



Gibraltar School District
19370 Vreeland Road
Woodhaven, MI 48183
(Phone) 734 379-7115 (Fax) 734 379-7171

STUDENT ENROLLMENT FORM

IMPORTANT: Certified Birth Certificate, Proof of Immunization and 3 Proofs of Residency must be provided.

☐ New to District ☐ Returning to District

Entering Grade: _____ Enrollment Date: _____

Office Use Only: SCHOOL YEAR: _____
SCHOOL OF RESIDENCE: _____
SCHOOL ATTENDING: _____
STUDENT ID: _____ STUDENT PWD: _____

Student's Full Legal Name: _____ **Gender:** ☐ Male ☐ Female
Last First Middle

U. S. Citizen: ___NO___ YES **Birth Date:** _____ **Birth Place:** _____ **Phone:** _____
Month/Date/Year City/State

Address: _____
House Number Street Name City Zip

Home Language: (Both Part A and B Must be completed)

Part A: Is your student's primary language something other than English? ___NO___ YES If yes, what language? _____

Part B: Is there a language other than English spoken in your home? ___NO___ YES If yes, what language? _____

Race and Ethnicity: (Both Part A and Part B of the question must be answered)

Part A: Is this student Hispanic/Latino? ___NO___ YES (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) *The above question is about ethnicity, not race.*

Part B: What is the student's race? (Choose one or more) *The following question indicates what you consider your child's race.*

___ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation)

___ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including 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/Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or Pacific)

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

FAMILY INFORMATION

Student Lives With: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Parent and Step Parent ☐ Other _____

MALE HEAD OF HOUSEHOLD:

Last Name First Name Middle

Education Level: ☐ High School ☐ College

Relationship to child (circle one):

A. Birth Parent

B. Adoptive Parent

C. Step-Father

D. Court Appointed Guardian

E. Grandparent

F. Other: _____

Work Phone: _____
Cell Phone: _____
Home Phone: _____
Employer: _____
Email: _____

FEMALE HEAD OF HOUSEHOLD:

Last Name First Name Middle

Education Level: ☐ High School ☐ College

Relationship to child (circle one):

A. Birth Parent

B. Adoptive Parent

C. Step-Mother

D. Court Appointed Guardian

E. Grandparent

F. Other: _____

Work Phone: _____
Cell Phone: _____
Home Phone: _____
Employer: _____
Email: _____

FAMILY INFORMATION : PARENT LIVING ELSEWHERE: <i>(if applicable)</i>				
Name _____		Relationship to Child: _____	Phone Numbers: _____	
House Number	Street Name	City	State	Zip
List as Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO E-Mail Address: _____				

EMERGENCY CONTACTS (other than parents)

NAME	ADDRESS, CITY, ZIP	PHONE NUMBERS	RELATIONSHIP
		(H) _____	
		(C) _____	
		(H) _____	
		(C) _____	

SIBLINGS

NAME	AGE	GRADE	PRESENT SCHOOL (if applicable)

STUDENT’S SCHOOL HISTORY—Please complete for all schools attended

Has this student previously attended a Gibraltar School? <input type="checkbox"/> YES <input type="checkbox"/> NO Last grade attended at Gibraltar: _____
Has this student been suspended from any school for more than one day? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has this student been suspended from any school long term (more than 10 days) or expelled? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has this student dropped out from a Public/Private school, or currently at risk of failure/academic success? <input type="checkbox"/> YES <input type="checkbox"/> NO

SCHOOLS PREVIOUSLY ATTENDED	GRADE	SCHOOL ADDRESS CITY, STATE, ZIP	PHONE

SPECIAL EDUCATION INFORMATION

Has this student ever received special education services that require an Individual Education Plan (IEP) and special education services? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe and provide a copy of current IEP: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

<i>The undersigned hereby acknowledges that the information provided on this form is true and accurate, incorrect information could be grounds for revoking enrollment. The undersigned understands that it is his/her responsibility to inform the appropriate school office if/when any of the information set in this form changes.</i>	
_____ Parent or Guardian Signature	_____ Date

MEDICAL INFORMATION

DOCTOR'S NAME:	PHONE:
ALLERGIES:	
MEDICATIONS: (Please list)	
HEALTH PROBLEMS—Circle all existing conditions. Asthma; Diabetes; Hearing-Frequent Infections, Hearing Aids, Tubes; Seizures; Vision—Contacts/Glasses; Other—	Describe:
Does your child have any health conditions that would limit participation in strenuous activities such as physical education or athletics? Yes _____ No _____	Describe:
May your child be treated by your family doctor if you cannot be reached? <input type="checkbox"/> Yes <input type="checkbox"/> No By another doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Michigan Department of Community Health IMMUNIZATION REQUIREMENTS—
Please use following information to be sure your child meets Michigan requirements.

- Two doses of MMR
- Three doses of Hepatitis B
- Five doses of DTaP/Td/DT with one dose of Tdap if 5 years have passed since this last vaccine.
- Four doses of polio
- Two doses of varicella (or history of chicken pox disease)
- One dose of meningococcal (11– 18 years of age)
- Required doses will vary with age.

<p style="text-align: center;">Statement of Chicken Pox (Varicella) Disease</p> <p>My child has had chicken pox on: _____ (Please indicate when chicken pox occurred—month and year.</p>

Children who have not received the required immunizations WILL BE EXCLUDED from school UNTIL parents provide proof that ALL REQUIRED IMMUNIZATIONS have been given, or until a certified, current State of Michigan Immunization waiver form is provided. Information is available upon request.

Gibraltar School District

PROOF OF RESIDENCY

I, _____, declare that I physically reside at _____, Michigan, and that I have no other residence other than the address listed on this affidavit.

I have also provided the following documents to prove my residency has been established in the Gibraltar School District, Michigan (**3 of the ten documents are needed to prove residency**):

_____ Phone bill or deposit receipt	_____ Bank statement
_____ Electric bill or deposit receipt	_____ Gas bill or deposit receipt
_____ Cable bill	_____ Water bill
_____ Mortgage Statement	_____ Bill of sale for place of residence
_____ Closing Statement	_____ Current Property Tax bill
_____ Completed Lease/Rental Agreement (signed by Lessor and Lessee)	
_____ Other: _____	

I declare that I reside at this residence and will be available for contact by the Gibraltar schools at this address. I also declare that I am in compliance with Section 340.385 of the State of Michigan General School Laws. These laws state: "The purpose for which a child is placed in a licensed home or in the home of relatives in the school district **must be for the purpose of establishing a suitable home and not for an educational purpose.**"

I understand that if statements made on this affidavit change, my application will be open for review as to the continued enrollment of my child / children in the Gibraltar School District. I also understand that if my address changes, I will immediately notify the School District, complete a Change of Address form, and provide the necessary proofs of residency. I further understand that if the statements made on this affidavit are false, the enrollment of my child / children will be immediately terminated, and I may be subject to prosecution under the laws of the State of Michigan.

Student Name / School

Signature of Parent/Guardian

Witness

Date

For a change of address, please list any siblings within the district that this change applies to:

Sibling Name / School

Sibling Name / School

Sibling Name / School

Sibling Name / School



Gibraltar School District
19370 Vreeland Road, Woodhaven, MI 48183
Ms. Amy Conway Superintendent of Schools

REQUEST FOR RECORDS

Previous School Name: _____

School Street Address: _____ City, State, Zip: _____

Phone number of Previous School: _____

Student's Name: _____ Date of Birth: _____ Grade: _____

Signature of Parent/Guardian: _____

Street Address: _____ City, State, Zip: _____

Please release the cumulative files, including CA-60, Health Records, Social Work Records, Psychological Records, Special Education Records, Behavior Records, and the UIC number for the above named student to the school that is checked below.

_____ Carlson High School
30550 W. Jefferson
Gibraltar, MI 48173
(734) 379-7100 (734) 379-7170 fax
Attention: Records Clerk

_____ Shumate Middle School
30448 W. Jefferson
Gibraltar, MI 48173
(734) 379-7600 (734) 379-2370 fax
Attention: Records Clerk

_____ Lakeshore Virtual School
33211 McCann St.
Rockwood, MI 48173
(734) 379-7090 (734) 379-7081 fax
Attention: Records Clerk

_____ Chapman Elementary School
31500 Olmstead Road
Rockwood, MI 48173
(734) 379-6380 (734) 379-6381 fax
Attention: Records Clerk

_____ Hunter Elementary School
21320 Roche Street
Brownstown, MI 48183
(734) 379-6390 (734) 379-6391 fax
Attention: Records Clerk

_____ Parsons Elementary School
14473 M. Gibraltar Road
Gibraltar, MI 48173
(734) 379-7050 (734) 379-7051 fax
Attention: Records Clerk

_____ Weiss Elementary School
26631 Reaume Street
Woodhaven, MI 48183
(734) 379-7060 (734) 379-7061 fax
Attention: Records Clerk

Gibraltar School District

19370 Vreeland Road, Woodhaven, MI 48183 Phone (734) 379-6351 Fax (734) 379-6353 www.gibdist.net



This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the Every Student Succeeds Act). The questions below are to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

To be completed by Parent/Guardian/Unaccompanied Youth:

Name of Student: _____ Date of Birth: _____

Name of School: _____ Circle one: Male / Female

Current Living Situation:

- ☐ Temporarily sharing a house with another person due to loss of housing, economic hardship, or similar reason
- ☐ In a motel, hotel, or campground due to a lack of alternative accommodations
- ☐ In an emergency or transitional shelter or hospital
- ☐ In a living arrangement not described above that is not fixed, regular, and adequate
- ☐ Unaccompanied youth and/or runaway
- ☐ None of the above **(if you check this box, sign below and then do not complete the remainder of this form)**

Current Contact Information:

Print Name of Current Parent/Guardian: _____

Address: _____

Phone Number: _____ Email: _____

- ☐ I am aware that information will be exchanged between the Gibraltar School District and Wayne-Metropolitan Community Action Agency in order to provide services to this student under the McKinney Vento Act.
- ☐ I am not interested in receiving services at this time.

Signature of Parent/Guardian: _____ **Date:** _____

School Use Only – Administrator's determination of current living circumstances:

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by **Gibraltar School District**

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

2016/2017 GIBRALTAR SCHOOL DISTRICT #82-290
www.gibdist.net

CARLSON	SHUMATE	CHAPMAN	HUNTER	PARSONS	WEISS
Oscar A. Carlson 30550 W. Jefferson Av. Gibraltar 48173 379-7100 379-7103 fax 379-7105 attendance	Helen Shumate 30448 W. Jefferson Av. Gibraltar 48173 379-7600 379-2370 fax	Melvin Chapman 31500 Olmstead Rd. Rockwood 48173 379-6380 379-6381 fax	David Oren Hunter 21320 Roche St. Brownstown 48183 379-6390 379-6391 fax	Cleo Parsons 14473 M. Gibraltar Rd. Gibraltar 48173 379-7050 379-7051 fax	Frank E. Weiss 26631 Reaume St. Woodhaven 48183 379-7060 379-7061 fax
Principal Jessica Shultz 7101	Principal Els Ferguson 7601	Principal Eric Cassie 4002	Principal John Kernan 4203	Principal Kelley Villa 4402	Principal Dave Anderson 4602
Secretary Beth Wilson 7101 Assistant Principal Ron Jacobs 7108 Dan Kalbfleisch 7104 Karen Maina Secy. 7106 School Hrs: 7:40 - 2:35 ½ Day Dismissal: 10:55 Office Hrs: 7:15 - 3:15 Counselors Palazzolo 7114 Walters 7113	Secretary Twyla Krupsky 7601 Assistant Principal Tracy Richardson 7606 Secy. Betty Jo Martin 7602 School Hrs: 8:18 - 3:18 ½ Day Dismissal: 11:35 Office Hrs: 7:45 - 3:45 Counselors Roman 7611 Antosiewicz 7612 FOOD SERVICE Chartwells Brian Bahr, Dir. 7620 Maria D'Alfonso, 7619	Secretary Chris Knapp 4002 School Hrs: 8:48 – 3:53 ½ Day Dismissal: 12:05 Office Hrs: 8:15 - 4:15 ***** CHAMPIONS Preschool, Before & After School Care Program Manager April Standish 379-7070	Secretary Chiarina Clark 4203 School Hrs: 8:58 – 4:03 ½ Day Dismissal: 12:15 Office Hrs: 8:00 - 4:00 ***** G.S.R.P. Bonnie Shabinaw 734-379-6395	Secretary Veronica McIsaac 4402 School Hrs: 8:48 - 3:53 ½ Day Dismissal: 12:05 Office Hrs: 8:00 - 4:00	Secretary Linnea Johnson 4602 School Hrs: 8:58 – 4:03 ½ Day Dismissal: 12:15 Office Hrs: 8:15 - 4:15 ***** Lakeshore Virtual School 33211 McCann St. Rockwood, MI 48173 379-7090 Grades: 6-12 Director Derek Bezeau
DOWNRIVER	ATHLETICS	NURSING	SPECIAL ED.	DCTC	TECHNOLOGY
Downriver High School 33211 McCann St. Rockwood 48173 379-7080 379-7081 fax	Memorial Building Carlson High School 30500 W. Jefferson Gibraltar 48173 379-7125 379-7838 fax	Administrative Offices 19370 Vreeland Rd. Woodhaven 48183 379-6365 379-6366 fax	Special Education Stark Center 19370 Vreeland Rd. Woodhaven 48183 379-6360 379-6361 fax Office Hrs: 8:00 - 4:00 Director Sean Waymaster 6363 Co-op Secretary Michelle Porchia 6364 Admin. Asst. Jaye Lesner 6363 School Psychologist Helen Miklos 6369	Downriver Career Technical Consortium The Learning Center 22000 Gibraltar Rd. Flat Rock, MI 48134 782-3194 No fax Director Mary Brockschmidt Jackie Leonard, Secy. Office Hrs: 8:00 - 4:00	Technology Director Joseph Hilliard 379-7116 Network Asst. 379-7118 ***** POLICE Brownstown 675-1300 Gibraltar 676-1022 Rockwood 379-5323 Woodhaven 676-7337 POISON CONTROL 1-800-222-1222
Principal Leslie Guizzetti 4621	Director Dan Kalbfleisch 7104 Assistant Director Tracy Richardson 7606 Secretary Brenda Greear 7122 Office Hrs: 8:00 - 4:00	School Nurse Pat Colucci, LPN 6365 Office Hrs: 8:00 - 3:00			
Secretary Diane Lampe 4621 School Hrs: 8:27 - 3:00 Monday Late Start- 8:57-3:00 ½ Day Dismissal: 11:22 Office Hrs: 8:00-4:00					
SUPERINTENDENT	CURRICULUM	BUSINESS	BUSINESS	TRANSPORTATION	MAINTENANCE
Administrative Offices 19370 Vreeland Rd. Woodhaven 48183 Office Hrs: 7:30 – 4:00 379-6351 379-6353 fax	Administrative Offices 19370 Vreeland Rd. Woodhaven 48183 Hrs: 8:00 – 4:00 Director of Curriculum Scott Wagner 379-6351 379-6353 fax	Administrative Offices 19370 Vreeland Rd. Woodhaven 48183 Office Hours 7:30 - 4 Finance Manager Shawn Stirling 379-6354 Administrative Asst. Pam Kruso 379-6354 379-6359 fax	Bookkeeper/Benefits Joanne Grzywacz 379-6358 Student Services & Enrollment Diane Szabados 379-7115 379-7171 fax	Transportation Building 28291 Fort St. Trenton 48183 379-6370 379-6376 fax Director Melanie Palmatier 6372 Dispatcher Cheri Fraser 379-6370 Office Hrs: 6:00 - 5:00	Administrative Offices 19370 Vreeland Woodhaven 48183 Director Kelly Greenhalgh 379-6377 379-6359 fax Office Hrs: 7:00 - 3:00
Superintendent Amy Conway 379-6351					
Administrative Asst. Lenore Poddam 379-6351					

Gibraltar School District Meal Charging Policy

The purpose of having a meal charging policy is to establish consistent and clear meal account procedures throughout the district. There is a fine line between considering the fiscal integrity of the district and the solvency of the food service program, while also meeting the nutritional needs of students.

GOALS:

- To ensure that students have a healthy meal and that no child goes hungry.
- To treat all students with dignity and confidentiality in the serving line.
- To foster clear and positive communication among staff, administrators, teachers, students and the parent/guardian.
- To establish fair practices that can be used consistently throughout the district regarding meal charges and the collection of said charges.

SCOPE OF RESPONSIBILITY:

The Food Service Department:

- Responsible for maintaining meal account records. Robo calls are made to households on Monday evenings when a student has a negative lunch account balance.
- Responsible for providing written documentation of lunch activity when requested and working with households towards a reasonable resolution.
- Responsible for notifying school administration of potential problems and/or repeat offenders.

The Parent/Guardian:

- Responsible for immediate payment.
- Responsible for monitoring lunch activity on ParentConnect.

MEAL ACCOUNTS:

We strongly discourage meal charges, but understand that an occasional emergency, shortage of funds, or forgetfulness may make it necessary. Meal charges are a temporary solution and are not intended to address the broader issue of whether a parent/guardian has an inability to pay for a meal for his/her child. In those instances, an application for Free or Reduced Meal Benefits should be completed. The parent should be reassured that this process will be treated with the utmost of confidentiality.

As a matter of practice, parents/guardians are encouraged to make meal payments in advance. Personal checks and cash deposits are accepted daily at the schools. For convenience, deposits may also be made by credit/debit card by going to www.gibdist.net. Click on "Our District" at the top and follow the MiStar Parent Portal login to the Cafeteria link. Parents/guardians may view their student's lunch account at anytime. Payments can be made for one week, several weeks or even months in advance. The District uses a computerized meal credit system to account for student meals and ala carte sales. All students have personal accounts regardless of their form of payment. The process is the same whether the child is a free, reduced or full pay student. This process maintains the integrity of the child.

Similar to a bank account, each student has a school ID number which stays with them for their duration in the Gibraltar School District. Lunchroom cashiers at the Middle & High Schools level will verbally notify students at the register when their meal account is in the negative.

MEAL CHARGING POLICY:

Although not required by law through the National School Lunch Act or the Healthy Hunger Free Kids Act, limited meal charging will be allowed as a courtesy to families, under the following conditions:

ELEMENTARY SCHOOL STUDENTS:

- Only reimbursable meals may be charged. No ala carte purchases can be charged.
- Students may charge up to the value of \$15.00.

- When a student charges a meal, their meal balance becomes a negative balance. When a student has a negative balance a Robo call is made to the household on Monday evenings indicating the negative balance for the student.
- Immediate repayment is expected for all charged meals and/or meal supplements.
- After the 6th occurrence, students will be provided with a meal supplement (a cheese sandwich, fruit and milk for lunch). Cost of the meal supplement is \$1.00 which will be charged to their account.
- Students are not permitted to purchase ala carte items if they owe any unpaid charges.
- No charging will be permitted 2 weeks prior to the end of the school year.
- All unpaid charges will be added to the list of any outstanding fees or unpaid fines at the end of the school year. Payment must be made in full to the Gibraltar School District.

MIDDLE SCHOOL STUDENTS:

- Only reimbursable meals may be charged. No ala carte purchases may be charged.
- Students may charge up to the value of \$20.00.
- Students will be notified verbally at the register when their balance is in the negative.
- When a student charges a meal, their meal balance becomes a negative balance. When a student has a negative balance a Robo call is made to the household on Monday evenings indicating the negative balance for the student.
- Immediate payment is expected for all charged meals.
- After the 6th occurrence, students will be provided with a meal supplement (a cheese sandwich, fruit and milk for lunch). Cost of the meal supplement is \$1.00 which will be charged to their account.
- Students are not permitted to purchase ala carte items if they owe any unpaid charges.
- No charging will be permitted 2 weeks prior to the end of the school year.
- All unpaid charges will be added to the list of any outstanding fees or unpaid fines at the end of the school year. Payment must be made in full to the Gibraltar School District.

HIGH SCHOOL STUDENTS:

- Only reimbursable meals may be charged. No ala carte purchases may be charged.
- Students may charge up to the value of \$20.00.
- Students will be notified verbally at the register when their balance is in the negative.
- When a student charges a meal, their meal balance becomes a negative balance. When a student has a negative balance a Robo call is made to the household on Monday evenings indicating the negative balance for the student.
- Immediate payment is expected for all charged meals.
- After the 6th occurrence, students will be provided with a meal supplement (a cheese sandwich, fruit and milk for lunch). Cost of the meal supplement is \$1.00 which will be charged to their account.
- Students are not permitted to purchase ala carte items if they owe any unpaid charges.
- No charging will be permitted 2 weeks prior to the end of the school year.
- All unpaid charges will be added to the list of any outstanding fees or unpaid fines at the end of the school year. Payment must be made in full to the Gibraltar School District.