



312 W. Maple Avenue
Byron, MI 48418
Phone: (810) 266-4881

Byron Area Schools

August 1, 2018

Dear Parent/Guardian:

On behalf of our entire faculty and support staff, thank you for sending your children to Byron Area Schools! As we prepare to start this new academic year, it is a time of “firsts” and “lasts” for many of you. Yet, we are confident during these times, your child(ren) will SOAR as Eagles and shine like stars at Byron. We are all excited to begin another rewarding year while working with our students – your children!

Please join me in welcoming our new High School/Middle School Principal, Mr. Mark Dobson! As many of you are aware, Mark has been teaching Spanish and History classes in our middle and high schools since September of 2010. In addition, last year he served as our part-time Dean of Students and Athletic Director. While teaching, Mark has served the students of Byron as the advisor and coach in many student activities and athletic opportunities. He is a graduate of Michigan State University where he studied Spanish, Political Theory & Constitutional Democracy, and Secondary Education. Mark earned his Masters’ Degree in Educational Leadership also from MSU.

I would like to share a few reminders with everyone to help ensure the safety of our students and to keep the daily operation of our school buildings working smoothly:

1. The busses will be utilizing the main circle drive in front of the high school each morning. Please do not park or pass in between the busses during this time. Also, remember the rules and laws with respect to the busses’ lights. You are not allowed to pass a bus while the red flashing lights are engaged.
2. With the start of each year, there are many forms that need to be updated and submitted. Remember, a Free and Reduced Price School Meals Application must be completed each year and eligibility must be verified annually. Please complete and submit an application at your earliest convenience; only one application per family is necessary. Attached is a copy of the application or you may access the application on line by visiting www.lunchapp.com. Our prices for the 2018-19 academic year are listed below:

Elementary School

Breakfast \$1.25 (reduced = \$0.30)
Lunch \$2.50 (reduced = \$0.40)

Middle School/High School

Breakfast \$1.25 (reduced = \$0.30)
Lunch \$3.00 (reduced = \$0.40)

3. Immunization requirements are constantly changing. Please complete and submit required documentation of your child(ren)’s immunization records.
4. As we start this new year, another Sinking Fund project will be near completion –new unit ventilators in all high school and elementary school classrooms, heating control system, and repairing and resurfacing our track.

5. All of these projects – including wireless, boilers, science classrooms, and new roofs – could not have been completed without the support of our entire parent and community groups! The first Sinking Fund was approved in February of 2014 for two years, and has been successfully renewed twice. Again, we thank you for your support!

6. We invite you to our Annual “Open House” for each of our buildings.
“Open House” for our Middle and High Schools will be held on Wednesday, August 22nd from 6:00 pm to 8:00 pm; this is the evening preceding our first day of classes. Working with our negotiation team of teachers, we agreed to change the “Open House” for our Elementary School to the following Wednesday, August 29th, again from 6:00 pm to 8:00 pm. Listed below are some of the reasons for this change:
 - a. As you know, we have parents who have children in two or three of our school buildings so we wanted to allow more time for these parents to attend the “Open House” at each building.
 - b. Having classes for a few days with the students, our elementary teachers will have a better understanding of each child, which will help teachers be more supportive of the individual needs when speaking with the parents.
 - c. Class lists will be posted Friday, August 17th at 10:00 am. The elementary building will be open from 10:00 am to 3:00 pm on the 17th as well as the following Monday, Tuesday, and Wednesday.

If we can help with any issue during this exciting time of year, please feel free to contact me at 810-266-4881. We will see you and your children on Thursday, August 23rd!

Sincerely,



Tricia Murphy Alderman
Byron Area Schools Superintendent

2018-2019 Byron Area Schools Household Application for Free / Reduced Price School Meals
 Complete one application per household. Please use a pen (not a pencil).

Apply online: www.lunchapp.com

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (If more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
						<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"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
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 gross income (before taxes) 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.

How often?

Child income \$ Weekly Bi-Weekly 2x Month Monthly

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?					
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		
\$	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature. Mail Completed Form To: Byron Area Schools - Food Service, 312 W. Maple Street, Byron, MI 48418

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 (if available) Apt #

City State Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- 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
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

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

Ethnicity (check one): Race Hispanic or Latino Not Hispanic or Latino
(check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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) 877-8339. 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.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:
mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400
Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442; or
email: program.intake@usda.gov.
This institution is an equal opportunity provider.

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

Total Income	How often? Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>	Household Size	Categorical Eligibility	Free <input type="radio"/> Reduced <input type="radio"/> Denied <input type="radio"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>