



Piney Grove Academy

Educating young Christians to impact the world.

Student Checklist for Enrollment

NAME: _____

GRADE: _____ SCHOOL YEAR: _____

___ COMPLETED STUDENT APPLICATION: www.pineygroveacademy.org/student-application

___ SCHOLARSHIP AWARD TYPE/AMOUNT \$ _____ CIRCLE: (MK/SUFS/PLSA/AAA)

___ IEP (If Applicable)

___ PSYCHOLOGICAL EVALUATION (If Applicable)

___ STUDENT'S LAST REPORT CARD FROM PREVIOUS SCHOOL (Must have from previous school)

___ STUDENT'S WITHDRAWAL FORM FROM PREVIOUS SCHOOL

___ STUDENT'S LAST TEST RESULTS (Must have from previous school)

___ CURRENT IMMUNIZATION FORM (Must be up to date)

___ PHYSICAL FORM (Must be up to date)

___ STUDENT BIRTH CERTIFICATE

___ STUDENT SOCIAL SECURITY CARD

___ MEDICAL INSURANCE (copy required)

___ PARENT (S) IDENTIFICATIONS (I.E. Driver's License, State ID
Military ID, etc.)

___ PARENT(S) SOCIAL SECURITY CARD (S) (McKay scholarship requirement)

___ STUDENT HEALTH FORM*

___ ATTENDANCE/TRUANCY NOTICE FORM*

___ PARENT CONTRACT FORM/MEDIA*

___ DISMISSAL INFORMATION FORM* (If Applicable)

___ FREE REDUCED LUNCH FORM*

___ FEE SHEET*

*denotes form issued from Piney Grove Academy

PARENT CONTRACT 2023-2024

This contract is between PINEY GROVE ACADEMY and _____
(Name of Parents/Legal Guardians)

to enroll: _____

(List all students and grade levels, example: John Doe - 3rd; Jane Doe - 5th, etc.)

1. I/We understand that Piney Grove Academy reserves the right to dismiss any student, parent, or family who does not cooperate with the overall educational process set forth by this institution -- this includes, but is not limited to repeated violations of school policies, late payments, academic, behavioral, and social guidelines.
Initials _____
2. I/We will participate in, at least, **one** of the School's Fundraisers during the school year. **Initials** _____
3. In full cooperation with the school, I/We will regularly attend the Parent of Kings (P.O.K.) meetings as required by the institution. **Initials** _____
4. I/We sincerely pledge our loyalty to the aims and ideas of the school and will respectfully bring any and all questions, concerns, and/or criticisms directly to administration for proper consideration. Any threats or personal attacks whether verbal, physical, via text, social media or phone call will result in dismissal of parent and child from school. **Initials** _____
5. I/We understand we are partnering with a Christian Institution for the betterment of our children, therefore; I/We will always conduct our mannerisms respectfully in our appearance, language, conferences, conversations, and other areas that may apply. **Initials** _____
6. I/We agree to conference with teachers and administration when requested, and will request a parent conference with teacher or admin as needed for the betterment of my child(ren). **Initials** _____
7. I/We understand that grade level promotion is contingent upon grade level competency and adequate scholastic progress. **Initials** _____
8. I give permission for my child to take part in all activities including recreational activities on the premises of Piney Grove Academy, any affiliated Broward County Park and Recreation Center and sponsored trips away from the school premises. I hereby release, absolve, indemnify and agree to hold harmless Piney Grove Academy and its employees, agents, chaperones, organizers, sponsors, and persons transporting my child to and from these activities from any liability or medical payments directly or indirectly resulting from my child's participation. I understand that Piney Grove Academy does not provide medical insurance or other arrangements on my behalf. **NOTE:** This is the only parental permission required annually regarding field trips and on campus/school sponsored activities and it is considered all-inclusive. Not signing this form will result in your child's exclusion from all school sponsored activities and/or field trips unless an alternative dual-party agreement has been established in writing.

Print Name: _____ **Signature:** _____ **Date:** _____

9. I/We hereby give school authorities permission to discipline my child(ren) via corporal punishment when necessary in accordance with school policies outlined on the Student/Parent Handbook. **Initials** _____
10. I/We understand that the official school uniform listed in the Student/Parent Handbook must be worn every day. Students who arrive to school without proper uniform will be referred to administration, and parent will be contacted to bring proper attire in order for child(ren) to return to class. Repeated violations of this policy will result in fines billed to your account and/or child sent home. **Initials** _____
11. I/We acknowledge that I been informed of the Parent/Student Handbook availability at www.pineygroveacademy.org. I/We acknowledge our responsibility to read it and comply with the policies contained within. **Initials** _____
12. I/We acknowledge that we will stay abreast of school events, meetings, performances, reports, etc. by reviewing the school's calendar which is available in the front office or online. **Initials** _____
13. In the event of voluntary or involuntary withdrawal, transfer, or expulsion, I/We understand the **financial obligation of 20%** of the unpaid annual tuition (per the Administration's discretion) will be due. **Initials** _____

14. I/We understand the school reserves the right to withhold report cards, and all student records until tuition and other fees have been satisfied. **Note (To whom this may apply):** Unresolved financial obligations will be reported to the appropriate funding agency. I.E. SUFS etc. **Initials** _____

15. I/We understand the following:

- a. Payments will be divided into **ten (10)** equal installments. Accounts less than \$200.00 **MUST** be paid in full prior to start of school.
- b. The **FIRST PAYMENT** is due on/by **August 21, 2023**.
- c. The **LAST PAYMENT** is due on/by **May 1, 2024**.
- d. A **\$25** late fee will be applied to my account for late payments made after the 10th of every month starting in October 2022.
- e. Accounts **10 days** past due will result in an interruption of my child's education.
- f. Returned checks for insufficient funds will result in a \$50 processing fee applied to my account paid by cash only.
- g. **Scholarship Recipients Only:** A **\$30** late fee will be assessed to my account if payment is not endorsed within three (3) business days of notification. Services that your scholarship may not cover are ESD, Transportation, Field Trips, etc.
- h. **Before Care & Extended School Day: Payable monthly or bi-weekly only.** Once your child is registered for this service, you are responsible for the weekly fees even if your child is absent.
- i. Any student left on school campus after 3:15pm that is not in aftercare or after-school activity will be charged \$15 late fee per day. Any student left on the school ground that participates in a school activity after 5:25 pm will have a late pick fee of \$15 per day. Your child will not be able to participate in that activity until the late fee is paid.
- j. **Payment Policy** – Payments are required by Tuesday of the week before services are rendered. If your payment is not received by Wednesday at 5pm your child will not be allowed to enter school until the bill is paid in full. If payment is not received by Monday of the following week your child will be withdrawn. In order to return, your account must be paid in full and you will need to pay a new application fee.
- k. **Refund Policy:** Registration, matriculation, re-enrollment, testing fees, and tuition payments are non-refundable. Attendance of any portion of a semester requires full payment for that semester. All field trip deposits and payments are non-refundable.

| STUDENT FINANCIAL BREAKDOWN | |
|-----------------------------|------------|
| K-3rd | \$8,375.00 |
| 4th - 8th | \$8,475.00 |
| 9th - 12th | \$8,575.00 |

Parent(s) please sign and return to the front office to confirm that you have read, agree, and understand the rules and policies of Piney Grove Academy.

Parents/Legal Guardians Name

Date

Student(s) Name

_____, _____, _____, _____
Grade(s)



Piney Grove Academy
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**Attendance & Truancy
Acknowledgement Form**

Dear Parent/Guardian:

Expecting that all students will achieve at their highest potential is a strategic goal of our school. In order for your child to be successful in school, he or she needs to attend school every day.

Florida Law says that you are responsible for your child's attendance. Section 232.17 (7)(a), Florida Statutes, provides that a parent or guardian commits a misdemeanor of the second degree, punishable as by law, if the parent or guardian refuses or fails to have a child attend school regularly or refuses to participate in meetings concerning the child's truancy.

Piney Grove Academy is intent on preventing truancy (unexcused absences and tardiness) with the PGA Truancy Intervention Methods. Your child's attendance will be monitored on a daily basis and unexcused absences will be reported to you. Should your child have a series of unexcused absences, the State Attorney's Office will be notified, and they will issue a subpoena for your child's records. These records may be used in court against you. The State Attorney's Office may take appropriate action up to and including criminal prosecution of the parent/guardian of the truant child.

You are required to contact the school each time your child is absent and provide the school with the reason for the absence. When you are notified of an unexcused absence, you are required to immediately contact the school to discuss the situation and to take action to stop the truant behavior. To report absences, you must contact the academy's office at (954)735-1470.

If you need further information about this truancy prevention method, please contact Piney Grove Academy at (954)735-1470. Please sign and return this form indicating you have read and understand the information concerning PGA Truancy Intervention Methods.

I have read and understand the information above regarding the PGA Truancy Intervention Methods.

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____ PHONE: _____

STUDENT NAME(S) _____

GRADE(S): _____, _____, _____, _____, _____



Permission & Authorization

ACKNOWLEDGEMENT of HOURS OF OPERATION: During K-12 only hours from 7am - 3:30pm and full enrichment program school days from 7am - 3:30pm

PHOTO/MEDIA RELEASE:

I hereby grant PGA permission to photograph/video in any and all of its publications and in any all other media, whether now known or hereafter existing, controlled by PGA in perpetuity, and for other use by PGA. I will make no monetary or other claim against PGA for the use of photograph(s)/video.

ACKNOWLEDGEMENT of CHILD CARE ACCESS to RECORDS: As a student at PGA you consent for authorized site and state employees access to your student files.

Student Name: _____

Date: _____

Parent Name: _____ Parent Signature: _____

Piney Grove Academy

Sports Parental Permission and Insurance Statement

To: Mr. Alton Bolden, Principal

PART I

I _____ (Parent or Guardian), hereby grant permission for my son _____ (Birthdate: Month _____ Day _____ Year _____), to participate in the interscholastic sports during the 2023-2024 school year.

(Please circle one sport)

Archery, Baseball, Basketball, Cross-Country, Drill Team, Flag Football, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Wrestling.

The fee for _____ and must be paid before your child can attend practice.

My child has been examined by a physician and is physically qualified to participate in the sports stated above.

I authorize my child to accompany the school team, of which he or she is a member, on any of its local or out of town trips; also I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonable necessary for my child as a result of game participation.

We have accident insurance with _____ (Name of Insurance Company) which will cover my child in the event of an interscholastic sport injury as required by Piney Grove Academy Policy. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my child might suffer while participating in athletic activities. If any change occurs in this policy, it is the responsibility of the parent to notify the School Principal or Athletic Director.

A photocopy of the front of the Insurer's policy card is attached.

Parent or Guardian Signature

Date

NOTE

NOTARIZATION

A COPY VALID INSURANCE CARD 2023

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (affirmed) and subscribed before me

this _____ day of _____ .

Notary Seal

Signature of Notary

Printed Name of Notary



Alton Bolden, Principal
Rev. Dr. Derrick J. Hughes, Founder

Student Laptop Agreement

- I will follow the guidelines listed below for proper care of the Chrome Book.
- I will not write on or place any labels or stickers on the Chrome Book.
- I will report any problems/issues I encounter while using the Chrome Book to the technology department immediately.
- My laptop will be returned to Teacher at end of class session.
- My laptop will be returned to Teacher at the end of the school year for inventory and/or software updates.
- My laptop will be reassigned as deemed appropriate by the administration.

Guidelines for Proper Care of the Chrome Book

1. The laptop is not to be loaned to anyone.
 2. Proper care is to be given to the laptop at all times, including but not limited to the following:
 - a. Give care appropriate for any electrical device.
 - b. Keep food and drink away from the laptop.
 - c. Do not leave the laptop out in extreme heat or cold (I.E. Cars)
 - d. Do not attempt to repair a damaged or malfunctioning laptop.
 - e. Do not upgrade the laptop operating system.
 - f. Use the appropriate laptop A/C adapter to charge the laptop.
 3. Proper security is to be provided for the laptop at all times, including, but not limited to, the following:
 - a. Secure your laptop in a safe place at the end of the day.
 - b. Do not leave the laptop in an unlocked car or in open view.
- PLEASE NOTE: You will have to pay for loss or damage to your laptop in the amount of \$200.00
 - No replacement laptop will be assigned until payment is received.

By signing Below:

I, _____ parent of student: _____

Agree to the guidelines and financial responsibility of the assigned laptop.

Laptop # _____

Print Parent Name: _____ Sign Parent Name: _____

Print Student Name: _____ Sign Student Name: _____

Date Laptop Assigned: _____ Staff Initial _____

Date Laptop Returned: _____ Staff Initial _____



Student Records Request Form

Student Name

Date of Birth

Student Address

Previous School Name & Principal's Name

Previous School Address

Previous School Phone Number

Previous School Email

I hereby grant permission to transfer all requested documents/transcript for this student.

Attn: Registrar

Piney Grove Academy
4699 West Oakland Park Boulevard
Lauderdale Lakes, Florida 33313
Phone: (954)735-1470
Email: info@pineygroveacademy.org

The Following documents/forms are being requested.

- Last Report Card
- Birth Certificate
- Medical Records
- IEP/504
- Psychological Report(s)
- Last Test Score (s)

Request Date



Piney Grove Academy

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STUDENT HEALTH FORM

Please fill in the information carefully and accurately. Please use ink and print clearly.

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

Student Name

| | | |
|------|-------|--------|
| Last | First | Middle |
|------|-------|--------|

Medication

Does your child take medication?

Yes No

If your child requires medication at school, all medication sent to the school must be in original prescription container with a current date and the child's name. Also a "Medication/treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.

Medication

Dosage

Hour(s) Given

| Medication | Dosage | Hour(s) Given |
|------------|--------|---------------|
| | | |
| | | |

Health Insurance Information

Please check appropriate box:

Family Health Insurance Florida Healthy Kids Florida Kid Care
 Medicaid # _____ No Health Insurance Other _____

Vision and Hearing

Does your child wear contacts/glasses?

Yes No

Does your child wear hearing aid(s)?

Yes No

Health Care Providers

| | Name | Phone Number |
|------------------------|------|--------------|
| Physician | | |
| Dentist | | |
| Health Plan/Group Name | | |

Medical Conditions

Check all that apply:

Asthma If checked, uses inhaier? Yes No On daily medication?
 Seizures If checked, on medication? Yes No
 Diabetes If checked, insulin dependent? Yes No

Movement Limitations _____
 Recent illness/hospitalization/surgery (describe) _____
 Other _____

Allergies

Severe allergies? If checked, please specify:

Food/environmental Allergies require: _____
 Insect stings/bees EpiPen
 Medicines/Drugs Benadryl
 Other _____ Other _____

I hereby grant permission for the staff of this facility in a medical emergency to care for my child as well as access to contact the above listed medical personnel to obtain emergency medical care if warranted.

I declare that the information on this student health form is true and correct. I will notify the school office immediately of any changes.

Print Name _____ Date _____ Relationship _____

Signature _____



Daily Mantra & Affirmation

I am a person of integrity and character.

I will love the Lord my God with all my heart,
all my soul and all my strength.

I will be a blessing to my teachers, my friends, and my family.

I am the head and not the tail.

I am above and not beneath.

I am a leader and not a follower.

I am the temple of the holy spirit.

I am a person of valor.

I have the whole armour of God so that I can stand against the schemes of evil.

I will praise the Lord at all times and his blessings shall continue to fall upon me.

I am a person of integrity and character.



Piney Grove Academy

Alton L. Bolden
Principal

Corporal Correction Authorization Form

PGA is honored that you asked our staff to assist you in the training of your child for Christian leadership. Our total program is designed to develop spiritual, academic, and social qualities in your child and we appreciate your confidence in us.

To best carry out your wishes for total character development, and follow spiritual admonition to correct a child when their behavior warrants such. As a means of correcting the more serious offense or continued minor offenses, we may exercise corporal punishment under the following guidelines:

1. The parent will be called before corporal punishment is administered.
2. The offense will be clearly discussed with child.
3. Three (3) firm strokes with the administered by the principal with a flat paddle.
4. A staff witness will be present.
5. Your child will not be physically restrained. If he refuses to submit to paddling, the parent will be called and give the option to discipline the child or, it is in the best interest of the school and the child, the child will be withdrawn from the school.

We, _____ parents of _____

Have read the above and agree to support the school in its policy of corporal correction without reservation. We personally pledge our support to the staff of PGA in their scriptural approach to discipline and corporal correction as it applies to our child.

Signature of father or Guardian

Date

Signature of Mother or guardian

Date

Piney Grove Academy
4699 West Oakland Park Boulevard, Lauderdale Lakes, FL 33313
Office :(954) 735-1470
Email: pineygroveboys@gmail.com
Website: PineyGroveAcademy.org



Piney Grove Academy Alma Mater

(Written by Min. Breon Williams to the tune of "Yes You Can" by Donnie McClurkin)

Piney Grove Academy where we grow

In the Lord

Piney Grove, we can work and still have lots of fun

And Yes, We're number 1

We can make it, we are lions!

For we have what it takes to grow strong

We can be anything!

Thanks to the Grove.....ohohohoh

| PINEY GROVE ACADEMY PRIMARY STUDENT SUPPLY LIST | | PINEY GROVE ACADEMY SECONDARY STUDENT SUPPLY LIST | | PINEY GROVE ACADEMY HIGH SCHOOL STUDENT SUPPLY LIST | |
|---|---------------------------------------|---|---------------------------------------|---|---------------------------------------|
| QTY | LIST ITEM | QTY | LIST ITEM | QTY | LIST ITEM |
| 1 | BOX OF TISSUES | 1 | SCOTCH TAPE | 2 | SCOTCH TAPE |
| 2 | GLUE STICKS | 2 | 2", 3" RING BINDER | 2 | 2", 3" RING BINDER |
| 2 | HAND SANITIZER | 4 | PACK OF COLLEGED LINED PAPER | 2 | PACK OF COLLEGED LINED PAPER |
| 5 | PRIMARY COMPOSITION BOOKS | 5 | COMPOSITION BOOKS | 5 | COMPOSITION BOOKS |
| 1 | BOX OF BLACK OR BLUE OR RED PENS | 2 | YELLOW HIGHLIGHTERS | 2 | COLORED HIGHLIGHTERS |
| 1 | BLUNT SCISSORS | 1 | BOX OF BLACK OR BLUE OR RED PENS | 1 | BOX OF BLACK OR BLUE OR RED PENS |
| 1 | PACK OF DRY ERASE MARKERS | 1 | MARKERS | 1 | PERSONAL STAPLER WITH STAPLES |
| 1 | BOX OF CRAYONS | 1 | SCISSORS | 1 | SCISSORS |
| 1 | PACK OF INDEX CARDS | 1 | PACK OF DRY ERASE MARKERS | 1 | PACK OF DRY ERASE MARKERS |
| 5 | FOLDERS WITH POCKETS | 1 | SET OF COLORED PENCILS | 1 | SET OF COLORED PENCILS |
| 4 | #2 BOXES OF PENCILS | 1 | PACK OF INDEX CARDS | 2 | PACK OF INDEX CARDS |
| 1 | 12" RULER WITH INCHES AND CENTIMETERS | 5 | FOLDERS WITH POCKETS | 5 | FOLDERS WITH POCKETS |
| 2 | HANDHELD PENCIL SHARPENER | 1 | SCIENTIFIC CALCULATOR | 1 | GRAPHING CALCULATOR |
| 4 | ERASERS | 1 | 12" RULER WITH INCHES AND CENTIMETERS | 1 | 12" RULER WITH INCHES AND CENTIMETERS |
| 1 | SUPPLY BOX | 2 | HANDHELD PENCIL SHARPENER | 2 | HANDHELD PENCIL SHARPENER |
| 1 | HEADPHONES | 3 | ERASERS | 3 | ERASERS |
| 1 | BOX OF MARKERS | 1 | POCKET DICTIONARY | 1 | HEADPHONES |
| 1 | DISINFECTANT SPRAY | 1 | HEADPHONES | 1 | DISINFECTANT WIPES |
| 1 | DISINFECTANT WIPES | 1 | DISINFECTANT WIPES | 1 | DISINFECTANT SPRAY |
| 1 | WRITING PAPER | 1 | DISINFECTANT SPRAY | 1 | BOX OF TISSUES |
| 1 | CONSTRUCTION PAPER | 1 | BOX OF TISSUES | 4 | #2 PENCILS |
| 1 | REAM OF PAPER | 4 | #2 PENCILS | 1 | POCKET DICTIONARY |
| 1 | KG/1ST- EXTRA SET OF CLOTHES | 1 | PROTRACTOR | 1 | REAM OF PAPER |
| 1 | KG/1ST- LARGE BAG FOR CLOTHES | 1 | COMPASS | 1 | PROTRACTOR |
| | | 1 | GRAPH PAPER | 1 | COMPASS |
| | | | | 1 | GRAPH PAPER |

PGA TRANSPORTATION

ALL FEES ARE NON-REFUNDABLE

BOUNDARIES: [redacted] of Broward Blvd, [redacted] of Pine Island Rd, [redacted] of McNab Rd, [redacted] of Powerline Rd.

| | Pickup | Dropoff | Pickup/Dropoff |
|---------|---------|---------|----------------|
| Weekly | \$44 | \$44 | \$69 |
| Monthly | \$140 | \$140 | \$200 |
| Yearly | \$1,400 | \$1,400 | \$2,000 |

Non-BOUNDARIES: [redacted] of I-595, [redacted] of Hiatus Rd, [redacted] of Andrews.

| | | | |
|---------|---------|---------|---------|
| Weekly | \$55 | \$55 | \$79 |
| Monthly | \$260 | \$260 | \$380 |
| Yearly | \$2,400 | \$2,400 | \$3,500 |

Before Care \$15 weekly (first child, additional is \$10) from 6:45-7:15 am

PGA EXTENDED SCHOOL DAY 3:00-6:00 P.M (AFTER School Program, ESD)

| | | |
|--------------------|---------|----------------|
| REGISTRATION FEE | \$25 | \$40 |
| Weekly | \$50 | \$60 |
| Monthly | \$170 | \$220 |
| Yearly | \$1,700 | \$2,200 |
| Transportation Fee | N/A | \$ 10 per Week |

Pickup from Castle Hill, Oriole, Park lakes, Lauderhill Paul Turner, Central Charter, Lauderdale Lakes, FT. Lauderdale Prep
(Non-Registered ESD Students on campus after 3:15)

PGA TRANSPORTATION

ALL FEES ARE NON-REFUNDABLE

| | |
|-------|--|
| Daily | \$20 (Occasional use-Must be paid the day ESD is used) |
|-------|--|



Piney Grove Academy

Educating young Christians to impact the world.

| PINEY GROVE STUDENTS | | NON-PGA STUDENTS | |
|-----------------------------------|----------------|------------------|--|
| REGISTRATION FEE | \$25 | | \$40 |
| WEEKLY | \$50 | | \$60 |
| MONTHLY | \$170 | | \$220 |
| YEARLY | \$1,700 | | \$2,200. |
| | | | |
| TRANSPORTATION FEE | Not Applicable | | \$20/week |
| | | | Pick-up from Castle Hill, Oriole, Park lakes, Lauderdale Paul Turner, Central Charter, Lauderdale Lakes, FT. Lauderdale Prep (Non-Registered ESD Students on campus after 3:15) |
| | | | Daily Rate \$20 (drop in rates must be paid same day) |
| | | | |
| Early Learning Coalition Accepted | | | |

PINEY GROVE ACADEMY EXTENDED SCHOOL DAY (ESD)

3:00 – 6:00 P.M.

FREE REDUCED LUNCH FORM

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM [State SNAP], [State TANF], OR [THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)], FOLLOW THESE INSTRUCTIONS:

Part 1: List only household members and the name of each child's school (if known).

Part 2: List the case number for any household member (including adults) receiving [State SNAP], [State TANF], or [FDPIR] benefits.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

Turn the form in at your school front office.

IF NO ONE IN YOUR HOUSEHOLD GETS [State SNAP], [State TANF], OR [FDPIR] BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **[your school, homeless liaison, runaway, head start or migrant coordinator]**.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

Part 5: Answer this question if you choose.

Turn the form in at your school front office.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

Turn the form in at your school front office.

If some of the children in the household are foster children:

Part 1: List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school**.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: Answer this question if you choose.

Turn the form in at your school front office.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call your school or appropriate official.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section 1—Name:** List all household members with income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
 - **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** List the amount each person received.
 - **All Other Income:** List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

| FEDERAL ELIGIBILITY INCOME CHART for School Year 2021-2022 | | | |
|--|---------|---------|--------|
| Household size | Yearly | Monthly | Weekly |
| 1 | 23,828 | 1,986 | 459 |
| 2 | 32,227 | 2,686 | 620 |
| 3 | 40,626 | 3,386 | 782 |
| 4 | 49,025 | 4,086 | 943 |
| 5 | 57,424 | 4,786 | 1,105 |
| 6 | 65,823 | 5,486 | 1,266 |
| 7 | 74,222 | 6,186 | 1,428 |
| 8 | 82,621 | 6,886 | 1,589 |
| Each additional person: | + 8,399 | + 700 | + 162 |

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs? Check the appropriate box.

Part 5: Answer this question if you choose.

Turn the form in at your school front office.

2023-2024

FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS RETURN THIS APPLICATION TO YOUR CHILD'S SCHOOL****

| Names of <u>all</u> household members (First, Middle Initial, Last) | Student ID | Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form. | | | | | Place a check in the box if NO income |
|--|------------|--|----------|---------|---------|------------|---------------------------------------|
| | | Foster | Homeless | Migrant | Runaway | Head Start | |
| | | | | | | | |
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PART 2. BENEFITS
 IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP], [FDPIR] OR [State TANF Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.
 NAME: _____ PROGRAM NAME _____ CASE NUMBER: (NOT EBT CARD NUMBER) _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

| 1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED | | | | | | | | | | | | | | | |
|--|---|--------|---------------|---------|---------------------------------|--------|---------------|---------|---|--------|---------------|---------|--|--------|---------------|---------|
| | Earnings from work before deductions. | Weekly | Every 2 weeks | Monthly | Welfare, child support, alimony | Weekly | Every 2 weeks | Monthly | Social Security, SSI, VA, retirement benefits | Weekly | Every 2 weeks | Monthly | All other income (such as Unemployment) benefits | Weekly | Every 2 weeks | Monthly |
| (Example) Jane Smith | \$200 | X | | | \$150 | | X | | \$0 | | | | \$0 | | | |
| | \$ | | | | \$ | | | | \$ | | | | \$ | | | |
| | \$ | | | | \$ | | | | \$ | | | | \$ | | | |
| | \$ | | | | \$ | | | | \$ | | | | \$ | | | |
| | \$ | | | | \$ | | | | \$ | | | | \$ | | | |

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)
 An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)
 I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.
 Signature: _____ Printed name: _____ Date: _____
 Address: _____ Phone Number: _____
 Email: _____ City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: *** - * * - ____ - ____ I do not have a Social Security Number

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs No Yes Child(ren) may also qualify for free or low-cost health and dental insurance with Florida KidCare. Apply at floridakidcare.org or call 1-888-540-5437.

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American White Native Hawaiian or other Pacific Islander

*******DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY*******

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn: _____

Reason for denial or withdrawal: _____ **Check if Error Prone Application**

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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, disability, age, 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, audiotape, 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: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

| Date of Contact | Staff Initials | Name of Household Member Contacted | Detailed Information Received |
|-----------------|----------------|------------------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Appendix A

| Type of Incident | 1 st Consequence | 2 nd Consequence | 3 rd Consequence | 4 th Consequence |
|--|--------------------------------------|--|---|---|
| Uniform Infraction (Belt, tie, incorrect colored shoes, wrong jacket, no blazer on Tuesday, etc.) | Verbal warning, Parent contact | Parent Contact, 2 day Lunch Detention | Parent Contact, 5 day lunch detention | Parent contact, \$50 fine, 1 Saturday detention |
| Selling Food or Candy (Nothing can be sold on school grounds) | Verbal warning, | Contact parent, confiscate food & money, 1 Saturday detention | Contact parent, confiscate food & money, 5 day lunch detention, 2 Saturday detentions | Contact parent, confiscate food & money, 2 day suspension |
| Haircuts (Hair must be maintained, can't be over ears, no twist, no sponges, spikey hair, mohawks, etc.) | Verbal warning | Parent Contact, 2 day Lunch Detention | Parent Contact, 5 day lunch detention | Parent contact, \$20 fine, 1 Saturday detention |
| Bullying (Verbally, physically, electronically, through 2 nd party, etc.) | Verbal warning, parent conference | Parent Contact, 5 day Lunch Detention | Parent Contact, 2 day Suspension | Parent Contact, 10 day suspension, (possible expulsion) |
| Cellphones (All phones will be collected by homeroom teachers) | Verbal warning | Phone is taken and parent must pick up, 2 day lunch detention | Phone is taken and parent can pick up after 30 days, 5 day lunch detention | Phone is taken for the year, 5 day lunch detention |
| Tardiness (Late to school or late to class) | Verbal warning, parent contact | Parent contact, 2 day lunch detention | Parent contact, \$5 fine, 3 day lunch detention, 1 Saturday detention | Parent contact, \$25 fine, 1 week lunch detention, 2 Saturday detentions, (4 th consequence - \$100 fine, 1 week suspension) |

| | | | | |
|---|--|--|---|---|
| <p>Cutting class (Hiding in bathroom, going to another classroom without teacher notification, missing Title 1 sessions, leaving campus)</p> | Parent contact, lunch detention | Parent contact, corporal punishment or 3 day lunch detention | Parent contact, 5 day lunch detention, 2 Saturday detentions | Parent contact, 2 day suspension |
| <p>Cheating and plagiarism (Copying student work, copying work online, using online assistance to cheat on test, turning in someone else's work, copying answer key)</p> | Parent contact, corporal punishment or 2 day lunch detention, zero for assignment, No P.E. | Parent contact, Saturday detention, zero for assignment, No P.E. | Parent contact, corporal punishment or 3 day lunch detention, Saturday detention, zero for assignment, No P.E., Saturday School | Parent contact, corporal punishment or 3 day suspension, zero assignment, No P.E., 2 day Suspension |
| <p>Defiant Behavior & Disrespect to Staff or Talking back to staff (Punishment determined by infraction)</p> | Verbal warning, parent contact | Parent contact, 2 day lunch detention, corporal punishment, No P.E. | No extra curricula activity, 5 day lunch & class detention, 1 Saturday detention | Parent contact, 3 day suspension |
| <p>Damage to School Property (Writing on the walls, holes in walls, paper towels on floor in bathroom, wetting the floor in bathroom)</p> | Parent contact, restitution, 1 day suspension | Parent contact, \$50 minimum fine, restitution, 3 day suspension | Parent contact, \$100 minimum fine, 5 day suspension | Expulsion, restitution |
| <p>Profanity (Cursing of any kind will not be tolerated)</p> | Verbal warning, parent contact, | Parent contact, 2 day lunch detention, corporal punishment, No P.E. | No extra curricula activity, 5 day lunch & class detention, 1 Saturday detention | Parent contact, 3 day suspension |
| <p>Fighting (Play fighting, slapping of someone's neck, any physical contact that looks like unwanted touches, physically touching a teacher or admin, fist fighting, wrestling)</p> | Parent contact, no extracurricular activity, 5 day lunch detention, 1 Saturday detention, 5 day class detention, corporal punishment | Parent contact, no extracurricular activity, 2 day suspension, corporal punishment | Suspended 3 days, No extracurricular for 1 week | 5 day suspension, possible expulsion |

| | | | | |
|--|---|---|--|---|
| <p>Theft of any kind (Stealing of books, food, money, clothes, cellphones, headphones, staff & student personal items, school items, etc.)</p> | <p>Parent contact, corporal punishment, 2 day suspension, restitution, confiscation of stolen property or anything related to theft</p> | <p>Parent contact, corporal punishment, 5 day suspension, restitution, confiscation of stolen property or anything related to theft</p> | <p>Parent contact, corporal punishment, 10 day suspension, \$100 fine, restitution, confiscation of stolen property or anything related to theft</p> | <p>5 day suspension, Possible expulsion</p> |
| <p>Café & Inappropriate Food Behavior (Putting fingers in someone's food or plate, taking food that's not yours, buying food from vending machine, taking food from snack cooler, etc.)</p> | <p>Parent contact, corporal punishment, 3 day lunch detention, must bring lunch from home for entire week</p> | <p>Parent contact, corporal punishment, 5 day lunch detention, must bring lunch from home for entire week, Saturday detention</p> | <p>Parent contact, 2 day suspension, 5 day lunch detention, must bring lunch from home for entire week</p> | <p>Must bring lunch from home for remainder of the year, lunch detention for remainder of the year, 5 day suspension, \$50 fine</p> |
| <p>Inappropriate websites (Any music, social media, X-rated, movies, games, etc.)</p> | <p>Verbal warning, parent contact</p> | <p>Parent contact, no computers for a week, 5 day lunch detention</p> | <p>Parent contact, 10 day lunch detention, no computers for a week, 2 Saturday detentions</p> | <p>Parent contact, 2 day suspension, no computer use for remainder of the year</p> |
| <p>Bus behavior (Yelling, screaming, jumping over seats, fighting, distracting driver, physical or verbal abuse to other passengers)</p> | <p>Verbal warning, parent contact</p> | <p>Parent contact, 3 day suspension from bus,</p> | <p>Parent contact, 5 day suspension from bus,</p> | <p>Parent contact, expelled from bus for remainder of year</p> |

Scooni's School Uniforms

Lauderhill Mall

1347 NW 40th Ave

Lauderhill, Fl 33313

954-909-4424

SBS UNIFORMS

1427 NW 40TH Ave

Lauderhill, Fl 33313

954-792-8031

School: Piney Grove Academy (954-735-1470)

Colors:

K-5th - Hunter or Forest Green tie for Boys

Hunter Green or Forest Green Polo shirt (Friday attire
Boys & girls)

6th – 8th – Navy Blue tie for Boys

Navy blue polo shirt (Friday attire boys & girls)

9th-12th – Red ties for Boys

Red Polo Shirt (Friday attire)

Full Attire:

Boys: Khaki pants, white long sleeve shirts, Navy blue blazer
Black shoes/sneakers.

Girls: Khaki skort / plaid skort/ white or yellow princess blouse.
Navy blue Blazer, black shoes/sneakers.

**PE Shirts can be purchased at the
school.**