provided Access to Electronic Information, Services, and Networks (Policy No. 3270). Should I commit any violation or in any way misuse my access to the Charter School's computer network and/or the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

Student Name (Print) _____ Home Phone: _____

Student Signature: _____ Date: _____

Address: _____

Status: Student ___ Staff ___ Patron ___ I am 18 or older ___ I am under 18 ___

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Legal Guardian. (If applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement.) As the parent or legal guardian of the above named-student, I have read, understand and agree that my child shall comply with the terms of the Charter School's policy regarding School-Provided Access to Electronic Information, Services and Networks for the student's access to the Charter School's computer network and/or the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am, therefore, signing this Agreement and agree to indemnify and hold harmless the Charter School, the Trustees, Administrators, teachers and other staff against all claims, damages, losses, and costs, of whatever kind, that may result from my child's use of his/her access to such networks or his/her violation of the Charter School's policy. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting. I hereby give my child permission to use the building-approved account to access the Charter School's computer network and the Internet.

Parent / Legal Guardian (Print): _____

Signature: _____

Home Phone: _____ Address: _____

Xavier Charter School, District #462
Title 1 – Parent Compact-2017-2018

This school-parent compact is in effect during school year 2017-2018.

The Xavier School District 462, and the parents of the students participating in activities, services, and programs funded by Title 1, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve high standards.

School Responsibilities

Xavier Charter School 462 will:

- 1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State’s student academic achievement standards as follows:**

All Teachers and Staff will:

- Encourage and support students’ learning.
- Believe that each student can learn.
- Use positive actions and words.
- Maintain and foster high standards of academic achievement and positive behavior.
- Respectfully and accurately inform parents of their child’s progress.
- Have high expectations for students and be committed to continuous growth for the teacher, staff, and the school.
- Respect cultural differences of student, their families and other staff members.
- Help students resolve conflicts in positive, nonviolent ways.
- Coordinate efforts with other staff to support the success of each child.
- Create a caring, inclusive, stimulating, and safe school/classroom setting.

- 2. Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child’s achievement.** Specifically, those conferences will be held:

- Conferences held as scheduled on the district calendar.
- Conferences can be arranged at a mutually agreed upon time with the teacher and parent/guardian.

- 3. Provide parents with frequent reports on their children’s progress.** Specifically, the school will provide reports as follows:

- Progress reports with letter grades mailed to parents/guardians for grades K-2 every 9 weeks. For grades 3-12, grades are accessible via powerschool. Please see the front office for login procedures.
- Electronic Parent Portal maintained on a regular basis, providing parents with access to student’s assignments, attendance, discipline and grading information.

4. **Provide parents reasonable access to staff.** Specifically, staff will be available for consultation with parents as follows:
 - Parents may email or call teacher at any time. A staff contact list is available on our website.

5. **Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities,** as follows:
 - Parents are welcome to come in any time to take part in their child's education.
 - Parents may volunteer to help with field trips, classroom activities, etc.

Parent Responsibilities

We, as parents, will support our children's learning in the following ways:

- See that my child attends school regularly and on time.
- Provide the necessary material for class participation.
- Maintain and foster standards of high academic achievement and positive behavior.
- Make sure **all** homework is completed and returned on time.
- Promote positive use of my child's extracurricular time.
- Communicate on a regular basis with my child's teachers.
- Encourage my child to practice reading and math activities at home.
- Show respect and support for my child, the teachers and the school.
- Volunteer and participate, as appropriate, during school events.

Student Responsibilities

I, as a student will:

- Always do my best in my work and in my behavior.
- Work cooperatively with my classmates and teachers.
- Show respect for myself, my school, teachers, and others.
- Obey the school and bus rules.
- Take pride in my school and school work.
- Come to school prepared with my homework and my supplies.
- Believe that I can and will learn.

(Print) Parent Name: _____

Parent Signature: _____ Date: _____

(Print) Student Name: _____ Grade: _____

2017-18 Student Fees

Student Name: _____

| | | |
|--|-------------------|---------|
| | Kindergarten | \$15.00 |
| | 1st Grade | \$25.00 |
| | 2nd Grade | \$25.00 |
| | 3rd Grade | \$25.00 |
| | 4th Grade | \$25.00 |
| | 5th Grade | \$25.00 |
| | 6th Grade | \$25.00 |
| | 7th Grade | \$30.00 |
| | 8th Grade | \$30.00 |
| | 9th Grade | \$30.00 |
| | 10th Grade | \$30.00 |
| | 11th Grade | \$30.00 |
| | 12th Grade | \$30.00 |
| | 7-12th gr Art Fee | \$20.00 |
| | 7-12th gr Science | \$20.00 |
| | Year Book | \$46.00 |

| | | |
|--|-------------------------|-----------|
| | Credit Card Fee | |
| | Total Amount Due | |
| | Amount Paid | \$ |
| | Check | # |
| | Credit Card | |
| | Cash | |
| | | |

Office Signature: _____ Date _____



XAVIER CHARTER SCHOOL

Yearbook pre-order form 2017/2018

[] Yes, I want to pre-order a yearbook!

Students Name: _____

Date: _____ Grade: _____

Signature: _____

For Office Use Below

Payment Method:

Cash

Check # _____

Credit Card .50 fee

Not Paid

*Please make checks payable to Xavier Charter School

***** Cost is \$ 46.00**

Acknowledgement of Policies and Procedures:

We/I have read, understand and agree that our child will abide by the policies and procedures outlined in the 2017-2018 XCS Handbook and all other policies and procedures detailed in the school's official documents. We/I have also shared pertinent details of the handbook with our child and he/she understands the expectations of Xavier Charter Schools.

Student Name _____ Grade: _____

Parent/Guardian _____
Print Name

Parent/Guardian Signature _____ Date _____

Ferpa:

We/I have read, understand and agree the Notification of Rights under 2017-2018 FERPA form.

Student Name _____ Grade: _____

Parent/Guardian _____
Print Name

Parent/Guardian Signature _____ Date _____

Notification System for Text Messaging (optional)

I, _____, give Xavier Charter Schools consent to send me messages via text.

_____ Phone #1

_____ Phone #2

Parent/Guardian _____
Print Name

Parent/Guardian Signature _____ Date _____

***Please circle whether your child is a dependent of at least one Active Duty member (parent or guardian) of the United States Armed Forces military services:**

- Active Duty
- National Guard or Reserve
- Unable to provide
- Not Military Connected

OPTIONAL

Children's Racial and Ethnic Identities

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

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

INCOMPLETE APPLICATIONS WILL BE DENIED You will receive a letter when you are approved or denied; until that time, you are responsible for any charges.

1. List ALL household members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).
 2. If applicable, list a current food stamp, FDPIR, or TAFI case number for any member of the household (an EBT or Quest card number is not allowed).
 - 3 A) Report all income earned by all children. Child income is money received from outside your household that is paid directly to your children; this includes but is not limited to earnings from work and social security (disability payments or survivor's benefits).
 - 3 B) Please include ALL 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 children and students already listed in Step 1.
- Income:** Report all amounts in **gross income** (before taxes and premiums) only. Report all income in whole dollars. Do not include cents. Mark how often each type of income is received using the check boxes to the right of each field.
If you are **self-employed**, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- 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. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.
- Provide the last four digits of your social security number.** The household's primary wage earner or another adult household member must enter the last four digits of their social security number in the space provided. If no adult household members have a social security number, leave this space blank and mark the box to the right labeled "Check if no SS#."
- 4. 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.

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C. 20250-9410;

This institution is an equal opportunity provider.

Official Use Only – Do Not Write in Boxes Below

| | | | | |
|---|--|---|--|---|
| Household Determination: <input type="checkbox"/> Foster Student(s): _____ <input type="checkbox"/> Food Stamp/TAFI/FDPIR <input type="checkbox"/> Income: Total Income \$ _____ Frequency _____ # in Household _____ | | Convert to Annual if Multiple Frequencies: Weekly x52, Every 2 Weeks x26, Twice Monthly x24, Monthly x12 | Signature of Confirming Official: *Must be a different individual than the Determining Official | |
| Approved: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals Withdrawal Date: _____ | | Denied: <input type="checkbox"/> Income over Allowed <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other _____ | | Date Notice Sent: |
| Signature of Determining Official: *Must be a different individual than the Confirming Official | | Date Determined: | | Date 1st Notification Sent: |
| Signature of Verifying Official: *Can be same as Determining Official | | Date: | | Date 2nd Notification Sent: |
| Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible – Reason: _____ | | | | |

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Twin Falls School District** offers healthy meals every school day. Breakfast is Free; lunch costs \$2.75 Elementary, \$3.00 Middle. \$3.25 H.S. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process. **If you need help please call/visit, 1775 Eldridge Avenue, TF, ID 83301, 208-733-0134**

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

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

| FEDERAL ELIGIBILITY INCOME CHART For School Year 2017-2018 | | | |
|--|----------|---------|--------|
| Household size | Annually | Monthly | Weekly |
| 1 | 22,311 | 1,860 | 430 |
| 2 | 30,044 | 2,504 | 578 |
| 3 | 37,777 | 3,149 | 727 |
| 4 | 45,510 | 3,793 | 876 |
| 5 | 53,243 | 4,437 | 1,024 |
| 6 | 60,976 | 5,082 | 1,173 |
| 7 | 68,709 | 5,726 | 1,322 |
| 8 | 76,442 | 6,371 | 1,471 |
| Each additional person: | +7,733 | 645 | 149 |

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail JoAnn Gemar, Homeless Liaison, 208-732-7507, gemarjo@tfsd.org, or Abby Montano, Migrant Liaison, montanoab@tfsd.org

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Twin Falls School District, 201 Main Avenue W., Twin Falls, Idaho 83301, 208-733-0134**

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Jessica Goller, 1775 Eldridge Ave, gollerje@tfsd.org, 208-733-0134** immediately.

5. Applications are available on the District Web site, at any school location, or at the district offices. You can have an application e-mailed to you by contacting **Jessica Goller, 1775 Eldridge Ave, 208-733-0134** gollerje@tfsd.org
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. You must send in a new application unless the school told you that your child is eligible for the new school year.
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 send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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 and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Human Resources, Twin Falls School District, 201 Main Avenue West, TF, Id, 83301 208-733-6900
11. 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.
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 some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 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. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact; **Jessica Goller, 1775 Eldridge Ave, 208-733-0134, gollerje@tfsd.org** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Idaho Food Stamps [**SNAP**] or other assistance benefits, contact your local assistance office or call 211.

If you have other questions or need help, call **208-733-0134**

Sincerely,

Lori Rieth, School Nutrition Director/Supervisor
Twin Falls School District #411
1775 Eldridge Avenue
Twin Falls, Idaho 83301



XAVIER CHARTER SCHOOL
1218 North College Road W
Twin Falls, ID 83301
(208) 734-3947 Phone (208) 733-1348 Fax

Homeless-2017-2018

Due to requirements under the McKinney-Vento Homeless Education Assistance Act regarding students who are homeless or are identified as unaccompanied youth, Xavier has started collecting the following information as part of the student registration process. At this time we are sending this form out to the families all of our students in order to be in compliance with the law.

Please mark any that apply:

- Lacks a fixed or regular residence.
- Lacks adequate residence is out of necessity temporarily living in a residence that lacks indoor plumbing, electricity, heat, etc.
- Has a primary nighttime residence in a supervised publicly or privately operated shelter designed to provide temporary or emergency living accommodations (including a congregate shelter, welfare, hotel, domestic violence shelter, and transitional institution for individuals with mental illness).
- Has a primary nighttime residence that is a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings (including campgrounds, vacant building, cars, garage, etc.) All referred to as “unsheltered”.
- Children and youth living in ‘double up’ accommodations due to a loss of housing or other similar situation (Families living in doubled-up housing accommodations voluntarily to save money should not be considered homeless.)

Only sign if pertains to your family

Print Parent Name: _____

Parent Signature: _____ Date: _____

Print Student Name: _____ Grade: _____



XAVIER CHARTER SCHOOL

Only Fill out if applies to you

2017-2018 Xavier Charter Schools

Out-of-District Request Form

Applicant Student's Name _____ DOB _____ Grade _____

School Student is presently attending:

Name of School _____

School Address _____

Has student ever been suspended or expelled from school? Yes _____ No _____

If yes, describe the circumstances (including dates and duration):

Special and/or unique instructional programs in which applicant student is currently enrolled. (For example: special education, foreign language, remedial, gifted/talented, 504 etc.

Parent/Guardian's Name _____

Parent/Guardian' Address _____

Home Phone _____ Work Phone _____

I have read the district policy on open enrollment, and hereby request that my child be permitted to attend Xavier Charter Schools.

Parent/Guardian Signature _____

FOR OFFICE USE:

Head of Schools Signature _____

_____ Approved _____ Disapproved Date ____/____/____