



Quitman High School

1101 East Goode Street Quitman, TX 75783
903.763.5000 – Phone 903.763.2589 – Fax

DANA HAMRICK – Principal
DAVID FRENCH – Assistant Principal

Quitman High School 2018-2019 New Student Registration Packet

Students NEW to Quitman HS

The following should be turned in along with a completed registration packet:

- **Withdrawal form from previous school—unless enrolling for new school year in August,**
- **Copy of parent/guardian’s driver’s license,**
- **Proof of residency within the district—copy of a current utility bill or lease agreement,**
- **Copy of student’s immunization records,**
- Copy of student’s official birth certificate,
- Copy of student’s Social Security card,
- Copy of last report card and/or transcript,
- Copy of any court orders pertaining to student, if applicable.

***Items in **BOLD** are **REQUIRED** at time of registration. If possible, other items will be obtained from prior school of attendance.*

Thank you,

Jeana Hensley
QHS Registrar
903-763-5000, ext. 2904
hensleyj@quitmanisd.net

“Building Better Bulldogs!”

QUITMAN JUNIOR HIGH & HIGH SCHOOL ENROLLMENT DATA 2018-2019

Student Name _____ **Grade** _____

Sex: Male ___ Female ___ Social Security Number _____ Birthdate _____

Primary Phone # _____ Home Phone # (if different) _____

Physical Address _____ **City** _____ **State** _____ **Zip** _____

Mailing Address (if different) _____ **City** _____ **State** _____ **Zip** _____

Name of last school attended _____ Phone _____

City/State/District _____

Have you ever attended school in Quitman ISD before? ___ Yes ___ No If yes, what grade _____

Has your child been in special classes? ___ Yes ___ No

Specify: ___ G/T ___ Speech ___ Resource ___ ESL ___ Dyslexia or Other _____

CONTACT INFORMATION:

****Both 1st & 2nd Contact will be coded as "Guardian" with rights to confidential information.**

1st Contact _____ **Relation** _____ **Home Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Employer _____ **Work Phone** _____ **Cell Phone** _____

Email address _____ **Right to Transport? Yes or No** _____

2nd Contact _____ **Relation** _____ **Home Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Employer _____ **Work Phone** _____ **Cell Phone** _____

Email address _____ **Right to Transport? Yes or No** _____

"OTHER" CONTACT INFORMATION:

"Other" contacts may be contacted for emergencies only when 1st or 2nd Contact cannot be reached. These contacts will have the right to transport unless otherwise stated.

****Confidential information will not be disclosed to "Other" Contacts.**

Other Contact _____ **Relation** _____ **Phone** _____

Other Contact _____ **Relation** _____ **Phone** _____

Brothers/Sisters:

Name _____ **Grade** _____ **School** _____

Name _____ **Grade** _____ **School** _____

Name _____ **Grade** _____ **School** _____

ANY COURT-ORDERED PARENTAL RESTRICTIONS? _____ (Specify) _____

(Court Documentation is required if parental restrictions apply.)

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law. I certify that the information given above is correct.

Parent Signature _____ **Date:** _____

Office Use Only: Student ID# _____ Enrollment Date _____ Locker Number _____

QUITMAN JUNIOR HIGH & HIGH SCHOOL CLINIC INFORMATION SHEET 2018-2019

The Texas Education Agency recommends each student have a continuous health history. Please complete both sides of this form and return to the office. Feel free to contact the campus nurse on health issues at any time.

Student Name _____ Grade _____
First Middle Last

Sex: Male: _____ Female _____ Date of Birth _____

Race/Ethnicity: White _____ Black _____ Hispanic _____ Other _____

Social Security Number _____ Primary Phone: _____

Address: _____ City _____ State _____ Zip _____

CONTACT INFORMATION:

****Both 1st & 2nd Contact will be coded as "Guardian" with rights to confidential information.**

1st Contact _____ Relation: _____ Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Email address: _____

2nd Contact _____ Relation: _____ Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Email address: _____

Other Emergency Contacts:

"Other" contacts may be contacted for emergencies only when 1st or 2nd Contact cannot be reached.

****Confidential information will not be disclosed to "Other" Contacts.**

Name(s) _____ Phone # _____

Relationship _____

Name(s) _____ Phone # _____

Relationship _____

PLEASE NOTIFY THE OFFICE IF ADDRESSES OR PHONE NUMBERS CHANGE

**COMPLETE THE HEALTH HISTORY ON THE BACK
SIGNATURE REQUIRED ON BACK OF THIS FORM**

Health History

Medicine Allergies _____

Hearing Problems _____

Allergic to Insect Stings _____

Heart Disease _____

Asthma _____

Kidney Disease _____

Cerebral Palsy _____

Muscular Dystrophy _____

Cystic Fibrosis _____

Seizures _____

Diabetes _____

Vision Problems _____

Food Allergies _____

Does Student wear: Glasses _____ Contacts _____

Other Health Information:

List any medications taken at home or school (**Please fill out the Medication Request Form (available from the school nurse) for any medications to be taken at school:**)

Doctor Preference: _____ Phone Number: _____

Dentist Preference: _____ Phone Number: _____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition costs for your child. I certify that the information given above is correct. I authorize the school to contact the person(s) named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician or other persons named cannot be contacted, School officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent/Guardian Signature _____ *Date* _____

Quitman High School
STUDENT POPULATION INFORMATION
2018-2019 School Year

Last Name

First Name

Middle Name

Grade

Date of Birth (mm/dd/yyyy)

Please check the boxes for ANY of the following that applies to your child this school year.

- Student is a part of the English as a Second Language Program (ESL)
- Student is a part of the 504 Program
- Student is a part of the Special Ed Program
- Student is a part of the Gifted and Talented Program (G/T)
- Student has an official diagnosis of Dyslexia
- Student has shown Dyslexic tendencies – No official diagnosis
- Student is a dependent of an Active Duty member of the United States Military.
(Army, Navy, Air Force, Marine Corps, or Coast Guard)
- Student is a dependent of a member of a reserve force in the United States Military.
(Army, Navy, Air Force, Marine Corps, or Coast Guard)
- Student is a dependent of a member of the Texas National Guard.
(Army, Air Guard, or State Guard)
- Student currently resides in Foster care. (Texas DFPS form #2085 required)

Printed Name of Parent / Guardian

Signature of Parent / Guardian

Date



FAMILY SURVEY

2018-2019

Dear Parents,

In order to better serve your children, the QUITMAN school district would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

For more information, call: _____

1. Have you moved within the last 3 years?

➤ Yes _____ No _____

2. Have you moved in order to do temporary or seasonal work?

➤ Yes _____ No _____

3. Check the temporary or seasonal work that applies:

- | | | |
|--|--|--|
| <input type="checkbox"/> chickens | <input type="checkbox"/> picking fruits and vegetables | <input type="checkbox"/> lumber |
| <input type="checkbox"/> eggs | <input type="checkbox"/> moves to work in the summer | <input type="checkbox"/> dairy work |
| <input type="checkbox"/> plant nurseries | <input type="checkbox"/> field work | <input type="checkbox"/> meat processing |
| <input type="checkbox"/> ranching | <input type="checkbox"/> canneries | <input type="checkbox"/> fencing |

Please provide the following information:

Name of Child _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Telephone number _____ Best time to contact you _____

If you answered "yes" to questions 1 and 2 above, **Marisol Mancha from the Region 7 Education Service Center** may contact you to find out whether your child is eligible for additional educational services.



ENCUESTA FAMILIAR

2018-2019

Queridos Padres,

Con el fin de servirle mejor a sus hijos, el distrito escolar de QUITMAN le gustaría identificar estudiantes quienes pueden calificar a recibir servicios de educación adicionales. **La información que nos proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese esta forma a la escuela de su hijo/a.

Para más información, llame al: _____

1. ¿Usted se ha movido en los últimos 3 años?

➤ Sí _____ No _____

2. ¿Usted se ha movido en orden de hacer trabajo temporal o estacional?

➤ Sí _____ No _____

3. Marque el trabajo temporal o estacional que aplique:

- | | | |
|---|---|--|
| <input type="checkbox"/> Pollos | <input type="checkbox"/> Cosecha de frutas/verduras | <input type="checkbox"/> Maderería |
| <input type="checkbox"/> Huevos | <input type="checkbox"/> Movidas para trabajar en el verano | <input type="checkbox"/> Trabajo lácteo |
| <input type="checkbox"/> En viveros | <input type="checkbox"/> Trabajo de campo | <input type="checkbox"/> Plantas procesadoras de carne |
| <input type="checkbox"/> En ranchos/granjas | <input type="checkbox"/> Fábricas de conserva | <input type="checkbox"/> Cercando |

Por favor de proporcionar la información siguiente:

Nombre del niño _____

Fecha de nacimiento _____ Grado _____

Nombre del padre o tutor _____

Número de teléfono _____ Mejor tiempo para contactarla _____

Si usted contestó "sí" a las preguntas 1 y 2 de arriba, Marisol Mancha del Centro de Servicio de Educación de Región 7 se pondrá en contacto con usted para decidir si su hijo/a es elegible para servicios de educación adicionales.

QUITMAN INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____

STUDENT ID#: _____

ADDRESS: _____

TELEPHONE #: _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home **most of the time**? _____

2. What language does the child speak **most of the time**? _____

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

QUITMAN INDEPENDENT SCHOOL DISTRICT

Cuestionario sobre el idioma que se habla en el hogar
19 TAC Chapter 89, Subchapter BB §89.1215

DEBE DE COMPLETARSE POR EL PADRE O TUTOR ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Querido padre o guardián:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información de evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informarán las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario.

Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web:
<https://projects.esc20.net/upload/page/0081/docs/LPAC-TrainingFlowchartSpanish-Accessible.pdf>.

Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE: _____

ID#: _____

DIRECCIÓN: _____

TELÉFONO: _____

ESCUELA: _____

Nota: Indique sólo un idioma por respuesta.

1. ¿Qué idioma se habla en casa la mayor parte del tiempo? _____

2. ¿Qué idioma habla su hijo(a) la mayoría del tiempo? _____

Firma del padre o tutor

Fecha

Firma del estudiante si esta en los grados 9-12

Fecha

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.
- 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.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ Not Hispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

Agencia de Educación de Texas
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.

No Hispano/Latino

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.

Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.

Negro o Africano-Americano – Una persona con orígenes de cualquier grupo racial negro de África.

Nativo de Hawai u otras islas del pacífico – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.

Blanco – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal legal) (por favor use letra de imprenta)

Firma (Padre/Representante)/(Miembro de personal)

Número de Identificación del Estudiante/Miembro del personal

Fecha

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:
 Hispanic / Latino
 Not Hispanic/Latino

Race – choose one or more:
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Observer signature:

Campus and Date:

Agencia de Educación de Texas – Marzo 2018

STUDENT RESIDENCY QUESTIONNAIRE**PLEASE COMPLETE (1) ONE FORM FOR EACH STUDENT BEING ENROLLED**

Student Name:	Social Security #:	Birth Date: / /
Current Address: (Include City, State, and Zip)	QISD Campus:	
Previous Address: (Include City, State, and Zip)	Telephone #:	Cell Phone #:
Last School Attended:	Last Date Attended:	Current Grade Level:
Name of person with whom student resides:	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (granted only by a court) <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Caregiver (Examples: friends, relatives, etc.)	
Signature:	Date:	

Presenting a false record of falsifying information for enrollment purposes is an offense under Section 37.10, Penal Code. Enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC 25.002(3)(d).

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42 U.S.C. 11435). The answers to this residency information help determine the services the student may be eligible to receive.

1. Does the student live in a place that is owned or rented by a parent or legal guardian? Yes No

If you answered YES to question 1, skip the remainder of the form.

If you answered NO to question 1, please complete questions 2-5.

2. Is the student's current address a temporary living arrangement due to loss of housing or economic hardship or natural disaster? Yes No
3. Where is the student presently living? (Please check all that apply)
- In a hotel/motel
 - In a shelter
 - In the home of a friend/relative due to loss of housing (*examples: fire, flood, lost job, divorce, eviction, etc.*)
 - In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
 - Moving from place to place due to loss of housing (*examples: fire, flood, lost job, divorce, eviction, etc.*)
4. Please provide the following information for siblings of the student:

Name	Grade Level	School	District

DISTRICT USE ONLY

<input type="checkbox"/> Student qualifies as homeless.	<input type="checkbox"/> Student does NOT qualify as homeless.
Campus Homeless Liaison Signature:	Date:
Comments:	
District Homeless Liaison Signature:	Date:

CUESTIONARIO DE RESIDENCIA DEL ESTUDIANTE

POR FAVOR LLENE UN (1) FORMULARIO POR CADA ESTUDIANTE QUE DESEA MATRICULAR

Nombre del estudiante:	Nº de Seguro Social:	Fecha de nacimiento:
Domicilio actual: (Incluir ciudad, estado y código postal)		Escuela de QISD:
Domicilio anterior: (Incluir ciudad, estado y código postal)	Teléfono:	No. de teléfono celular:
Última escuela a la cual asistió:	Última fecha de asistencia:	Grado escolar actual:
Nombre de la persona con quien el estudiante reside:	<input type="checkbox"/> Padre / Madre <input type="checkbox"/> Tutor Legal (sólo concedido por un Tribunal) <input type="checkbox"/> Joven no acompañado <input type="checkbox"/> Cuidador (Ejemplos: amigos, parientes, etc.)	
Firma:		Fecha:

Presentar un falso registro o falsificar información para matricularse es un delito bajo la Sección 37.10 del Código Penal. Matricular a un niño usando falsos documentos responsabiliza a la persona por la matrícula u otros costos TEC 25.002(3)(d).

Este cuestionario es para informar sobre la Ley para el Mejoramiento de la Asistencia Educativa para Estudiantes Sin Hogar Fijo McKinney-Vento (42 U.S.C. 11435). Las respuestas a este cuestionario de residencia ayudan a determinar los servicios a los cuales el estudiante podría tener derecho.

1. ¿El estudiante vive en un lugar que pertenece al padre/madre/tutor legal o que él/ella alquila?
 Sí No

Si Ud. contestó SÍ a la pregunta 1, sáltese el resto del formulario.

Si Ud. contestó NO a la pregunta 1, por favor complete las preguntas 2-5.

2. ¿Es la dirección actual del estudiante un arreglo temporal debido a la pérdida del hogar, de un problema económico o desastre natural? Sí No
3. ¿Dónde está viviendo el estudiante actualmente? (Marque todos los que aplican)
- En un hotel/motel
 - En un albergue
 - En la casa de un amigo/pariente debido a la pérdida del hogar (*ejemplos: incendio, inundación, pérdida del trabajo, divorcio, desalojo, etc.*)
 - En un lugar que no fue diseñado para dormir confortablemente, tal como un coche, parque o campamento
 - Mudándose de un lugar a otro debido a la pérdida del hogar (*ejemplos: incendio, inundación, pérdida del trabajo, divorcio, desalojo, etc.*)

4. Por favor proporcione la siguiente información con relación a los hermanos(as) del estudiante:

Nombre	Escuela	Distrito

SÓLO PARA USO DEL DISTRITO

<input type="checkbox"/> Tiene derecho a ser considerado como un estudiante sin hogar.	<input type="checkbox"/> NO tiene derecho a ser considerado como un estudiante sin hogar.
Campus Firma del Enlace para los Estudiantes Sin Hogar:	Fecha:
Comentarios:	
Distrito Firma del Enlace para los Estudiantes Sin Hogar:	Fecha:

Dear Parent/Guardian:

Children need healthy meals to learn. Quitman ISD offers healthy meals every school day. Breakfast costs \$1.35; lunch costs **\$2.65. Your children may qualify for free meals or for reduced-price meals.** Reduced-price is .30 for breakfast and .40 for lunch. If you received a notification letter that a child is directly certified for free or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to Vinnie Sue Bass 1201 E Goode St. 903-760-5013. If you have questions about applying for free or reduced-price meals, contact 903-760-5013 bassv@quitmanisd.net.

1. Who Can Get Free Meals?

- **Income**—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
- **Special Assistance Program Participants**—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
- **Foster**—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- **Head Start, Early Head Start, and Even Start**—Children participating in these programs are eligible for free meals.
- **Homeless, Runaway, and Migrant**—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email *insert homeless liaison and migrant coordinator information*.
- **WIC Recipient**—Children in households participating in WIC may be eligible for free or reduced-price meals.

2. What If I Disagree With the School's Decision About My Application? Talk to school officials. You also may ask for a hearing by calling or writing to RHONDA TURNER 903-760-5000.

3. My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One? Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.

4. If I Don't Qualify Now, May I Apply Later? Yes. Apply at any time during the school year. A child 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.

5. What If My Income Is Not Always the Same? List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.

6. We Are in The Military. Do We Report Our Income Differently? Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.

7. 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.

8. Will Application Information Be Checked? Yes. We may also ask you to send written proof of the reported household income.

9. My Family Needs More Help. Are There Other Programs We Might Apply For? To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.

10. Can I Apply Online? Yes! The online application has the same requirements and will ask you for the same information as the paper application. Visit Quitman ISD web site to begin or to learn more about the online application process. Contact Vinnie Sue Bass 903-760-5013, bassv@quitmanisd.net if you have questions about the online application.

If you have other questions or need help, call VINNIE SUE BASS 903-760-5013. Si necesita ayuda, por favor llame al teléfono: Vinnie Sue Bass 903-760-5013.

Sincerely,

Vinnie Sue Bass

Quitman ISD Estimado Padre/Madre/Guardián:

Los niños necesitan comida sana para aprender.

Quitman ISD ofrece alimentación sana todos los días escolares. El desayuno cuesta 1.35; y el almuerzo cuesta 2.65. **Sus niños podrían calificar para recibir comidas gratuitas o de precio reducido.** El precio reducido es .30\$ para el desayuno y .40 para el almuerzo. Si usted ha recibido una carta de notificación (de certificación directa) que indica que un niño califica para recibir comida gratuita, no llene una solicitud. Reporte a la escuela si hay niños en el hogar asistiendo a la escuela, pero que no se incluyeron en esta carta de certificación.

Las siguientes preguntas y respuestas, y las instrucciones adjuntas, proporcionan información adicional para como completar la solicitud. Complete sola una solicitud para todos los estudiantes en el hogar y entregue la solicitud completa a Vinnie Sue Bass 1201 E Goode St Quitman, Tx 75783 903-760-5013. Si tiene preguntas sobre como solicitar comida gratuita o de precio reducido, póngase en contacto con bassv@quitmanisd.net.

1. **¿Quién puede recibir comida gratuita?**

- **Ingresos**— Los niños pueden recibir comida gratuita o a precio reducido si el ingreso bruto del hogar se encuentra debajo de los límites de las *Guías Federales de Elegibilidad por Ingresos*.
- **Participantes de programas especiales** — Todos los niños en los hogares que reciben beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP), del Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR), o del programa de Asistencia Temporal para Familias Necesitadas (TANF), califican para comida gratuita.
- **Los Niños Adoptivos Temporales (Foster Children)**— Los niños adoptivos temporales (foster children) que está bajo la responsabilidad legal de una agencia de cuidado temporal (foster care agency) o de una corte.
- **Head Start, Early Head Start, y Even Start**— Los niños que participan en Head Start, Early Head Start y Even Start también califican para recibir comida gratuita.
- **Los Niños Sin Hogar, Fugitivo y Migrante** — Los niños sin hogar, que son fugitivos o que son migrantes califican para recibir comida gratuita. Si usted cree que hay niño(s) en su hogar que cumplen con estas descripciones, y si no le han dicho que el niño es considerado como persona sin hogar, fugitivo o migrante, por favor llame o envíe un correo electrónico a_.
- **Beneficiarios del Programa WIC** — Los niños que viven en hogares que participan en el programa WIC pueden ser elegibles para recibir comida gratuita o a precio reducido.

2. **¿Qué sucede si no estoy de acuerdo con la decisión de la escuela sobre mi solicitud?** Debe hablar con los funcionarios escolares. También, puede apelar la decisión llamando o escribiendo al Rhonda Turner 1201 E Goode St. Quitman, Tx 75783,903-760-5000.

3. **La solicitud de mi hijo fue aprobada el año pasado. ¿Necesito llenar otra solicitud?** Sí. La solicitud de su hijo es válida solo por un año escolar y los primeros días del año escolar actual. Debe entregar una solicitud nueva a menos de que la escuela le informó que su hijo es elegible para el nuevo año escolar.

4. **Si no califico ahora, ¿puedo solicitar más adelante?** Sí. Puede

solicitar en cualquier momento durante el año escolar. Un niño con un padre, madre o guardián que pierde su trabajo puede calificar para recibir comida gratuita o a precio reducido si el ingreso del hogar cae debajo del límite del ingreso establecido.

5. **¿Qué pasa si mi ingreso no es igual siempre?** Reporte la cantidad que recibe normalmente. Si un miembro del hogar perdió un trabajo o le han reducido sus horas o su sueldo, use el ingreso actual.
6. **Estamos en las fuerzas armadas. ¿Tenemos que declarar nuestro ingreso diferente?** Su sueldo básico y los bonos en efectivo tienen que ser reportados como ingresos. Si recibe unos subsidios para vivienda fuera de la base militar, comida y ropa, o recibe pagos de Family Subsistence Supplemental Allowance (FSSA), tiene que incluirlos como ingresos. Si su vivienda es parte de la Iniciativa Privatizada de Vivienda Militar (Military Housing Privatization Initiative), no incluya este subsidio de vivienda como ingreso. Además, no cuente cualquier pago de combate adicional debido al despliegue militar como ingreso.
7. **¿Puedo solicitar si un miembro de mi hogar no es ciudadano estadounidense?** Sí. Usted, sus hijos, u otros miembros de su hogar no tienen que ser ciudadanos estadounidenses para calificar para recibir comida gratuita o a precio reducido.
8. **¿Van a verificar la información que yo doy?** Sí. También podemos pedir prueba escrita del ingreso del hogar que usted reporta.
9. **Mi familia necesita ayuda adicional. ¿Existen otros programas a los que podríamos solicitar?** Para enterarse de cómo solicitar otros beneficios de ayuda, llame a la oficina local de asistencia al 2-1-1.
10. **¿Puedo solicitar por internet?** Sí! La solicitud por internet (online) requiere la misma información que por escrito. **Visite** a [Quitman ISD Website] para empezar su solicitud o aprender más sobre el proceso de completar la solicitud por internet. Póngase en contacto con [Vinnie Sue Bass 903-760-5013 bassv@quitmanisd.net si tiene preguntas sobre la solicitud por internet.

Si tiene alguna pregunta o necesita ayuda, llame al Vinnie Sue Bass 1201 E Goode St. Quitman, Tx 75783 903-760-5013.

Atentamente,

Vinnie Sue Bass]

Quitman Independent School District



Online Applications for Free & Reduced Meals

The Food Service Department of Quitman ISD offers MEAL APP NOW by Systems Design - a program that allows parents to apply for free and reduced meals via the Internet.

The MEAL APP NOW site requires the creation of an account for electronic signature purposes. Depending upon the circumstances of your household, you will need your student's ID number and birth date, TANF/SNAP eligibility number and household income. The site is secured with an extended validation secure sockets layer (ssl) certificate and all data is private and used only for the meal application process.

FEATURES OF MEAL APP NOW:

- 24/7 ACCESS
- ELIMINATES INCOMPLETE APPLICATIONS
- ALLOWS DISTRICT IMMEDIATE ACCESS
- EMAIL OR U.S. MAIL NOTIFICATION
- COMPLETE HELP SECTION
- SIMPLE GUIDED PROMPTS FOR DATA
- INFO NEVER SHARED WITH 3RD PARTIES



We are confident that you will find this an efficient and convenient service to you and your children.

We are always looking for better ways to serve you.

Food Service Department
Vinnie Sue Bass, Director

To access Meal App Now
go to www.quitmanisd.net or directly to:
www.mealappnow.com/manqui

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

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

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

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

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

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

This institution is an equal opportunity provider.

Quitman Independent School District



Aplicaciones en línea para las comidas gratis y reducidas

El Departamento de Servicios de Nutrición de Quitman ISD ofrece MEAL APP NOW por Systems Design - un programa que permite a los padres aplicar para obtener comidas gratuitas o a precio reducido para su estudiante, a través del Internet.

MEAL APP NOW requiere la creación de una cuenta para propósitos de firma electrónica. Dependiendo de las circunstancias de su hogar, usted necesitará su número de identificación del estudiante y fecha de nacimiento, número de elegibilidad de TANF/SNAP y el ingreso familiar. El sitio está asegurado con un certificado de validación extendida secure sockets layer (SSL) y todos los datos privados y utilizados únicamente para el proceso de aplicación de la comida.

CARACTERÍSTICAS DE MEAL APP NOW:

- ACCESO 24/7
- ELIMINA LAS SOLICITUDES INCOMPLETAS
- PERMITE EL ACCESO INMEDIATO DEL DISTRITO
- CORREO ELECTRÓNICO O U.S. MAIL NOTIFICACIÓN
- COMPLETA AYUDA SECCIÓN
- PROMPTS GUIADAS SIMPLES DE DATOS
- INFO NUNCA COMPARTIDA CON TERCERAS PARTES



Estamos seguros de que usted encontrará esto una eficiente y servicio conveniente para usted y sus hijos.

Siempre estamos buscando mejores maneras de servirle.

Food Service Department
Vinnie Sue Bass, Director

Para tener acceso a Meal App Now vaya a la página web del Distrito Escolar o Directamente a:
www.mealappnow.com/manqui

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesitan medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas con discapacidades de audición o de capacidad del habla pueden comunicarse con el USDA por medio del Federal Relay Service (Servicio Federal de Relaciones en) al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ocio.usda.gov/usa/terceros/2012/Spanish_Form_508_Compilant_6_8_12_0.pdf, y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (800) 832-9992. Haga llegar su formulario lleno o carta al USDA por:

(1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-8110;

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

(3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Quitman ISD, 2018-2019 Multi-Child Application for Free and Reduced-Price School Meals

This Box for School Use Only.
Date Withdrawn:

Complete one application per household. Please use a pen (not a pencil). Apply online at <http://www.quitmanisd.com>

Step 1: Definition of Household Member: anyone who is living with you and shares income and expenses, even if not related. Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.

List each child's name.	First Name	MI	Last Name	Student Attends School in District?		Optional: Student ID Number	Check all that apply.							
				Yes	No		Grade	Foster	Head Start	Homeless	Migrant	Runaway		
1.				<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"/>
2.				<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"/>
3.				<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"/>
4.				<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"/>

B. Participation in a Categorical Program

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
- SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR? If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space _____, skip Step 2, and complete Step 3. If Yes to FDPIR, check this box skip Step 2, and complete Step 3.

Step 2: Please read the directions for more information for the following questions.

Report income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

- A. Total Household Members (Children & Adults)** _____
- B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member:** XXX-XX ____-__-__ Check if no SSN
- C. Income for Adult Household Members (Include Yourself, But Not Children.** If more spaces are needed, use the Additional Names section on the back.)
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 (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)	Record total income by frequency for the children with income listed in Step 1.				
								Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1. \$		\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	\$	\$	\$	\$
2. \$		\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	\$	\$	\$	\$
3. \$		\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	\$	\$	\$	\$

Step 3: Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to insert mailing address, fax number, email, and/or return to your child's school. I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address/Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed Name of Adult Household Member Signing the Form _____ Signature of Adult Household Member Signing the Form _____ Today's Date _____

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and including Grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name.	First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Foster	Head Start	Check all that apply.		
				Yes	No					Homeless	Migrant	Runaway
5.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Additional Names

C. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

D. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for the children with income listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, 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) 877-8338. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is For School Use Only.

<p>Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12</p>		<p>Date Received:</p>	
Household Size: _____	Total Income: _____	<p>Weekly <input type="checkbox"/></p> <p>Every 2 Weeks <input type="checkbox"/></p> <p>Twice a Month <input type="checkbox"/></p> <p>Monthly <input type="checkbox"/></p> <p>Annually <input type="checkbox"/></p>	<p>Categorical Determination</p> <p>Free <input type="checkbox"/></p> <p>Reduced <input type="checkbox"/></p> <p>Denied <input type="checkbox"/></p>
<p>Reviewing/Determining Official's Signature/Date _____</p> <p>Confirming Official's Signature/Date _____</p>			

Quitman Independent School District



Prepay for Meals Online

The Food Service department at Quitman ISD offers the ability to prepay for meals online. Lunch Money Now is a program that permits parents to access their student's cafeteria account via the Internet. Lunch Money Now allows access to:

CHECK STUDENT BALANCES | SETUP LOW BALANCE NOTICES | VIEW RECENT ACTIVITY | MAKE DEPOSITS

Lunch Money Now benefits include:

- HELP SECTION WITH VIDEO TUTORIALS
- RUNNING BALANCES ON RECENT ACTIVITY
- LOW BALANCE NOTICES - EMAIL & TEXT SETUP
- RECEIVE 2ND LOW BALANCE NOTICE
- MANAGE STUDENTS ON ONE SCREEN
- FAMILY ASSOCIATIONS WITH A CREATED ACCOUNT
- SPANISH TRANSLATOR WITH BING TRANSLATE
- TABLET COMPATIBILITY
- MOBILE PHONE COMPATIBILITY USING CLASSIC SETUP
- SET UP RECURRING PAYMENTS **

in development **



Secure payments
with PayPal
OR
Credit/Debit Card

24/7 ACCESS
deposits post in 30 minutes
during the regular school day

To access Lunch Money Now
go to www.quitmanisd.net or directly to:
www.lunchmoneynow.com/lmnqui

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(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
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Systems Design | Food & Nutrition Management Systems

Quitman Independent School District



LUNCH MONEY NOW

ONLINE PAYMENTS

Pague los alimentos en línea Por adelantado

El Departamento de Servicio de Alimentos del Distrito escolar de Quitman ofrece la posibilidad de pagar en línea por adelantado por sus almuerzos escolares. "Lunch Money Now" es un programa que permite a los padres tener acceso a la cuenta de la cafetería de su estudiante a través del Internet. Lunch Money Now permite el acceso a:

VER LOS BALANCES DE LOS ESTUDIANTES / NOTIFICACIONES DE BALANCE BAJO / ACTIVIDAD RECIENTE / HACER DEPOSITOS

Lunch Money Now esta dando una mirada nueva y fresca con nuevas características y hay más por venir el próximo año!

- NUEVA SECCIÓN DE AYUDA CON VIDEOS TUTORIALES
- MOSTRANDO SALDOS EN ACTIVIDADES RECIENTES
- AVISOS DE BAJO BALANCE POR EMAIL Y TEXTOS
- RECIBIR SEGUNDO AVISO DE BALANCE BAJO
- VEA VARIOS ESTUDIANTES EN UNA SOLA PANTALLA
- ASOCIACIONES FAMILIARES CON UNA CUENTA CREADA
- CUENTAS DE MEAL APP NOW PUEDEN USARSE PARA LUNCH MONEY NOW
- TRADUCTOR EN ESPAÑOL CON MICROSOFT TRANSLATE
- COMPATIBILIDAD CON TABLETAS
- COMPATIBILIDAD CON TELÉFONOS MÓVILES USANDO UNA CONFIGURACIÓN CLÁSICA
- HACER PAGOS RECURRENTE **

Próximo año **



HACER DEPÓSITOS



AVISOS DE BALANCE BAJO



ACTIVIDAD RECIENTE



PAGOS RECURRENTE

Pago seguros con PayPal
o
Tarjeta de débito o crédito

ACCESO 24/7
Deposito accesible en 30 minutos
Durante el horario de escuela

Para tener acceso a Lunch Money Now vaya a la página web del Distrito Escolar o Directamente a:
www.lunchmoneynow.com/lmnqi

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

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(1) correo: 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; o

(3) correo electrónico: program.inla@usda.gov

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