

## Weber School District Kindergarten Entrance Requirements

1. Student must be of proper age as mandated by Utah Code 53A-3-402 (6)
  - (6) A board may enroll children in school who are at least five years of age before September 2 of the year in which admission is sought.
2. The Following items should be presented to your neighborhood school:
  - a. Student Registration Form **Required** by District  
(See Kindergarten Registration Forms)
  - b. Proof of Residency **Required** by District  
(See Kindergarten Registration Forms)
  - c. A Birth Certificate (bearing a seal) **Required** by District  
(See Kindergarten Registration Forms)
  - d. Proof of Immunization **Required** by State  
(See Kindergarten Registration Forms)
  - e. Physician's Report **Requested** by District  
(See Kindergarten Registration Forms)
  - f. Dental Report **Requested** by District  
(See Kindergarten Registration Forms)
3. If possible, please attend your neighborhood school Kindergarten Roundup. Dates will be published on the WSD Home Page and on the elementary school website.

# Weber School District Student Information Form

Revised 1.26.18

The district is requesting this information under the authority of PL 94-142, title IV of the Civil rights law and State Administrative Rule R227-716 (1 to 5)  
This information will be handled confidentially and will be used only for the purpose noted in the law or rule. This information will not subject you to any unfair or discriminatory treatment

Student's Full Legal Name Last			First			Middle			Preferred Last Name			Preferred First Name			Birth Date			Place of Birth			Grade		
Student Home Phone			Student Cell Phone			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male			Native Language			School Last Attended			Address			If Born Outside U.S. What Country			Date Entered U.S. Schools		
Ethnicity (Choose One) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino						Race (Choose one or more, regardless of Ethnicity) <input type="checkbox"/> Asia <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native									Tribal Affiliation (if AI/AN)								
<b>Student Lives With</b>												<b>Special Programs Student Currently Receives or Have Received</b>											
<input type="checkbox"/> Father			<input type="checkbox"/> Mother			<input type="checkbox"/> Grandparent			<input type="checkbox"/> 504 Accommodations			<input type="checkbox"/> Title 1			<input type="checkbox"/> Speech/Communication								
<input type="checkbox"/> Stepfather			<input type="checkbox"/> Stepmother			<input type="checkbox"/> Foster Parent			<input type="checkbox"/> Other _____			<input type="checkbox"/> Special Ed/Resource			<input type="checkbox"/> English Language Learners			<input type="checkbox"/> Other _____					
Is there a governing parent plan/custody plan in place for this student? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, please provide plan)																							
<b>Primary Parent/Guardian Information</b>												<b>Additional Parent/Guardian Information</b>											
Last Name			First Name			Middle Name			Relationship to Student			<b>Active Duty Military</b> Branch: _____ Rank: _____											
Residence Address						City			State			Zip			Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Employed at Federal Facility</b> ___ Hill AFB                      ___ Ft Douglas                      ___ Fed Office Bldg ___ Contractor at HAFB      ___ VA Hospital                      ___ Forest Serv Bldg ___ ANG Facility                      ___ FAA Bldg                      ___ Tooele Army Depot ___ IRS                      ___ UT Defense Depot                      ___ Fed Depot ___ Federal Bldg                      ___ Army Resv Ctr                      ___ Dugway Proving Grds ___ Fed Admin Bldg                      ___ NG Facility                      ___ Other: _____					
Mailing Address						City			State			Zip			Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Home Phone			Cell Phone			Employer			Phone			Ext											
Last Name			First Name			Middle Name			Relationship to Student			<b>Active Duty Military</b> Branch: _____ Rank: _____											
Residence Address						City			State			Zip			Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Employed at Federal Facility</b> ___ Hill AFB                      ___ Ft Douglas                      ___ Fed Office Bldg ___ Contractor at HAFB      ___ VA Hospital                      ___ Forest Serv Bldg ___ ANG Facility                      ___ FAA Bldg                      ___ Tooele Army Depot ___ IRS                      ___ UT Defense Depot                      ___ Fed Depot ___ Federal Bldg                      ___ Army Resv Ctr                      ___ Dugway Proving Grds ___ Fed Admin Bldg                      ___ NG Facility                      ___ Other: _____					
Mailing Address						City			State			Zip			Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Home Phone			Cell Phone			Employer			Phone			Ext											
<b>Additional Parent Information (Complete this section for non-enrolling parent if parents are divorced)</b>												<b>Additional Parent Information (Complete this section for non-enrolling parent if parents are divorced)</b>											
Last Name			First Name			Middle Name			Relationship to Student			<b>Active Duty Military</b> Branch: _____ Rank: _____											
Residence Address						City			State			Zip			Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Employed at Federal Facility</b> ___ Hill AFB                      ___ Ft Douglas                      ___ Fed Office Bldg ___ Contractor at HAFB      ___ VA Hospital                      ___ Forest Serv Bldg ___ ANG Facility                      ___ FAA Bldg                      ___ Tooele Army Depot ___ IRS                      ___ UT Defense Depot                      ___ Fed Depot ___ Federal Bldg                      ___ Army Resv Ctr                      ___ Dugway Proving Grds ___ Fed Admin Bldg                      ___ NG Facility                      ___ Other: _____					
Mailing Address						City			State			Zip			Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Home Phone			Cell Phone			Employer			Phone			Ext											



Hooper Elementary School  
WEBER SCHOOL DISTRICT  
**VERIFICATION OF ADDRESS**

So that school officials can make an appropriate student placement and provide a safe school environment, the guardian (natural parent with custodial rights or adult granted custodial rights by the court or the school district) must provide the information requested below.

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

GUARDIAN NAME \_\_\_\_\_

PROOF OF RESIDENCY: (Provide two forms or Residence Disclosure if applicable)

- \_\_\_\_\_ Utility Bill
- \_\_\_\_\_ Driver's License (Proof of Guardianship)
- \_\_\_\_\_ Lease agreement or rent receipt
- \_\_\_\_\_ Other (Please specify)

RESIDENCE DISCLOSURE: If student and parent(s)/guardian(s) move in with another family in the school's boundary, the Residence Disclosure form and Homeless Student Identification form (if applicable) should be used. The home owner/renter may be asked to provide two forms of proof of residency (as listed above) to establish residency in the school boundary.

It is a class B misdemeanor in Utah to knowingly make any false written statement to a public servant while he or she is performing an official function (Utah Code 76-8-504)

*I hereby certify that I reside at the address stated. I also certify that I have accurately provided all requested data and have not knowingly given any false or misleading information.*

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**WEBER SCHOOL DISTRICT  
Residence Disclosure**

This form must be completed, signed with both signatures, notarized and returned to the school. Please note that you must sign in the presence of a notary.

**It is a class B misdemeanor in Utah to knowingly make any false written statement to a public servant while he or she is performing an official function. (Utah Code 76-8-504)**

<b>Parent/Guardian Disclosure</b>	
Student Name: _____	
Parent/Guardian Name: _____	Telephone: _____
Address: _____	Move-in date: _____
Name of home owner/renter: _____	
<i>I hereby certify that I have accurately provided all requested data and have not knowingly given any false or misleading information.</i>	
_____ Signature of Parent/Guardian	Date: _____

<b>Home Owner/Renter Disclosure*</b>	
Name: _____	
Address: _____	Telephone: _____
<i>I hereby certify that I have accurately provided all requested data, not knowingly given any false or misleading information and that _____ resides with me on a full-time basis at the address listed above.</i> <span style="margin-left: 300px;">(parent/guardian)</span>	
_____ Signature of Home Owner/Renter	Date: _____
STATE OF _____	
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20_____.	
_____ Notary Public	

\*Home owner may be asked to present two forms of proof of residence.



# HOMELESS STUDENT IDENTIFICATION

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. Information received will help to determine the services this student may be eligible to receive.



Is your current living situation a temporary living arrangement?

Temporary living arrangement means lacking a fixed, regular, and adequate nighttime residence.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, which of the following situations apply?

\_\_\_\_\_ Student is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.

\_\_\_\_\_ Student is living in a motel or hotel.

\_\_\_\_\_ Student is living in campground, cars, parks, abandoned buildings, bus or train stations, or other public places due to the lack of alternative adequate accommodations.

\_\_\_\_\_ Student is living in an emergency shelter (domestic violence or transitional unit).

\_\_\_\_\_ Student is abandoned in hospitals.

\_\_\_\_\_ Student is living somewhere without adequate facilities (no running water, heat, and/or electricity).

\_\_\_\_\_ If none of these apply, please explain your current situation:

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

Is the student in the physical custody of parent or legal guardian?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Would you like your student to receive free school lunch?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Name of Student	School	Grade

**PARENT(S)/GUARDIAN(S) MUST NOTIFY THE SCHOOL IF STUDENT'S LIVING STATUS CHANGES.**

A copy of Weber School District Policy 4750 Homeless Students, including the grievance procedure, is available upon request from the local school or by calling the District Office at 801-476-7811.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal / Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Homeless Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Student Services)

**FOR SCHOOL USE:** Email or fax (801-476-7859) this form to Student Services immediately. Students will not receive free school lunch until this form is received and processed in Weber School District Student Services.

*School Office: This form is to go to your counseling department for further ESL testing and registration.*

**THIS FORM MUST BE COMPLETED FOR EVERY STUDENT WHO SPEAKS A LANGUAGE OTHER THAN ENGLISH OR WHO COMES FROM A HOME WHERE A LANGUAGE OTHER THAN ENGLISH IS SPOKEN**

Weber School District  
**Home Language Survey (HLS)**

***Note: Federal and State regulations require schools to determine the language(s) spoken and understood by each student in order to provide appropriate instruction. This form must be completed for every student who speaks a language other than English or who comes from a home where a language other than English is spoken. This does not include students or parents who have learned a foreign language by taking classes or by other means.***

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Country of Birth \_\_\_\_\_

If student was not born in the United States, date first enrolled in a U.S. school. \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Has your child attended a school in the U.S. for more than three years? \_\_\_ Yes \_\_\_ No
2. What language or languages did your child use when he/she first began to talk? \_\_\_\_\_
3. What language or languages does your child speak with you at home? \_\_\_\_\_
4. What language or languages do you (parents or guardians) use when you speak to your child? \_\_\_\_\_
5. Do the adults in your home (parents, guardians, grandparents or other adults) speak to each other in a language other than English? \_\_\_ Yes \_\_\_ No  
If yes, what language? \_\_\_\_\_  
What language do you prefer for school-to-home communication? \_\_\_ English \_\_\_ Other (please specify) \_\_\_\_\_

***Note: If there is another language at home other than English, students will automatically be tested for English language development services.***

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

# Weber School District/Student Medical Information

**(Update annually if medical information has changed or you are new to Weber School District)**

In an effort to insure that your child's health is protected at school, we request that you provide the school with current information regarding the health of your student. This information will be kept confidential, and shared only with those who have direct contact with your child and have a need to know.

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_ Guardian/Parent Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does your child have a medical condition (diagnosed by a doctor) that requires a Health Care Plan to help guide faculty and staff in providing care to your child to be kept on file at the school?  Yes  No Do you want a Health Care Plan?  Yes  No

**Does your child have any of the following medical conditions the school should be aware of?**

**Yes No**

ADHD: Medications prescribed \_\_\_\_\_

Life Threatening Allergies: \_\_\_\_\_

Medications to be kept at school for life threatening allergy: EpiPen/Auvi Q  Benadryl

Asthma: Medication to be kept at school:  Inhaler \_\_\_\_\_  Nebulizer \_\_\_\_\_

Bladder/Bowel problems (Diagnosed by Physician): Type/describe \_\_\_\_\_

Diabetes Type I  Type II  Medications \_\_\_\_\_

Heart Conditions: Type/describe \_\_\_\_\_ Medications \_\_\_\_\_

Mental Health conditions: Type/describe \_\_\_\_\_ Medications \_\_\_\_\_

Seizures: Type/describe \_\_\_\_\_ Medications \_\_\_\_\_

Special Dietary needs: (A Special Meal Request form is required for meal accommodations at school): \_\_\_\_\_

Other Significant Medical Conditions that may impact your child while at school: \_\_\_\_\_

If your child will be taking medication at school, a Medication Authorization Form must be signed by the parent and physician before medications can be given at school. These forms must be updated each school year. These forms, as well as health care plans, can be obtained from the school, or under nursing department online at [www.wsd.net](http://www.wsd.net).

My signature below indicates that I have read and understand the above statements. I will update this health information if/when changes occur.

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



# UTAH DEPARTMENT OF HEALTH

## UTAH IMMUNIZATION PROGRAM & UTAH STATEWIDE IMMUNIZATION INFORMATION SYSTEM

### PERMISSION TO SHARE IMMUNIZATION INFORMATION

Student  
Name \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ School District \_\_\_\_\_  
(if applicable)

Utah 53A-11-301 requires documentation of immunizations for school attendance.

The Utah Department of Health maintains a voluntary, confidential record system to assist parents/guardians, health care providers, and schools in documenting your child's immunizations. This record system is called the Utah Statewide Immunization Information System (USIIS). Allowing your child's school to share your child's immunization history with USIIS will aid you, your child's health care provider, and the school to determine which immunizations your child has received and which may still be needed.

\_\_\_\_\_ I give my permission for the school to share my child's/legal dependent's immunization information with USIIS.

\_\_\_\_\_ I do not give permission for the school to share my child's/legal dependent's immunization information with USIIS.

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**WEBER SCHOOL DISTRICT  
KINDERGARTEN  
Dental Exam (Recommended)**

STUDENT'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_

Dear Dentist:

Please fill in the following blanks:

Have all defects been corrected?  Yes  No

Is child receiving Fluoride Prophylaxis?  Yes  No

Is child's dentition development normal for age?  Yes  No

\_\_\_\_\_ D. D. S.

Date \_\_\_\_\_

**WEBER SCHOOL DISTRICT KINDERGARTEN  
MEDICAL EXAMINATION REPORT**

This information is for OFFICIAL USE ONLY and will not be released to unauthorized persons.

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ DATE: \_\_\_\_\_

DEAR PARENT: Please complete the other side of this form prior to child's physical examination. We request that this completed form be **returned to the school at the time of registration**. A current immunization history is required before your child can enter school.

TO THE PHYSICIAN: PLEASE USE THIS FORM IN REPORTING THE MEDICAL EXAMINATION REQUESTED. **THE VISION SCREENING REQUIREMENT IS A STATE MANDATE. THIS FORM WILL BE REVIEWED BY THE NURSE AND USED BY THE SCHOOLS.**

PHYSICAL EXAM: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Vision R \_\_\_\_\_ Vision L \_\_\_\_\_ Hgb. Or Hct. \_\_\_\_\_ Ua. \_\_\_\_\_

TB Skin Test(optional): Date Given \_\_\_\_\_ Date Read \_\_\_\_\_ Results \_\_\_\_\_

CHECK EACH ITEM:								
	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Skin			Chest, Lungs			Neurologic		
Head			Heart			Gross Motor Coord.		
Eyes			Abdomen			Fine Motor Coord.		
Ears			Orthopedic			Blood Pressure		
Nose			Extremities			Pulse		
Tonsils			Back-Posture					
Throat						Nutrition		
Dental								
Neck								

STATE LAW REQUIRES ALL IMMUNIZATION DATES FOR THE FOLLOWING;	1 <sup>ST</sup> M / D / YR	2 <sup>ND</sup> M / D / YR	3 <sup>RD</sup> M / D / YR	4 <sup>TH</sup> M / D / YR	5 <sup>TH</sup> M / D / YR	6 <sup>TH</sup> M / D / YR
DPT/DT – 4 doses, 5 <sup>th</sup> dose required if 4 <sup>th</sup> dose given prior to 4 <sup>th</sup> birthday						
Polio- 4 doses - IPV, if the third dose of polio is given on/after the fourth birthday, a fourth dose is not needed.						
Haemophilus Influenzae b (Hib)						
Pneumococcal						
MMR - 2 doses after 1 <sup>st</sup> birthday - 1 month intervals						
Hepatitis A. – 2 doses (both after 1 <sup>st</sup> birthday)						
Hepatitis B. – 3 doses						
Varicella (Chicken Pox vaccine) 1 dose						
Date of Chicken Pox Disease:	Parent Signature: _____					

SIGNIFICANT HEALTH CONDITION \_\_\_\_\_

MEDICATION: \_\_\_\_\_

PHYSICAL FINDINGS & RECOMMENDATIONS: \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Print or Stamp: Name: \_\_\_\_\_ Address: \_\_\_\_\_

## **Busing Guidelines**

Parents/Guardians,

Every year questions are asked regarding transportation. Please note in the below policies that elementary students who live beyond 1.5 miles from the school are eligible to ride the bus. Those students who qualify to ride a bus are to be dropped off and picked up at their regularly assigned bus stop. Transporting students to daycare or non-related school activities is not allowed.

There must be a minimum of ten students for an established bus route. If students qualify for a bus and the route does not meet this requirement, a bus will not be provided. In this situation, parents may be reimbursed for transporting their child/children.

We appreciate our Transportation Department and the fabulous work they do. If you would like to review our busing policies and procedures, you can locate this on Weber School District's website under Departments/Transportation.

Weber School District Elementary Education  
Cami Alexander, Executive Director  
Karla Porter, Supervisor

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### **Busing Procedures**

Due to liability and safety concerns, the district strictly adheres to the busing procedure set forth by the Weber School District, the Utah State Office of Education and Risk Management.

The procedure states that school bus drivers are not authorized to allow eligible students, those who are assigned to their bus route, to be dropped off or picked up at unauthorized bus stops nor to allow students not assigned to their bus route to ride the school bus. Ineligible students, those who do not qualify for busing services, are also not allowed to ride the school bus to or from school.

Transporting students to such activities as parties, scouts, sleepovers, achievement days, piano lessons, daycare, etc. will not be allowed. The school bus is only to be used for transporting eligible students to and from their registered residence.

### **POLICY 2340--BUS TRANSPORTATION, BUS STOPS, ROUTES AND DISTANCE REGULATIONS**

3. **Bus Routes:** Bus routes will be established at the beginning of each school year in accordance with the regulations listed above and in accordance with sound economical and safety practices. Buses will be routed in such a manner as to provide approved transportation services that are economically feasible, safe and practical. The minimum number of general education students required to establish a route is ten; the minimum number of students with disabilities is five.

### **POLICY 2340--BUS TRANSPORTATION, BUS STOPS, ROUTES AND DISTANCE REGULATIONS**

2. c. Parents of elementary students who live beyond 1.5 miles from the established bus route and parents of secondary students who live beyond two miles from the established bus route may be reimbursed an amount determined by the Board of Education for transporting their students from their registered address to the nearest bus stop on the regular bus route.

## **Superintendent's Summer Reading Program 2020- 2021**

**Students:** Because we know that reading is the most important skill you can develop, your teachers, principal and I encourage you to read this summer.

**Parents:** We recognize that family involvement in education is crucial for children to succeed in school and life. Please read with your children daily. Spend time discussing the stories, characters, places, events and words. Encourage your children to read on their own. Share conversation over meals and other times the family is together. Childrens' listening vocabulary enhances their reading vocabulary.

Students who have read at least 10 appropriate grade level books or 1,000 pages during the summer will be given a certificate of accomplishment when they return to school in the fall.

**Have fun reading!!!**

*Superintendent Jeff Stephens*



## **Kindergarten Parents Please Note**

We would like to inform all parents of incoming kindergarten students about a great opportunity to encourage summer reading.

It is the “**Superintendent’s Summer Reading Award.**”

At the end of every school year we give this form/information out to all the K-5 students to work on over the summer. We want you to know that this program is also available for your incoming kindergarten student.

For your children to earn the “**Superintendent’s Summer Reading Award**” they need to read 10 books **OR** you can read 10 books to them. Then, fill out this form and turn it into the school.

Please check back with your school for details about any other incentives that are available to your students.







Preparing Students for Success

## Child Nutrition Program

955 West 12th Street - Ogden UT 84404

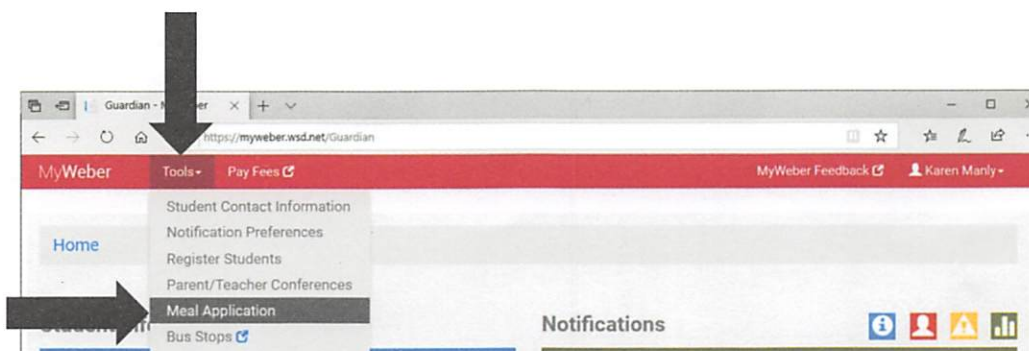
Office: 801-476-7838 - Fax: 801-476-7952

Kayleen Anderson, Supervisor - Wendi Atkinson, Accounts Payable

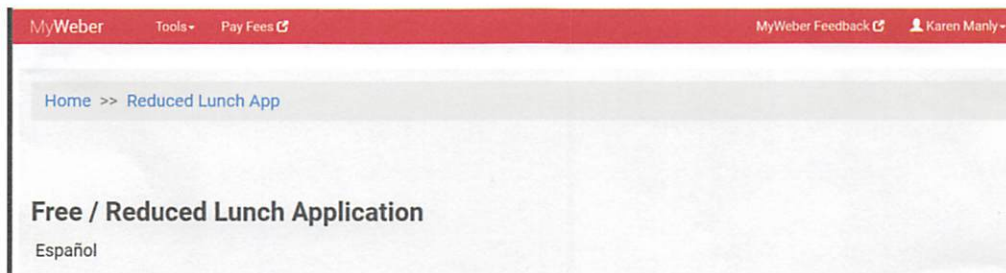
Charlene King, Coordinator - Genina Walton, Coordinator

Dear Weber School District Families,

Weber School District now offers an online Free/Reduced Meal Application submission process. The online application submission is accessed by the guardian logging into <http://MyWeber.wsd.net> and click on the header **Tools** and select **Meal Application** from the drop down as shown below.

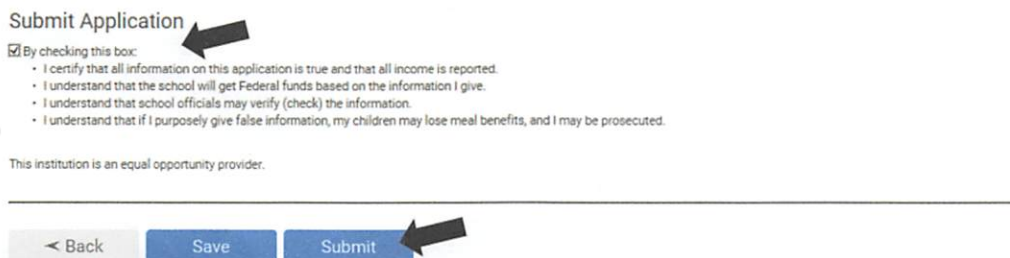


**\*Complete the application questions - Save and Continue.**



**\*On the final page you will have the opportunity to review your application.**

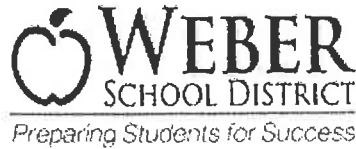
**\*Once your application is complete, submit the application.**



**Process time for an application can be up to 5 days.**

**Once the application is processed you will receive an email of the current benefit.**

This institution is an equal opportunity provider.



## Unpaid Meal Charges Procedure

### **Purpose:**

The National School Lunch Program is a federally assisted meal program that provides students a well-balanced meal each day. All student meals are partially reimbursed by the National School Lunch Program when the household does not qualify for a free meal. Parents of children who do not qualify for the free meal benefit are required to make payments to the student account only for the portion of the cost that is not reimbursed by the National School Lunch Program.

The Unpaid Meal Charges Procedure is written to outline how Weber School District will communicate to parents/guardians about the process for managing unpaid meal charges on student accounts, the procedure for collecting balances that are negative, and to assure parents that no student should be embarrassed or confronted in collecting delinquent account balances.

### **Policy Information:**

This policy will apply to all schools that participate in the National School Lunch Program within the Weber School District boundaries.

When a new student transfers into a school within the district, parents will receive the following information from the school:

- Prices of school meals
- Parent options to provide payment for school meals
- Application for free or reduced meal pricing benefits
- Information of collection procedures for delinquent lunch accounts

This information is available to all students.

### **Free/Reduced Benefit:**

Weber School District Child Nutrition Department mails out paper applications for the free and reduced benefit for the federally assisted meal. All applications will be mailed to families after July 1, of the approaching school year. Child Nutrition also provides each school site applications to distribute to all new students. Applications can also be downloaded from <http://wsd.net/departments/support/child-nutrition/resources> after July 1, of the approaching school year. The completed application can be e-mailed to [cnp@wsd.net](mailto:cnp@wsd.net) or faxed to 801-476-7952.

Families may be eligible to receive benefits from Special Nutrition Assistance Program (SNAP), Utah TANF/FEP, or FDPIR. If the student is eligible, this benefit is automatically updated in our "School Lunch At Weber" (SLAW) program. Child Nutrition will send a letter to the



household informing parents of the student's eligibility. Any family qualifying for these benefits do not need to submit a free/reduced application form.

**Payment Options:**

Parents have the option of paying student lunch accounts by bringing cash or check to the lunchroom at the school. Payments can also be made at the office. Online payments can be made at [myweber.wsd.net](http://myweber.wsd.net)

**Delinquent Accounts:**

Prior notification:

Child Nutrition will notify parents by e-mail when the account balance is low.

Students leaving current school:

When students transfer to another school within the district, move out of the district, or complete their 6<sup>th</sup> and 9<sup>th</sup> grade school year, payment of any negative balance is required. Negative balances will not be forwarded to another school. All negative lunch accounts must be paid at check-out.

Procedure for Collections:

The CNP manager of each school will make attempts to collect the negative balance by making phone calls to parents acknowledging the student lunch account is delinquent.

If the negative balance is greater than \$10.00 and payment is not received within one week, the office will send a letter home to the parent/guardian with available payment plan options.

If the negative balance is greater than \$20.00 and payment is not received or a payment plan has not been established within 10 days, another letter will be sent home from the office notifying the parent/guardian that the deficit amount is being sent to collections.

If payment is not received or a payment plan is not established within 10 days and an individual student has a negative balance greater than \$30.00, the account will be referred to collections by the administration. Any family with an aggregate negative balance greater than \$50.00 at a single school, will also be referred to collections by the administration.

**Refund Procedure:**

All balances in a student's account will roll into the next year.

After graduation, any balance in a senior's account or if a student leaves Weber School District, the remaining balance will be transferred into a siblings account. If there is not a sibling in the district, a letter will be sent to the parent/guardian notifying them of the remaining balance, and a request may be made for any refund at the school. If the parent/guardian does not request a refund by the end of the same calendar year, the unclaimed balance will be donated to students in need.