Addendum to
Form CO – 36
Guide for PARENTS

Ichabod Crane Central School
PO Box 820 Valatie, NY 12184

NEW ENTRANT REGISTRATION

PROCEDURES to Register Children to Attend the Kinderhook (Ichabod Crane) Central School District

STEP 1-CONTACT THE SCHOOL(S)

Registration for all new students occurs at the Central Register's Office, located in the Central Office at 2910 Route 9 Valatie, NY 12184. (518-758-7575 ext. 3009). Registration hours are Monday through Friday 8:00 a.m. to 4:00 p.m.
(Summer hours are in effect June 27, 2022 through August 26, 2022 and are as follows: Monday through Thursday 8:00 a.m. to 4:00 p.m. and Fridays 8:00 a.m. to 11:00 a.m. BY APPOINTMENT ONLY.

At the time of your appointment to register your child, please bring the following:

- **Proof of Residency**
- **Immunization record**
- **Certified Birth Certificate, Baptismal record, or Passport**
- **School records (IEP/504 Accommodation Plan if applicable) from previous school district**
- **Court orders, decrees, custodial agreements (if applicable)**
- **If foster placement, Dept. of Social Services Form 2999**
- **Registration forms with parent/guardian signature**
- **Affidavit of Residency filled out and notarized (only applies if parent resides in a dwelling they do not lease or own)**

STEP 2 - ESTABLISH RESIDENCY

When you register your son/daughter, the District will ask for one of the following to clearly establish residency.

1. To establish residency, the following documents must be presented (**one** document from **Group A** or **two** documents from **Group B**): Each document must be **current - dated within 60 days of registration -** and **issued** in the name of the student's custodial parent(s) or legal guardian(s). **Note: A P.O. Box will NOT be accepted as proof of residency.**

Group A (one document needed)

- Home purchase agreement or contract to build (subject to tuition per Board of Education policy)
- Lease/Rental Agreement
- Paid Tax Bill
- Home Mortgage Contract/Deed
- Affidavit (a written statement signed under oath) from the person you pay rent to, saying you live there

Group B (two documents needed)

- Homeowner's Insurance Policy
- Utility bill (electric, gas, or water)
- Cable/satellite bill
- Telephone bill
- Pay Stub showing your address
- Income tax form that shows your address
- Voter registration card
- Driver's license, or permit, or non-driver ID
- State or other government issued ID
- Documents from government agencies
- Custody or guardianship papers

The District reserves the right to maintain a copy of all documents used to prove residency and to reconfirm residency at any time.

STEP 3 – STUDENT REGISTRATION

The school will ask you to complete official registration forms.
The registration packet includes:

- **Registration form**
- **Student Racial and Ethnic identification** - Ichabod Crane Central School District has adopted a procedure that requires the collection and recording of the ethnic identity of students in accordance with the federal categories and definitions. The information will be used to:
  - Report information to the state and federal Education Departments.
  - Plan educational programs and make sure that they are readily available to all students.
  - Study the movement of students in different ethnic groups as they move from school to school.
  - Analyze differences in academic performance, attendance and completion of school.

  The information on this form is confidential. It is protected by the Confidentiality Regulations through the Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number
- **Screening for Families Currently or Previously in Agriculture/Farmwork**
- **Release of records** from previous district (if applicable)
- **Information to arrange transportation** to and from school
- **Health History form** (Please feel free to contact the school nurse if you have any questions about the District's medical procedures)

NOTE: Individual Education Plan or 504 Accommodation Plan

- ***If your son/daughter has an Individual Education Plan (IEP) or 504 Accommodation Plan, the District will request a copy from the child's former district.***
- ***Questions regarding Committee on Special Education (CSE) placements can be directed to Peg Warner, Director of Special Education, at (518) 758-7576.***

Public relations use of student data/photos

From time to time, school district officials may release student information (name, address, grade level, photograph, art, work, academic interest, participation in officially recognized activities and sports, terms of school attendance and graduation, awards received, etc.) for use in school district publications or within school building Web sites, or to the media for public relations purposes.

Parents who object to the release of their child's information and/or photograph should notify their child's building principal in writing on or before October 1 in any school year.

STEP 4 - "WELCOME"

The Principal or the Guidance Counselor will assign your son/daughter to a class or class schedule and will provide you with additional materials for your signature/and or your information.

Welcome to Ichabod Crane!

Non-Discrimination Compliance Statement

The Ichabod Crane Central School District hereby advises students, parents, employees, and the general public that it offers educational opportunities including vocational opportunities without regard to sex, race, color, national origin, handicap or religion. Inquiries regarding this non-discrimination policy may be directed to: Title IX Compliance Officer, Suzanne Guntlow, Principal APPR Curriculumn an d Instruction, Ichabod Crane Central School District, Valatie, NY 12184 (518) 758-7676 and Section 504 Compliance Officer, Peg Warner, Director of Special Education, Ichabod Crane Central School District, Valatie, NY 12184 (518) 758-7676. A copy of the "In Compliance with Section 1.4 (a)" is available in the Superintendent's Office.

nb 2/28/08; FINAL – 7/30/09; **REVISED FINAL 08-12-10; REVISED 9/16/11** ; ac Revised 07/01/13, ac Revised 9-17-13,ac revised 10/31/13,ac Revised 6/3/16, ac –R 4/11/17, 6/20/17, Revised 4/18/18, ac Revised 3/29/21

EQUITY, INCLUSIVITY, AND DIVERSITY IN EDUCATION

The Board of Education is committed to creating and maintaining a positive and inclusive learning environment where all students, especially those currently and historically marginalized, feel safe, included, welcomed, and accepted, and experience a sense of belonging and academic success.

Generally Accepted Beliefs and Agreements

All children deserve to have equal access to opportunity regardless of the color of their skin, their gender, their sexual orientation, the language they speak or their background. This freedom is fundamental to our K-12 education program and is extended to everyone without exception. However, the district also recognizes that students in this country have been historically marginalized due to inequities associated with aspects of their identities and their contexts, including, but not limited to, race, color, weight, national origin, ethnic group, religion, religious practice, disability, sex; sexual orientation, or gender (including gender identity and expression). Racism, discrimination, and marginalization of any people or groups of people, whether intentional or not, have no place in our schools, our district or our community. Such actions damage not only those individuals and groups at which they are directed, but also our community as a whole. We are committed to addressing these historic inequities and helping each and every student to equitably access learning opportunities in school to enable them all to thrive and to build a better society.

Goals

The goal of the school district is to provide equitable, inclusive and diverse opportunities for all students to reach their highest potential. To achieve educational equity and inclusive education, the district acknowledges the presence of culturally diverse students and the need for students to find relevant connections among themselves and the subject matter and the tasks teachers ask them to perform. The district will develop the individual and organizational knowledge, attitudes, skills, and practices to create culturally responsive learning and working environments that expect and support high academic achievement for students and employees from all racial groups. Differences will not just be seen as strengths, but they will be nourished, celebrated, and welcomed because they are what make students and families unique.

In order to truly realize this goal, it is imperative that the Board, its officers, and employees, be fully conversant in the historical injustices and inequalities that have shaped our society and to recognize and eliminate the institutional barriers, including racism and biases. Equity and inclusive education aims to understand, identify, address, and eliminate the biases, barriers, and disparities that limit a student's chance to graduate high school prepared to be productive contributors to society.

The Superintendent or designee(s) will strive to ensure that curriculum and instructional materials reflect the Board's commitment to educational equity. Newly adopted curriculum and instructional materials for all grades shall reflect diversity and include a range of perspectives and experiences, particularly those of historically underrepresented groups.

Equity and inclusive education is an ongoing process that requires shared commitment and leadership if a district is to meet the ever-evolving society, unique learning needs of all students, and diverse backgrounds of our communities and schools. The Board understands that equity and inclusive education is achieved when each adult collaborates and affirms each student by creating a respectful learning environment inclusive of actual or perceived personal characteristics.

Educational equity is based on the principles of fairness and ensuring that every student has access to the educational resources they need at the right moment in their education, despite any individual's actual or perceived personal characteristics, not to be used interchangeably with principles of equality, treating all students the same.

Inclusive education is based on the principles of acceptance and inclusion of all students. Students see themselves reflected in their curriculum, their physical surroundings and the broader environment, in which diversity is honored and all individuals are respected.

Diversity in education means students, staff, families and community are our greatest strength and diversity is viewed as an asset. Diversity means the condition of being different or having differences, including, but not limited to, sex, race, ethnicity, sexual orientation, gender, age, socioeconomic class, religion, and ability, and other human differences. Embracing these diversities and moving beyond tolerance and celebration to inclusivity and respect will help the district reach our goal of creating a community where each and every voice is heard and valued.

Accountability, Transparency and Review

The Board, its officers and employees, accepts responsibility and will hold themselves and each other accountable for every student having full access to quality education, qualified teachers, challenging curriculum, and full opportunity to learn so they can achieve at excellent levels in academic and other student outcomes. The district also accepts its responsibility for moving forward on this journey and to committing time, energy and resources to develop a more equitable, inclusive, and diverse welcoming environment for all students, parents and staff.

The Board recognizes that this is a multi-step, complex process that begins with learning together about equity, inclusivity, and diversity.

Equity Policy Communication

To be successful in this endeavor, it is imperative that all members of the school community are aware of this policy, its purpose, and the district's commitment to equity and inclusion by fostering a positive learning environment that embraces all diverse, unique and individual differences.

The Superintendent, or designee(s), is directed to ensure that this policy is communicated to students, staff, and the community. This policy will be posted on the district's website, and will also be published in student registration materials, student, parent and employee handbooks, and other appropriate school publications.

Cross-ref:
4000, Goals for Instructional Programs
4511, Textbook Selection and Adoption
5153, Student Assignment to Schools and Classes
9240, Recruiting and Hiring
9700, Professional Development

Effective Date: March 2, 2021

Ichabod Crane Central School District
PO Box 820
Valatie, N.Y. 12184

CO - 36

REGISTRATION INFORMATION FORM

To be completed by parent/guardian - please complete all fields where applicable for procedures regarding completion of this form, please refer to Addendum attached.

STUDENT INFORMATION: (Please print)

Last Name: _____ First Name: _____ MI: _____

Date of Registration: _____ (Month / day / year)

Start Date at Ichabod Crane: _____ (Month / day / year)

Placement Grade: _____

Years in U.S. Schools: _____

Date of Birth: _____ (Month / day / year)

Gender: ☐ Male ☐ Female

Place of Birth: _____ (City) _____ (State/Province) _____ (Country)

Primary Language: _____

Secondary Language (If any): _____

PREVIOUS DISTRICT INFORMATION:

School district child is entering from (if registering for Kindergarten include Preschool if applicable):

_____
School Name

_____
Mailing Address/ (Street/PO)

_____
City State Zip

_____
(Area Code) Phone Number

Adc 3/6/18

ACADEMIC BACKGROUND **Grade:** _____

Was your child receiving Academic Intervention Services (AIS/Remedial):
If yes, please mark the appropriate service:

☐ Language Arts ☐ Math ☐ Science ☐ Social Studies

Was your child receiving Response to Intervention Services (RTI): ☐ Yes ☐ No

Did your child have an Individual Education Plan (IEP): ☐ Yes ☐ No
If yes, please indicate the classification:

☐ Autism
☐ Deaf/Blind
☐ Deaf
☐ Emotional Disturbed
☐ Hearing Impaired
☐ Intellectual Impairment
☐ Learning Disabled
☐ Multiply Disabled
☐ Orthopedically Impaired
☐ Other Health Impaired
☐ Speech Language Impaired
☐ Traumatically Brain Injured
☐ Visually Impaired

What Special Education Services did your child receive? Please check all that apply:

☐ Consultant Teacher Services
☐ Integrated Programming
☐ Occupational Therapy
☐ One on One Aide
☐ Physical Therapy
☐ Psychological Services
☐ Social Work
☐ Special Class
☐ Speech Therapy
☐ Teacher Hearing Impaired
☐ Vision Therapy

Did your child have a 504 plan? ☐ **Yes** ☐ **No. Please provide a copy if you have it.**

Please list your child's grade sequence and the name of the school in which he/she was registered.

GRADE	NAME OF SCHOOL	ADDRESS OF SCHOOL

If you suspect that your child may have a physical, cognitive, or emotional disability, you have the right to refer your child to the District's Committee on Special Education for an evaluation, and a determination as to whether your child is eligible to receive special education services and programs. More information regarding your rights is set forth in the New York State Education Department's Parent's Guide to SPED in NYS for children Ages 3-21. Available in English at http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf or Spanish at http://www.p12nysed.gov/specialed/publications/policy/spanishparentguide.htm
Adc 3/6/18

KINDERHOOK CENTRAL SCHOOL DISTRICT
Committee on Special Education
Rt. 9 Primary School
VALATIE, NY 12184 ((518) 758-7575 ext 6008)

Medicaid Consent

Client Identification Number (CIN):

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP).

This consent allows the school district to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____,
have received a written notification from the school district that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District may access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid;
- I have the right to withdraw consent at any time; and
- The school district must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)	
IEP	Medication Administration Report
Written Order/Referral	Special Transportation Log
Evaluation Reports	Other Personally Identifiable Information
Session Notes	Any Other Specific Records Pertaining to the Student's Services or Program

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

ICHABOD CRANE CENTRAL SCHOOL DISTRICT
2910 ROUTE 9 VALATIE, NY 12184

STUDENT RESIDENCY QUESTIONNAIRE

Note to office staff: Please assist students and families filling out this form as needed

Name of Student: _____
Last **First** **Middle**

Residence Address: _____

Mailing Address: _____

Phone Number: _____ Date of Birth: _____

Age: _____ Grade: _____ Student ID Number: _____

ATTENTION: The answer you provide below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to transportation and other services.

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

If you answered NO, you may stop here.
If you answered YES, please complete the remainder of this form.

Where is the student presently living (check one box)?

- ☐ In shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

Print name of parent(s)/legal guardian(s) or student (if unaccompanied youth)

Name: _____ Phone: _____

Current Address: _____

Signature of parent/Guardian/or student: _____

Date: _____

If "yes" was answered above, please send a copy of this form to Peg Warner, McKinney-Vento Liaison, at the Primary School CSE Office.

PARENT/GUARDIAN INFORMATION

Note: In cases where joint physical custody applies, please complete next page with 2nd Custodial parent information.

Parent/Guardian Last Name: _____ First Name:_____

Relationship to Child: _____

Residential (Physical) Address:

_____

_____

Mailing Address (If not the same as residence):

_____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Email Address: _____

Please indicate: ☐ Receives Mail ☐ Authorized to pick up

Spouse/Other Adult Last Name:_____ First Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Email Address: _____

Please indicate: ☐ Receives Mail ☐ Authorized to pick up

All Legal documentation must be provided for the student's file.

If parents are divorced or separated, is there a court approved custody document? ☐ Yes ☐ No
If yes, a Copy of the legal custody document must be provided.

Is the student in the care of a guardian(s) other than his/her mother or father? ☐ Yes ☐ No
If yes, a copy of the legal guardianship document must be provided

Are there any restraining orders of protection filed against any person/persons? ☐ Yes ☐ No
If yes, a copy of restraining order/order of protection must be provided.

Is the student in Foster care? ☐ Yes ☐ No
If yes, a copy of the placement order (DSS-2999) must be provided.

2nd CUSTODIAL PARENT (if applicable)

Note: Complete this page only if **Joint Physical Custody** applies.

Parent/Guardian Last Name: _____ First Name: _____

Relationship to Child: _____

Residential (Physical) Address:

_____

_____

Mailing Address (If not the same as residence):

_____

_____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Email Address: _____

Please indicate: ☐ Receives Mail ☐ Authorized to pick up

Spouse/Other Adult Last Name: _____ First Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Email Address: _____

Please indicate: ☐ Receives Mail ☐ Authorized to pick up

In cases of joint physical custody the District will use only Email #1 from each page for emergency notification/communication.

Adc 3/6/18

Please list below all siblings under the age of 21 who reside within your household. (Please include siblings preschool age or younger)

STUDENT NAME: _____ **DOB:** _____

Parent/Guardian Name: _____

Address: _____ **Phone:** _____

SIBLINGS:

Sister(s) Name(s)	**Date of Birth**	**Current Grade** (if applicable)
_____ Name	_____ DOB	_____ Grade
_____ Name	_____ DOB	_____ Grade
_____ Name	_____ DOB	_____ Grade
_____ Name	_____ DOB	_____ Grade

Brother(s) Name(s)	**Date of Birth**	**Current Grade** (if applicable)
_____ Name	_____ DOB	_____ Grade
_____ Name	_____ DOB	_____ Grade
_____ Name	_____ DOB	_____ Grade
_____ Name	_____ DOB	_____ Grade

adc 3/6/18

FOR OFFICE USE ONLY:
*If there are siblings preschool age or younger, please copy and forward this page to the Primary School and CSE office with a copy of parent information (pages 3 and 4).

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:

First *Middle* *Last*

DATE OF BIRTH:

Month *Day* *Year*

GENDER: ☐ Male ☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to Student*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	☐ English	☐ Other *specify*	
2. What was the first language your child learned?	☐ English	☐ Other *specify*	
3. What is the Home Language of each parent/guardian?	☐ Mother *specify*	☐ Father *specify*	
	☐ Guardian(s) *specify*		
4. What language(s) does your child understand?	☐ English	☐ Other *specify*	
5. What language(s) does your child speak?	☐ English	☐ Other *specify*	☐ Does not speak
6. What language(s) does your child read?	☐ English	☐ Other *specify*	☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other *specify*	☐ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	**STUDENT ID NUMBER IN NYSSTUDENT INFORMATION SYSTEM:**
District Name (Number) & School *Address*	

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* ☐ ***No*** ☐ ***Not sure*** ☐ ***If yes,** please explain:_____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ☐ **No** ☐ **Yes*** **Please complete 10b below*

10b. **If referred for an evaluation,* has your child ever *received* any special education services in the past?
☐ **No** ☐ **Yes – Type of services received:**_____

Age at which services received *(Please check all that apply):*
☐ **Birth to 3 years (Early Intervention)** ☐ **3 to 5 years (Special Education)** ☐ **6 years or older (Special Education)**

10c. Does your child have an Individualized Education Program (IEP)? ☐ **No** ☐ **Yes**

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year:

Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ☐ **Mother** ☐ **Father** ☐ **Other:**_____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: **POSITION:**

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: **POSITION:**

ORAL INTERVIEW NECESSARY: ☐ **NO** ☐ **YES**

****DATE OF INDIVIDUAL INTERVIEW:** _____ MO DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW:
☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: **POSITION:**

DATE OF NYSITELL ADMINISTRATION: MO. DAY YR.

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

CO - 90

RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Purpose of the form

Ichabod Crane Central School District has adopted a procedure that requires the collection and recording of the ethnic identity of students in accordance with the federal categories and definitions. The information will be used to:

- Report information to the state and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

Student Name: _____

Date of Birth: _____ **Grade:** _____

Directions for Parent/Guardian

Please review the Racial/Ethnic definitions below. Put a check (√) in the box for the category or categories which best describe your child. Ichabod Crane Central School understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all state and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a designated employee from the school will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) check (√) the box that best describes your child.] Check (√) only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **Hispanic**

☐ **NO, not Hispanic**

2. Select one or more races from the following five racial groups. [For question (2) check (√) all groups that apply to your child; check (√) at least ONE box.]

☐ **AMERICAN INDIAN OR ALASKA NATIVE**: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

☐ **ASIAN**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for Example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ **BLACK**: A person having origins in any of the black racial groups of Africa

☐ **WHITE**: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

_____ _____

Signature of Parent/Guardian/Other Date

Relationship to Student (Please circle one): ☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): _____

Adc 3/6/18

CO - 92

SCREENING FOR FAMILIES CURRENTLY OR PREVIOUSLY IN AGRICULTURE/FARMWORK

QUESTIONS FOR PARENT/GUARDIAN:

1. Have you in the last 3 years moved to different school districts? ☐ Yes ☐ No
2. Within the last 3 years, have you or anyone living with you, worked or are currently working, in **agricultural, food processing** or **farm work**?

   Ex: Crops, Dairy, Fish Farming, Fruits/Vegetables, Hay, Nursery/Greenhouse, Poultry

Please answer: ☐ Yes ☐ No

If **"Yes,"** to both questions above, please complete the items below.
If the answer is **"No"** to either question, **STOP – No need to complete the form below.**

Name of Student: _____ _____ _____
First Middle Last

Gender: ☐ Male ☐ Female

Date of Birth: ___/___/_____ MM DD YYYY

Grade: _____

Home Language: _____

Name of Parent / Guardian / Responsible Party:

_____

Siblings:

_____
_____
_____

Current Address:

_____
_____

Phone #:

_____

The Migrant Education Outreach Program was authorized by Congress to help eligible students maintain continuity in their education. It is authorized by Title 1, Part C of the ESEA. This program provides educational support to both students and their families.

I give permission for this document to be sent to the Migrant Education Outreach Program.

_____ _____ _____
Print Name of Parent/Guardian Signature of Parent/Guardian Date

You will be contacted by a representative from the program to do a full screening, determine your eligibility for services, and explain the program.

adc 3/6/18

FOR OFFICE USE: If the answer to both questions is "yes," mail the completed form to: Herkimer County BOCES Migrant Education Outreach Program, Mary K. Kline, Director, 352 Gros Blvd. Herkimer, NY 13350 Phone: (315) 867-2079 Fax: (315) 867-2087 Email: mkline@herkimer-boces.org

Ichabod Crane Central School
PO Box 820 Valatie, NY 12184

CO - 40

LOCATION OF HOME FOR TRANSPORTATION

Note: If completing for change of address please indicate the following information:

Effective date: _____

In cases of joint Legal custody please indicate: Primary residence: ☐ Secondary residence: ☐

(Please print all fields)

STUDENT NAME: _____ DOB: _____

Grade: _____ Male/Female: _____ Home Phone #: _____

Parent/Guardian Name: _____

Place of employment: _____ Wk. #: _____ Cell #: _____

Spouse/Other Adult Name: _____

Place of employment: _____ Wk. #: _____ Cell #: _____

☐ HIGH SCHOOL ☐ MIDDLE SCHOOL

☐ ELEMENTARY SCHOOL ☐ PRIMARY SCHOOL

RESIDENCE ADDRESS: (Road, Street, Development, etc.)

_____

_____

MAILING ADDRESS:

_____

_____

LOCATION DESCRIPTION: (Next to firehouse, church, etc.)

_____

_____

FOR OFFICE USE ONLY: This form must be copied and forwarded to the Transportation Dept.

Adc 3/6/18

ICHABOD CRANE CENTRAL SCHOOL DISTRICT
VALATIE N.Y. 12184
(518) 758-7676

HEALTH HISTORY

Student Name: Last_____First_____Middle Initial_____
Grade this student is attending when this form is filled in: _____ Teacher_____
Date of Birth_____ Place of Birth_____ M_☐_____ F_____☐_____
Address_____Phone (home) _____ (work) _____
Parent/Guardian: Mother_____Father_____
Family Physician _____
Physician Address_____

IF YOUR CHILD HAS EVER HAD ANY OF THE FOLLOWING, PLEASE GIVE DATE (S)

___ Anemia
___ Birth /Congenital Defects
___ Chicken Pox
___ Diabetes
___ Epilepsy (Seizure Disorder)
___ German Measles (Rubella)
___ Measles
___ Mumps
___ Nephritis (Kidney Disease)
___ Heart Disease
___ Poliomyelitis
___ Tuberculosis
___ Pneumonia
___ Rheumatic Fever
___ Scarlet Fever
___ Contact with TB (Tuberculosis)
___ Whooping Cough
___ Asthma (Type)
___ Ear Conditions
___ Frequent headaches (or migraines)
___ Operations _____
___ Serious Injuries
___ Allergies (food, insects, medications)
List: _____
___ Eyeglasses: all the time_☐__
Reading only_☐__
☐_ Prosthetic Devices:
Hearing Aid _☐__ Leg Braces_☐__
wheelchair_☐__ walker_☐__
Dental Appliance (braces, retainer)
List: _____
_____

Is there anything concerning the eyes, ears, or health of this child which the school nurse should know in order to provide special care? Yes☐_ No☐_ If yes, please explain:
_____
_____
Is it necessary for the child to have any daily medication? Yes☐_ No☐_
If yes, please explain: _____
Are there any other concerns not listed, which we should be aware of? Yes☐_ No☐_ If yes, please explain: _____
_____

NYSED requires a physical exam for new entrants and students in Grades Pre-K, K, 1,3,5,7,9,11. If your child has not had a recent physical by a physician, the school physician will provide a physical.

Please check one:
My child will have an exam by his/her private provider _☐____
My child may have an exam by school physician _☐____

Parent Signature_____ Date_____

April 2021

Dear Parents/Guardians:

This letter is to inform you of revisions to NYS School Health Service Regulations.

Health Exams & Screening Requirements

- **Health examinations will be required for new entrants and in grades Pre-K or K, 1, 3, 5, 7, 9 and 11.**
- **Vision screening for color perception, distance, and near vision acuity will be required for new entrants within 6 months of admission to school.**
- **Distance and near vision acuity will be required in grades Pre K or K, 1, 3, 5, 7, and 11.**
- **Hearing screening utilizing pure tone testing will be required for new entrants within 6 months of admission to school and in grades Pre K or K, 1, 3, 5, 7, and 11.**
- **Scoliosis screening will be required in grades 5 and 7 for girls and grade 9 for boys.**

Immunizations

Students entering 6th grade will require two additional immunizations:

- **Tdap**
- **2nd dose of Varicella - A health care provider's signed medical record indicating the student had varicella disease is acceptable proof of immunity.**

Students who are entering 6th grade and who are 11 years of age or older must receive an immunization containing tetanus toxoids, diphtheria, and acellular pertussis (Tdap).

Students who are 10 years old and entering 6th grade will not be required to receive the Tdap until they turn 11 years old. At that time they must provide documentation of a booster dose of Tdap or provide proof of an appointment for the booster dose within 14 days.

Students entering 7th & 12th grade

- **Students entering Grade 7 must have 1 dose of meningococcal vaccine. They will be required to get a booster at age 16.**

- **Students entering Grade 12 must have either:**
  - **2 doses of meningococcal vaccine with the booster dose given on or after age 16**
  - **1 dose if your child's first dose was given on or after age 16**

Please call (518) 758-7575 ext., 4093, if you have any questions or concerns.

Sincerely,

Michelle Warner, RN
School Nurse Coordinator
ICC High School Nurse
Telephone: (518) 758-7575 ext. 4093
Fax: (518) 758-2181

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other : _____

Seizures ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached
☐Type 1 ☐ Type 2 ☐ HbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI_____kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 10 µg/dL			

Other Pertinent Medical Concerns
One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ Other:

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list)	ICD-10 Code
_____	_____
_____	_____
_____	_____
_____	_____

Name:				DOB:
SCREENINGS				
Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right** dB	**Left** dB	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

- ☐ **No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- ☐ **No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- ☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

Ichabod Crane Central School
PO Box 820
Valatie, New York 12184-1037

CO – 39

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Student: _____ Current Grade: _____

Previous Address: _____

_____

New Address: _____

_____

I hereby request that the Board of Education transfer copies of the following records Concerning the student named above:

- Academic Records (including state assessments)
- Attendance Records
- Health/Immunization Records AND Most recent Physical
- Comprehensive Psychological Report (CONFIDENTIAL)
- Individual Education Program (IEP) or 504 Plan (CONFIDENTIAL)
- Copy of Free and Reduced Lunch application or District Certification Letter
- Copy of legal determination regarding guardianship/custody (if applicable)
- Discipline record
- Other _____

FROM:

School Child is Leaving: _____

School Address: _____

School Phone: _____ School Fax: _____

_____ _____

Date Parent/Guardian Signature

FOR OFFICE USE ONLY:

Please fax records to:

Primary School (Grades K-3) Fax: (518) 758-2199 Elementary/Middle School (Grades 4-8) Fax: (518) 758-1405

High School (Grades 9-12) Fax: (518) 758-8269 SPED Fax: (518) 758-2230

Request for records sent to former school _____ _____
Date Initials

Records received from school _____ _____
Date Initials

ac-09/26/12, adc 3/7/18

Ichabod Crane CSD
Valatie, NY 12184

EMERGENCY INFORMATION 2022-2023

STUDENT NAME: _____ Grade: _____

IN EVENT OF ILLNESS OR INJURY - IF PARENT/GUARDIAN IS UNAVAILABLE, CONTACT:

Relation to Student	Print Full Name	Phone Number	Authorized to Pick Up Student (Please initial)

EN CASO DE ENFERMEDAD O ACCIDENTE - SI EL PADRE/TUTOR NO ESTA DISPONIBLE, CONTACTAR:

Relación a estudiante	Imprima el nombre completo	Télefono	Autorización para recoger Estudiante (Por favor inicial)

_____ _____

Date
fecha

Parent Signature
Firma del Padre

8/4/14 – amb, 12/1/15;adc, 6/13/17, 4/20/18 - adc

Date Withdrew_____ _____ F ____R _____D_____

2022-2023 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below.** Call **518-758-4208** if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Ichabod Crane Central School**
2910 Route 9
Valatie, New York, 12184

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).
List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions *Amount / How Often*	Child Support, Alimony *Amount / How Often*	Pensions, Retirement Payments *Amount / How Often*	Other Income, Social Security *Amount / How Often*	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

Total Household Members (Children and Adults) ☐☐

***Last Four Digits of Social Security Number:** XXX-XX-__ __ __ __ I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.
Signature: _____ **Date:** _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Home Address:_____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.
Ethnicity: ☐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 Island ☐White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____/_____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official_____ **Date Notice Sent:**_____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to _____.
If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: _____. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
(4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
(5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of 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 primary wage earner or other 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), 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.

DISCRIMINATION COMPLAINTS

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

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

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

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

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

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

This institution is an equal opportunity provider.