



Newmarket Junior Senior High School
213 South Main Street
Newmarket, New Hampshire 03857-1898
Phone:(603) 659-3271 Fax:(603) 659-1287
www.newmarket.k12.nh.us

Andrew Korman
J Fitzpatrick
Jeanne Civiello
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Jamie Hayes

Principal
Assistant Principal
Special Ed, Assist Principal
Counseling Director
Athletic Director

New Student Registration Procedures:

1. Complete the online registration on our website:
<https://nhcloud1.infinitecampus.org/campus/apps/olr/application/login/kiosk-app-type>
2. Download, print and complete the paper packet for the Junior/Senior High School. Bring to the school during the business hours of 7:00 am - 3:00 pm during the academic year or M-TH 8:00 am - 1:00 pm during the summer months, or email to the Manya Cetlin at cetlinm@newmarket.k12.nh.us.
3. These documents are REQUIRED and must be provided with the registration packet:
 - a. Birth Certificate (*original - we will make a copy*)
 - b. Up to date immunization records
 - c. Most recent physical examination by a medical provider (*must be within the last 12 months*) well child visit or school sports physical is sufficient.
 - d. Proof of residency (lease or rental agreement, plus two other forms that show current address such as cable, utility or credit card bills, homeowner or rental insurance policy, voter registration, property tax bill.)
 - e. Custody/legal guardianship documents (*if applicable*)
4. These documents are required, but we can obtain them with a signed release form if you do not have a copy:
 - a. Transcript from previous school (unofficial is acceptable)
 - b. Copy of student's most recent report card.
 - c. Copy of current IEP or 504 Plan (if applicable)
5. Contact the Counseling Department at (603) 292-7943 to set up an enrollment appointment.

If you have any questions, please contact Manya Cetlin at (603) 292-7943.



Newmarket School District Student Registration Form 1

v1.1

Child Information: (please print, using black or blue ink)

NAME: _____ NICKNAME _____
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS _____ GENDER ___M ___F

CITY _____ STATE _____ ZIP _____ Home Phone _____ Student Cell _____

MAILING ADDRESS (if different from above) _____

DATE of BIRTH _____ CITY/STATE of BIRTH _____ / _____ BIRTH CERT? ___Y ___N

ETHNICITY: 1. Hispanic / Latino Yes _____ No _____

2. Select one or more races from the following five (5) racial groups:

(1) American Indian/Alaskan Native _____ (2) Asian _____ (3) Black / African American _____

(4) Native Hawaiian / Other Pacific Islander _____ (5) White _____

LAST SCHOOL ATTENDED:

_____ LAST GRADE: _____
(School) (City) (State)

DATE of WITHDRAWAL _____ **GRADE now ENTERING** _____

Has your child ever registered or been evaluated by Newmarket Public Schools before? Yes ___ No ___

If yes, when, or how long ago? _____

Does your child receive Special Services now?

If yes, check all that apply: IEP _____ 504 _____ Other _____ Yes ___ No ___

Does your child have health issues? ___ Yes ___ No Explain: _____

NAME of CHILD'S PARENTS / LEGAL GUARDIANS:

FATHER/Step _____ MOTHER/Step _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Employer _____ Employer _____

If there is a secondary household that should receive mailings/emails, please provide the information below:

Name _____ Relationship to child _____

Mailing Address _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

Email address _____

(Parent / Guardian Signature)

DATE _____

Newmarket School District Student Registration Form 2

v1.2

ALL CHILDREN LIVING IN THE HOUSEHOLD

Please list **all other** children living in the household (include those who are not attending school).

Child: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Current Grade Level: _____
School: (Please check one) <input type="checkbox"/> Newmarket Elementary School	<input type="checkbox"/> Newmarket Jr.-Sr.HS	<input type="checkbox"/> Home-Schooled <input type="checkbox"/> None
Legal Name on Birth Certificate: _____		
	Last	First Middle
Nickname: _____	Birth Date: _____	Birth Place: _____
ETHNICITY:	1. Hispanic / Latino Yes _____ No _____	
	2. Select one or more races from the following five (5) racial groups:	
	(1) American Indian/Alaskan Native _____	(2) Asian _____ (3) Black / African American _____
	(4) Native Hawaiian / Other Pacific Islander _____	(5) White _____
Child lives with: (Check all that apply)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify) _____	

Child: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Current Grade Level: _____
School: (Please check one) <input type="checkbox"/> Newmarket Elementary School	<input type="checkbox"/> Newmarket Jr.-Sr.HS	<input type="checkbox"/> Home-Schooled <input type="checkbox"/> None
Legal Name on Birth Certificate: _____		
	Last	First Middle
Nickname: _____	Birth Date: _____	Birth Place: _____
ETHNICITY:	1. Hispanic / Latino Yes _____ No _____	
	2. Select one or more races from the following five (5) racial groups:	
	(1) American Indian/Alaskan Native _____	(2) Asian _____ (3) Black / African American _____
	(4) Native Hawaiian / Other Pacific Islander _____	(5) White _____
Child lives with: (Check all that apply)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify) _____	

Child: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Current Grade Level: _____
School: (Please check one) <input type="checkbox"/> Newmarket Elementary School	<input type="checkbox"/> Newmarket Jr.-Sr.HS	<input type="checkbox"/> Home-Schooled <input type="checkbox"/> None
Legal Name on Birth Certificate: _____		
	Last	First Middle
Nickname: _____	Birth Date: _____	Birth Place: _____
ETHNICITY:	1. Hispanic / Latino Yes _____ No _____	
	2. Select one or more races from the following five (5) racial groups:	
	(1) American Indian/Alaskan Native _____	(2) Asian _____ (3) Black / African American _____
	(4) Native Hawaiian / Other Pacific Islander _____	(5) White _____
Child lives with: (Check all that apply)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify) _____	

ALL OTHER ADULTS LIVING IN THE HOUSEHOLD
Other than parents/guardians, list all other adults living in the household.

NAME _____	RELATIONSHIP TO STUDENT _____
NAME _____	RELATIONSHIP TO STUDENT _____
NAME _____	RELATIONSHIP TO STUDENT _____
NAME _____	RELATIONSHIP TO STUDENT _____

PERMISSIONS

1. Photos or videos of classroom activities and/or individual students may be taken for either release to the local media or school use on our website. Identification of students is always limited to name, school and grade. Student work may also be published on our website or submitted to newspapers or other authorized websites. Permission to publish photos or videos or work of your child is assumed with your signature below and by marking the YES box.
2. Walking field trips are those where students leave the classroom with a teacher during the school day for educational purposes, i.e. examine leaves on trees during the fall, etc. Permission for this activity is assumed with your signature below and by marking the YES box.
3. In case of unexpected early dismissal due to emergency situations (refer to our handbook on our website) I have informed or will inform my child as to what procedure he/she should follow.
4. Other than parent/guardian, the following have permission to pick up my child:

NAME _____	RELATIONSHIP TO CHILD _____	PHONE _____
NAME _____	RELATIONSHIP TO CHILD _____	PHONE _____
Permission for walking field trips _____	YES	
Permission for videos/photos/work _____	YES	
PARENT/GUARDIAN SIGNATURE _____		DATE _____

HEALTH INSURANCE

State law requires that any student attending an off-campus field trip needs to have health insurance information on file, either private, HealthyKids or purchased from the school. Please complete below.

Health Insurance Provider _____

Health Insurance Number _____ Medicaid Number _____

EMERGENCY CONTACTS

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE IF YOU CANNOT BE REACHED

#1 NAME _____	#2 NAME _____
#1 ADDRESS _____	#2 ADDRESS _____
#1 PHONE _____	#2 PHONE _____

CUSTODY – COMPLETE IN SITUATION OF DIVORCE OR SEPARATION

Parent/Guardian must provide copy of separation or divorce agreement to principal or guidance counselor.

If divorce or separation, who has **legal** custody of the child? NAME/RELATION _____

Who has **physical** custody during the week? NAME/RELATION _____

INTERNET ACCESS

Does Parent/Guardian have access to the Internet? At Home ___ Yes ___ No At Work ___ Yes ___ No

Does Child have access to the Internet at home? ___ Yes ___ No

Does Child have access to a printer at home? ___ Yes ___ No

NEWMARKET JR/SR HIGH SCHOOL
Residency Requirement for Attendance
RSA 193:12 New Hampshire School Attendance Statute
Effective: June 18, 1998

Parent/Guardian: Please check the appropriate box, provide verifying documentation and sign below.

No person shall attend school or send a pupil to the school in any district of which the pupil is not a legal resident.

legal residence is where his/her parents reside

if parents live apart and are not divorced, legal residence is the residence of the parent with whom the minor child resides

in a divorce decree where parents are awarded joint legal custody, the legal residence of a minor child is the residence of the parent with whom the child resides

if a parent is awarded sole or primary physical custody by a court, legal residence of a minor child is the residence of the parent who has sole or primary physical custody

if a minor child is in the custody of a legal guardian appointed by a court, legal residence is where the guardian resides

if the Department of Health and Human Services has been appointed legal guardian, the residence of the minor child is where the child is placed by the department or court

whenever a petition for guardianship or legal custody is filed in court on behalf of a relative of a minor child, other than a parent, the child may be permitted to attend school in the district in which the relative of the child resides pending a court determination relative to custody or guardianship

Date when petition was filed: _____

Date court documentation received: _____

pupil is 18 years of age or older

other as defined by the Director of Guidance

I hereby certify that the residency and legal guardianship as checked above for enrollment purposes if true and correct. I understand and agree that if it is determined that this information is false, the student will be disenrolled and denied all services by the SAU 31 school district.

Signature: _____

Date: _____

School Administrative Unit #31

186A Main St.

Newmarket, NH 03857

(603) 659-5020

Fax: (603) 659-5022

www.newmarket.k12.nh.us

Proof of Residency

Name of Student: _____ Date of Birth: _____

Address: _____

Before a child can be enrolled, proof of residency must be established by presenting the required number of documents from each of the following categories:

Category I- (One document required)

Homeowners: <input type="checkbox"/> Most recent Tax Bill <input type="checkbox"/> Mortgage Papers <input type="checkbox"/> Certificate of Occupancy on a newly built home.	Renter: <input type="checkbox"/> Signed and dated lease and proof of last two months' payment if lease is not at its inception (canceled check or receipts required).	Other: <input type="checkbox"/> Letter from landlord and proof of last two months' payments (canceled check or receipts required). <input type="checkbox"/> Notarized letter with explanation of living arrangements from the resident owner of the property containing contact information for verification by the SAU.
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Category II- (Two documents showing proper address is required)

- | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> Auto insurance policy or | <input type="checkbox"/> Current public aid card |
| <input type="checkbox"/> Most recent cable/television and/or credit card bill | <input type="checkbox"/> Voter registration |
| <input type="checkbox"/> Current homeowners/renters insurance policy | <input type="checkbox"/> Most recent gas, electric, oil and/or water bill |

The following additional documents are also required to be submitted:

- Any court ordered, judgements, decrees or other documents (e.g., joint agreements) awarding primary physical custody or granting guardianship of the student to any person.

The SAU reserves the right to evaluate and investigate the documents presented as evidence of residency. By presenting the documents listed above in this procedure does not guarantee admission.

I certify that the facts set forth in this residency form are true and complete. I understand that providing misleading or false information about residency is a criminal offense.

Signature of Parent/Guardian: _____ Date: _____

Relationship: _____ Date: _____

Address of Parent/Guardian: _____

Phone Number: Home #: _____ Cell #: _____

Home Language Survey

School: _____ District: _____ Date: _____

Student Information			
First name:	Last name:	Date of Birth:	Gender: <input type="checkbox"/> female <input type="checkbox"/> male
Country of Birth:		Date first enrolled in a U.S. school: Month _____ Year _____	Current grade:

Family Information	
Name of parent/legal guardian:	Phone number:
Address:	<input type="checkbox"/> Please translate school notices. Language _____

Questions for Parents/Guardians	Response
Please list all languages spoken in your home.	
Which language did your child first hear or speak?	
If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.	
Which language(s) do you speak to your child?	
Which language(s) does your child speak at home with adults?	
Which language(s) does your child speak at home with other children?	

For parents and guardians: If a language other than English is listed above, an ESOL teacher will test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/guardians may accept or decline ESOL program services for their child.

Instructions for survey administrator:

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey. Date of referral to ESOL teacher: _____
3. File original Home Language Survey in student's cumulative folder.



Newmarket Junior-Senior High School
 213 South Main Street
 Newmarket, NH 03857-1898
 603-292-7974 Fax 603-659-1287
www.newmarket.k12.nh.us/nhs

Dear Registrar,

The following student(s) from your school have recently enrolled with us:

_____ **Grade** _____

_____ **Grade** _____

Please send us the following via fax and then mail the cumulative file

_____ Official school transcript

_____ Health record

_____ Standardized Achievement Tests

_____ All official records (name, address, birth date, grade level completed, grades, class standing and attendance records)

_____ Intelligence & aptitude test data

_____ Family background data

_____ All Special Education information (including psychological, speech/occupational therapy information)

_____ Other (specify)

Parental Consent Statement:

I hereby give my consent for all records and reports relating to my child to be released to Newmarket Junior/Senior High School. I understand that I have a right to review all of my child's records which are being sent, and may request copies at a cost established by the Newmarket School Board. I understand that I have the right to record review hearing to challenge the content of my child's records and may do so by contacting the principal of the school.

 Signature of parent or guardian

 Date

Name and address of previous school _____

School Phone _____ School Fax _____



NEWMARKET SCHOOL DISTRICT – SAU 31

Student and Parent/Guardian Chromebook Use Agreement

A Chromebook laptop is being provided to your student as part of the Newmarket School District's 1:1 Technology Initiative, developed to provide all students access to technology at school, as well as at home.

Terms and Conditions

- I. We understand that the Newmarket School District is loaning our student a Chromebook that is primarily to be used for academic and educational purposes pertaining to coursework at Newmarket School District ("District").
- II. We understand and agree that the Chromebook is District property and subject to inspection by the District at any time without notice.
- III. We agree to follow all applicable District policies, rules and procedures governing the use of technology (including the *Newmarket School District Technology Acceptable Use Policy & Student Handbook*), during and outside of school hours, as well as on and off school property. These rules include but are not limited to the following:
 - Taking full responsibility for the Chromebook, case, and power adapter
 - Being personally responsible for all damage or loss caused by accident, neglect, or abuse
 - Keeping food and beverages away from the Chromebook
 - Protecting the Chromebook by storing and transporting it securely and safely in the provided case
 - Ensuring the keyboard area is free and clear of objects before closing the lid to prevent accidental damage to the screen
 - Never leaving the Chromebook unattended
 - Never loaning out the Chromebook or power adapter to classmates or other individuals
 - Charging the Chromebook battery daily
 - Not disassembling any part of the Chromebook or attempting any repairs
 - Never downloading or installing applications or extensions other than those approved by the District
 - Not placing inappropriate decorations (profanity, drugs/alcohol, nudity, etc) on the Chromebook. Stickers and decals are allowed. However, writing on the device will be considered vandalism
 - Removing or covering up the red SAU31 Technology Department asset tag will be considered vandalism
- IV. All Chromebook issues (damaged, non-functioning, lost, or stolen devices) should be reported by students to any classroom teacher in a timely manner. The classroom teacher will then notify the SAU31 Technology Department via the internal technology help desk. A loaner Chromebook will be provided to students while repairs are being made.

The District will provide one free repair for **accidental** damage (lost charger, broken screen, damaged keyboard, etc.) during the four year life of the device. Any additional repairs outside of malfunctions or device defects will incur a fee.

If the Chromebook is **lost**, or the damage is determined to be a result of **vandalism**, the following fees (*but not limited to*) will automatically be applied:

General Chromebook Damage	Lost/Irreparable Device
• Broken Screen \$50	• 1st Year - \$280
• Broken Keyboard \$75	• 2nd Year - \$210
• Lost Charger \$30	• 3rd Year - \$140
• Asset Tag \$20	• 4th Year - \$70

Students with multiple outstanding fees will not be allowed to bring a Chromebook home, and will be required to check out a loaner Chromebook from the SAU31 Technology Office daily.

By signing my name below, I agree that I have read, understand and agree to abide by the stipulations set forth in this Agreement, the Newmarket School District Acceptable Use Policy, and all District policies, rules and procedures governing the use of technology.

_____/_____
Student Name / Grade

Parent/Guardian

_____/_____
Student Signature / Date

_____/_____
Parent/Guardian / Date



NEWMARKET SCHOOL DISTRICT – SAU 31 Agreement to Use Campus Portal – Parents/Guardians & Students

Campus Portal Purpose: To provide parents/guardians and students the opportunity to view student data and information over the internet. Information may include but is not be limited to grades, assignments, schedules, and attendance from the District's student information system, Infinite Campus.

I am requesting access to my (or my student 's) information on Newmarket School District's Infinite Campus website via the Campus Portal. I agree to abide by and support the expectations listed below. I understand, for the interest of security, the District reserves the right to change user passwords or deny access at anytime. By signing this agreement I, as a user, release the Newmarket School District from any and all liability for damages arising out of the unauthorized access to my portal account. I agree to protect any information transferred to my computer, or destroy the documentation generated or printed from this site.

IMPORTANT: If disclosure of student/family information occurs to unauthorized individuals or if access privileges need to change, then this Portal User must notify the school and request a change in their log-in and password. A request for a change will only be honored for this user's access.

I understand that three unsuccessful logins will disable my account. If my account becomes locked I will make the request in person as described in the previous paragraph. I will recognize that it may take as much as 3 school days for the account information to be restored.

1. All records, data, or information related to individual students shall be treated as confidential, and shall be maintained in the manner that will assure the privacy of students and parents. Parents/guardians and eligible students are only granted access to the electronic information via a unique user ID and strong password.
2. Your signature on this form indicates that you have carefully read and understand the significance of the terms and conditions set forth that will remain in effect for the duration of your enrollment with the Newmarket Infinite Campus Portal website.
3. The Newmarket School District is committed to maintaining the confidentiality of educational records and any other student information from the District's student information system. I agree that I will not share my password with anyone. I will not allow anyone else to use the account via my username and password.
4. Portal users will not attempt to harm or destroy data of their children, another user, school, or district network.
5. Portal users will not use the Campus Portal for any illegal activity including violation of Data Privacy laws. Anyone found to be violating the laws would be subject to civil and/or criminal prosecution.
6. Portal users will not access data or any account owned by another parent/student.
8. Individuals who are identified as a security risk to the Campus Portal or to any other Newmarket School District computers or networks will be denied access to the Campus Portal.
9. All data in the Campus Portal is unofficial. This includes, but is not limited to, attendance, grades, transcripts, and class assignments.

Parents/Students will have access to the following unofficial data:

Household •Messages •Attendance •Transcript •To-Do List •Class assignments for current classes •Food Service Account • Reports • Teacher Newsletters

Updates will vary from class to class. Parents can expect that grades for an assignment will be posted seven days after that assignment

X _____
Student name (please print legibly)

X _____
Parent/Guardian name (please print legibly)

X _____
Student signature

X _____
Date

X _____
Parent/Guardian signature

X _____
Date

X _____
Student email

X _____
Parent email






SAU31 Technology Department Welcome Letter



Please follow the directions below to log into computer resources. Let your teacher know if you have any trouble.

Examples below are for a student named Jane Doe whose graduation year is 2027

<p>Email/Chromebook</p> 	<p>Site: https://accounts.google.com</p> <p>Email address: 27doej@newmarket.k12.nh.us</p> <p>Temporary password: Temp#1234</p> <p>You will be prompted to change your password. It must have at least 8 characters and include at least one capital letter and one number.</p>
<p>Infinite Campus SIS</p> 	<p>Site: https://nhcloud1.infinitecampus.org/campus/portal/students/newmarket.jsp</p> <p>Username: 27doej</p> <p>Temporary password: Welcome2ic</p> <p>You will be prompted to change your password. It must have at least 8 characters and include at least one capital letter and one number. It can be the same as your email password.</p>
<p>Classroom Windows computers</p> 	<p>Username: 27doej</p> <p>Temporary password: Temp#1234</p> <p>You will be prompted to change your password. It must have at least 8 characters and include at least one capital letter and one number. We recommend using the same password as your Google account.</p>

Daily Bell Schedule (High School)

Building opens at: 7:15 a.m.

A Block	7:35 - 9:00
Advisory	9:05 - 9:30
B Block	9:35 - 11:00
C Block	11:05 - 1:00 <i>Lunch 1, 11:05 - 11:35</i> <i>Lunch 3, 12:30 - 1:00</i>
D Block	1:05 - 2:30
Dismissal	2:30

Early Release Schedule (High School)

Building opens at: 7:15 a.m.

A Block	7:35 - 8:25
B Block	8:30 - 9:20
C Block	9:25 - 10:15
D Block	10:20 - 11:10 <i>Lunch 1, 11:10 - 11:30</i>
Dismissal	11:30

Delayed Opening Schedule (High School)

Building opens at: 9:10 a.m.

A Block	9:35 - 10:30
B Block	10:35 - 11:30
C Block	11:35 - 1:35 <i>Lunch 1, 11:25 - 12:05</i> <i>Lunch 3, 1:05 - 1:35</i>
D Block	1:35 - 2:30
Dismissal	2:30

Daily Bell Schedule (Junior High School)

Building opens at: 7:15 a.m.

Period 1	7:35 - 8:30
Period 2	8:30 - 9:25
Period 3	9:25 - 10:20
WIN	10:20 - 11:00
Period 4	11:00 - 11:55
Lunch 2	11:55 - 12:25
Period 5	12:25 - 1:20
Period 6	1:20 - 2:15
Advisory	2:15 - 2:30

Early Release Schedule (Junior High School)

Building opens at: 7:15 a.m.

Period 1	7:35 - 8:06
Period 2	8:06 - 8:37
Period 3	8:37 - 9:08
WIN	9:08 - 9:39
Period 4	9:39 - 10:10
Period 5	10:10 - 10:41
Period 6	10:41 - 11:10
Lunch	11:10 - 11:30

Delayed Opening Schedule (Junior High School)

Building opens at: 9:10 a.m.

Period 1	9:35 - 10:13
Period 2	10:13 - 10:51
Period 3	10:51 - 11:29
WIN	11:29 - 12:07
Lunch 2	12:07 - 12:37
Period 4	12:37 - 1:15
Period 5	1:15 - 1:53
Period 6	1:53 - 2:30

NEWMARKET SCHOOL DISTRICT SAU 31

2023-24 School Year Calendar

July 2023						January 2024 - 20/21					
M	T	W	Th	F		M	T	W	Th	F	
						1	2	3	4	5	Dec 25- Jan 1: Recess
July 4: Independence Day	3	4	5	6	7	8	9	10	11	12	Jan 15: MLK Day
	10	11	12	13	14	15	16	17	18	19	Jan 16: Staff PD
	17	18	19	20	21	22	23	24	25	26	
	24	25	26	27	28	29	30	31			

August - 4/6						February - 17/17					
M	T	W	Th	F		M	T	W	Th	F	
									1	2	
	31	1	2	3	4	5	6	7	8	9	
Aug 22-23: Orientation	14	15	16	17	18	12	13	14	15	16	Feb 14: Early Release
Aug 24: Staff Return	21	22	23	24	25	19	20	21	22	23	
Aug 28: 1st Day of School	28	29	30	31		26	27	28	29		Feb 26- Mar 1: Recess

September - 18/19						March - 19/20					
M	T	W	Th	F		M	T	W	Th	F	
				1						1	Feb 26- Mar 1: Recess
Sept 1: No School	4	5	6	7	8	4	5	6	7	8	
Sept 4: Labor Day	11	12	13	14	15	11	12	13	14	15	Mar 12: Staff PD
	18	19	20	21	22	18	19	20	21	22	
Sept 29: PD	25	26	27	28	29	25	26	27	28	29	

October - 21/21						April - 17/17					
M	T	W	Th	F		M	T	W	Th	F	
						1	2	3	4	5	April 3: Early Release
Oct 9: Columbus Day	9	10	11	12	13	8	9	10	11	12	
	16	17	18	19	20	15	16	17	18	19	April 22-26: Recess
	23	24	25	26	27	22	23	24	25	26	
	30	31				29	30				

November - 17/18						May - 22/22					
M	T	W	Th	F		M	T	W	Th	F	
		1	2	3				1	2	3	
Nov 7: PD	6	7	8	9	10	6	7	8	9	10	
Nov 10: Veterans Day	13	14	15	16	17	13	14	15	16	17	May 15: Early Release
Nov 22-24: Thanksgiving	20	21	22	23	24	20	21	22	23	24	
	27	28	29	30		27	28	29	30	31	May 27: Memorial Day

December - 16/16						June - 9/9					
M	T	W	Th	F		M	T	W	Th	F	
				1							
	4	5	6	7	8	3	4	5	6	7	June 7: Graduation
	11	12	13	14	15	10	11	12	13	14	June 13: Last Day ½ Day-No Snow days
Dec 18: 1st Day Chanukah	18	19	20	21	22	17	18	19	20	21	June 19: Juneteenth
Dec 25- Jan 1: Recess	25	26	27	28	29	24	25	26	27	28	June 20: Last Day, ½ Day-w/ 5 Snow Makeup Days

Key

	Holiday or vacation		Early Release (½ day)
	No school; Staff PD/CD		5 Snow Days



**School Administrative Unit #31
Newmarket School District**
186A Main Street, Newmarket, NH 03857
(603) 659-5020 Fax (603) 659-5022
www.newmarket.k12.nh.us



Todd Allen
Superintendent of Schools

Patricia Wons
Director of CIA &
Professional Learning

Janna Mellon
Business Administrator

Erica MacNeil
Director of Student
Services

SCHOOL YEAR 2023-2024

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Newmarket School District** offers healthy meals every school day. Breakfast costs **\$1.75 at NES and \$2.00 at NJSHS**; lunch costs **\$3.25 at NES and \$3.50 at NJSHS**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.00** for breakfast and **\$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.

1. Who can get free or reduced priced meals?

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

FEDERAL ELIGIBILITY INCOME CHART For School Year 2023-2024

Household size	Yearly	Monthly	Weekly
1	\$ 26,973	\$ 2,248	\$ 519

2	\$ 36,482	\$ 3,041	\$ 702
3	\$ 45,991	\$ 3,833	\$ 885
4	\$ 55,500	\$ 4,625	\$ 1,068
5	\$ 65,009	\$ 5,418	\$ 1,251
6	\$ 74,518	\$ 6,210	\$ 1,434
7	\$ 84,027	\$ 7,003	\$ 1,616
8	\$ 93,536	\$ 7,795	\$ 1,799
Each additional person:	+ \$ 9,509	+ \$ 793	+ \$ 183

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 email [school, homeless liaison or migrant coordinator].
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: **Newmarket School District, Attn: Justin Loring, 186A Main Street, Newmarket, NH 03857.**
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 **Justin Loring at 603-569-5020, loringj@newmarket.k12.nh.us**, immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **newmarket.k12.nh.us**, under the **Food Service Tab** to begin or to learn more about the online application process. Contact **Justin Loring at 603-659-5020, loringj@newmarket.k12.nh.us**, if you have any questions about the online application.
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 10, 2023**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

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: **Janna Mellon, 603-659-5020, mellonj@newmarket.k12.nh.us.**
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, 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 **Justin Loring at 603-659-5020, loringj@newmarket.k12.nh.us** 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 SNAP, TANF or FDPIR or other assistance benefits, contact your local assistance office or call client services toll free at 1-800-852-3345 ext. x4238, 1-844-275-3447 or 1-603-271-9700.

If you have other questions or need help, call [phone number].

Sincerely,

Janna Mellon, Business Administrator

This institution is an equal opportunity provider.

How To Apply for Free and Reduced Price School Meals

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

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Justin Loring, 603-659-5020, loringj@newmarket.k12.nh.us.

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

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

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

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

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

<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.</p>	<p>B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.</p>	<p>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.</p> <p>Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</p>
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Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

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

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

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

- Check "No" in Step 2 and go to Step 3.

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

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

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

How do I report my income?

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

3.A. Report income earned by adults

Who should I list here?

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

Step 4: Contact information and adult signature

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

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

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

C) Mail completed application to:
 Newmarket School District
 Attn: Justin Loring
 186A Main Street
 Newmarket, NH 03857

Optional

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

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

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

1) List adult household members' names.

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

2) List earnings from work.

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

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

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

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

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

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

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

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

5) List total household size.

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

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

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

3.B List income earned by children

List all income earned or received by children.

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

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

2023 - 2024 Child Nutrition Programs Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

**APPLY ONLINE:
RETURN TO (School/District Name):** Newmarket School District
ADDRESS: 186A Main Street, Newmarket, NH 03857

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

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

Child's First Name	MI	Child's Last Name	Grade	Check all that apply				Foster Child	Migrant	Runaway	Homeless	If you checked any of these boxes, please refer to the Application's Instruction's Step 1: Part C & Part D.
				<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"/>

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

NO → Go to STEP 3. YES → Write case number here and proceed to STEP 4. **CASE NUMBER (NOT EBT NUMBER):** _____

Write only one case number in this space.

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

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

Name of Adult Household Members (First and Last)	Earnings from Work			How often received?			Public Assistance, Child Support, Alimony			How often received?			Pensions, Retirement, Social Security, SS, VA Benefits, All Other			How often received?				
	Weekly	2x/Month	Monthly	Annual	Weekly	2x/Month	Monthly	Weekly	2x/Month	Monthly	Weekly	2x/Month	Monthly	Weekly	2x/Month	Monthly				
	\$				\$				\$				\$				\$			
	\$				\$				\$				\$				\$			
	\$				\$				\$				\$				\$			
	\$				\$				\$				\$				\$			
	\$				\$				\$				\$				\$			

Total Household Members (Children and Adults) _____

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

Child Income: \$ _____

How often received?
 Weekly 2x/Month Monthly Annual

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

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

Print Name of Adult Signing the Form: _____ Signature of Adult: _____ Today's Date: _____

Mailing Address (if available): _____ City: _____ State: _____ Zip: _____ Phone (optional): _____ Email (optional): _____

Return completed form to your child's school.

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

SOURCES AND EXAMPLES OF INCOME

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

Sources of Income

<p>Earnings from Work</p> <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions 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) Allowances for off-base housing, food, and clothing 	<p>Public Assistance/Alimony/Child Support</p> <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<p>Pensions/Retirement/All other sources of income</p> <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned Interest Rental income Regular cash payments from outside household
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Examples of Income for Children

- A child has a regular full or part-time job where they earn a salary or wages
- A child is blind or disabled and receives Social Security benefits
- A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

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

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

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

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

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

DO NOT FILL OUT For school use only.

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

Total Income

How often?

Weekly	Every 2 Weeks	2x/Month	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Household size

Categorical Eligibility

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature Date

Confirming Official's Signature Date

Verifying Official's Signature Date

Use of Information Statement

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

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

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

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

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

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

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

Return completed form to your child's school.

This institution is an equal opportunity provider.