

# **Welcome!! Welcome!! Welcome!!**

## **Most Precious Blood School Registration Checklist:**

### **1. Complete and return the following forms:**

- Emergency Contact Information Form (one per family)
- Emergency Care Consent Form (one per student)
- Medication Forms (if applicable, available in office)
- Volunteer Form (one per family)
- Internet User Permission Agreement Form (one per student)
- Handbook Acknowledgement Form (one per family) view at [preciousblood.org](http://preciousblood.org)
- Medication Forms (if applicable, available in office)

### **2. Bring in the following copies:**

- Birth Certificate (kindergarten and new student)
- Baptismal record (kindergarten and new student)
- Custody documentation (if applicable)
- All new immunization documentation
- Kindergarten: medical packet (on website)

### **3. Additional Items:**

- Reach Alert
- Supply List
- Dismissal
- Free Reduced/Lunches



# Emergency Information

# Most Precious Blood School

The information below *must* be kept on file in the school office. Complete this form for each child and send it back to school tomorrow. Parents must complete this form prior to the start of the school year. PLEASE PRINT!

Parents are responsible for informing the office during the school year if changes in emergency information occur.

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Preferred Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Who should we call if there is an emergency regarding this child, and in what order should we call them?**

(This list should include parents & guardians)

	Name	Relationship to Child	Phone Number(s)	Please check
1				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work
2				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work
3				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work

### CONSENT TO EMERGENCY CARE

In the event of an emergency, I request that the school make reasonable attempts to contact me at the above numbers or another parent/adult at the above listed numbers. I understand that in an emergency, difficult circumstances may prevent the school from contacting me immediately or the school may be unable to reach me. I therefore consent to the school's taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care/treatment administered are made by health care providers and/or the school and that demanding circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the school may disclose to a health provider. (Check and complete any of the following)

\_\_\_\_\_ Dr. \_\_\_\_\_ is my preferred physician.

\_\_\_\_\_ Dr. \_\_\_\_\_ is my preferred dentist.

\_\_\_\_\_ My hospital of choice is \_\_\_\_\_

\_\_\_\_\_ Receipt of my consent prior to my child's receiving major surgery, unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed.

\_\_\_\_\_ If my child's school has a prescription for auto-injectable epinephrine and my child is demonstrating signs or symptoms of life-threatening anaphylaxis during the school day, I DO NOT consent to the administration of auto-injectable epinephrine (epi-pen) for my child.

The school may disclose the following checked information to a health care provider:

\_\_\_\_\_ Insurance Company: \_\_\_\_\_ Policy/Group/Claim # \_\_\_\_\_

\_\_\_\_\_ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: \_\_\_\_\_

I understand that in the event of an emergency, the school will make reasonable efforts to notify a health care provider of the above-checked information; but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**ADDITIONAL HOUSEHOLD INFORMATION**

Child lives with (please circle):

Both Parents    Mother    Father    Stepmother    Stepfather    Other \_\_\_\_\_

Full Time    Shared Custody

Any additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your child departs most days with \_\_\_\_\_

I give permission for the following people to pick my child up from school on a semi regular bases:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

\_\_\_\_\_ YES, I give my child permission to depart their home campus at dismissal time without adult supervision via walking or riding a bicycle.

\_\_\_\_\_ NO, I do not give my child permission to depart their home campus at dismissal time without adult supervision via walking or riding a bicycle.

Parent / Guardian Signature: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Family Parish \_\_\_\_\_

If your child attended public school, what elementary or middle school would (s)he attend?

\_\_\_\_\_

**ADDITIONAL MEDICAL INFORMATION**

Medication Taken \_\_\_\_\_ Dosage \_\_\_\_\_

Time Taken \_\_\_\_\_ Home or School (circle one)

\*\* If medication needs to be taken at school, a CONSENT FOR ADMINISTRATION OF MEDICATION must be filled out and filed with the office. \*\*

Allergies and / insect bite information:

\_\_\_\_\_  
\_\_\_\_\_

Pertinent information regarding child's physical condition or medications:

\_\_\_\_\_  
\_\_\_\_\_

Other important information:

\_\_\_\_\_  
\_\_\_\_\_

# Health Screening Information

During the school year, the following health screenings will take place as part of the health services to your child, and fulfillment of the health screening laws of the State of Indiana. Some students will receive referral letters from the school nurse as the result of these screenings.

## **HEARING SCREENING**

Hearing screenings will be conducted according to IC 20-34-3-14, on all students in grades **1-4-7, and 10** as mandated by the state. We will also check all students new to the school, and any others by special request. The school nurse, or trained volunteers, will conduct this screening. Re-checks will be done at least 2 weeks later on students who have questionable results and referral letters will be sent to those who do not meet the required thresholds on these rechecks. The school nurse will also notify the teachers of those students that referral letters are sent to.

**PLEASE COMPLETE AND RETURN ALL REFERRAL FORMS TO THE ATTENTION OF THE SCHOOL NURSE.**

## **VISION SCREENING**

Both far and near vision screening will be conducted according to IC 20-31-3-12 for all students in grades **3-5-8**. We will also check all students by special request. The school nurse, or trained volunteers, will conduct this screening. This Indiana Law also requires that **either K or grade 1** be examined by an eye professional, so we have decided to send all of our kindergarten students for the FREE exam that local eye Dr's have offered to us. Re-checks will be done on students who have questionable results and referral letters will be sent to those who do not meet the minimum requirements on these rechecks. The school nurse will also notify the teachers of those students that referral letters are sent to.

**PLEASE COMPLETE AND RETURN ALL REFERRAL FORMS TO THE ATTENTION OF THE SCHOOL NURSE.**

*MEDICATION POLICIES AND  
WRITTEN CONSENT FOR ADMINISTRATION OF MEDICATION*

In order to protect the health and welfare of the students and school staff alike, Indiana laws require that parents/guardians consent, in writing, to the administration of medication. In order for the school nurse, volunteer school nurse, or a staff member to administer medications to your student, the medication form on the reverse side must be completed and signed. Please read carefully the school policies regarding medication administration during school hours.

1. The school must have on record a written order from the prescribing physician/practitioner and written consent from the parent/guardian for prescription medications. There must be a written request from the parent/guardian for Over-the-Counter (OTC) medications before they will be administered to a student at school. **(NOTE: The label on the prescription bottle/package will meet the requirement for physician's written order.)**
2. Medications prescribed and/or OTC meds should be kept in the original container with the pharmacy or brand label affixed. The label must include the following: Student's name, name of medication, dosage of medication, and prescribing physician/ practitioner (if applicable).
3. Herbal medications will not be given at school.
4. Medication brought to the school must be checked in at the office and kept in a locked cabinet.
5. Only a one-week supply of medication is to be brought to the school.
6. The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child's medication to the school.
7. The school nurse/assigned staff member must be aware of the purpose for which the student is receiving the medication.
8. In specific cases, the school nurse/assigned staff member may require the parent/guardian to come to the school to administer the medication.
9. No school employee, other than the school nurse, will give injections, unless appropriate training has been given.
10. All prescribed medication will be administered strictly in accordance with the written order of the physician/practitioner. The dosage may be changed only if the school is provided with the written order of the physician/practitioner authorizing the change. The school secretary/staff cannot take a physician order over the phone.
11. Over-the-Counter medication will not be administered in any manner inconsistent with the instructions on the brand label, unless the school receives a written order of a physician/practitioner authorizing such administration.

*IC 20-34-3-18 Indiana State Code* reads that a school corporation MAY NOT send home with a student medication that is possessed by a school for administration during school hours or at school functions. Medication that is possessed by a school for administration during school hours or at school functions for a student in grades kindergarten through grade 8 may be released only to:

The student's parent/guardian OR an individual who is at least 18 years of age **and**, designated, **in writing**, by the student's parent/guardian to receive the medication.

A school corporation may send home medication that is possessed by a school for administration during school hours or at school functions with a student in grades 9-12 if the student's parent/guardian provides **written permission** for the student to receive the medication.

**MEDICATION CONSENT FORM ON REVERSE SIDE**

# Allen County Non-Public School Association

## STUDENT MEDICATION INFORMATION AND CONSENT FORM

I have read and understand the medication policies as indicated on the reverse side.

### Prescription Medication(s)

Please administer to my child \_\_\_\_\_, the medication as prescribed below by my child's healthcare provider. The label affixed to the medication bottle/package will meet the requirement for the physician's written order.

**AND / OR**

### Over-The-Counter Medication(s)

Please administer to my child \_\_\_\_\_, the medication as described below.

**(REMINDER: Prescription and over-the-counter medications must be kept in the original container with the pharmacy or brand label affixed. Medications will only be given as either prescribed by the practitioner or the FDA instructions that are found on the OTC medication label.**

**NO MODIFICATIONS OF DOSAGE OR FREQUENCY WITHOUT THE WRITTEN CONSENT BY THE CHILD'S HEALTHCARE PROVIDER.**

MEDICATION	Dosage mg. and # of tabs	Time to Be given	Time medication is to be discontinued	Reason for medication	Precautions/ Side Effects
1.					
2.					
3.					
4.					

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

FULL MEDICATION POLICY ON REVERSE SIDE

(revised ACNPSA 1/18)

## *SUDDEN CARDIAC ARREST A Fact Sheet for Parents*

**FACTS** Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

**WARNING SIGNS** There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

**EMERGENCY SIGNS** – Call EMS (911) If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board (1-7-15)

How can I help my child prevent a sudden cardiac arrest? Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

**What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?**

*1. Tell your child's coach about any previous*

*events or family history 2. Keep your child out of play 3. Seek medical attention right away*

## **2018-2019 Consent for In-School Services by School Social Worker**

As the parent/guardian of \_\_\_\_\_, a student at Most Precious Blood Catholic School, I consent to my student meeting with Mrs. Bentley, BSW for supportive counseling. I understand that the services provided by the school social worker are recommended to help my child with issues that are affecting his/her school performance. These services will occur at school, during school hours.

I understand the importance of confidentiality in the counseling relationship and understand that the information that is shared by the student and parent will be kept confidential. If a student indicates that he/she is in danger of being harmed or is being harmed, danger of being neglected or is being neglected, or has knowledge of someone else being harmed or neglected, the social worker is obligated by law to report such information to the proper authorities.

\_\_\_\_\_ Parent/guardian signature  
Date

\_\_\_\_\_ Student signature Date



# 2 Hour Pledge Form Just 2 Hours!



Dear Parents,

If we can get every Most Precious Blood School parent to commit **Just 2 Hours** to helping out, we can do amazing things for our kids and our school.

*Will you please take the 2 Hour Power Pledge?*

We are introducing a program called the 2 Hour Power Pledge that emphasizes that all help makes a huge difference for schools. Research shows that kids at schools with a broad base of involved parents perform markedly better on all kinds of key success measures.

**We would love your 2 Hours – and we promise there is no obligation beyond giving your time in this small but important way.** If you'd like to do more – great, but we know that's not a fit for everyone. To participate, simply complete this Pledge Form and return it to school with your child. Be sure to look for volunteer opportunities and signup genius via newsletter and reach alert. Visit <https://www.preciousblood.org/62> to complete volunteer documents. Contact our Safe Environment coordinator Mrs. Gernhardt for all volunteer application questions.

As always, please feel free to call or email if you have any questions or concerns.

Please know how much you are appreciated. Thank you in advance.

The School Board of Most Precious Blood School.

## **COMPLETE AND RETURN TO GIVE YOUR PLEDGE OF 2 HOURS**

Parent's Name(s) \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Email \_\_\_\_\_

Children's Names & Grades \_\_\_\_\_

### **Interest in joining a Committee?**

- HASA
- School Board
- Athletic Committee
- Development Committee
- Technology Committee

Attention: All Parents/Guardians If you have not registered for REACH Alert or need to update contact information, please take two minutes and register. Reach Alert is our primary means of communication.

Please register for reach alert

As a user of REACH Alert, you will be in control of how you receive your messages from Most Precious Blood School.

This means you will be able to:

- **Choose up to three ways to receive your messages – email, voice call, text messaging.**

- Add up to four devices – email addresses and/or phone numbers that you want to receive your messages with.

- Update your contact information at anytime – add an email address & phone number when you register, then login to update your info today or three years from now.

*\*If you don't register, you won't receive our messages or the benefits above.*

Registration takes less than a minute to complete! To register, go to [www.reachalert.com](http://www.reachalert.com) and click on the blue text, "Create an account." When prompted, please use the following information to register for our Network.

**Network Name: Most Precious Blood Role: Parent Registration Code: 46808**

If you have difficulty registering, please contact REACH Alert at (877) 307-9313 or [info@reachalert.com](mailto:info@reachalert.com). For additional information from us, please contact us at (260) 424-4832

Blessings, Mr. Stanley Liponoga IV Principal

# Internet User Agreement

Policy and Standards - - Use of computers, internet and electronic communication including faxing by all employees, volunteers and students The Diocese of Fort Wayne – South Bend may supply computers, internet access, and other electronic communication devices to its employees, volunteers, or students in order for them to complete the responsibilities assigned by their positions. The diocese believes these resources are an important educational and evangelizing tool to further the mission of the Church. Therefore, use of these resources must always be consistent with the mission of the Catholic Church. Employees, volunteers, and students must take care to use these tools for their intended purposes. The diocese may monitor user accounts, internet activity, email communications, or any other related use of computers and its networks at any time, with or without notice to users.

Computer use In using a computer supplied by the Diocese of Fort Wayne – South Bend or one of its entities, all employees, volunteers, and students must:

1. Respect the privacy of other users.
2. Respect and honor copyright and license agreements.
3. Safeguard their user identification (user ID) and private passwords.
4. Protect information from unauthorized use or disclosure.
5. Never use the computer for illegal purposes or in any way that violates any international, federal, state or local laws.
6. Never use the computer to harass, threaten, or transmit inappropriate material.
7. Use diocesan computers for personal communication or work in very limited instances. Brief and occasional use is acceptable as long as it is not excessive or inappropriate, occurs only on personal time, and does not interfere with a person's work. Incidental and occasional personal use of electronic mail is permitted. Such messages should comply with this Policy and Standards and may be monitored.
8. Never use diocesan computers for personal purchases.
9. Never send, trade or store personal photos, videos, music or other items on the network as this greatly impedes system back-up.
10. Use computers and the networks to which they are linked conscientiously so as not to drain or monopolize the system such that the work of others is impeded. If a person is unsure about the impact of their use, they should contact the Diocesan Business Office.
11. Never delete any computer files or download diocesan information without appropriate authorization when separating from employment or volunteer service with the diocese.
12. Run frequent scans of computers for viruses and other malware. Any problems should be reported to the Diocesan Business Office. The use of USB Devices and Portable Storage Media has become more widespread. These devices present a security risk because they might carry viruses or expose sensitive data if they are lost or stolen. All USB devices and portable storage media including cell phones, IPOD's, memory sticks, and CD's may not be connected to any Diocesan laptop, desktop or any other computer without the express written approval of the employee's supervisor.
13. Not use programs obtained from bulletin boards, home, friends, or other unauthorized sources on any diocesan equipment.

Websites/internet access In accessing and using the internet, all employees, volunteers, and students must adhere to the above mentioned items. Also they must: 1. Never access, post or send immoral, obscene, illegal, threatening, abusive, defamatory, or profane material or pornography of any kind. 2. Never attempt to block, bypass or remove filtering software. 3. Use the internet for personal communication or work only in very limited instances. Brief and occasional use is acceptable as long as it is not excessive or inappropriate, occurs only on personal time, and does not interfere with a person's work. 4. Never use the internet for personal purchases. 5. Use great care when downloading files from the internet to the diocesan system. Files must be scanned for viruses. Compressed files should be scanned before and after decompression. Electronic communication In using electronic devices to communicate, including but not limited to email messages, text messages, tweets, websites, blogs, and social networking sites, employees, volunteers, and students will: 1. Always use respectful language. 2. Maintain appropriate relational boundaries in all forms of communication. 3. Never access, post or send immoral, obscene, illegal, threatening, abusive, defamatory, or profane material or pornography of any kind to any person. 4. Never send anonymous messages. 5. Send personal communication only in very limited instances. Remember, all communications may be monitored.

Brief and occasional messages may be sent as long as it is not excessive or inappropriate, occurs only on personal time or in emergencies, and does not interfere with a person's work. Neither should an employee use his or her own personal communication device during work time. 6. Treat all communication as if it were public. Communication via these forms of technology does not always remain private. It is like sending a postcard. Many people can and will read it. Some might even change it. Always use language and communicate as if you were face to face with the person. For adults, when communicating with children or young people 1. Remember you are an adult professional who is rendering service to a child/young person. You are not a friend or buddy. 2. Seek permission from parents before using email, text messages, or any other kind of electronic means to communicate with youth. 3. Always copy parents on messages sent to youth. 4. Never befriend children or youth when using social networking sites. 5. Never use a personal site on social networks to communicate about diocesan or parish events. Instead create and use a parish site or use the diocesan site for these purposes. Be sure you have your supervisor's permission before creating and using a parish or diocesan site, especially if children/young people will access it. If creating a special site, monitor it frequently for appropriate material and use. Note: School personnel must abide also by all school policy on this issue.

[www.preciousblood.org](http://www.preciousblood.org)

6. Never post photographs, personal information, or other identifying material about children/youth without the permission of their parents. Use great care before posting any information once permission is received. Additional information for social networking sites (As part of a parish or diocesan site) 1. Site must adhere to the parish and diocesan policy on consent to use of pictures. 2. Site must be set to PRIVATE such that only authorized members can gain admittance and the public does not have access to the content. 3. A Youth Minister or Volunteer must not 'seek' friends but allow teens to request him or her first. 4. A Youth Minister must approve each request for membership after verification of current participation or leadership in the youth program. 5. Password must be difficult and frequently changed to avoid unauthorized access. 6. Application/features and all communications must reflect Catholic values. 7. Absolutely no tagging pictures with the youth names or other identifiers which could show up in search engines can be used. 8. On the request of a parent or legal guardian, the site must be made temporarily accessible for review of content. 9. Post rules of conduct on the site.

*Revised April 2011*

I have read (or had explained to me) and understand the above agreement. I further understand any violation of the terms, conditions, and regulations above are unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked pending investigation and could be revoked permanently, other school disciplinary action may be taken, and or appropriate legal action may be taken against me.

Student's Name (please print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

[www.preciousblood.org](http://www.preciousblood.org)

# Handbook Receipt Acknowledgement

By signing below we acknowledge that we have access to a copy of the Most Precious Blood School Parent-Student Handbooks identified. We understand that the handbook contains important information about the school, its administration, and about the educational and disciplinary policies and procedures that the school maintains in the furtherance of its religious mission as part of the Catholic Diocese of Fort Wayne-South Bend.

We agree to follow all rules and guidelines imposed in the school by the school administration and/or Diocese. If we have any questions about the content of the handbook, we understand that it is our obligation to ask questions for clarification. This acknowledgement is to be returned to the school after being signed and dated. However, the failure to read the handbook or to sign or return this acknowledgement shall not relieve us of the obligation to follow all rules and guides that the school and the Diocese establish or in any way impede or prevent the school administration from operating the school consistent with those rules and guidelines.

## **Parent-Student Handbook (all families): please check one**

We have viewed/printed the handbook from Most Precious Blood's website for the current school year.

We have viewed a printed copy of the handbook for the current school year.

## **Preschool Parent-Student Handbook (Preschool families): please check one**

We have viewed/printed the handbook from Most Precious Blood's website for the current school year.

We have viewed a printed copy of the handbook for the current school year.

## **Athletic Parent-Student-Coach Handbook (Parents, Students, Coaches Grades 5-8): please check one**

We have viewed/printed the handbook from Most Precious Blood's website for the current school year.

We have viewed a printed copy of the handbook for the current school year.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Dear Parents/Guardians:

Children need healthy meals to learn. **Most Precious Blood School** offers a healthy lunch every school day. **Your children may qualify for free or reduced lunches.** Reduced price is **\$.40** for lunch. Applications are available at Most Precious Blood School or they can be sent home with your child/children. You can call 260-424-4832 ext.117 or email [kitchen@preciousblood.org](mailto:kitchen@preciousblood.org) if you would like an application sent home. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED MEALS?

- All children in households receiving benefits from SNAP (Food Stamps) or 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 meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced meals if your household income falls at or below the limits on this chart.

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

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Most Precious Blood School 260-424-4832 or [kitchen@preciousblood.org](mailto:kitchen@preciousblood.org)**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced 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: **Madelon Martinez, Most Precious Blood School, 1529 Barthold St. Fort Wayne IN 46808.**
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 **Madelon Martinez, Most Precious Blood School 1529 Barthold St Fort Wayne In 46808, 260-424-4832 ext 117 or [kitchen@preciousblood.org](mailto:kitchen@preciousblood.org)** immediately.
5. 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 **September 26<sup>th</sup>, 2018**. 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 of meals.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced meals. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. 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 meals if the household income drops below the income limit.
9. 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: **Stan Liponoga, Most Precious Blood School, 1529 Barthold St Fort Wayne In 46808, 260-424-4832 ext. 120, or [sliponoga@preciousblood.org](mailto:sliponoga@preciousblood.org).**
10. 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 meals. The last four digits of an adult household members social security number is needed unless they do not have one and then you can check the box stating that you do not have one.
11. 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.
12. 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.
13. 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.
14. 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 Madelon Martinez, Most Precious Blood School, 1529 Barthold St. Fort Wayne IN 46808, 260-424-4832 ext. 117, or [kitchen@preciousblood.org](mailto:kitchen@preciousblood.org) to receive a second application.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP (Food Stamp) or other assistance benefits, contact your local assistance office or call **1-800-403-0864**.

If you have other questions or need help, call 260-424-4832 EXT. 117 or email [kitchen@preciousblood.org](mailto:kitchen@preciousblood.org).

Sincerely,  
Madelon Martinez

This institution is an equal opportunity provider.



MOST PRECIOUS BLOOD 2018-2019 SUPPLY LIST

PK3 AND PK4

- 1-SANDARD SIZED BOOK BAG
- 2-PACK SEASONAL STICKERS
- 1-BOX OF BAND-AIDS
- 3-DRY ERASE MARKERS-BLACK CHIZEL TIP
- 3-24 pack crayola CRAYONS
- 2-2 POCKET PLASTIC FOLDERS
- 4-GLUE STICKS
- 1-ELMERS WHITE GLUE
- 1-COPIER PAPER
- BOYS-PAPER TOWELS, SANDWICH BAGS,CLOROX WIPES AND PAPER PLATES
- GIRLS KLEENIX, GALLON SIZE BAGS, BABY WIPES AND NAPKINS

KINDERGARTEN

- BACKPACK
- 2-BOXES OF 24 CT CRAYONS
- SCISSORS (FISKARS STYLE WORKS BEST)
- 1 PINK PEARL ERASER
- 12 GLUE STICKS
- 4-TWO POCKET FOLDERS
- PLASTIC PENCIL BOX
- 2-BOXES OF TISSUES
- 1-PAPER TOWEL
- 1-CLOROX WIPE
- 2-SKINNY BLACK DRY ERASE MARKERS
- 2-COMPOSITION NOTEBOOK
- 1-REST MAT/BEACH TOWEL
- 1-PACK OF COPY PAPER
- GIRLS-1 PACK BABY WIPES
- BOYS-1 BOX ZIPLOCK SANDWICH BAGS
- 2 DOLLAR DONATION FOR JOURNAL (TEACHER WILL BUY A CLASS SET
- 1-YELLOW 2-POCKET FOLDER WITH PRONGS

THIRD GRADE

- BACKPACK
- PENCIL BOX
- 2-PLASTIC POCKET FOLDERS (1-RED, 1- YELLOW
- 2-WIDE RULED NOTEBOOK
- 24-TICONDEROGA PENCILS
- 2-COMPOSITION NOTEBOOKS
- 1-PACK COPIER PAPER
- 1-RULER WITH INCHES AND CENTIMETERS
- 1-BOX OF MARKERS
- 1-BOX OF CRAYONS
- SCISSORS
- 2-GLUE STICKS
- 3-LARGE BOXES OF TISSUES
- 3-CLOROX WIPES
- 1-QT OR GALLON ZIPLOCK BAGS
- 4-LARGE PINK ERASER
- 1-COLORED PENCILS
- 1-WIDE RULED LOOSE LEAF PAPER
- 1-ROLLS PAPER TOWEL
- EARBUDS-LABELED AND INDIVIDUALLY PACKAGED

FOURTH GRADE

- BACKPACK
- 1-8 PACK WASHABLE MARKERS
- LOOSE LEAF PAPER (WIDE-RULED)
- 2-SPIRAL NOTRBOOKS (70 PAGES EACH WIDE-RULED
- PENCIL CASE
- 12 #2 PENCILS
- 5-RED PENS
- RULER WITH INCHES AND CENTIMETERS
- SCISSORS

HEADPHONES(NO EARBUDS)

FIRST GRADE

BACKPACK  
1-PACK CRAYOLA WASHABLE MARKER  
1-PINK PEARL ERASER, 10 PENCIL CAP ERASERS  
2-BOXES OF CRAYOLA CRAYONS (24)  
2-FOLDERS WITH POCKETS (NO PRONGS)  
1-PLASTIC FOLDER  
15-GLUE STICKS  
12-TICONDEROGA BRAND #2 PENCILS  
PLASTIC PENCIL BOX  
2-BOXES OF TISSUES  
SCISSORS  
CLIPBOARD  
1-ROLL PAPER TOWELS  
2-BLACK DRY ERASE MARKERS  
1-CLOROX WIPES  
1-PACKAGE OF NAPKINS  
1-ZIPLOCK SANDWICH BAG  
2-WIDE-RULED SPIRAL NOTEBOOK  
2-COMPOSITION NOTEBOOK  
HEADPHONES NOT EARBUDS  
1-PACK COPIER PAPER  
2.00 DONATION FOR PRIMARY JOURNAL  
TEACHER WILL BUY ALL JOURNALS AT ONE TIME

SECOND GRADE

2-COMPOSITION NOTEBOOKS  
BACKPACK  
1-CLOROX WIPES  
1-PAPER TOWELS

1-LARGE BOX OF TISSUES

1-ERASER

2-YELLOW HIGHLIGHTERS

2-PLASTIC POCKET FOLDERS (1-BLUE, 1 YELLOW

2-COMPOSITION BOOK ( 80 SHEETS)

1-PACK OF COPY PAPER

EARBUDS-LABELED AND INDIVIDUALLY PACKAGED

FIFTH GRADE

BACKPACK

1-24 PACK OF CRAYONS-NO LARGER

1-8 PACK OF WASHABLE MARKERS

3-PLASTIC FOLDERS WITH PRONGS AND POCKETS RED, YELLOW AND GREEN

2-LOOSE LEAF PAPER (WIDE RULED)

2-COMPOSITION NOTEBOOKS ONE WRITING AND ONE MATH

2 NOTEBOOKS (70 PAGES, WIDE-RULED

PENCIL CASE

2-#2 PENCILS AND SHARPENED

2-BLACK OR BLUE PENS (NO GEL PENS)

2-YELLOW HIGHLIGHTER ONLY

1-RED PEN

1-PINK ERASER

RULER WITH INCHES AND CENTIMETERS

SCISSORS (NOT ADULT SIZE)

2-LARGE BOXES OF TISSUES

2-CLOROX WIPES

2-PAPER TOWELS

1-BOTTLE OF PURELL HAND SANITIZER

3-GLUE STICKS

1-PACKAGE OF EXPO DRY ERASE MARKERS

1-PACKAGE OF 3X5 INDEX CARDS

1-PACK OF COPIER PAPER

2-BOXES OF TISSUES  
BIG ERASERS

1-WOOD RULER (INCHES AND CENTIMETERS)

2-24 PACK CRAYONS

SCISSORS

CLIPBOARD

1-PENCIL BOX

24-#2 PENCILS

2-3 PRONG FOLDERS (PLASTIC)

2-BLACK DRY ERASE MARKERS

1-PACK WASHABLE MARKERS

1-PACK COLORED PENCILS

1-PACK OF COPIER PAPER

1-HIGHLIGHTER

8-GLUE STICKS

ERABUDS-LABELED AND INDIVIDUALLY PACKAGED

\$1 DONATION FOR RAINBOW MATH FLASHCARD SYSTEM

BOYS-1BOX ZIPLOCK SANDWICH BAGS

GIRLS-1BOX ZIPLOCK GALLON BAGS

ART K-2ND

5-GLUESTICK

1-LARGE BOX OF CRAYONS

1-BOX OF MARKERS

1-PACKAGE OF #2 PENCILS

1-SCISSORS

PENCIL SHARPENER

ART BOX

ART 3RD-8TH

5-GLUESTICKS

1-BOX OF CRAYONS

ERABUDS-LABELED AND INDIVIDUALLY PACKAGED

SIXTH, SEVENTH AND EIGHT EIGHT GRADE

WIRELESS MOUSE ONLY

BACKPACK

SCISSORS (NOT ADULT SIZED)

2 PACKS OF TICONEROGA PENCILS

BLACK OR BLUE PENS

2-GLUE STICKS

ELMERS GLUE

1-LARGE ERASER

BINDER OR TRAPPER KEEPER WITH PENCIL CASE

3-LARGE BOXES OF TISSUES

LOOSE LEAF WIDE-RULED PAPER

1-12 INCH Inches and centimeters RULER

3-YELLOW HIGHLIGHTERS

2-CLOROX WIPES

1-NOTEBOOK OF GRAPH PAPER

2-PACK COPIER PAPER

TEXAS INSTRUMENT TI 34 I CALCULATOR-6TH AND 7TH GRADE

6-LINED 3X5 INDEX CARDS

2-12 PACK RED PENS

6-SPIRAL NOTEBOOK 1-SUBJECT WIDE RULED NOTEBOOK

1-GALLON SIXED ZIPLOCK, 1-BOX REGULAR SANDWICH SIZED ZIPLOCK

2-PAPER TOWEL

ERABUDS-LABELED AND INDIVIDUALLY PACKAGED

ONE BLACK FINE POINT SHARPIE MARKER

2-COMPOSITION NOTEBOOKS

PURELL HAND SANITIZER

TEXAS INSTRUMENT TI-83 PLUS GRAPHING CALCULATOR 8th grade

MUSIC 3RD-8TH

- 2-3 PRONGED PAPER BINDER
- 1-PACKAGE #2 PENCIL AND SHARPENER
- 1- CLOROX WIPES, TISSUES, PAPER TOWEL
- 1-WATERCOLOR SET
- 3-ERASERS
- 1-SCISSORS
- ART BOX
- 2-BLACK SHARPIE MARKERS

ALL GRADES

- PROTRACTOR
- LOOSE LEAF GRAPHING PAPER
- COLORLED PENCILS
- 1-PACKAGE OF EXPO DRY ERASE MARKERS
- HAND HELD PENCIL SHARPENER
- 1-BOX OF ZIPLOCK SANDWICH BAGS
- 1-BOTTLE OF PURRELL HAND SANITIZER
- 2-COMPOSITION NOTEBOOK
- 1 package copy paper per family

- 1-BLACK CHISEL TIP DRY ERASE MARKER

MUSIC 5TH-8TH

- NOTEBOOK, PENCILS, , FOLDER OR DIVIDER SECTION IN BINDER

## Dismissal Procedures

Dismissal Bell is at 2:50

5<sup>th</sup>- 8<sup>th</sup> students without siblings are to be picked up in the 5-8 lot.

*\*5<sup>th</sup> - 8<sup>th</sup> grade students will exit the gym ramp (door #5).*

1<sup>st</sup> – 4<sup>th</sup> grade students without siblings are to be picked up in the 1<sup>st</sup> -4<sup>th</sup> lot.

*\*1<sup>st</sup> – 4<sup>th</sup> grade students will exit the south school door (Door #3).*

Preschool and kindergarten will exit the Barthold Street door (door #2). Preschool and kindergarten students will be released at the door entrance.

Families with siblings in multiple grades can be picked up in any location they have children in. It is up to the family to choose which location will work best. Families with siblings in multiple grade levels and pick-up locations are to utilize the same dismissal area every day. Children in grades 1<sup>st</sup> -8<sup>th</sup> can have preschool and kindergarten students released to them so the family can get to the proper pick-up location. Parents / guardians should communicate special arrangements with the classroom teachers.

### **Parking lot cones:**

Vehicles and students may not walk through the coned parking lot line.

All students going to the 1<sup>st</sup> – 4<sup>th</sup> lot must walk on the sidewalk.

### **Entering and Exiting**

All vehicles parked in the 1<sup>st</sup> -4<sup>th</sup> lot must enter and exit from the south Andrew Steet entrance or 4<sup>th</sup> Street.

All vehicles parked in the 5<sup>th</sup> – 8<sup>th</sup> lot must exit from the north Andrew Street. entrance or Spring Street. Vehicles must enter the lot from Andrew Street.

### **Walkers**

Students walking must have a permission note on file in the school office.

*\*Map on the reverse side*