



Spooner Area School District

801 County Highway A · Spooner, WI 54801 · ph:715-635-2171 · fax :715-635-7074 · www.spooner.k12.wi.us

K-12 STUDENT REGISTRATION FORM

2026-2027 Grade _____ Anticipated Start Date _____

STUDENT'S LEGAL NAME _____
(First Name) (Middle Name) (Last Name)

DATE OF BIRTH ____/____/____ PLACE OF BIRTH (City, County, State) _____

GENDER Female Male PRIMARY PHONE NUMBER _____

PRIMARY ADDRESS _____
(Street) (City/Town) (State) (Zip)

MAILING ADDRESS (if different from above) _____

SPOONER SCHOOL DISTRICT RESIDENT Yes No

If No, what is the resident school district _____

If No, have you applied for Open Enrollment Yes No

SCHOOL LAST ATTENDED (INCLUDE 4K)

School Name _____ Public Private

School Address _____

School Phone Number _____ School Fax Number _____

FIRST TIME ENROLLING IN A WISCONSIN PUBLIC SCHOOL? Yes No

Have you been enrolled in any of these types of special classes or programs at your previous school?

____ Special Education (LD, CD, EBD, S/L, OT/PT)

____ Honors/Accelerated/G/T

____ Section 504 Accommodation Plan

____ Alternative School

____ Home School

Screening Information	Diagnosed	Not Apparent
Physical Disability		
Vision Concerns (other than glasses)		
Hearing Concerns		
Autism		
Speech and/or Language Concerns		
Cognitive or Developmental Disability		
Emotional or Behavioral Concerns		
Learning Disability		

Please read and place your initials by each statement below.

____ I declare that my son/daughter has not been expelled or was under the process of expulsion, from a previous school district pursuant to Section 120.13(1)(f) of the Wisconsin Statutes. I understand and acknowledge that my failure to provide a true response to this statement is grounds for expulsion of my son/daughter, pursuant to Section 120.13(1)(f) of the Wisconsin Statutes.

____ I have the legal authority to enroll this child in school.

The information provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Office Use ONLY: Copy to School Nutrition Copy to Badger Bus Records Request Sent Copy to Special Services Copy to District Nurse
Student # _____ Grade _____ Grad Year _____ Homeroom _____ Locker # _____



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ANNUAL DEMOGRAPHIC UPDATE FORM

THIS FORM MUST BE COMPLETED ANNUALLY TO ENSURE ACCURATE DATA REPORTING TO THE DEPARTMENT OF PUBLIC INSTRUCTION

Student Name:

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Last Name

First Name

M

Grade

Please answer ALL parts A, B, and C.

Part A.

Is this student Hispanic/Latino? (*Choose only one*)

No, not Hispanic/Latino

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

The question is about ethnicity, not race. The question below is about original ancestry or race – no matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) races to be.

Part B.

What is the student's race? (*Choose one or more*)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America and Mexico)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Part C.

Military Service

Is either parent or guardian on active duty in the military?

Yes

No

Is either parent or guardian a traditional member of the Guard or Reserve?

Yes

No

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

Yes

No

Parent/Guardian Signature _____ Date: _____



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FAMILY REGISTRATION FORM

STUDENT'S FULL NAME _____

CUSTODIAL PARENT(S)/GUARDIAN(S) RESIDING WITH STUDENT

Legal First Name	M.I.	Legal Last Name	Relationship	Cell Phone #	Work Phone #

EMAIL ADDRESS _____

ARE YOU LIVING IN TEMPORARY HOUSING? Yes No

If yes, Living Arrangements: House Apartment Shelter Double Up
 Other (please explain) _____

STUDENT RESIDES PRIMARILY WITH

Father & Mother Mother Only 50/50 Physical Placement
 Mother & Stepfather Father Only Other _____
 Father & Stepmother Guardian

IS THERE A STEP-PARENT IN THE HOUSEHOLD? Yes No

If yes, print name of step-parent _____

I would like the step-parent residing in my household to have parental rights for school purposes.

Yes No _____
 (Biological parent signature required) (Date)

LIST ALL CHILDREN IN THE HOUSEHOLD (include all children who are 18 years of age or younger)

First Name	M.I.	Last Name	Gender	Birth Date	Grade	School

OTHER GUARDIAN / SECOND MAILING (50/50 OR NON-CUSTODIAL PARENT)

Legal First Name	M.I.	Legal Last Name	Relationship	Cell Phone #	Work Phone #

EMAIL ADDRESS _____

House #	Street Name	Apt #	City	State	Zip	Home Phone #



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STUDENT EMERGENCY FORM

EMERGENCY CONTACT INFORMATION

In the case of an illness or emergency, parents are always contacted first. Please **DO NOT** list parents as the emergency contacts. Emergency contacts should be within a 50-mile radius and should be available to pick up an ill or injured student. Be sure anyone you put down knows that they are on your child's emergency contact list. Please be aware that in any situation, students will not be released to an individual that is not listed as an emergency contact (going home ill, picking up for an appointment, school emergencies, etc.)

Emergency Contact #1 Name _____

Primary Phone # _____

Second Phone # _____

Third Phone # _____

Relationship of Emergency Contact to Student _____

Emergency Contact #2 Name _____

Primary Phone # _____

Second Phone # _____

Third Phone # _____

Relationship of Emergency Contact to Student _____

Emergency Contact #3 Name _____

Primary Phone # _____

Second Phone # _____

Third Phone # _____

Relationship of Emergency Contact to Student _____

EMERGENCY CLOSING INFORMATION

In the event school is dismissed early because of weather or a school emergency, the following information is needed.
PLEASE CHECK ONE:

My child will ride his/her regular bus to his/her regular after school destination.

Send my child to address below:

Person responsible _____ Phone Number _____

Local Address _____



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HOME LANGUAGE SURVEY

Date:		
First Name:	Middle Initial:	Last Name:
School Name:	Grade:	Date of Birth: (mm/dd/yyyy)
District:	District ID:	
Language(s) other than English used by student:		

Parent/Guardian Information

First Name	
Last Name	
Relationship to Student	
First Name	
Last Name	
Relationship to Student	

Parent/Guardian preference for languages used for school communications (may be multiple):

Parent/Guardian #1 name: _____

Oral: _____

Written: _____

Parent/Guardian #2 name: _____

Oral: _____

Written: _____

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Signature: _____

Date : ___ / ___ / ___



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STUDENT HEALTH INFORMATION FORM

STUDENT'S LEGAL NAME _____

Has your child had a serious illness and/or injury? (Describe, Include date)

Hospital: _____ Date: _____ Condition: _____

Has your child had surgery? (Describe, Include date)

Hospital: _____ Date: _____ Condition: _____

Has your child had a drug reaction?

Name of drug: _____ Date: _____ Reaction: _____

Please check if any of the following apply Diagnosed Condition – PLEASE ADD COMMENTS	Have Had	Have Now
ADD/ADHD		
ALLERGIES (INCLUDING BEE STING)		
ASTHMA		
BLADDER/KIDNEY DISEASE		
CONVULSIVE DISORDERS/SEIZURES		
DIABETES		
HEARING LOSS		
HEART CONDITION		
JOINT DISEASE		
LEAD POISONING		
MIGRAINES		
OTHER (LIST)		

Comments regarding above information _____

Daily Medications (please list) _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Eye Doctor _____ Phone # _____

Does student wear Glasses/Contacts Reading Glasses Only

I hereby authorize the nurse, health para, administrator, or other designated person to call any of the listed emergency contacts if needed for the care of my child. If my physician is not available (as listed) then an alternate physician may be contacted in an emergency. In case of a *serious* medical emergency or illness, 911 will be called. I authorize the release of any health information to the school district employees and contracted bus company when necessary for the safety and educational benefit of my child.

Parent/Guardian Signature _____ Date _____

Please contact the District School Nurse (715-635-2171 ext 4050) for any special health concern.



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REQUEST FOR RECORDS

APPROXIMATE START DATE FOR STUDENT _____

Last School Attended _____ Fax # _____

Student Name _____ Date of Birth _____ Grade _____

Description:

The information to be disclosed and exchanged consists of:

- Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- Medical and/or related health records
- Psychological evaluations or social work reports (*if applicable*)
- Team evaluations and related reports (*if applicable*)
- Appropriate agency reports (*if applicable*)
- Individualized education program (IEP) (*if applicable*)
- Others (specify) _____

Authorization

Parent Signature

Date

Student Signature (if 18 years of age)

Date

Pursuant to Wisconsin Statutes 118.125(4) and Federal Regulations Section 99.31/34 you are authorized to forward the above student's records (progress and behavioral) by this official notification of student enrollment.

Mail ALL Records to:

801 County Highway A, Spooner, WI 54801

Fax Regular Education Records/Transcripts:

____ Spooner Elementary Ph: 715-635-2174

Fax: 715-635-7984

____ Spooner Middle Ph: 715-635-2173

Fax: 715-635-9621

____ Spooner High Ph: 715-635-2172

Fax: 715-635-7074

Fax Transcripts ASAP

Fax or Email Special Education Records:

____ School Psych Services Fax or email current **IEP** and most recent **Evaluation before** sending file to petersonde@spooner.k12.wi.us (fax 715-635-7074).



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TRANSPORTATION INFORMATION

Date _____

Student Information:

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Grade</i>	<i>Date of Birth</i>	<i>Gender</i>

First Family Information

Guardian 1 Name _____ Relationship to Child _____

Phone # _____ Work Phone # _____

Physical Address (use street name and fire address – no PO box numbers)

My student will ride the bus to/from this residence: **YES NO**

If yes, which days: **M T W Th F** Circle One: **AM PM BOTH**

If not, provide full address of location of pick up and/or drop off location:

Please indicate what the location above is, for example: Daycare, Grandparents, Friend, Etc.

Second Family Information

Guardian 2 Name _____ Relationship to Child _____

Phone # _____ Work Phone # _____

Physical Address (use street name and fire address – no PO box numbers)

My student will ride the bus to/from this residence: **YES NO**

If yes, which days: **M T W Th F** Circle One: **AM PM BOTH**

If not, provide full address of location of pick up and/or drop off location:

Please indicate what the location above is, for example: Daycare, Grandparents, Friend, Etc.

Emergency Name & Phone Number _____

Emergency Name & Phone Number _____

Do you have any other students riding a bus? **YES NO**

If yes, please give information Route # _____ Bus # _____ Driver Name _____

Student Name(s) _____

Medical Information: Are there any special conditions we should know about to help us in transporting your child? If so, please explain. All information is confidential: _____

Notes: We understand that student schedules change frequently. We ask that you please call the school and the bus garage by 2:00pm that day if a change needs to be made. This helps to ensure that the buses make it to each school on time and it doesn't cause delays for other students and parents.

This transportation form will become part of the student's cumulative record and is valid for the duration of their education with SASD. Please notify the School and Spooner Bus Service immediately if transportation arrangements or contact information changes.

STUDENT IMMUNIZATION RECORD

Instructions to Parent: Complete and return to school within **30 days after admission**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 Personal Data		Please Print			
Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, ZIP Code)		Phone Number	

Step 2 Immunization History					
List the month, day, and year your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry: https://www.dhfs.wisconsin.gov/immunization/registry/					
Type of Vaccine*	First Dose MM/DD/YYYY	Second Dose MM/DD/YYYY	Third Dose MM/DD/YYYY	Fourth Dose MM/DD/YYYY	Fifth Dose MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine					
Meningococcal (serogroup ACWY)					
Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required. <input type="checkbox"/> I attest that this student has a reliable history of varicella disease,			Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? Check all that apply. <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If yes , provide laboratory report(s)		
_____ SIGNATURE – Health Care Provider Date Signed					

Step 3 Requirements
Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 Compliance Data
<p>Student Meets All Requirements Sign at Step 5 and return this form to school. _____ Or _____</p> <p>Student Does Not Meet All Requirements Check the appropriate box below, sign at Step 5, and return this form to school. Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs.</p> <p><input type="checkbox"/> Although my child has not received all the required doses of vaccine, the first dose(s) has/have been received. I understand that the second dose(s) must be received by the 90th school day after admission to school this year, and that the third dose(s) and fourth dose(s) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.</p> <p>Note: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.</p> <p>Waivers (List in Step 2 above, the date(s) of any immunizations your child has already received)</p> <p><input type="checkbox"/> For health reasons this student should not receive the following immunizations _____</p> <p>_____ SIGNATURE – Physician Date Signed</p> <p><input type="checkbox"/> For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply) <input type="checkbox"/> DTaP/DTP/DT/Td <input type="checkbox"/> Tdap, <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Varicella <input type="checkbox"/> MenACWY</p> <p><input type="checkbox"/> For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply) <input type="checkbox"/> DTaP/DTP/DT/Td <input type="checkbox"/> Tdap <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Varicella <input type="checkbox"/> MenACWY</p>

Step 5 Signature
This form is complete and accurate to the best of my knowledge. Check one: (I <input type="checkbox"/> do <input type="checkbox"/> I do not <input type="checkbox"/>) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.
_____ SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed



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ANNUAL ACCEPTABLE USE AGREEMENT

RETURN THE COMPLETED FORM TO THE MAIN OFFICE
AT YOUR CHILD'S SCHOOL EACH YEAR

Valid for the 2026-27 School Year

Student Name:

<i>Last Name</i>	<i>First Name</i>	<i>M</i>	<i>Grade</i>

Student

I have read and understand the Spooner Area School District Acceptable Use Agreement. I agree to follow the rules contained in this agreement. I understand the School District may monitor my email, Internet and other computer activities. I further understand that if I violate the rules, my access privileges may be terminated and I may face other disciplinary measures, and/or appropriate legal action.

Student Signature

Date

Parent/Guardian

As the parent/guardian of the above student, I have read and understand the Acceptable Use Procedures and guidelines for access to technology resources and the Internet. I understand that this access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials, but I accept responsibility for guidance on Internet use. I will not hold the School District responsible for materials acquired by my child via the network and/or Internet.

I hereby give permission to issue an account to my child. The signed agreement will be kept on file. Parents have the right to withdraw their permission at any time.

Parent/Guardian Signature

Date

In the event that a parent/guardian does not wish to have his/her child use the Internet, a letter of explanation should be written, signed and sent to the principal. The child will still be expected to use computers on the local network for class-related assignments.

This agreement will become part of the student's cumulative record. After you have read and signed the form, please return it to the main office at your child's school. This form is valid only for the current school year and will need to be completed each school year.



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STUDENT HANDBOOK

RETURN THE COMPLETED FORM TO THE MAIN OFFICE
AT YOUR CHILD'S SCHOOL EACH YEAR

Valid for the 2026-27 School Year

Student Name:

--	--	--	--

Last Name

First Name

M

Grade

Student

I acknowledge that I have reviewed the Student Handbook in preparation for the 2026-27 school year. I will abide by the expectations of the Spooner Area School District its administration and the teachers as outlined in the Student Handbook. This document can be found on-line for my future reference should I have any questions regarding the expectations, policies, and procedures at Spooner Area School District as well as allow me to share this information with my parents/guardians.

Student Signature

Date

Parent/Guardian Signature

Date



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ANNUAL OPT-OUT FORM

NOTICE FOR RELEASE OF STUDENT DIRECTORY INFORMATION
FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

Valid for the 2026-27 School Year

Return the completed form to the main office at your child's school each year. If no documentation is on file, it will be assumed that permission for release of Directory Information and/or photos has been granted.

Student Name:

--	--	--	--

Last Name

First Name

M

Grade

In accordance with the Spooner Area School District's Notice for Release of Student Directory Information, I hereby request Directory Information from my child's education records **not be released.**

The following information is designated as Directory Information by the Spooner Area School District:

- Student's Name
- Parent/Guardian's Name
- Address
- Telephone listing
- Photograph and images
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Individual data related to personal fitness (athletic ability, height, weight, etc)
- Degrees, honors and awards received
- Most recent educational agency or institution attended

Please note the choices below to opt-out of releasing all directory information or only address and/or telephone listing and/or academic. If you choose to opt-out from all directory information to be released, please know your child's name, photograph, and other information will not be made available in publications such as:

- The annual yearbook
- Honor roll or other academic recognition lists
- Event programs
- Sports activity sheets, showing year or grade of team members
- District and school websites and videos

Check the options below that best represent your Opt-Out wishes:

- Do not release my child's address or telephone listing
- Do not release my child's name
- Do not release my child's achievements or participation record
- Do not release my child's photo

(OR)

- Do not release any of my child's Directory Information as defined above

Parent/Guardian Signature (*Students 18 years of age may sign their own request*)

Date

Name of Parent/Guardian (*Please print*)

This opt-out form will become part of the student's cumulative record. After you have read and signed the permission form, please return it to the main office at your child's school. This form is valid only for the current school year and will need to be completed each school year.

SCHOOL DISTRICT OF SPOONER

SCHOOL HEALTH SERVICES

801 County Hwy A
Spooner, WI 54801

Spooner Elementary	715-635-2174 715-635-7984 (FAX)
Spooner Middle School	715-635-2173 715-635-9621 (FAX)
Spooner High School	715-635-2172 715-635-7074 (FAX)

ADMINISTRATION OF PRESCRIPTION MEDICATION CONSENT

Student Name: _____ Grade: _____ D.O.B.: _____

Elementary School Middle School High School

Prescription Medication: _____

Dosage: _____ Route: _____ Time: _____

Starting Date: _____ Termination Date: _____

Reason for Medication: _____

If "as necessary," conditions under which medication should be given: _____

Precautions, possible unfavorable reactions, and/or interventions: _____

Prescribing Physician Name (please print): _____ Phone: _____

***Physician Signature:** _____

I hereby give my permission for designated school personnel to give this medication to my child according to the directions state above and for the school nurse to contact my child's physician if necessary.

A physician's written, signed statement and pharmacy-labeled container must be supplied by the parent/guardian if medication to be given during the school day. Medication must be provided to school personnel in its original container.

I further agree to hold the School District of Spooner and above persons harmless in any and all claims arising from the administration of this medication, according to policy, at school.

I agree to notify the school in writing when any change in the above orders is necessary.

This medication needs to accompany the student on school related field trips ___YES___NO

Date: _____ **Home Phone:** _____

Signature of Parent

Work Phone: _____

SCHOOL DISTRICT OF SPOONER

SCHOOL HEALTH SERVICES

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Spooner Middle School	715-635-2173 715-635-9621 (FAX)
Spooner High School	715-635-2172 715-635-7074 (FAX)

ADMINISTRATION OF *OVER THE COUNTER (OTC)* MEDICATION CONSENT

Stock Tylenol 325mg & Ibuprofen 200mg available only at SMS/SHS.
****This form must be signed by PARENT/GUARDIAN for med to be given at school.**

Student Name: _____ Grade: _____ D.O.B.: _____

Elementary School Middle School High School

OTC Medication: _____

Dosage: _____ Route: _____ Time: _____

As necessary conditions under which medication should be given: _____

Precautions, possible unfavorable reactions, and/or interventions: _____

OTC Meds will not be available on field trips or outside of normal school hours.

Date: _____ **Home Phone:** _____

Signature of Parent

Work Phone: _____

LETTER TO HOUSEHOLDS/FREQUENTLY ASKED QUESTIONS - SCHOOL YEAR 2026-27

Dear Parent/Guardian:

Children need healthy meals to learn. Spooner Area School District offers healthy meals every school day. Breakfast is free PK-12; lunch costs K-5 \$3.25, 6-8 \$3.50, 9-12 \$3.60. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.40 for lunch for grades PK-12. 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 FoodShare, the Food Distribution Program on Indian Reservations (FDPIR), or W-2 cash benefits are eligible for free meals, when listed on the application.
- 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 qualify to receive free or reduced price meals if your household income is at or below the limits on the Federal Income Eligibility Guidelines.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2026-27			
Household size	Yearly (\$)	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
Each additional person:	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 have not been told your children will get free meals, please call or e-mail Erin Burch, Homeless Liaison, at burch@spooner.k12.wi.us or 715-635-2171.
- 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: **Spooner Area School District, Attn: Jessie Robotti, 801 Cty. Hwy. A, Spooner, WI 54801.**
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS?** Please read the letter you received carefully and follow the instructions. If your letter indicated you qualify for free meals, then no application is needed. If any children in your household were missing from your eligibility notification, contact **Jessie Robotti, 801 Cty. Hwy. A, Spooner, WI 54801, robottij@spooner.k12.wi.us, 715-635-2171 ext. 4005** immediately. If your household was notified it qualified for reduced price meals, we encourage you to complete an application to potentially qualify for free meals based on household size and income.
- 5. DO I NEED TO FILL OUT AN APPLICATION IF MY CHILD ATTENDS A COMMUNITY ELIGIBILITY PROVISION (CEP) SCHOOL?** If your child attends a school that participates in CEP, receipt of free breakfast and lunch meals does not depend on returning this

application. However, this information is necessary for other programs and may be used to determine if your household is eligible for additional benefits.

6. **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 www.spooner.k12.wi.us to begin or to learn more about the online application process. Contact **Jessie Robotti, 801 Cty. Hwy. A, Spooner, WI 54801, robottij@spooner.k12.wi.us, 715-635-2171 ext. 4005** if you have any questions about the application process.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **October, 14, 2026**, or when a new eligibility is determined. You must submit a new application unless the school told you that your child is eligible for the new school year. If you do not submit a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
8. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals, but it is based on income. Please submit an application.
9. **MY CHILD PARTICIPATES IN BADGERCARE PLUS OR MEDICAID. CAN MY CHILD GET FREE MEALS?** Children participating in BadgerCare Plus or Medicaid may be eligible for free or reduced price meals, but it is based on income. Please submit an application.
10. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
11. **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 or experience a financial hardship may become eligible for free and reduced price meals if the household income drops below the income limit.
12. **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: **SASD, Attn: Joe Weiss, Board President, 801 Cty. Hwy. A, Spooner, WI 54801, 715-635-2171, weissj@spooner.k12.wi.us.**
13. **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.
14. **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.
15. **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.
16. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include any combat pay resulting from deployment as income.
17. **WHAT IF THERE IS NOT 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.
18. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for FoodShare or other assistance benefits, contact your local assistance office or call 1-800-362-3002.

19. IF THIS APPLICATION IS APPROVED WILL MY CHILD RECEIVE SUMMER EBT BENEFITS? Yes. An approved Household Application for Free or Reduced Priced Meals qualifies your household for Summer EBT benefits. More information is available at <https://dpi.wi.gov/school-nutrition/programs/SummerEBT>.

If you have other questions or need help, call 715-635-2171.

Sincerely,

Trish Vazquez, Finance Manager

Spooner Area School District

How To Apply for Free and Reduced Price School Meals

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

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Jessie Robotti at robottij@spooner.k12.wi.us or 715-635-2171.

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

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

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

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

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

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) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.

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 an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

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

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

- The Supplemental Nutrition Assistance Program (SNAP) or FoodShare
- Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Check "No" in Step 2 and go to Step 3.

B) If anyone in your household participates in any of the above listed programs:

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

3.A. 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.

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

1) List adult household members' names.

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

2) List earnings from work.

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

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

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

3) List income from public assistance/child support/alimony.

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

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

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

5) List total household size.

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

6) Provide the last four digits of your Social Security Number.

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

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.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail completed application to:

Spooner Area School District
Attn: Jessie Robotti
801 Cty. Hwy. A
Spooner, WI 54801

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.

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust
Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 		

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.

DO NOT FILL OUT For school use only. If all students listed on this application attend CEP schools, the processing of this application cannot be paid for by the nonprofit school food service account.

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

Total income

How often? Weekly Every 2 Weeks 2x/Month Monthly Annual

Household size

Categorical Eligibility

Eligibility: Free Reduced Denied

Determining Official's Signature Date

Confirming Official's Signature Date

Verifying Official's Signature Date

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/ad-3027.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.

This institution is an equal opportunity provider.



Book	Policy Manual
Section	8000 Operations
Title	FOOD SERVICES
Code	po8500
Status	Active
Adopted	November 16, 2015
Last Revised	December 4, 2025

8500 - FOOD SERVICES

The Board shall provide cafeteria facilities in all school facilities where space and facilities permit, and will provide food service for the purchase and consumption of lunch for all students.

This policy only applies to those schools in the District that participate in the National School Lunch Program (NSLP). Schools that do not participate in the NSLP shall abide by all applicable State and Federal regulations.

The Board shall also provide a breakfast program in accordance with procedures established by the United States Department of Agriculture (USDA) School Breakfast Program.

The food-service program may participate in the Farm to School Program using locally grown food in school meals and snacks.

The food-service program shall comply with Federal and State regulations pertaining to the selection, preparation, delivery, consumption, and disposal of food and beverages, including but not limited to the current USDA school meal pattern requirements and the USDA's Smart Snacks in School nutrition standards, as well as to the fiscal management of the program. Further, the food-service program shall comply with Federal and State regulations pertaining to the fiscal management of the program as well as all the requirements pertaining to food service hiring and food service manager/operator licensure and certification. In addition, as required by law, a food safety program based on the principles of the Hazard Analysis and Critical Control Point (HACCP) system shall be implemented with the intent of preventing food-borne illnesses. For added safety and security, access to the facility and the food stored and prepared therein shall be limited to food service staff and other authorized persons.

The District's food service program shall serve only food items and beverages determined by the Food Service Department to be in compliance with the current USDA Dietary Guidelines for Americans and the USDA Smart Snacks in School nutrition guidelines. Any competitive food items and beverages that are available for sale to students in a canteen in the dining area between midnight and thirty (30) minutes following the end of the school day shall also comply with the current USDA Dietary Guidelines for Americans and the USDA Smart Snacks in School nutrition guidelines, and may only be sold in accordance with Board Policy 8550 - Competitive Food Sales. Foods and beverages not associated with the food-service program may be vendored in accordance with the rules and regulations set forth in Board Policy 8540 - Vending Machines.

The District Administrator will require that the food service program serve foods in the schools of the District that are wholesome and nutritious and reinforce the concepts taught in the classroom.

The District Administrator shall provide the District's vendors and/or Food Service Management Contractor a copy of this policy and any implementing guidelines and that any pertinent agreements are consistent with this policy and any implementing guidelines.

No food or beverage may be sold on any school premises except in accordance with the standards approved by the Board. In addition, as required by law, a food safety program based on the principles of the Hazard Analysis and Critical Control Point (HACCP) system shall be implemented with the intent of preventing food-borne illnesses. For added safety and security, access to the facility and the food stored and prepared therein shall be limited to food service staff and other authorized persons.

Modifications Based on Compliant Medical Documentation

An adult student or student's parent requesting special dietary accommodations for a student with a disability that restricts the diet must provide the Medical Statement for Special Dietary Needs signed by a State authorized medical authority, which is a medical professional authorized in the State of Wisconsin to write prescriptions. The request must contain the following information:

- A. an explanation of how the student's physical or mental impairment restricts the diet;
- B. the food(s)/type(s) of foods to be avoided;
- C. the food(s)/type(s) of foods to be substituted;
- D. additional pertinent information, if any, that will assist in accommodating the student's needs.

If a Medical Statement for Special Dietary Needs is incomplete, unclear, or lacks sufficient detail, the special dietary accommodation coordinator or food service director shall request that the student or parent/guardian request that the medical authority supplement the response so that a safe meal can be provided. In situations where a medical statement or Individual Education Plan (IEP) is not immediately available, is incomplete, or requires additional clarification, the meal modification should still be made if there is enough information to provide a safe meal.

A special dietary accommodation for a student who has a disability that restricts the student's diet must be supported by a Medical Statement for Special Dietary Needs, which should be submitted to the Pupil Services Director who shall serve as the Special Dietary Accommodation Coordinator, whose contact information is Tim Radtke, Pupil Services Director, 801 Cty. Hwy. A, Spooner, WI 54801, 715-635-2171 ext. 4234, radket@spooner.k12.wi.us.

A student with a disability may have an IEP or 504 plan that requires specific instruction, services, or accommodation related to the student's nutritional needs. If a student's IEP or 504 plan contains the same information that is required on a Medical Statement for Special Dietary Needs, then it is not necessary to obtain and submit a separate Medical Statement for Special Dietary Needs. Form PL-6314 can be obtained from the Department of Public Instruction (<https://dpi.wi.gov/sites/default/files/lmce/forms/pdf/6314-english.pdf>).

The individual making an initial request for such substitutions must inform the Pupil Services Director that the student has a disability that restricts the student's diet. The School District will honor the request upon receipt of the required documentation from a State authorized medical authority. In situations where a medical statement or IEP is not immediately available, is incomplete, or requires additional clarification, USDA regulations require that the meal modification still be made if there is enough information to provide a safe meal. If the Special Dietary Accommodation Coordinator is unable to grant a requested accommodation following receipt of the medical authority's statement, the student or parent shall be provided with an explanation of the basis for the decision. Compliant requests shall be immediately implemented.

Disability Accommodation Grievance Procedure

The following procedure is intended to provide prompt and equitable resolution to any concern or disagreement regarding the food service program's administration of meal modifications made or requested on the basis of a student's disability. None of the procedures described in this policy section shall prevent a student or parent from pursuing a complaint with any State or Federal agency, including the USDA, using the procedures described at the end of this policy.

If an initial request for accommodation in the form of substituted meals is denied, the student or parent may request review of that decision by the District Administrator and shall provide any communications between the student or parent and food service officials concerning the accommodation request, any documentation provided by a medical authority, and any additional information the student or parent believes is pertinent to the decision. A review of the materials provided and of the initial decision shall be completed and a response provided to the student or parent as soon as practicable following receipt of the request for review. If the initial decision is reversed, including due to additional information provided on review, the dietary accommodations shall be implemented without delay. If the initial decision is affirmed the decision is final.

Any other complaint or disagreement with the food service administration concerning implementation of special dietary accommodations based on a student's disability shall be presented to the Special Dietary Accommodation Coordinator. The student or parent shall specify the nature of the concern and any requested remedy in writing. The Coordinator shall promptly review the grievance and either contact the student or parent for any required clarification of the request or to seek to reach an agreement regarding how to best address the concern. If no agreement is reached, the Coordinator shall make a determination and notify the student or parent in writing as soon as practicable. If the grievance is affirmed in any respect, the Coordinator shall propose a plan for implementing appropriate remedial measures. If the student or parent is dissatisfied with the Coordinator's determination, the student or parent may submit a written request to the Building Principal or District Administrator for review. The administrator's determination shall be final.

Modifications Based on Noncompliant Medical Requests

On a case by case basis, substitutions to the standard meal requirements may be made, at no additional charge, for students who provide a signed statement from a qualified medical authority that the student cannot consume certain food items due to Medical or other Special Dietary Needs signed by a Registered Dietitian or a State authorized medical authority, which does not comply with the requirements above. To qualify for such consideration and substitutions the medical statement must identify:

- A. the medical or dietary need that restricts the student's diet; and
- B. the food(s) to be omitted from the student's diet and the food(s) or choice of foods that may be substituted.

For students who need a nutritional equivalent milk substitute, only a signed request by a parent is required.

IMPLEMENTATION AND DISCONTINUATION

Review

Upon receipt of a request for a special dietary accommodation, the Food Service Director or Special Dietary Accommodation Coordinator shall review the request to ensure it is supported as required by Federal law and District policy and if not, shall request additional or clarifying information from the student or parent making the request.

Implementation

When the need for a special dietary accommodation is supported by a Medical Statement for Special Dietary Needs signed by a State authorized medical authority, the District will offer a reasonable modification that effectively accommodates the student's disability. Following USDA Child Nutrition Program regulations, the School District may consider factors such as cost and efficiency and is not required to prepare a specific meal, provide a specific brand of food, or provide a meal beyond the meals provided to other students.

For students who have an IEP or 504 plan that requires specific food related accommodations, the School District shall provide the accommodation as required by law, seeking clarifying medical information, as necessary.

A special dietary request will be approved and implemented upon submission of a completed authorized medical statement. In situations where a medical statement or IEP is not immediately available, is incomplete, or requires additional clarification, USDA regulations require that the meal modification still be made if there is enough information to provide a safe meal.

Student Absence

If a student receiving a special dietary accommodation is absent or does not wish to participate in school lunch on a day an accommodation is planned, the student or parent shall contact the Food Service Director or Special Dietary Accommodation Coordinator by 9:00 a.m. the same day.

Renewing A Special Dietary Request

An authorized Medical Statement does not need to be updated annually. However, the Food Service Director or Special Dietary Accommodation Coordinator may annually seek clarification or updates on special dietary requests.

Discontinuation of a Special Dietary Request

A special dietary request or part of a request may be discontinued by a parent by submitting the request in writing to the Food Service Director or Special Dietary Accommodation Coordinator or shall be discontinued consistent with the medical authorities' recommendation provided with the Medical Statement of Special Dietary Needs.

Meal Charges

Lunches sold by the school may be purchased by students and staff members and community residents in accordance with the rules of the District's school lunch program.

The operation and supervision of the food-service program shall be the responsibility of the Food Service Supervisor. Food services shall be operated on a self-supporting basis with revenue from students, staff, Federal reimbursement, and surplus food. The Board shall assist the program by furnishing available space, initial major equipment, and utensils, maintenance and replacement of equipment is the responsibility of the program.

A periodic review of the food-service accounts shall be made by the Business Office. Any surplus funds from the National School Lunch Program shall be used to support the operation and improvement of the school meal program(s) through allowable expenditures as determined by the District Administrator. Surplus funds from a-la-carte foods purchased using funds from the nonprofit food service account must accrue to the nonprofit food service account.

Unpaid Meal Charges

Unpaid meal charges incurred through the inability to collect meal payment from students is an unallowable cost to the nonprofit school food service account.

Delinquent debt is when payment for unpaid meal charges is overdue to the nonprofit school food service account. It is considered collectible while efforts are being made to collect it. The delinquent debt remains on the accounting documents until it is either collected or written off. Delinquent debt may be carried over year to year as long as the student is still enrolled at the school food authority (SFA).

Bad debt is when local officials have determined that further collection efforts of unpaid meal charges are uncollectible. When this happens, the delinquent debt must be re-classified as bad debt and written off as an operating loss. Since the nonprofit school food service account cannot be used to cover the bad debt, a transfer from the general fund, state or local funds, school or community organizations such as the PTA or from donated funds must be made to cover the total amount of bad debt. When delinquent debt is converted to bad debt, records of this must be kept in accordance with the records retention requirement in 7 CFR 210.9(b) (17) and 7 CFR 210.15(b).

Any related collection cost, including legal cost, arising from such bad debt after they have been determined to be uncollectable are also unallowable. District efforts to collect bad debt shall be in accordance with Policy 6152 - Student Fees, Fines, and Charges.

Negative Account Balances

Students will be permitted to purchase meals from the District's food service using either cash on hand or a food service account. A student may be allowed to incur a negative food service account balance subject to the following conditions.

Students may be permitted to accumulate negative food service account balance. A student shall not be permitted to purchase a la carte items without sufficient account balance or cash on hand. Likewise, any student that has a negative account balance may not purchase a la carte items with cash unless the student is also able to bring his/her account current.

All households shall be notified about this policy and any implementing guidelines at the start of each school year and to households transferring to the school or School District during the school year, as well as informed about access to this policy and any implementing guidelines. All District staff with responsibility for enforcing the policies shall be notified about the provisions of this policy and any implementing guidelines, as well as provided access to this policy and any implementing guidelines. The policy and guidelines will be posted on the District website.

Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

7 C.F.R. Part 235
7 C.F.R. Part 240
7 C.F.R. Part 245
42 U.S.C., Chapter 13

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/ad-3027.pdf> or <https://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/61a-civil-rights-complaints-procedure-template.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

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

3. E-mail: program.intake@usda.gov.

This institution is an equal opportunity provider.

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Revised 9/18/17
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T.C. 2/13/23
Revised 7/22/24
Revised 1/20/25
Revised 11/17/25
Revised 12/4/25

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Legal

SP 32-2015 Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs

SP 59-2016 Modifications to Accommodate Disabilities in the School Meal Program
OMB Circular No. A-87 USDA Smart Snacks in School Food Guidelines (effective July 1, 2014)

Child Nutrition Act of 1966, 42 U.S.C. 1771 et seq.

Healthy, Hunger-Free Kids Act of 2010 and Richard B. Russell National School Lunch Act, 42 U.S.C. 1751 et seq.

42 U.S.C. 1758

15.137, Wis. Stats.

93.49, Wis. Stats.

115.34 - 115.345, Wis. Stats.

120.10(16), Wis. Stats.

120.13(10), Wis. Stats.

7 C.F.R. Part 15b

7 C.F.R. Part 210

7 C.F.R. Part 215

7 C.F.R. Part 220

7 C.F.R. Part 225

7 C.F.R. Part 226

7 C.F.R. Part 227