CRYSTAL CITY #47 SCHOOL DISTRICT

Crystal City High School
Eric Pouvaranukoah, Principal
1100 Mississippi Avenue
636 937-4411 Fax 636 725-0021

1100 Mississippi Avenue
Crystal City, Missouri 63019
Taylor Massa, Superintendent
Telephone 636 937-4411
Fax 636 725-0021

Crystal City Elementary
Shane Gordon. Principal
600 Mississippi Avenue
636 937-4017 Fax 636 725-0025

August 2026

Dear Parent or Guardian,

Welcome Back!! This information packet is full of information that we hope will be helpful to both you and your student(s). ALL of the information attached needs to be completed and returned to the school.
ALL FORMS NEED TO BE TURNED IN DURING THE FIRST WEEK OF SCHOOL

- Online Registration (OLR) – Please check your Parent Portal to verify and/or update your student(s) information.
- Page 1 ~ Crystal City High School & Junior High Handbook Sign-Off form. Both parent/guardian and student must sign
- Page 2 ~ Student Field Trip Permission Form. Parent/guardian must sign
- Page 3 ~ Medical Health Form. Parent/guardian fill out one per student
- Page 4 ~ Requested by the General Assembly (Attachment K). Please fill out one per family.
- Page 5 ~ Medical statement for students(s) requiring special meals. Form must be signed by physician.
- Page 6-8 ~ Student Chromebook Agreement. Both parent/guardian and student must sign
- Page 9 ~ JH Chromebook Protection Insurance Program. Parent/guardian must sign
- Page 10-11 ~ HS Chromebook Ownership & Insurance Program. Parent/guardian must sign
- Page 12-14 ~ Cell Phone Policy. Both parent/guardian and student must sign
- Page 15 ~ Student Automobile Use and Parking form (if applies). Parent/guardian signature required.
- Page 16-23 ~ Free or reduced lunches application ~ We are asking everyone to please fill out the application through your Parent Portal. ***Please fill out one per family. We are asking that all families complete this application. The results can help our school district receive additional funding. If you need assistance, please contact Laurie Portell. Please know that application information is confidential.*** This application needs to be completed as soon as possible.
- See Athletic Director or the office for Physical form for Athletes.

Please read the following policies on our district website www.crystal.k12.mo.us under the Board Policy tab:

* Policy JHDA Protection of Student.
* Policy JFCH Drug-Free Schools
* Policy IGCD-AP-1 MoCAP

Additional information and forms can be found on our district web page including school updates, district calendar, district events, e-mail addresses for our staff at the high school and junior high, bell schedule, and sports schedules with directions to away sporting events at **www.crystal.k12.mo.us.**

We hope the information is beneficial. The information in this packet is important and we appreciate you taking the time to complete the packet. We are excited for the upcoming school year! If you have any questions, please feel free to contact me.

Sincerely,

Eric Pouvaranukoah
Principal

Crystal City High & Jr. High Handbook Sign-Off

I have received access to Crystal City High School and Jr. High Student Handbook for 2026-27. I understand that the handbook contains information that my student(s) or I may need during the school year. I have read the contents and understand the policies, procedures and regulations.

_____

Student Printed Name

_____

Student Signature **Date**

_____

Grade Level

_____

Parent Printed Name

_____

Parent Signature **Date**

STUDENT FIELD TRIP PERMISSION FORM – CRYSTAL CITY HIGH & JR. HIGH SCHOOL

Field trips can be a very interesting and educationally rewarding experience. In order to ensure the students' health and safety, the following rules apply to each student going on the trip. In addition, the parents/guardian are requested to sign the permission form below to show they have read and understood the field trip rules and give permission for their student to go on the trip.

Field Trip Rules

1. Normal school rules of student conduct and any other rules appropriate to the situation shall be followed by the student.
2. Students who go on a trip are expected to leave and return by school conveyance unless arrangements with the principal and/or sponsors are made. Only under very special circumstances is a student to be released to anyone but the parent or guardian.
3. Students are responsible for finding out what work will be missed and for making up all school work missed in other classes during their absence for the field trip.
4. Normal bus rules are to be followed by students. Students are to obey any directions the bus driver may give.
5. Participation in field trips can be denied by the Principal.

_____ has my permission
(Student Name – please print)
to participate in all Crystal City High School field trips for the 2026-27 school year.

Emergency Plan: Extra car if event is 1 hour or more away from school; first aid kit will be provided; school district will transport to closest hospital if medical care is needed. Care of students will be decided during emergencies before parents are contacted.

_____ _____
Parent / Guardian Signature Telephone #

_____
Date

*Policy IICA states the following information must be included/attached: Itinerary, lodging if needed, chaperones & emergency plans.

*This permission form must be completed, signed and returned to the office before the student will be permitted to leave.

CRYSTAL CITY HIGH SCHOOL HEALTH FORM

School Nurse: (636) 937-4411 x 1005 Fax (636) 725-0021

Please complete the health form and return it to your child's teacher. This information is important for the health office to have, especially in the case of an emergency. All the information was not received through our transition to Infinite Campus. Please feel free to contact me at any time. Thank you for your cooperation.

_____ _____ _____

Student Name Grade Teacher

Health Concern/Diagnoses:

_____

_____

_____

_____

Medications: _____ At School ___ At Home___

Allergies (to medications or food):_____

Does your child have health Insurance? _____

_____ _____

Physician Name Phone Number

My Child has permission to receive Tylenol or antacid from the school nurse or other approved staff.

YES_____ NO_____

_____ _____ _____

Parent Signature Parent Phone # Date

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Medical Statement for Student Requiring Special Meals

Name of Student: School District: Crystal City 47

Birthdate: School Attended:

Parent Name: Telephone:

For Physician's Use

Identify and describe disability, or medical condition, including allergies that requires the student to have a special diet. Describe the major life activities affected by the student's ability (see back of form)

_____

_____

Diet Prescription (check all that may apply)

□ Diabetic (include calorie level or attach meal plan) □ Modified Texture and/or Liquids

□ Reduced Calorie □ Food Allergy (describe) _____

□ Increased Calorie □ Other (describe) _____

Food Omitted and Substitutions:

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

OMITTED FOODS	**SUBSTITUTIONS**
_____	_____
_____	_____

Indicate Texture:

□ Regular □ Chopped □ Ground □ Pureed

Indicate thickness of liquids:

□ Regular □ Nectar □ Honey □ Pudding

□ **Special Feeding Equipment** _____

Additional Comments _____

I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.

_____	_____	_____
Physician's Signature	Telephone Number	Date
_____	_____	_____
Signature of Preparer or Other Contact	Telephone Number	Date

I hereby give my permission for the school staff to follow the above stated nutrition plan.

_____	_____	_____
Parent/Guardian	Telephone Number	Date

Rev. 06/99

Crystal City #47 School District
Student Chromebook Agreement

The Crystal City School District believes that technology resources are a source of information that provides countless opportunities for students and staff in the District. The assigning of district Chromebooks for students at the beginning of the school year will create an enriched, collaborative learning environment as well as a seamless transition in the event Crystal City High School would need to move to a 100% virtual learning environment due any circumstances.

Equipment: Students in grades 7-12 will be issued a Chromebook with power adaptor & cord for the 2026-27 school year.

Distribution of Chromebooks: Students will be issued their Chromebook at the beginning of the 2026-27 school year. Before a student is issued a Chromebook, the following steps must occur:
· Students and Parents must read and agree to all policies and procedures for use, care and maintenance of the Chromebook.
· Students and Parents must have a current Student Chromebook Agreement.

Collection of Chromebooks: At the conclusion of the school year, students must turn in their Chromebook, adapter and cord. If a student withdraws from the District, the student must turn in the Chromebook, adapter and cord on the last day of attendance.

Device Labels: All Chromebooks will be labeled with a District asset tag. Labels may not be removed, modified or tampered with in any way.

Cases/Charging Cords: Students may not personalize the outside of the Chromebook. It remains the student's responsibility to care for and protect his/her device. Students will be assigned one power adapter and cord with the Chromebook. The charging cords will be tracked by serial number. The student is responsible for the charging cord, and it must be returned with the Chromebook at the end of the school year or withdrawn from the District.

Taking Care of Your Chromebook: Each student is responsible for the general care of the Chromebook that he/she was issued by the school. Chromebooks that are broken or fail to work properly must be reported to your teacher and they will put in a work repair ticket. District-owned Chromebooks should never be taken to an outside computer service for any type of repairs or maintenance.

General Precautions

- Chromebooks should not be used near food or drink.
- Chromebooks should be used with caution with cord as the cord may be a tripping hazard.
- Chromebooks must be free of any personal writings, drawings, stickers, and labels.
- Chromebooks should not have heavy objects placed on or near them.
- Chromebooks should be transported with care.
- Chromebooks should never be lifted or carried by the screen.
- Chromebooks should be closed only after making sure there is nothing on the keyboard.
- Chromebook screens should be cleaned with a soft, dry microfiber cloth or anti-static cloth.

Operating System & Software: The Chromebook operating system, Chrome OS, updates itself automatically and is managed by the district.

Google Apps for Education: Chromebooks seamlessly integrate with the Google Apps for Education suite of tools. This suite includes Google Docs, Spreadsheets, Presentations, Drawings and Forms. Work within these apps are stored via Google Drive in the cloud. Student accounts are issued and maintained through Crystal City School District's Google domain.

Using Your Chromebook at School: Each student is expected to bring a fully charged Chromebook to school every day and bring his/her Chromebook to all classes unless specifically advised not to do so by his/her teacher. Inappropriate media may not be used as Chromebook backgrounds or themes. The presence of such media will result in disciplinary action. Students will be encouraged to digitally publish and share their work with their teachers and peers when appropriate.

Using Your Chromebook Outside of School: Students are encouraged to use their Chromebooks for school work at home and other locations outside of school. A WiFi Internet connection will be required for the majority of Chromebook use, however, some applications can be used while not connected to the Internet. Students are bound by the technology guidelines within the Student Handbook wherever they use their Chromebook.

Content Filter: The District utilizes an Internet content filter that is in compliance with the federally mandated Children's Internet Protection Act (CIPA). All Chromebooks, within the School District network, will have all internet activity monitored by the District. Students will also be subject to content filtering at home while on District-owned Chromebooks. However, when a student is using the Chromebook out of the school network, internet usage is the responsibility of the student and their parent(s). The high school parking lot can be used as an internet "hotspot".

Repairing/Replacing & Handling Theft & Vandalism of Chromebooks: All Chromebooks in need of repair must be reported to their teacher as soon as possible. Their teacher will put in a work order ticket. Tech staff will examine the Chromebook and take the appropriate steps to repair the device. All repairs must be performed or authorized by the district technology staff.

No Expectation of Privacy: Students have no expectation of confidentiality of privacy to any usage of a Chromebook, regardless of whether that use is for District-related or personal purposes, other than as specifically provided by law. The District may, without prior notice or consent, log, supervise, access, view, monitor, and record use of student Chromebooks at any time for any reason related to the operation of the District. By using a Chromebook, students agree to such access, monitoring, and recording their use.

Appropriate Uses & Digital Citizenship: School-issued Chromebooks should be used for educational purposes and students are to adhere to the technology guidelines within the Student Handbook signed at the start of the school year and all of its corresponding administrative procedures in this manual will be subject to disciplinary actions. Students who do not adhere to these policies could have his/her Chromebook confiscated and network privileges at school disabled.

Lost, Stolen or Vandalized Chromebooks: If a Chromebook is stolen or vandalized during an educational activity inside the school day and the student is acting in good faith with the hardware; the student/parents shall contact the school office within 24 hours of the event. If a student's Chromebook is lost, stolen, or vandalized outside of the school day, the student or parent must contact the proper local law enforcement and the school to report a theft. Such reports must be made within 24 hours. Note: Losing a Chromebook during the school day, not acting in good faith, or failing to report within the time restraints accounts for negligence on the part of the student.

Crystal City #47 School District 2026-27

Student Chromebook Agreement

Student Name:_____

Please Print

Student Signature_____

Parent Name:_____

Please Print

Parent Signature:_____Date: _____

Crystal City School District #47
Chromebook Protection Insurance Program
Junior High

Crystal City School District offers each family the opportunity to insure district-owned Chromebooks issued to students as part of the one-to-one program. This insurance program protects the Chromebooks against accidental damage (drops/spills),loss,theft,fire,flood,and natural disasters. The insurance policy will provide replacement cost coverage and protect the Chromebook on and off school grounds.

Program Premium/Coverage

- Non-refundable premium - $20.00
- Family maximum - $60.00
- Covers one claim per year - per child
- Insurance covers one academic school year

Fees Without Coverage

Current replacement value will be charged. Estimated cost below.

- Chromebook - $400.00
- Google License - $35.00
- Damaged Screen - $55.00

Effective Coverage/Expiration Date

- Effective Date: Date of full premium payment. Payment (or coverage decline) must be made prior to receiving a Chromebook.
- Expiration Date: End of the current school year.

Coverage

- Accidental damage: Pays for accidental damage caused by liquid spills, drops, or any other unintentional event.
- Theft: Pays for loss due to theft; the claim requires a police report to be filed.
- Fire: Pays for damage due to fire; the claim must be accompanied by an office fire report and an investigation authority.
- Electrical Surge: Pays for damage to the device due to an electrical surge.
- Natural Disaster: Pays for loss or damage caused by a natural disaster.

Exclusions

- Dishonest, fraudulent, intentional, negligent or criminal damage to the Chromebook.
- AC adapter "Charger" - $25.00 estimated factory replacement cost.
- Cosmetic damage - scratches, intentional removal of keys, etc.
- An inventory of any damage to the Chromebook will be taken at the start of the year of the Chromebook.

Student Name: _____ **Grade:** _____

I have read the Student Chromebook Agreement. This insurance is an option and minimizes potential out of pocket costs in the event of loss/theft or destruction of the Chromebook. Please choose one of the following options.

- ☐ I am purchasing insurance through Crystal City School District for the 2026-2027 school year.
- ☐ I waive my option to participate in the Chromebook Protection Insurance Program and take full responsibility of the Chromebook and replacement costs for the 2026-2027 school year.

Parent/Guardian Signature: _____ **Date:** _____

High School Chromebook Ownership and Insurance Program

Purpose

The Chromebook Ownership and Insurance Program provides students with access to a school-issued Chromebook for educational use throughout their high school years while establishing a pathway for students to retain ownership of the device upon graduation.

Program Requirements

Freshman Year

All freshmen will be assessed a $40 yearly Chromebook Ownership Fee. This fee contributes toward the cost of the Chromebook, a one-time insurance claim, and participation in the ownership program.

Sophomore Year

All sophomores will be assessed a $30 yearly Chromebook Ownership Fee.This fee contributes toward the cost of the Chromebook, a one-time insurance claim, and participation in the ownership program.

Junior Year

All juniors will be assessed a $20 yearly Chromebook Insurance Fee.

Senior Year

All seniors will be assessed a $20 Chromebook Insurance Fee.

Students must remain enrolled in the district and maintain all required payments to be eligible for Chromebook ownership upon graduation.

Insurance Coverage

The Chromebook insurance program provides one-time accidental damage coverage per school year, consistent with the Junior High Chromebook insurance policy. This coverage may be used for one accidental damage incident during the school year. Additional damage incidents, loss, theft, intentional damage, or negligence may result in repair or replacement costs being charged to the student and/or parent/guardian.

Chromebook Ownership Upon Graduation

Students who:

1. Complete all required annual payments,
2. Remain enrolled through graduation,
3. Return all school-owned accessories as required, and
4. Have no outstanding technology-related fines or fees,will be permitted to keep their assigned Chromebook upon graduation at no additional cost.
5. Once a student graduates the student will no longer provide the one-time insurance claim.

Students who withdraw from the district prior to graduation must return the Chromebook and all associated equipment to the school.

Student Name: _____ **Grade:** _____

I have read the Student Chromebook Agreement. This program/insurance is an option and minimizes potential out of pocket costs in the event of loss/theft or destruction of the Chromebook. Please choose one of the following options.

- ☐ I am purchasing insurance through Crystal City School District for the 2026-2027 school year.
- ☐ I am participating in the purchasing program as my student is a freshman or sophomore.
- ☐ I waive my option to participate in the purchasing program but want to purchase the insurance.
- ☐ I waive my option to participate in the Chromebook Protection Insurance Program and take full responsibility of the Chromebook and replacement costs for the 2026-2027 school year.

Parent/Guardian Signature: _____ **Date:** _____

Crystal City Jr High/High School 2026-2027 Cell Phone Policy

Parents and Students,

In accordance with Missouri State Law (SB 68), the Crystal City School District is implementing a **"No Cell Phone Policy"** to support student learning, reduce distractions, and maintain a safe and focused educational environment.

Policy Summary

- **Bell-to-Bell Ban**:
  Students are **not permitted to use or possess cell phones or personal electronic communication devices** (including smartwatches and tablets unless school issued) **during the instructional day**, from the first bell to the last bell.

Permitted Exceptions

Devices may be used:

- When authorized by a **teacher or staff member** for educational purposes.
- In **emergency situations** with staff approval.
- When required by a **student's Individualized Education Program (IEP)**, **504 Plan**, or other medically documented need.

Storage During the School Day

- All devices must be stored in the student lockers.
- Devices may not be used in hallways, bathrooms, or during lunch and passing periods.

Disciplinary Action for Violations

Offense	Consequence
1st Offense	Verbal warning
2nd Offense	Confiscated and picked up at the end of the day.
3rd Offense	Lunch Detention and parents or guardians will be contacted.
4th-6th Offense	ISS
7th Offense	OSS

Parent & Guardian Communication

- Parents needing to reach their child during the school day should **contact the school office**.
- Students may request to use a school phone in appropriate situations.

Rationale

This policy supports focused learning, minimizes distractions, and enhances student safety. It is in compliance with Missouri's SB 68 and ensures that our schools are environments where students can thrive academically and socially.

I understand that students are not allowed to use their cell phones during instructional time. If I need to get in touch with my student I will call the school at (636) 937- 4411.

Student's Name (Print) _____

Student's Signature _____

Parent's Name (Print) _____

Parent Signature _____

STUDENT AUTOMOBILE USE AND PARKING

ACKNOWLEDGEMENT CONCERNING USE OF CCHS STUDENT PARKING LOTS

I acknowledge and understand that:

- **Students must have a valid driver's license** before turning in form to park on school premises.
- Students are permitted to park on school premises as a matter of privilege, not right.
- Parking is available for one vehicle, $10. per spot. Students will be assigned a spot.
- The District retains authority to conduct routine patrols of student parking lot and inspections of the exteriors of student automobiles on school property.
- The District may inspect the interiors of student automobiles whenever a school authority has a reasonable suspicion to believe that illegal or unauthorized material are contained inside the automobiles.
- Such patrols and inspections may be conducted with assistance of the Crystal City Police Department and/or Jefferson County Sheriff's Department and K-9 units.
- Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant.
- A student who fails to provide access to the interior of the car upon request by a school official will be subject to school disciplinary action.
- **Your car is not a locker. Students will not be permitted to go to their vehicle during the day to get or store lunches, books, homework, and p.e. clothes, etc. In the event of an emergency, see an administrator.**
- Once you arrive, proceed to the building. There is no loitering in the parking lot.

Print Student Name _____ Student Signature _____ Date _____ Grade _____

Parent Signature _____ Date _____

Vehicle Make and Model _____ Color _____ Year _____ Vehicle License Number _____

Alternate Vehicle Make and Model _____ Color _____ Year _____ Vehicle License Number _____

Completed form and $10 payment must be returned to the Principal's office for parking privileges.

LETTER TO PARENTS
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Crystal City 47 School District** offers healthy meals every school day. Breakfast costs **$1.00**; lunch costs **pk-6th $2.90, 7th-12th $3.10. Your children may qualify for free meals or for reduced price meals.** Reduced price is **$0.30** for breakfast and **$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
   - All children in households receiving benefits from **the Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR)** or **Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, are eligible for free meals.
   - **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
   - **Children participating in their school's Head Start program are eligible for free meals.**
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	Annually	Monthly	Weekly
1	$29,526	$2,461	$568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
For each add'l person add	+10,508	+876	+203

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 **Jennifer Crump**, crumpj@crystala.k12.mo.us, **636-937-4411 ext 2016**

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Laurie Portell**, portelll@crystal.k12.mo.us, **636-937-4411 ext 1109, 1100 Mississippi Ave, Crystal City MO 63019**

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 **Laurie Portell**, portelll@crystal.k12.mo.us, **636-937-4411 ext 1109, 1100 Mississippi Ave, Crystal City MO 63019** 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. You must send in a new application unless the school told you that your child is eligible for the new school year.

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

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 price 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: TAYLOR MASS, 636-937-4411 EXT 3000, massat@crystal.k12.mo.us, 1100 MISSISSIPPI AVE, CRYSTAL CITY MO 63019

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 price meals.

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, 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.

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, or contact **Laurie Portell,** portelll@crystal.k12.mo.us, **636-937-4411 ext 1109, 1100 Mississippi Ave, Crystal City MO 63019** 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 the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

16. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **Infinite Campus Parent Portal** to begin or to learn more about the online application process. Contact if you have any questions about the online **Laurie Portell,** portelll@crystal.k12.mo.us, **636-937-4411 ext 1109, 1100 Mississippi Ave, Crystal City MO 63019** application.

If you have other questions or need help, call **636-937-4411 ext 1109**.
Sincerely,

Laurie Portell

USDA Non-discrimination Statement:

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

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

1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2026

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	**Monthly**	**Weekly**	**Annually**	**Monthly**	**Weekly**
1	$20,748	$1,729	$399	$29,526	$2,461	$568
2	28,132	2,345	541	40,034	3,337	770
3	35,516	2,960	683	50,542	4,212	972
4	42,900	3,575	825	61,050	5,088	1,175
5	50,284	4,191	967	71,558	5,964	1,377
6	57,668	4,806	1,109	82,066	6,839	1,579
7	65,052	5,421	1,251	92,574	7,715	1,781
8	72,436	6,037	1,393	103,082	8,591	1,983
Each add'l member	+7,384	+616	+142	+10,508	+876	+203

Family/Household means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

Gross Income means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's **current** rate of income should be used in determining eligibility.

Current Income is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from the prior month) may be used; for example, self-employed people, farmers, and migrant workers.

(Information follows on the reverse side.)

Foster Child whose care and placement is the responsibility of the State, or who is placed by a court with a caretaker household, is categorically eligible for free meals and may be certified without an application. Whether placed by the State child welfare agency or a court, in order for a child to be considered categorically eligible for free meals, the State must retain legal custody of the child. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non- foster children. Foster children on the DC list are free eligible. Foster children cannot extend eligibility to household members.

Institutionalized Children are considered a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

Adopted Child for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a "subsidized" adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that, once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in **Crystal City 47 School District**. The application must be filled out completely to determine the eligibility 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 . **Laurie Portell**, portelll@crystal.k12.mo.us, **636-937-4411 ext 1109, 1100 Mississippi Ave, Crystal City MO 63019**

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 **Crystal City 47 School District**, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application 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.	B) Building name/Grade. If child is a student, list building name and grade.	C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. 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.	D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete and 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)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

If no one in your household participates in any of the above listed programs:	If anyone in your household participates in any of the above listed programs:
• Check "No" in **STEP 2** and go to **STEP 3.**	• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636, Hillsboro location 636-797-9636. • 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 of Income for Children,**" printed 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.

(Information follows on the reverse side.)

3.A. REPORT INCOME EARNED BY ADULTS

Who should I list here?

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

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 total gross income from work in the "Earnings from Work" field on the application. total gross 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. *What if I am self-employed?* Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.	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.	5) **List total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.	6) **Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B. LIST INCOME EARNED BY CHILDREN

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

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

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.

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.	**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."	**Mail Completed Application to:** 1100 Mississippi Ave, Crystal City MO 63019

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.

2026-27 Application for Free and Reduced Price School Meals

APPLY ONLINE: Infinite Campus Parent Portal.
RETURN TO Crystal City School Distiect

Attachment E

Complete one application per household. Please use a pen (not a pencil).

Date Received by LEA (LEA use only):_____

STEP 1

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

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

Child's First Name	MI	Child's Last Name	Building Name	Grade	Check all that apply: Foster Child	Homeless, Migrant, Runaway
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2

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

○ NO → Go to STEP 3. ○ YES → Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER):_____ Write only one case number in this space.

STEP 3

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

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

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

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

Total Household Members (Children and Adults): ☐☐

Last four numbers of Social Security Number (SSN) of primary wage earner or other adult household member (If Applicable): X X X X ☐☐☐☐

Check if no Social Security Number ☐

Please see back of application for list of income sources.

B. Child Income

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

Child income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	○	○	○	○	○

STEP 4

Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: **Elem 600 Mississippi Ave, Jr/HighSchool 1100 Mississippi Ave, Crystal City MO 63019**

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

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

Mailing Address (if Available)	City	State	Zip	Daytime Phone and Email (optional)

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

22

❑Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: ❑Week ❑Every 2 Weeks ❑Twice a Month ❑Month ❑Year
Eligibility: ❑Free ❑Reduced ❑Denied Reason: _____ Date withdrawn: _____
Error Prone Application: ❑Yes ❑No *(Optional – See FAQs)* Determining Official's Signature: _____ Date Approved/Denied: _____
Confirming Official's Signature (For Verification purposes only): _____ Date: _____

SOURCES AND EXAMPLES OF INCOME

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

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

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 child has a regular full or part-time job where they earn a salary or wages
• A child has a regular full or part-time job where they earn a salary or wages

OPTIONAL

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

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

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

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

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

23

Use of Information Statement

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

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

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

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/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.

Return completed form to your child's school.