



2020-2021 New Student Enrollment Application

Student Name: _____
 First Middle Last

Grade Level Applying For: K 1 2 3 4 5 Birthdate: _____

Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Name of School Previously Attended: _____

Siblings at MAS: _____

Any Special Needs of Student: _____

Allergies: _____ Speech/Language Therapy (y/n): _____

OT (y/n): _____ IEP Plan (y/n) : _____ 504 Plan (y/n) : _____

We will need a copy of the current IEP or 504 plan.

Has your child ever been retained? _____ If yes, what grade(s)? _____

Most recent FSA Scores: Reading: _____ Math: _____

We will need a copy of the student's most recent report card and test scores.

Will your child be participating in our extended day program? _____

Has your child ever received a discipline referral? _____ If yes, what was the
reason for the referral? _____

Has your child ever been suspended, expelled, or recommended for expulsion? _____

How did you hear about McIntosh Area School? _____

MAS parents are expected to volunteer at least 20 hours per year. Initial: _____

Parent/Guardian Signature: _____ Date: _____

SCHOOL ENROLLMENT/REGISTRATION CHECKLIST

512 SE 3RD Street, Ocala FL 34471 • PO Box 670
(352) 671-7700 • (352) 671-7788 • www.marionschools.net
FRS (800) 955-8770 • (800) 955-8771 (TTY)

Florida statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

- ⇒ To enter kindergarten, children **MUST** be at least 5 years old on or before September 1.
- ⇒ To enter first grade, children **MUST** be at least 6 years old on or before September 1 **AND** show proof of having successfully completed Kindergarten.

To register your child in school, the following documentation is needed along with the Initial Registration Application:

- 1. Verification of Age (**ONE** of the following):
 - a. Certified Birth Certificate (required for Pre-K & Kindergarten) - no photocopies (school will make photocopy)
 - b. Insurance policy
 - c. Passport
 - d. School record
 - e. Certificate of baptism, accompanied by parent's affidavit
 - f. Authentic Bible record, accompanied by parent's affidavit
- 2. Proof of Residence (**ONE** of the following sets of documents):
 - a. Copy of mortgage or lease/rental contract **AND** a copy of a recent (two months or less) electric bill in parent's/guardian's name
 - b. Copy of a recent (two months or less) electric bill in parent's/guardian's name **AND** affidavit from landlord verifying residency
 - c. Affidavit completed on Form eMIS15b from head of household **AND** mortgage or lease/rental contract in the name of head of household **AND** a copy of a recent (two months or less) electric bill in name of head of household
- 3. Proof of Immunizations:
 - a. **MUST** be on Florida Immunization Form 680
 - b. All out-of-state immunizations **MUST** be transferred to Form 680
- 4. Proof of Physical Examination:
 - a. **MUST** be within 12 months of 1st day of school enrollment in a Florida public school
 - b. **MUST** be signed **AND** dated by a physician
- 5. Photocopy of Student's Social Security Card (**Optional**)
- 6. Academic History (provide any or all of the following):
 - a. Last (most recent) report card
 - b. Transcript
 - c. Withdrawal form
 - d. Special education information
- 7. Legal Documentation: If you are not the legal guardian or residential custodial parent of a student OR there is a court decision regarding release of information related to custody/restraining orders, etc., state law REQUIRES that **one** of the following documents be provided for enrollment:
 - a. Court Custody Documentation stating specifications
 - b. Department of Children and Families Placement Letter
 - c. Educational Guardianship - notarized documents verifying parent/legal guardian of student is incarcerated
- 8. Completed Emergency & Medical Information Form (eCHN06)



INITIAL REGISTRATION APPLICATION

Student Name _____
Student Number _____

512 SE 3rd Street, Ocala FL 34471 • PO Box 670
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STUDENT INFORMATION: PLEASE PRINT LEGIBLY

Last Name:		First Name:		Middle Name:		Jr., Etc.:	
Birth Date:	Grade:	Age:	*SOCIAL SECURITY NUMBER:			Gender:	
Birth City:	Birth County:	Birth State:	Birth Country:			<input type="checkbox"/> Female	<input type="checkbox"/> Male

MIGRANT/HOMELESS/MILITARY STATUS:

*Has a parent of this student traveled to do agricultural or fishing work (such as picking crops, milking cows, packing fruits, etc.)? Yes No If yes, please complete the "Migrant Parent Survey" Form# FED44

*Does this student fit homeless profile? Yes No If yes, provide explanation. _____

*Did student move to Marion County School District this school year due to a hurricane? Yes No

*Did student move to Marion County School District this school year due to an earthquake? Yes No

*Did student move to this district this school year from outside of Florida due to the Gulf of Mexico Deepwater Horizon oil spill incident? Yes No

*Does the legal parent/guardian meet one of the following:
 Yes No Active duty member of uniformed services, including *National Guard and Reserves*.
 Yes No Active member or veteran of uniformed services severely injured or medically discharged or retired for a period of 1 year.
 Yes No Active members of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of 1 year after death.

*The social security number is collected to be used as the student identification number in the student management information system maintained by the school district (Florida Statute 1008.386). Providing social security number is optional.

DISTRICT USE ONLY:			
School Name:	Entry Date:	/	School Year: /
Student ID #:	Entry Code:	Network Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	Route #: Health Exam Code:
Immunization Code:	Expiration Date:	/	Birth Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No



INITIAL REGISTRATION APPLICATION

Student Name _____
Student Number _____

RESIDENCE ADDRESS:

Address:	Apt#:	City:	State:	Zip:
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MAILING ADDRESS: (If Different)

Address:	Apt#:	City:	State:	Zip:
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OTHER CHILDREN:

Name:	Grade:	Name:	Grade:	Name:	Grade:
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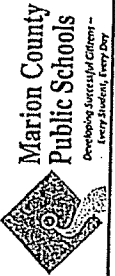
MEDICAL INFORMATION:

Emergency and medical information will be collected with the Emergency & Medical Information form (eCHN06). This form must be updated yearly by a parent or guardian. I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health care services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials and agents who have a legitimate educational purpose. I understand and agree that if my child is or becomes Medicaid eligible, reimbursable service may be billed to Medicaid.

In case of accident or serious illness during the school day, I request that the school contact me. In case of emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and given the necessary treatment. *I understand that I will be responsible for any and all related charges. I understand that it is the parent's-guardian's responsibility to notify the school of any changes in this information throughout the year.*

Parent Initials

CUSTODY ALERTS: List any special custody problems. (Appropriate legal documentation must be provided for student's cumulative folder.)



INITIAL REGISTRATION APPLICATION

Student Name _____
Student Number _____

CONTACTS: (When providing this information please be aware that the school will notify in the order that contacts are listed below.)

PARENT CONTACT:

LEGAL CUSTODY? YES NO LIVES WITH STUDENT? YES NO PICK-UP? YES NO

Relation to Student: _____ Last Name: _____ First Name: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ Other: () _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Place of Employment: _____

PARENT CONTACT:

LEGAL CUSTODY? YES NO LIVES WITH STUDENT? YES NO PICK-UP? YES NO

Relation to Student: _____ Last Name: _____ First Name: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ Other: () _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Place of Employment: _____

ADDITIONAL CONTACT (optional):

PICK-UP? Yes No

Relation to Student: _____ Last Name: _____ First Name: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ Other: () _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Place of Employment: _____

ADDITIONAL CONTACT (optional):

PICK-UP? Yes No

Relation to Student: _____ Last Name: _____ First Name: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ Other: () _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Place of Employment: _____



INITIAL REGISTRATION APPLICATION

Student Name _____

Student Number _____

ADDITIONAL STUDENT INFORMATION:

<p>1. Have you ever attended a Marion Co. Public School? (Including Pre-K and Kindergarten)</p> <p>2. Have you ever attended a VPK (Voluntary Pre-K program) (Not ESE PK)? If yes, complete the following:</p> <p>2a. Select one: <input type="checkbox"/> Private VPK Provider <input type="checkbox"/> Marion County Public School</p> <p>2b. Select one: <input type="checkbox"/> Summer program <input type="checkbox"/> School year program</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6. Has the student ever been expelled from another school district? If yes, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Have you ever participated in the H.I.P.P.Y. program?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7. Has the student ever been withdrawn to avoid being expelled? If yes, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Is the student currently enrolled or ever been enrolled in a Special Education Program? If yes, please list all prior/current programs and /or services.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8. Has the student ever had an arrest which has resulted in charges? If yes, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Is this a Section 504 student?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>9. Has the student ever been retained? If yes, list grade level(s) here.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

ETHNICITY AND RACE:

<p>1. ETHNIC CATEGORY (Must select ONE)</p> <p><input type="checkbox"/> Asian or Pacific Islander (A) <input type="checkbox"/> Black (B) <input type="checkbox"/> Hispanic (H) <input type="checkbox"/> American Indian/Alaskan Native (I) <input type="checkbox"/> Multiracial (M) <input type="checkbox"/> White (W)</p>	<p>2. FEDERAL ETHNICITY: (Must select ONE)</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino</p>	<p>3. FEDERAL RACE: (Select ALL THAT APPLY)</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native</p>
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INITIAL REGISTRATION APPLICATION

Student Name _____
Student Number _____

LANGUAGE SURVEY:

1. Is a language other than English used in the HOME? Yes No
2. Did the STUDENT have a first language other than English? Yes No
3. Does the STUDENT most frequently speak a language other than English? Yes No
4. What is the primary language spoken by the STUDENT? (Language)
 English Spanish Vietnamese Korean Other _____
5. What was the STUDENT'S first language? (Native Language)
 English Spanish Vietnamese Korean Other _____
6. What is the primary language spoken by the PARENT/GUARDIAN? (Language at Home)
 English Spanish Vietnamese Korean Other _____

DATE ENTERED A UNITED STATES SCHOOL (DEUSS):

Date your child first enrolled in a United States school? (Not including Puerto Rico and other US territories.) Date: ____/____/____
 Grade at entry: _____ School: _____ City: _____ State: _____

SCHOOL HISTORY: Please list last school attended

School: _____ City: _____ County: _____ State: _____ Country: _____

NETWORK ACCESS AND INTERNET USAGE POLICY

As a parent or legal guardian of the above student, I have read the Acceptable Use Policy and Guidelines, and I understand that network access is designed for education purposes. I will not hold the School Board responsible for any claims or damages that may arise from my child's use of network access provided by the School Board, and I release the School Board and its personnel from any and all claims and damages of any nature arising from my child's use of or inability to use the School Board's system of network access. I give permission for my son or daughter to use the network for educational purposes consistent with the policies and guidelines of the Marion County School Board. This agreement will remain in effect until the school receives written notice revoking permission.

I do give I do not give permission for him/her to have access to the Internet, World Wide Web, and e-mail (networks).

I hereby state and declare under penalty of perjury pursuant to 28 U.S.C. § 1746(2), that the above information is true and correct.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____



STUDENT MEDICAL INFORMATION FORM

512 SE 3RD Street, Ocala FL 34471 • PO Box 670
(352) 671-7700 • (352) 671-7788 • www.marionschools.net
FRS (800) 955-8770 • (800) 955-8771 (TTY)

This form is to be completed annually by parent/guardian ONLY. Please notify school of any changes in this information throughout the school year.

STUDENT INFORMATION: PLEASE PRINT LEGIBLY

Student #: _____			
Last Name: _____	First Name: _____	Middle Name: _____	Jr., II, etc.: _____
Birth Date: ____/____/____	Age: _____	Grade: _____	School: _____

PARENT/GUARDIAN INFORMATION:

Mother/Guardian: _____ <small>Last Name, First Name</small>	Home Phone: _____
Work Phone: _____	Cell Phone: _____
Father/Guardian: _____ <small>Last Name, First Name</small>	Home Phone: _____
Work Phone: _____	Cell Phone: _____

All parent/guardian contact information MUST be verified and updated by the parent/guardian using Skyward Family Access, if you do not have an account please contact the school office.

HEALTH CONDITIONS AND/OR NEEDS REQUIRING MEDICAL ASSISTANCE AT SCHOOL: (Check all that apply)

<input type="checkbox"/> NONE – Student has no known health condition(s) or medical need(s)	
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Type 1 Diabetes
<input type="checkbox"/> Life Threatening Allergies (Specify) _____	<input type="checkbox"/> Type 2 Diabetes
<input type="checkbox"/> Non-Life Threatening Allergies (Specify) _____	<input type="checkbox"/> Feeding Tube (Specify Type) _____
<input type="checkbox"/> Asthma – History of Asthma ONLY <input type="checkbox"/>	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Autism (ASD)	<input type="checkbox"/> Kidney Disorder (Specify) _____
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Lupus (SLE)
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Mental/Behavioral Health Disorder (Specify) _____
<input type="checkbox"/> Cancer (Specify) _____	<input type="checkbox"/> Seizure Disorder/Epilepsy
<input type="checkbox"/> Cardiac Condition(s) (Specify) _____	<input type="checkbox"/> Sickle Cell Disease
<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Tracheostomy
	<input type="checkbox"/> Other: _____

Medical Services needed at SCHOOL: *(Parent/Guardian authorization & physician order required)*

SCHOOL USE ONLY: Received by _____ Date _____ Reviewed by nurse _____ Date _____ Comments on back

- I understand and agree to the following:**
- My child's records and information may be shared with the School Board's health care partners as needed to provide and evaluate health care services.
 - If my child is or becomes Medicaid eligible, reimbursable services may be billed to Medicaid and my child's information and records may be provided to Medicaid and/or the School Board's Medicaid processing agents or the School Board's health care partners. Consent for Medicaid billing may be revoked at any time and if consent is revoked, these services will be provided at no cost.
 - In case of emergency, my child may be transported by Emergency Medical Services to a hospital and provided treatment, and I am responsible for charges related to the transportation and medical treatment.
 - My child will participate in the School Health Services Program. If I wish for my child to opt out of any School Health Service, I will provide a written letter to the school principal. For more information about our School Health Services Program visit www.marionschools.net/HealthServices.

Student's Physician (Print): _____ Phone: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Department of Student Services – Marion County Schools – Ocala, Florida

PERMISSION TO RELEASE INFORMATION

RE: STUDENT (Last, First, Middle) DOB (Month, Day, Year)

PART I: SCHOOL SYSTEM AUTHORIZATION TO RELEASE INFORMATION TO OUTSIDE PARTY.

Permission is granted to the Marion County School Board and its authorized agents to release to:

Agency or Individual	
Address	
City, State, Zip	
Telephone #	Fax#

The following information related to the captioned student:

- Transcript Information Only
- Special Records (Specify): _____
- Other (Specify): _____
- Official Student Record File

I understand that I have a right to review all my child's records and am entitled to a copy of the records to be forwarded prior to their release at the cost established by the Board, if I so indicate. I also understand that I have a right to record review hearings to challenge the content of my child's records and may do so by contacting the principal of the school my child is attending or the Superintendent.

SIGNATURE OF PARENT OR GUARDIAN

X
Name

Relationship _____ Date _____

PART II: OUTSIDE PARTY AUTHORIZATION TO RELEASE INFORMATION TO SCHOOL SYSTEM.

To: _____

Name	Address
Telephone #	Fax #
City/State/Zip	

Permission is granted to release to the Marion County School Board and its authorized agents any medical, psychological, social or educational information relating to the captioned student.

Requested Information Should Be Sent To:

Individual

Title

School/Office

Street Address

City/State/Zip

Telephone #

Fax#

SIGNATURE OF PARENT OR GUARDIAN
 (Or student if over 18 or if attending a post-secondary institution)

X
Name

Relationship _____ Date _____

McIntosh Area School
20400 10th St.
McIntosh, FL 32664
352-591-9797

EAGLE'S NEST EXTENDED DAY REGISTRATION FORM

Child's Full Name: _____

Street Address: _____

Date of Birth: _____ Grade: _____

Mother/Guardian's Name: _____ Employer: _____

Cell Phone Number: _____ Work Number: _____

Father/Guardian's Name: _____ Employer: _____

Cell Phone Number: _____ Work Number: _____

In addition to the parents/guardians, my child may be released to the following adults:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Continued participation in the Extended Day Program is contingent on the student's attention to school behavioral guidelines. Students with behavior problems or an overdue balance will be denied aftercare.

I, (Student's signature) _____ understand and agree to follow MCPS Code of Conduct and McIntosh Area School rules while participating in the After Care Program.

I understand that participation by my child is completely voluntary, and that some of the planned physical activities may expose my child to potential injury. I agree that, to my knowledge, my child is physically and medically able to participate in these activities. If any injuries do occur to my child, I also understand that school personnel will respond in the same manner that occurs during regular school hours. I understand a late fee may be charged if my child is not picked up at the program's end time and/or participation denied if my child is picked up late more than twice during the school year. In case of early closing due to inclement weather or emergency conditions, all after-school activities will be cancelled.

Parent/Guardian Signature: _____ Date: _____

Tax Information: It is the parent's responsibility to keep receipts for IRS purposes. Tax No. 51-0428359

McIntosh Area School
20400 10th St.
McIntosh, FL 32664
352-591-9797

Eagle's Nest Extended Day at MAS

Your child may be enrolled at any time throughout the school year in our front office. Upon registration of your child to MAS, we request that you fill out the Extended Day Form as a fail-safe for care if needed unexpectedly.

Every attempt is made to maintain the ratio of 1 adult to 20 children. Students will be provided a snack each day. The snack is provided through the Marion County Food Service Program so we will not have choices on what we serve.

Students will be expected to complete homework before participating in other activities planned by the care provider. The care provider will provide extra help and support with homework as needed. If students do not have homework, they will be expected to read or practice math during homework time. A variety of activities will be planned to keep students engaged until they are picked up.

Extended day will be only be available in the afternoons from 2:15pm -6:00pm.

*If you choose to utilize Extended Care for EARLY RELEASE DAYS, there is an extra \$5.00 fee.

FEE SCHEDULE:

Extended Day charges are \$10.00 per day (2:15pm-6:00pm)

Early Release days are \$15.00 (12:20pm – 6:00pm)

OVERTIME CHARGES – LATE PICK UP:

If you find that you have an emergency or will run late, we ask that you please give us a courtesy call.

***Possible dismissal from the extended day program due to late pick-ups.**

A late fee of \$10.00 per child is charged for each 15 minutes after 6:00pm.

6:00pm - 6:15pm - \$10.00 per child

6:16pm – 6:30pm - \$20.00 per child

6:31pm – 6:45pm - \$30.00 per child

The first week's fee is due at registration. FEES ARE TO BE PAID IN ADVANCE. The fee must be paid in advance through the Kinderlime app. This is a free app. You will receive invoices and be able to submit payment directly through this app. A student may be removed from the program for non-payment of fees.

You will be required to fill an Emergency Contact Information form. It is a guardian/parent's responsibility to disclose any medical problems, allergies, and special custody situations so appropriate action can be taken to safeguard your child. Please communicate with the Extended Day Coordinator, in writing, of any changes in your child's schedule or routine that would affect the care of your child.

McIntosh Area School
20400 10th St.
McIntosh, FL 32664
352-591-9797

MEDICAL EMERGENCIES:

In the event of a medical emergency, the parent or guardian will be notified. If the parent or designee cannot be reached, the Extended Day Personnel will take necessary action as prescribed by the School Board Policy. The action on the part of the program's personnel does not obligate the personnel or the school to assume financial responsibility for the treatment of the child. If your child comes to the program ill or becomes ill, you and/or your designee will be called to pick up your child.

AFTER CARE STUDENT RELEASE POLICY:

All children must be signed out by a parent or guardian before departure. No child will be released for departure to a person not authorized in writing by the custodial parent. WE WILL NOT RELEASE YOUR CHILD TO A WAITING CAR.

NOTE:

TOYS ARE NOT ALLOWED AT SCHOOL OR EXTENDED DAY. DISCIPLINE CONCERNS WILL BE HANDLED BY EXTENDED DAY PERSONNEL. Disruptive or inappropriate conduct by children will result in removal from the program.



AFFIDAVIT OF RESIDENCE

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FRS (800) 955-8770 • (800) 955-8771 (TTY)

State of Florida
County of _____

Before me this day personally appeared

Owner or Lease Holder (Print)

Signature

Address

City

who, being duly sworn, deposes and says

The permanent residence of _____ is
Name of Parent/Guardian

Address

City

Also residing at the same address are:
(Names of School Age Children)

Sworn to and subscribed before me this _____ day of _____ A.D. 20 _____.

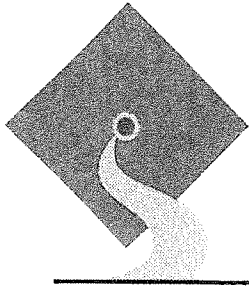
Produced identification in the form of:

Type of Identification Produced

My commission expires: _____

... any person making a false oath before a notary public shall be guilty of perjury and be subject to the penalties, forfeitures, and disabilities that are prescribed by law in cases of willful and corrupt perjury.

History-September 13, 1822; RS 219; GS 304; RGS 415; CGL 481; s. 20, ch. 73.334



Marion County Public Schools

*Developing Successful Citizens -
Every Student, Every Day*

www.marionschools.net

Food Services
3912 NW 4th St • Ocala FL 34475
352.671.4190 • Fax 352.671.7271

Dear Parent or Guardian:

We are pleased to inform you for the 2019-2020 school year, Marion County Public Schools will participate in the USDA Community Eligibility Program providing healthy breakfasts and lunches each day at no charge for ALL enrolled students attending these schools:

Anthony Elementary, Belleview Elementary, Belleview-Santos Elementary, College Park Elementary, Dr. N H Jones Elementary, Dunnellon Elementary, Eighth Street, Evergreen Elementary, Fessenden Elementary, Ft. McCoy, Greenway Elementary, Hammett Bowen Elementary, Harbour View Elementary, Hillcrest, Legacy Elementary, Madison Street Academy, Maplewood Elementary, Marion Charter, Marion Oaks Elementary, McIntosh School, Oakcrest Elementary, Ocala Springs Elementary, Reddick-Collier Elementary, Romeo Elementary, Saddlewood Elementary, Shady Hill Elementary, Sparr Elementary, South Ocala Elementary, Stanton-Weirsdale Elementary, Sunrise Elementary, Ward-Highlands Elementary, and Wyomina Park Elementary.

Students at these schools DO NOT have to complete a meal benefit application.

If we can be of any further assistance, please contact us at your convenience at 352.671.4190.

Sincerely,

Susan Johnson, Supervisor, Food Services
1239 NW 4th St.
Ocala, FL 34475

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800.877.8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866.632.9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: 202.690.7442; or (3) email: programintake@usda.gov.

This institution is an equal opportunity school district.