UXBRIDGE PUBLIC SCHOOLS
9 North Main Street - Uxbridge, Massachusetts 01569
Phone 508.278.8648

2024-2025

REGISTRATION PACKET

Welcome to the Uxbridge Public Schools! Our mission at the Uxbridge Public Schools is to provide challenging educational programs and services to meet the diverse needs of all students in a safe, supportive environment and, in partnership with the community, prepare students to become competent, creative, and contributing citizens. We are determined to enhance students' critical thinking skills, collaborative problem-solving skills, and leadership skills that will prepare our children to meet the challenges of their adult lives.

The following packet of documentation contains all the forms necessary to register your child(ren) into the Uxbridge Public Schools system. Please note that students are not enrolled until we receive all documentation. If you choose to submit *individual documentation,* this will hinder the registration process.

A registration appointment must be scheduled and conducted with the Guidance Department and/or Administrative personnel prior to the student's placement into our schools. All academic records must be in hand prior to the scheduling of this registration appointment.

Any records coming from another district must be sent by the school or if being hand delivered, in a sealed envelope by the sending school.

If you have any questions regarding the registration process, please contact the main office of the appropriate school building.

Taft Early Learning Center	Grades PreK-3	508-278-8643
Whitin Intermediate School	Grades 4-7	508-278-8640
Uxbridge High School	Grades 8-12	508-278-8633

PARENT CHECKLIST

Prior to a new student entering the Uxbridge Public Schools, we require the following information be presented at the time of registration, in addition to the registration forms contained in this packet.

____ Copy of Students most recent report card

____Complete immunization records and a signed recent physical form dated within one year.

____Original and/or Copy of Birth Certificate

____ I.E.P./504 Plan (if applicable)

____ Proof of Residency Documentation: Recent utility bill, and purchase & sales agreement or rental agreement

____ In cases of divorce/separation, provide a copy of divorce decree with custody agreement or any information regarding custody, (i.e. restraining order, etc.)

INDEX OF REGISTRATION FORMS CONTAINED IN THIS PACKET

___ Student Information Form
___ Home Language Survey
___ Student Health Questionnaire
___ Parent/Student Handbook Form
___ Photo/Video OPT Out Form
___Student Status Survey
___ Consent to Release Records
___ Medical Information
___ Free and Reduced Lunch
___ Bus Transportation

Residency Forms (Uxbridge Residents and School Choice Applicants)

___ A: Affidavit of Applicant Seeking Enrollment
___ B: Supporting Documentation for School Registration Checklist
___ C: Residency Policy Acknowledgement
___ D: Transfer of Parental Education Rights (if applicable)
___ E: Affidavit of Residency (completed by all applicants)
___ F: Affidavit - Landlord/Shared Tenancies (completed by landlord)
___ G: Waiver when Residency is in Transition (if applicable)

STUDENT INFORMATION FORM

Student Data

1.	**Student Birth Legal Last Name:** **First Name:** **Middle:**
2.	**Grade Level:** **Has student been registered in Uxbridge Public Schools before?** Yes ☐ No ☐
3.	**Date of Birth:** **Gender:** **Female** ☐ **Male** ☐
4.	**City/Town of Birth:** **Country of Origin:**
5.	**Home address:** **Mailing address (if different):**
6.	**Student's primary language spoken at home:**
7.	**Student's race:** White ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐
8.	**Does this student currently receive special services?** Yes ☐ No ☐ If yes, I.E.P. ☐ 504 ☐ Has this student ever received special services in the past? Yes ☐ No ☐ If yes, please explain:
9.	**Does the student have any siblings registered in Uxbridge Public Schools?** Yes ☐ No ☐ Sibling Name / Grade / Sex / Date of Birth / School _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

10.

First Parent/Guardian Contact Information				
Name	**Relationship**	**Lives with Student** Yes ☐ No ☐	**Custody issue** Yes ☐ No ☐ If yes, is this a custodial parent? Yes☐ No ☐	
Address (if different than student)	**Workplace**	**Can Receive Mail:** Yes ☐ No ☐	**Can Dismiss Student?** Yes ☐ No ☐	**Can Receive Student?** Yes ☐ No ☐
Mobile Phone	**Home Phone**	**Work Phone**	**Email Address**	

Second Parent/Guardian Contact Information				
Name	**Relationship**	**Lives with Student** Yes ☐ No ☐	**Custody issue** Yes ☐ No ☐ If yes, is this a custodial parent? Yes☐ No ☐	
Address (if different than student)	**Workplace**	**Can Receive Mail:** Yes ☐ No ☐	**Can Dismiss Student?** Yes ☐ No ☐	**Can Receive Student?** Yes ☐ No ☐
Mobile Phone	**Home Phone**	**Work Phone**	**Email Address**	

11.

First Contact if Parents/Guardians Cannot Be Reached			
Name	**Relationship**	**Address**	**Main Phone:** **Can Receive Student?** Yes ☐ No ☐

12.

Second Contact if Parents/Guardians Cannot Be Reached			
Name	**Relationship**	**Address**	**Main Phone:** **Can Receive Student?** Yes ☐ No ☐

STUDENT STATUS SURVEY

Student Information

_____

Legal First Name Full Middle Name (no middle, write NMN) Last Name

_____

Street Address, City, State, Zip Code

Date of Birth (mm/dd/yyyy): _____ City/Town Birth: _____ Gender: F _____ M _____

Race - Please answer BOTH questions 1 and 2

1. Is this student Hispanic or Latino? (circle only one)

_____ No, not Hispanic or Latino

_____ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race).

2. What is the student'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 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, Malaysis, 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).

Low Income Status (check if applicable)

_____ The student is eligible for free or reduced lunch; or receives Transitional Aid to Families; or is eligible for food stamps.

Migrant Status (check if applicable)

_____ An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

Immigrant Status (check if applicable)

_____ An indication of whether a student is eligible for the Emergency Immigrant Education Program is, the student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samos, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

Military Status (check if applicable)

_____ If a student is a member of the military family. This includes children of: Active duty members of the uniformed services, National Guard and Reserve on active duty orders. Members or veterans who are medically discharged or retired within one year. And members who died on active duty.

HOME LANGUAGE SURVEY

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information			
First Name	Middle Name	Last Name	F _____ M _____ Gender
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (mm/dd/yyyy)	

School Information		
Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Current Grade

Questions for Parent/Guardian	
What is the native language(s) of each parent/guardian? (circle one) _____ (mother/father/guardian) _____ (mother/father/guardian)	Which language(s) are spoken with your child? (include relatives-grandparents, uncles, aunts, etc. - and caregivers) _____seldom/sometimes/often/always _____ seldom/sometimes/often/always
What language did your child first understand and speak?	Which language do you use most with your child?
Which other languages does your child know? (circle all that apply) _____ speak/read/write _____ speak/read/write	Which language does your child use? (circle one) _____ seldom/sometimes/often/always _____ seldom/sometimes/often/always
Will you require written information from school in your native language? Yes _____ No_____	Will you require an interpreter/translator at Parent-Teacher meetings? Yes ____ No ____
Parent/Guardian Signature: X	_____ Today's Date (mm/dd/yyyy)

CONSENT TO RELEASE RECORDS

_____
Entry/Withdrawal Date

_____	_____	_____
Student First and Last Name	Date of Birth	Entry Grade

_____	_____	_____	_____
Uxbridge Street Address	City/State	Zip Code	Telephone

In conformance with the Student Record Regulations of the Massachusetts Department of Elementary and Secondary Education, and the Education Reform Act of 1993, I authorize the appropriate office of:

_____ Taft Early Learning Center, 16 Granite Street, Uxbridge, MA 01569
508-278-8643/FAX 508-278-8646

_____ Whitin Intermediate School, 120 Granite Street, Uxbridge, MA 01569
508-278-8640/FAX 508-278-8639

_____ Uxbridge High School, Guidance Dept., 300 Quaker Highway, Uxbridge, MA 01569
508-278-8633/FAX 508-779-7256

_____ Uxbridge Special Education Department, 9 North Main Street, Uxbridge, MA 01569
508-278-8648/FAX 508-278-8654

Please check all boxes that apply:

- ☐ Permission to speak with: _____
- ☐ Send to the third party listed below the records of the above named student.
- ☐ Receive from the third party listed below the records of the above named student.

_____
(Third Party) Name of School

_____
Street Address

_____
City/Town State Zip Code

_____
School Telephone School FAX

Records should include: Transfer slip, academic records, attendance, health, special education records, MCAS scores, discipline records, cumulative records.

Other: _____

_____ _____
Signature of Parent and/or Guardian Date

UXBRIDGE PUBLIC SCHOOLS
9 North Main Street · Uxbridge, Massachusetts 01569
Phone 508.278.8648

Dear Parent/Guardian:

Enclosed you will find the Massachusetts Department of Public Health Certificate of Immunizations form and a copy of the immunization regulations needed for entry into school. According to Massachusetts State Law, it is required that your child receives a vision screening and complete physical exam within one year of enrolling in kindergarten and be up to date on his/her immunizations prior to the first day of school. For those children who are enrolled in a pre-school program, an additional shot is required.

Regular physical exams ensure that your child is growing and developing properly. This is also a time for you to discuss any concerns or issues regarding your child's development with your pediatrician. Please do not schedule your child's appointment after the first day of school. If your insurance provider will not allow a physical exam at such-time, your child may still receive the necessary immunizations now and have a physical at a later date. Children who do not have the necessary immunization requirements will be unable to begin school until we receive it.

We respectfully request that you meet these requirements except in the case of religious or medical exemptions. In this case, we would still require written documentation from your doctor.

If you have any questions or concerns, please contact your school nurse. Thank you.

Uxbridge Public Schools

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Upon school enrollment, the following medical documentation and immunizations are required for all students:

- Immunizations Grades K - 12:
  - 5 doses of Dtap/DTP vaccine
  - 4 doses of polio vaccine
  - 2 doses of MMR vaccine
  - 3 doses of hepatitis B vaccine
  - 2 doses of varicella vaccine
    - or laboratory evidence of immunity
  - 1 dose of TDAP (7th-12th grade only)
  - 1 dose Menactra (Grade 7)
  - 1 booster dose Menactra/ManACWY received on or after 16 years of age
- Most recent physical (within 12 months)
- Lead Screening (date and results - Kindergarten only)
- Vision Screening (date and results - Kindergarten only)

STUDENT HEALTH QUESTIONNAIRE

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Please answer the following questions:

* Has your child met all the immunization requirements for school entry?
  Yes____ No____

* If no, when is the child's next appointment? _____
  An appointment must be made before school starts; otherwise your child will be excluded from school.

* Has your Child ever been tested for lead? Yes____ No_____ Please be sure a lead test is recorded on your child's health record.
  (If your child has not had a lead test he/she will need one for school entry).

* Does your child have any pre-existing medical conditions? _____ If yes, please explain.
  _____

* Does your child take any medications? Yes____ No ____, If yes, please explain.
  _____

*Has your child ever had the chicken pox? Yes____ No _____ **If no, your child should have the Varicella Vaccine.**

*Has your child ever had a routine dental exam? Yes____ No____

*Is your child allergic to any medications, food or other elements? If yes, please explain.
_____

*Does your child require a special diet? Yes ____ No ____ Explain: _____

*Has your child ever had a formal hearing exam? ____ If yes, when? _____
Results: _____

*Has your child ever had a formal vision exam? ____ If yes, when? _____
Results: _____

*Are you currently insured? Yes ____ No ____. If you answered no, would you like information regarding the Children's Medical Security Plan/MASS Health?
_____

Thank you for providing the above information to complete your child's medical record. Please be sure to schedule your child's physical exam and immunization appointment **BEFORE** school begins to avoid any delay in your child's starting date. Massachusetts State Law requires all children to be completely up to date on all immunizations before school begins. Please call the nurses office in your building with any questions or concerns.

UXBRIDGE PUBLIC SCHOOLS
Medical Information

Student:_____ Grade: _____ Homeroom _____

_____ _____
Physician's Name Phone Number

_____ _____
Dentist's Name Phone Number

_____
Insurance Company

Medical Conditions:_____

Medications currently taking:_____
Inhaler: _____
EpiPen: _____ Will your child require a nut-safe table in the cafeteria? Y _____ N _____
Allergies: _____

Is there any change in your child's medical history? Y_____ N_____ If yes, please explain:

Permission to Administer Over the Counter (OTC) Medications

Administration of Over the Counter Medications in school is based on protocols developed by the school nurse, school physician and school administration. Please check the medications below that give permission for your child to receive during the school day. **Students are not allowed to carry medications in their backpacks unless authorized by their physician and school nurse (written physician order must be on file with the school nurse)**

Acetaminophen (Tylenol) Y_____ N_____	Benadryl Y____ N____	Ibuprofen Y___ N____	TUMS **(Whitin and UHS only)** Y____ N___
Bacitracin Y_____ N_____	Hydrocortisone Y____ N____	Caladryl Y____ N____	Cough Drops **(UHS only)** Y____ N____

(OTC Medications are restricted to once per day)
Parent Signature:_____ Date:_____

Reminder: Prescription medications and OTC (allergy/cold medications) must be accompanied by a physician's order, a signed parental consent form and the original pharmacy container. Consent forms are available in each school.

Authorizations

I do/do not (circle one) give permission to the Uxbridge Public Schools to release medical information to my child's bus driver and staff working with my child.

State Mandated BMI (Body Mass Index) measurements in grades 1,4,7, and 10 to be done by the school nurse
Y _____ N ____ see www.mass.gov/massinmotion for further information.

If the school is unable to contact me in case of a serious accident or medical emergency, I authorize the school to provide Emergency Medical Services.

Parent's Signature:_____ Date:_____

Massachusetts School Immunization Requirements 2024–2025§

Massachusetts school immunization requirements are created under the authority of 105 CMR 220.000: Immunization of Students Before Admission to School

Requirements apply to all students, including individuals from other countries attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students in every grade, even if they are over 18 years of age.

Childcare/Preschool¶†

Attendees <2 years should be immunized for their age according to the ACIP Recommended Immunization Schedule. Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called K0 or K1.

Hib	**1–4 doses;** number of doses is determined by vaccine product and age the series begins
DTaP	**4 doses**
Polio	**3 doses**
Hepatitis B	**3 doses;** laboratory evidence of immunity acceptable
MMR	**1 dose;** must be given on or after the 1st birthday; laboratory evidence of immunity acceptable
Varicella	**1 dose;** must be given on or after the 1st birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Grades Kindergarten–6¶†

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP/Tdap	**5 doses;** 4 doses are acceptable if the fourth dose is given on or after the 4th birthday; DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	**4 doses;** fourth dose must be given on or after the 4th birthday and ≥6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4th birthday and ≥6 months after the previous dose
Hepatitis B	**3 doses;** laboratory evidence of immunity acceptable
MMR	**2 doses;** first dose must be given on or after the 1st birthday, and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	**2 doses;** first dose must be given on or after the 1st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

¶ Meningococcal vaccine requirements (see Grades 7–10 and 11–12) also apply to residential students in Grades Preschool through 8 if the school combines these grades in the same school as students in Grades 9–12.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year, and religious exemptions (statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs), should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant, or designee.

See the following pages for Grades 7–10, Grades 11–12, and College (Postsecondary Institutions)

Massachusetts School Immunization Requirements 2024–2025§

Requirements apply to all students, including individuals from other countries attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students in every grade, even if they are over 18 years of age.

Grades 7–12†

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	**1 dose;** and history of DTaP primary series or age-appropriate catch-up vaccination; Tdap given at ≥7 years may be counted, but a dose at age 11–12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥10 years since last Tdap
Polio	**4 doses;** fourth dose must be given on or after the 4th birthday and ≥6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4th birthday and ≥6 months after the previous dose
Hepatitis B	**3 doses;** laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	**2 doses;** first dose must be given on or after the 1st birthday, and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	**2 doses;** first dose must be given on or after the 1st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Meningococcal Requirements

Grade 7–10	**1 dose**; 1 dose MenACWY (formerly MCV4) required; Meningococcal B vaccine is not required and does not meet this requirement
Grade 11–12‡	**2 doses**; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose; 1 dose is acceptable if it was given on or after the 16th birthday; Meningococcal B vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year, and religious exemptions (statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs), should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant, or designee.

‡ Students who are 15 years old in Grade 11 are in compliance until they turn 16 years old.

See the following page for College (Postsecondary Institutions)

Massachusetts School Immunization Requirements 2024–2025§

Requirements apply to all students, including individuals from other countries attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students in every grade, even if they are over 18 years of age.

College (Postsecondary Institutions)**†

Requirements apply to all full-time undergraduate and graduate students under 30 years of age and all full- and part-time health science students. Meningococcal requirements apply to the group specified in the table below.

Tdap	**1 dose;** and history of a DTaP primary series or age-appropriate catch-up vaccination; Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥10 years since Tdap
Hepatitis B	**3 doses;** laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	**2 doses;** first dose must be given on or after the 1st birthday, and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable; birth in the U.S. before 1957 acceptable only for non-health science students
Varicella	**2 doses;** first dose must be given on or after the 1st birthday and second dose must be given ≥28 days after the first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable; birth in the U.S. before 1980 acceptable only for non-health science students
Meningococcal	**1 dose;** 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger; the dose of MenACWY vaccine must have been received on or after the student's 16th birthday; doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

** The immunization requirements apply to all students who attend any classes or activities on campus, even once. If all instruction and activities are remote and the student will never be on campus in person, the requirements would not apply. Should a student physically return to campus, they would need to comply with this requirement.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year, and religious exemptions (statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs), should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant, or designee.

Parent/Student Handbook Signature Form

Student Name: _____

The Massachusetts Department of Elementary and Secondary Education requires all public schools to ensure that the parent(s)/guardian(s) are informed of our school policies on a yearly basis. To comply with these regulations, we ask that you indicate that you have reviewed this handbook. Our handbooks may be found on our district website, under each individual school at **www.uxbridgeschools.com.**

Please select one:

____ I have reviewed on-line the following Parent/Student Handbook(s) and I agree to conform to its rules and regulations.

___ Taft Early Learning Center Parent/Student Handbook

___ Whitin Intermediate School Parent/Student Handbook

___ Uxbridge High School Parent/Student Handbook

____ I do not have Internet access and request a printed copy of the Parent/Student Handbook (and I understand I will need to return a written verification form that will be included in the handbook, acknowledging receipt of the Parent/Student Handbook and agreeing to conform to its rules and regulations). If you select, this option, please stop by the school after signing and return this sheet to the school and we will print and send home a copy of the Parent/Student Handbook.

Parent/Guardian Name: _____ Signature: _____

Student Name: _____ Signature: _____

UXBRIDGE FREE AND REDUCED LUNCH PROGRAM

Uxbridge Public Schools participates in the National School Breakfast and Lunch Program. We take great pride in serving our students healthy and well balanced meals during their school day. We are including an application for the Free and Reduced meals program. We encourage families to fill them out and if your family qualifies, your children may be eligible for free or reduced price meals. Only one application is needed per family and applications are accepted all year long.

In addition to the application, we have provided a "Frequently Asked Questions" sheet and a "How to Apply or Free and Reduced Price School Meals" notice.

Dear Parent/Guardian:

Children need healthy meals to learn. **Uxbridge Public Schools** offers healthy meals every school day at no cost to all students. We receive funding for this through the United States Department of Agriculture (USDA) and the Commonwealth of Massachusetts. Lunch and breakfast at no cost for all of our students is now permanent. We need your help to keep providing free meals to all students in future years.

Completing the meal benefit application can:

- help sustain free meals for our school(s) by increasing access to Federal funding
- drive funding for educational programs in our community
- help provide free summer meals to all kids, and free meals to kids in childcare in our community.

Families who qualify for free or reduced-price meals for their children can also be qualified for Summer EBT starting in the summer of 2025. Summer EBT provides extra money for groceries during the summer months when kids aren't in school. Your participation can help your family and your community. The information you provide is confidential. We follow strict federal rules to keep your information private.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for free or reduced-price school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling **Project Bread's FoodSource Hotline at 1-800-645-8333** and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect: https://dtaconnect.eohhs.mass.gov/apply

Frequently Asked Questions

Do I need to fill out an application for each child?

No. Use one *Free and Reduced-Price School Meals Application* for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[name, address, phone number]**.

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 **[name, address, phone number, e-mail]** immediately.

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. You must send in a new application unless the school told you that your child is eligible for the new school year.

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.

Who qualifies for free or reduced-price meals?

All students in our schools will get free breakfast and lunch at school. But only some students qualify as "eligible" for free meals. These are:

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

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024 - 2025			
Household size	Yearly	Monthly	Weekly
1	$19,578	$1,632	$377
2	$26,572	$2,215	$511
3	$33,566	$2,798	$646
4	$40,560	$3,380	$780
5	$47,554	$3,963	$915
6	$54,548	$4,546	$1,049
7	$61,542	$5,129	$1,184
8	$68,536	$5,712	$1,318
Each additional person:	$6,994	$583	$135

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 **[school, homeless liaison or migrant coordinator].**

I GET WIC. CAN MY CHILDREN GET FREE MEALS?
Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in a completed application.

CAN I APPLY ONLINE?
Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Contact Alison Weir at 508-278-8648 x2014 or email at: aweir@uxbridge.k12.ma.us. **if you have any questions about the online application.**

WILL THE INFORMATION I GIVE BE CHECKED?
Yes. We may also ask you to send written proof of the household income you report.

IF I DON'T QUALIFY NOW, MAY I APPLY LATER?
Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

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: **Alison Weir at 508-278-8648 x2014 or email at: aweir@uxbridge.k12.ma.us.**

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.

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.

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, or receive Family Subsistence Supplemental Allowance payments, 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.

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 **Alison Weir at 508-278-8648 x2014 or email at:** aweir@uxbridge.k12.ma.us **to receive a second application.**

MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?
To find out how to apply for **MA SNAP** or other assistance benefits, contact your local assistance office or call **the MA DTA Assistance Line at 1-877-382-2363 (press 7 to apply for SNAP)**.

If you have other questions or need help, call **508-278-8648 x2014.**

Sincerely,

Alison Weir
Uxbridge Public Schools Food Director
August 28, 2024

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-Discrimination Statement:
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

2. **fax:**
   (833) 256-1665 or (202) 690-7442; or

3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

If you have received a Notice of Direct Certification – FREE from the school district for free meals, do not complete an application. If you have received a Notice of Direct Certification – REDUCED PRICE from the school district for reduced price meals, you may apply. DO let the school know if any children in the household are not listed on the Notice of Direct Certification – FREE letter you received.

How To Apply for Free and Reduced Price School Meals

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

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Alison Weir Food Service Director aweir@uxbridge.k12.ma.us

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

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

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

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

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

List each child's first and last name. Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.	**Is the child a student?** If "Yes," write the grade level of the student in the "Grade" column to the right.	**Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **Step 1**, go to **Step 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.	**Are any children homeless, migrant, or runaway?** If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

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

- The Supplemental Nutrition Assistance Program (SNAP) or [Insert State SNAP here].
- Temporary Assistance for Needy Families (TANF) or [Insert State TANF here].
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in any of the above listed programs:
• Check "No" in **Step 2** and go to **Step 3.**	• Write the **agency ID** number for SNAP, TANF, or FDPIR. You only need to provide one number. If you participate in one of these programs and do not know your agency ID number, contact: [Insert State/local agency contacts here]. You may be asked to provide a copy of your award letter. • Go to **Step 4.**

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

How do I report my income?

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

3.A List income earned by children

List all income earned or received by children.

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

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

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

3.B. Report income earned by adults

Who should I list here?

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

Infants, children and students already listed in **Step 1.**

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

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

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

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

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

4) List income from pensions/retirement/all other income.
List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

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

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

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

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.		
A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	**B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."	**C) Mail completed application to:** Insert School/District address here

Optional

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

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

2024-2025 Massachusetts Application for Free and Reduced Price School Meals

If you have received a **Notice of Direct Certification – FREE** from the school district for free meals, **do not** complete this application. If you have received a **Notice of Direct Certification – REDUCED PRICE** from the school district for reduced price meals, this application may be submitted. **DO** let the school know if any children in the household are not listed on the **Notice of Direct Certification- FREE** letter you received. Complete one application per household. Please use a pen (not a pencil).

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

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	School Name	Grade	Student? *Circle Yes or No*	Foster	Homeless	Migrant	Runaway
						Check all that apply			
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐

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

Write the ***Agency ID Number***, then go to **STEP 4** (Do not complete STEP 3) ***EBT number not accepted; SNAP award letter may be requested*** **Agency ID Number:** _____

STEP 3 List ALL adult household members and income for each member (before taxes and deductions) (Skip this step if you answered 'Yes' to STEP 2)

Review the charts titled **"Sources of Income"** for more information. The **"Sources and Examples of Income for Children"** chart will help you with the Child Income section.
The **"Sources of Income for Adults"** chart will help you with the All Adult Household Members section

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income (before taxes and deductions) received by all Household Members listed in STEP 1 here:

$				How often? Weekly	Bi-Weekly	2x Month	Monthly
				○	○	○	○

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 and after deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	ırnings from Wor	How often? Weekly	Bi-Weekly	2x Month	Monthly	ıblic Assistance/ Ch ıpport/ Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	ınsions / Retiremer l Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○

Total Household Members (Children and Adults) ☐☐

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member **XXX-XX-** ☐☐☐☐ **Check if no SSN** ☐

STEP 4 Contact Information and Adult Signature

Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (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

Sources and Examples of Income

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

Sources and Examples of Income for Children
- A child has a regular full or part-time job where they earn a salary or wages
- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust
- 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. This information is kept confidential and may be protected by the Privacy Act of 1974.

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (check one or more):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

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.

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below i

In accordance with federal civil rights la ulations and policies, this institution is prohibited from discriminating on the basis of race ual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. P er than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

FAX: (833) 256-1665 or (202) 690-7442;
or
EMAIL: Program.Intake@usda.gov

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

This institution is an equal opportunity provider.

Return completed form to your child's school.

For School Use Only

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

Total Income

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
☐	☐	☐	☐	☐

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
☐	☐	☐

Determining Official's Signature | **Date**

Confirming Official's Signature | **Date**

Verifying Official's Signature | **Date**

Error prone ☐

Photo/Video OPT OUT Form

During the school year, student photos may include district and school website, school newspaper, local newspaper articles, school yearbook, school social media pages (Facebook, Twitter, Instagram). It is the responsibility of the parents or guardians to make the school aware if you DO NOT want to participate. If you DO NOT wish for photographs of your student(s) engaging in classroom activities to be published through our various media for school district's public relation purposes, please opt out using this form. If you are the parent/guardian of more than one student, you must fill out a separate form for each student.

Student Name: _____ Grade: _____

School: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

****

No Internet Access at Home

If you do not have any internet access at home please fill out the information below.

Student Name: _____ Grade: _____

School: _____

___ We do not have any internet access at home.

IF YOU HAVE FILLED OUT EITHER OR BOTH SECTIONS OF THIS FORM, PLEASE RETURN TO THE SCHOOL WITH THE REGISTRATION PACKET. THANK YOU.

UXBRIDGE BUS TRANSPORTATION REGISTRATION

The School Committee has eliminated the bus fees for the 2024-2025 school year. All students who are eligible to take the bus must register in order to ride the bus. This includes students who have transportation required in their IEP. Taft and Whitin students will be issued a bus tag. Please attach the bus tag to your child's book bag so they are visible to the bus driver.

Go to www.uxbridgeschools.com and choose Departments, Bus Transportation and click on 2024-2025 School Bus Registration link. You must live over 1 mile in order to receive bus transportation. Please refer to the School Committee Transportation Services Policy EEAA under Bus Transportation and Frequently Asked Questions for additional information.

For more information or questions, please email: transportation@uxbridge.k12.ma.us or call 508-278-8648 ext, 2004.

UXBRIDGE FREE AND REDUCED LUNCH PROGRAM

UXBRIDGE PUBLIC SCHOOLS
RESIDENCY FORMS

Form A - Affidavit of Applicant Seeking Enrollment

School Choice applicants please complete all residency forms using your out-of-town residential information

Student's Name :

_____

Last First Middle

Parent(s)/Guardian(s) Name(s):

_____

Last First Middle

Address:

_____

I, _____, the Parent/Guardian/Foster parent/Adult seeking to enroll the student of _____ hereby certify that the attached information is accurate and so state under the pains and penalties of perjury. I also certify that I will notify the principal immediately if there is any change in address and provide all documentation required if moving to another in-town/out of town location.

Furthermore, I understand that if the above-named student is not an Uxbridge resident or a School Choice student as defined by the law, then M.G.L. c. 76 §5 allows the School Committee to obtain the full cost of the above-named student's education from me.

Lastly, I understand that if this packet is deemed "incomplete" in any way by the Uxbridge Public Schools, the above-named student will not be granted enrollment until such time as it is determined to be complete.

_____

Signature of Parent/Guardian/Foster Parent/Adult (Uxbridge Resident)

_____

Date

UXBRIDGE PUBLIC SCHOOLS
RESIDENCY FORM

Form B - Supporting Documentation for School Registration Checklist

Student's Name _____
Last First Middle

Parent(s)/Guardian(s) Name(s)_____
Last First Middle

Address: _____

_____

PROOF OF THE CHILD'S AGE AND LEGAL NAME

___Original and/or copy birth certificate (*the original birth certificate will not be retained by Uxbridge Public Schools)

___Valid driver's license showing an Uxbridge home address or school choice address

___Parent(s)/Guardian(s) Visa (if not a U.S. citizen)

PROOF THAT THE PARENT OR LEGAL GUARDIAN OF THE STUDENT LIVES IN UXBRIDGE, MA or SCHOOL CHOICE RESIDENCE

At least one document from this category:

___A copy of a current lease signed by lessor and lessee or tenant and landlord to show that the parent/guardian resides in Uxbridge, MA/School choice residence; or

___A copy of a mortgage agreement/property tax bill showing that the parent/guardian owns a home and resides in Uxbridge, MA/School Choice residence or

___A sworn affidavit from the owner or lessee of the residence to show that a family and student reside in Uxbridge, MA/School Choice resident AND record of most recent payment (Form F Residency Affidavit Landlord/Shared Tenancies. This form is only valid for six (6) months and must be refiled within five (5) days of expiration or the student shall be withdrawn from Uxbridge Public Schools). A current copy of the resident's mortgage or lease must be included with this registration form.

___Copy of HUD lease or other housing lease AND record of most recent rental payment.

At least one document from this category – Utility bill or work order dated within the past sixty (60) days showing the address, including:

___Gas bill

___Oil bill

___Electric bill

___Home telephone bill (not a cell phone bill)

___Cable bill

___Water bill

At least one document from this category:

___Valid driver's license showing an Uxbridge, MA/School Choice home address

___Current vehicle registration showing an Uxbridge, MA/School Choice home address

___Valid Massachusetts Photo identification card

Please be advised that if any questions arise as to whether or not the prospective student is residing in the Town of Uxbridge/School Choice resident and has the intention of remaining, or if questions arise after enrollment, an appropriate investigation will be conducted. Therefore, if the student is not living in the Town of Uxbridge/School Choice resident, please do not attempt to enroll him/her. Further, please be aware that M.G.L. c. 76 §allows the School Committee to obtain the full cost of any student's education from any adult who enrolled the student in Uxbridge Public schools, knowing that the student was not a resident/school choice.

If you are not the biological or adoptive parent, then you must submit a copy of the guardianship decree, if applicable, evidence from DCF naming you as the foster parent, and a copy of the student's/parent's/guardian's visa of the United States and living in the United States on a visa.

UXBRIDGE PUBLIC SCHOOLS
RESIDENCY FORM

Form C - Residency Policy Acknowledgement

Student's Name_____

Parent(s)/Guardian(s) Name(s)_____

The Uxbridge School Committee has adopted the following policy regarding the residency and enrollment of students. This policy has been adopted to ensure that only families who actually reside in the Town of Uxbridge have full access to educational opportunities. Furthermore, the Uxbridge School District requires stringent proof of residency in order to maintain compliance with this policy.

Pursuant to M.G.L. c. 76 §5, all children of school age who actually reside in the Town of Uxbridge are entitled to attend the Uxbridge Public Schools. In addition, children who do not actually reside in the Town of Uxbridge may enroll in the Uxbridge Public Schools, if the School Committee adopts School Choice or another school district tuitions the student into the Uxbridge Public Schools through an agreement between the Superintendent of the Uxbridge Public Schools and the superintendent of the other city or town.

When a student enrolls in the Uxbridge Public Schools, the parent/guardian or the student him/herself must provide documentation, acceptable to the administration, which establishes the residency of the student. The Uxbridge Public Schools may conduct an investigation into the residency of any student, either upon enrollment or thereafter, if any question about the student's residency arises.

In order to attend Uxbridge Public Schools, a student must actually reside in the Town of Uxbridge, unless one of the exceptions below applies. The residence of a minor child is ordinarily presumed to be the legal residence of the child's parent or legal guardian having physical custody of the child. A student's actual residence is considered to be the place where he or she lives permanently. In determining residency, Uxbridge Public Schools retains the right to require verifiable documentation and to investigate where a student actually resides. (Legal Reference: M.G.L. Chapter 76, Section 5). Moreover, staff has been advised to maintain compliance with regard to the district's residency policy, which includes the completion of all required forms. No substitutes will be permitted and registration will not be allowed without the required documents.

The principal at each school will verify the telephone number and home address of all students at least annually. Verification of residency, including updated documentation, will be required when students enter the Uxbridge School District, move from grade 2 to grade 3, move from grade 5 to grade 6, move from grade 8 to grade 9, or move to or re-enter Uxbridge Public Schools from an

out-of-district program or vocational/agricultural high school.

If there is any change in residency status, the parent(s)/guardian(s) will be required to notify the building principal in the school where their child is enrolled within five (5) business days of the change of address. Uxbridge Public Schools reserves the right to request additional documents and/or to conduct an investigation; therefore, the district may enlist the services of a Residency Officer/Investigator to verify a family's residency.

If, in fact, a determination is made that the student does not actually reside in the Town of Uxbridge, the student's enrollment will be terminated immediately (Legal Reference: M.G.L. Chapter 76, Section 5). Immediate termination of enrollment will also apply for students currently enrolled who do not reside in the Town of Uxbridge. A parent, legal guardian, or student who has reached the age of majority (18), may appeal this determination of ineligibility for enrollment to the Superintendent of Schools, whose decision shall be final.

The district reserves the right to request documentation at times other than those specified.

Pursuant to M.G.L. c. 71 §37L, the parent/guardian or the student him/herself are required to bring a copy of the student's complete school record from previous school districts. The student cannot be enrolled until the complete school record is received. The administration will assist the parent/guardian or the student in obtaining a complete school record.

Exceptions

The Residency Requirements shall be waived under the following conditions:

- Students who fall under the McKinney-Vento Homeless Assistance Act. If a family qualifies under this act, a letter validating residency in non-permanent housing may be required as confirmation that the family is living in non-permanent housing.

- Students who are currently and legitimately enrolled in Uxbridge Public Schools who move out on or after February 1st of a given school year, or

- Students who are currently and legitimately enrolled in Uxbridge Public Schools in grade 8 or high school seniors who move out after the end of the first quarter of a given school year. These students may complete the current school year provided they have made the Superintendent of Schools aware of the move in writing within five (5) business days of such move.

- Students whose parents divorce or separate and share physical custody, provided one custodial parent remains a resident of the Town of Uxbridge and the student resides at least 50% of the time with the parent who resides in the Town of Uxbridge. (*Legal documentation must be provided to school office- Custodial Court Documentation)

Verification of Residency

Before any student is enrolled in Uxbridge Public Schools, a number of documents must be provided (see *Form B – Documentation Required for School Registration*):

- If the family is currently living with a family member or a friend, a Landlord Affidavit

must be completed.

- No child will be denied access to Uxbridge Public Schools because of immigration status.
- All documents used to verify residency will become part of the student's record whereby confidentiality will be protected under The Family Educational Rights to Privacy Act (FERPA).

Potential Waiver When Residency is in Transition

For students whose residency is in transition, the following exceptions to the general policy may apply, with prior written approval from the Superintendent of Schools:

Pending Purchase of Dwelling: The children of families who have signed and accepted Purchase and Sale Agreement to purchase and reside in a dwelling in the Town of Uxbridge may be enrolled up to 30 calendar days in advance of the time actual physical residence occurs. If actual residence occurs later than 30 days after enrollment, students may be asked to leave the Uxbridge Public Schools until actual residence occurs.

Construction of New Dwelling: Children of families who are building a primary residence in the Town of Uxbridge may enroll in the Schools at the beginning of the school year if they have obtained a certificate of occupancy from the Town.

Notification

The residency policy of Uxbridge Public Schools will be published in the district's School Committee Policy Manual, school handbooks, and on the district website. At the time of enrollment, parent(s)/guardian(s) will endorse in writing that they have read and agree to the district policy. If there is any suspicion of residency violations, concerns may be reported by calling 1-508-278-8648.

A determination of any violation of the residency policy via falsification or misrepresentation of information may result in immediate termination of enrollment as well as the enforcement of certain penalties (e.g., reimbursement for educational costs for the time the student did not actually reside in the Town of Uxbridge).

_____

_____

Signature of Parent/Guardian/Foster Parent/Adult (Uxbridge Resident)

_____

Date

Please check if you are School Choice Resident: ____

UXBRIDGE PUBLIC SCHOOLS
RESIDENCY FORM

Form D - Transfer of Parental Educational Rights

Student's Name:_____

Parent(s)/Guardian(s) Name(s):_____

Address: _____

_____

This form must be completed by the parent or legal guardian if the student is living with anyone other than a parent or legal guardian. It must be accompanied by a copy of a photo identification of the parent or legal guardian who signs this form. In lieu of picture identification, the parent/legal guardian can have the "Certification of Residency" notarized.

I, _____, have physical custody of _____.
(Name of Petitioner) (Name of Child)
I am currently a resident of _____, but I want _____
(City/Town) (Name of Child)
to reside with _____. I hereby knowingly and willingly consent for
(Address)
_____ to act in my place on behalf of my child in
(Name of Adult)
educationally-related matters. The following includes, but is not limited to, the actions which
_____ may take with regard to my child as if those were
(Name of Adult)
my actions:

___Release any and all educational records to third parties
___Receive and review any and all educational records
___Deny access to any and all educational records
___Meet and conference with school staff regarding my child's education services provided and educational progress
___Participate in all team or other meetings
___Participate in all disciplinary meetings and hearings in my place, if such meetings and/or hearings are necessary
___Receive and act on all notices typically sent from the school system to a parent and/or guardian
___Consent to testing, assessments, valuation, the delivery of services, whether regular, education, special education and/or related services
___Consent to emergency medical treatment during the school day
___Consent to have certain named individuals pick up or drop off my child at school

___Consent to participate in field trips and any other school-related functions

I understand and agree that this form will remain in effect so long as I have not revoked it in writing and such revocation is received by the building principal. Attached to this form is a copy of a legal document verifying that I am the parent of the above-named child. Signed and sworn under the pains and penalties of perjury.

_____

_____

Signature:_____

Date:_____

UXBRIDGE PUBLIC SCHOOLS
RESIDENCY FORM

Form E - Affidavit of Residency

Student's Name:_____

_____

Name of School Attending:_____

Parent/Guardian Name:_____

1. My relationship with the above-named student is as follows:_____
_____
2. I currently reside at_____
_____ which is located in the Town of Uxbridge, Commonwealth of Massachusetts.
3. _____actually resides and lives with me at said address.
4. I acknowledge that a residency investigator official or School Department designee may visit this residence for the purpose of verifying such residency.
5. I acknowledge that this affidavit is being signed for the purpose of verifying such residency.
6. In support of this affidavit, I have attached certain exhibits which are true, accurate and correct.
7. If an Affidavit –Landlord-Shared Tenancies (Form F) has been completed and #3 states I have no utility bills in my name, I will provide an updated driver's license, motor vehicle registration, or a postal change of address within 30 days.
8. All of the information contained herein is true and accurate.

Based on M.G.L. c. 76 §5 no School Committee is required to enroll a person who does not actually reside in the town unless enrollment is authorized by law or by the School Committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. Additionally, based on M.G.L. c. 76 §5, a school can now recover tuition from any person who assists a student with a fraudulent claim of residency.

_____
Parent/Guardian's Signature

_____
Date

****

The above information was verified by:

_____ _____
Name of Verifying Employee (Print) Signature of Verifying Employee

_____
Date

UXBRIDGE PUBLIC SCHOOLS
RESIDENCY FORM

Form F - Residency Affidavit - Landlord/Shared Tenancies

Student's Name: _____
_____

Parent(s)/Guardian(s) Name(s): _____
_____

Address: _____
_____

Instructions: Any applicant seeking to have their child(ren) attend the Uxbridge Public Schools who cannot produce a property deed or lease must ask the owner or lessee of the property where the applicant lives to complete and sign this legal affidavit. It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payment, unless this affidavit affirms in #3 below that the tenancy does not require rent payment.

My name is _____, and I hereby depose and certify as follows:

1. I am the owner/lessee of the property located at _____in Uxbridge, MA.
2. _____, the parent/legal guardian of_____ leases/subleases this property as their principal residence with me without a written lease, as a tenancy at-will, month to month.
3. Check All That Apply:
   - ___I have received within the last thirty (30) days rental payment for the lease/sublease of said premises.
   - ___I hereby state that the above-named party resides with me at the address above with no rental payment.
   - ___I hereby state that the above-named party resides with me at the address above and has no utility bills in their name.

Signed under the pains and penalties of perjury this _____ day of _____, 20___.

Signature: _____
Print Signature: _____

Print Address (including City, State, Zip): _____
_____

COMMONWEALTH OF MASSACHUSETTS – OATH NOTARY

In _____on this_____day of _____ 20 ____, before me personally appeared _____
and after reading the above Affidavit and after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

_____ Notary Commission Expires: _____
Signature of Notary Public

Note: The information contained in this legal affidavit is subject to verification by a residency investigator.

UXBRIDGE PUBLIC SCHOOLS
RESIDENCY FORM

Form G - Waiver When Residency is in Transition

Student's Name:_____

Parent(s)/Guardian(s) Name(s):_____

Address: _____

For students whose residency is in transition, the following exceptions to the general policy may apply, with prior written approval from the Superintendent of Schools. Please check the appropriate box and accompany this form with the required documentation (outlined in red).

1. Pending purchase of Dwelling

   ___Copy of signed and accepted Purchase & Sales Agreement

   ___ Projected date of occupancy: _____
   (specify date here)

2. Construction of New Dwelling

   ___ Certificate of Occupancy from Town of Uxbridge Public Schools

Notification: If actual residence occurs later than thirty (30) days after enrollment, students may be asked to leave the Uxbridge Public Schools until actual residence occurs.

_____ _____
Signature of Parent/Guardian Date

This form will be returned to you with approval or denial of the request.

____ Approved ____ Denied

Comments: