



February

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2016-2017



Student

Mon	Tue	Wed	Thu	Fri
1 End of 2nd Marking Period	2	3	4	5 Dollar Jean Day- Wear your favorite Team Shirt Candy Gram Sale
8 Marking Period 2 Report Cards Candy Gram Sale	9 Candy Gram Sale	10 Candy Gram Sale Ends	11 Candy Gram Sale	12 Early Dismissal Teacher in Service Candy Gram Delivery
15 NO SCHOOL HAPPY PRESIDENTS DAY!	16 Candy Gram Sale	17	18	19 MPCS Jump Rope For Heart PTA Pizza Bingo
22 PTA Book Fair	23 PTA Book Fair	24 PTA Book Fair Dollar Jean Day- Wear your Favorite College Shirt	25 PTA Book Fair Bucketfiller Party 3pm Café	26 PTA Book Fair 5/6 Grade Dance Café 6pm-8pm
29				



Millville Public Charter School
1101 Wheaton Ave. Suite 220
Millville, NJ 08332
856-506-8143
856-765-3810 (fax)

January 27, 2016

Dear Parents/Guardians,

All school districts are requesting the attached Application for Choice/Charter School Transportation be completed along with providing current proof of residency for the 2016-2017 school year. These documents should be submitted to Millville Public Charter School as soon as possible but no later than Tuesday, March 1, 2016. Once received, they will be forwarded to the correct Public School district for their records to determine eligibility for transportation or aid in lieu of transportation. If you reside in Millville, please fill out the Millville B6T if you reside in any other district please fill out the B6T on the reverse side.

Proof of residency requirements:

1. Current utility bill with your name and address
2. Current lease agreement/mortgage statement/tax bill with your name and address on it.

If you have any questions, please feel free to contact me.

Sincerely,

Colleen McLaughlin
Principal

www.millvillepubliccharterschool.org

Millville Public Charter School agrees to serve all students and allow no discrimination based on race, ethnic identity, cultural heritage, intellectual capacity, measures of achievement, status of a handicapped person, language proficiency, or any other practice deemed unethical.

This form is to be completed by Millville Residents Only
If living in any other district, please fill out
the reverse side.

Millville Public Schools

Application for Choice/Charter School Transportation

Please submit a separate application for each child

SCHOOL YEAR 2016-2017

STUDENT'S NAME _____ DATE OF BIRTH _____

PARENT/GUARDIAN _____ DAYTIME PHONE _____

HOME ADDRESS _____ OTHER PHONE _____

FULL NAME OF SCHOOL TO BE ATTENDED _____

ADDRESS OF SCHOOL _____ SCHOOL PHONE _____

STUDENT'S GRADE FOR UPCOMING YEAR _____

DATE SCHOOL OPENS _____ CLOSSES _____ SCHOOL HOURS _____ AM TO _____ PM

NAME & ADDRESS OF LAST SCHOOL OF ATTENDANCE _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT BOARD OF EDUCATION. THE FOLLOWING HAS BEEN DETERMINED:

_____ TRANSPORTATION WILL BE PROVIDED _____ ELIGIBLE FOR AID IN LIEU OF TRANSPORTATION

_____ INELIGIBLE REASON _____

DATE _____ SIGNATURE _____ TITLE _____

*****INSTRUCTION FOR COMPLETING THIS APPLICATION*****

*IT IS THE PARENT/GUARDIAN'S OBLIGATION TO:

1. ANNUALLY OBTAIN AND SUBMIT AN APPLICATION FOR CHOICE/CHARTER SCHOOL TRANSPORTATION ALONG WITH PROOF OF RESIDENCY.

NOTE: ANY CHANGES IN ADDRESS OR SCHOOL OF ATTENDANCE MUST BE ACCOMPANIED BY A NEW APPLICATION AND PROOF OF RESIDENCY

2. APPLICATION MUST BE SUBMITTED TO THE MILLVILLE BOARD OF EDUCATION BY MARCH 30 PRECEDING THE SCHOOL YEAR FOR WHICH SERVICES ARE BEING REQUESTED. ANY APPLICATION RECEIVED AFTER THAT DATE MAY RESULT IN A DETERMINATION OF INELIGIBILITY FOR TRANSPORTATION OR AID IN LIEU.

3. IF YOU ARE RECEIVING AID IN LIEU, FORMS AND INSTRUCTIONS WILL BE MAILED TO YOU.

BREAKFAST AND LUNCH PROGRAM

For your convenience we are sending home another free and reduced meal application. If you received an eligibility letter from our school, you have been approved for free or reduced meals and you do not need to fill out this application.

If you have not received an eligibility letter, please fill out this application and return to school immediately.

Application #:

2015-2016 Application for Free and Reduced Price School Meals

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

Available online at:

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	[press spacebar to advance]	School Name (Abbr.)	Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Homeless, Migrant, Runaway	Foster Child

Click all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Yes No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____ Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income \$ _____

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

Name of Adult Household Members (First and Last)	Earnings from Work		Public Assistance/Child Support/Alimony		Pensions/Retirement/All Other Income		How often?		
	Weekly	Bi-Weekly	2x	Month	Monthly	Weekly	Bi-Weekly	2x	Month

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: _____

Check if no SSN

STEP 4 Contact information and adult signature

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

Street Address (if available) _____ City _____ State _____ Zip _____

Apt # _____

Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form _____

Today's date _____