



Semitropic School District

"Home of the Wildcats"

25300 HWY 46, WASCO, CA 93280

PHONE (661)758-6412/FAX (661) 758-4134

Dr. Wendy Castañeda Leal, *Superintendent*

BOARD OF TRUSTEES:

Mrs. Maria Martinez • Mr. Kelvin Furgerson • Mr. Arturo Diaz

Free School Meals: 2025–2026

Please return all signed forms by August 15, 2025

Dear Parent/Guardian,

The Semitropic School District is committed to ensuring all students have access to healthy meals. Through the National School Lunch Program and School Breakfast Program, your child may be eligible to receive meals, snacks, and milk at no cost.

While all students in California receive free school meals, submitting a completed Free or Reduced-Price Meal Application is still very important. When families qualify, it helps our school receive additional funding and support services that benefit every student.

Why Submit an Application?

- ✓ Helps maintain and expand school programs
- ✓ May qualify your family for reduced college test/application fees and discounted services
- ✓ Supports our school's ability to offer additional academic and enrichment opportunities

Free Eligibility Scale for 2025–2026

Household Size	Annual Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly Income
1	\$20,345	\$1,696	\$848	\$783	\$392
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354
Each additional person	+\$7,150	+\$596	+\$298	+\$275	+\$138

Source: California Department of Education Income Eligibility Scales for School Year 2025–26

How to Apply:


- Attached is a Free Meal Application from Semitropic School District
 - Only one application per household is needed
 - Complete and return it with all required information to avoid delays
 - Applications are accepted at any time during the school year
-

Checklist of Required Forms to Return Signed:

Please make sure to complete and return the following forms included in your packet:

- ☐ Free or Reduced-Price Meal Application
- ☐ Annual Notice to Parents/Guardians Concerning Their Rights and Responsibilities
- ☐ Parent/Student Handbook Acknowledgment
- ☐ Parental Consent to Photo Release
- ☐ Internet Permission Form

Please return all signed forms by August 15, 2025

If you have questions or need assistance, contact: Semitropic School District  (661) 758-6412

Thank you for supporting our school community!

PARENTAL ACKNOWLEDGMENT

PLEASE SIGN AND RETURN THIS PAGE TO YOUR CHILD'S SCHOOL IMMEDIATELY.

ANNUAL NOTICE TO PARENTS/GUARDIANS CONCERNING THEIR RIGHTS AND RESPONSIBILITIES

2025 - 2026

Each school district must notify parents and guardians of their legal rights and obligations at the beginning of the first semester or quarter of the regular school year. The following summarizes those rights and responsibilities.

Please sign and return the attached acknowledgment indicating that you have received and reviewed these materials. Also, please check the appropriate box below which will allow the district to send future versions of the Annual Notice to you electronically instead of a hard copy.

E.C. § 48982 requires parents to sign and return this acknowledgment.

- ☐ I wish to receive the district's Annual Notice by logging onto the district website
☐ I wish to receive the district's Annual Notice only by email

If you have any questions, please contact the district office.

Sincerely,

Dr. Wendy Castañeda Leal, District Superintendent

Date: _____

Signature of Parent

Printed Name of Student(s)

Printed Name of Parent

Printed Name of Student(s)

Student I.D. Number

PARENT/STUDENT HANDBOOK ACKNOWLEDGMENT

PLEASE SIGN AND RETURN THIS PAGE TO YOUR CHILD'S SCHOOL IMMEDIATELY.

☐ Yes, as the parent or legal guardian of the student signing below, I have read and understand the parent/student handbook for 2025-2026. I have explained the contents of this document to my student as indicated by his/her signature below. If I have any questions I know to contact the front office as needed.

PARENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

PRINTED STUDENT NAME: _____ STUDENT ID # _____

STUDENT GRADE: _____ TEACHER: _____

Dear Parent / Guardian:

To help further develop our educational programs, the Semitropic School District has established working relationships with various organizations and individuals. We would like to acknowledge accomplishments, share student work, and/or share pictures of students at school or school activities. From time to time, the District (including the After School Program) wishes, or receives requests from organizations or persons, to photograph students, disseminate information about students, or interview students for publicity, advertising, or promotion via the District's web site, television, film, video, audio tape, or electronic media. Your written consent is required for your child's participation and appearance in such a still photograph and/or audiovisual programming. We do take precautions when using student pictures on our website. Large group shots are used most of the time. If small groups are posted, we will use side shots or pictures of students working on something with faces away from the camera. We stay away from full-face shots unless we are acknowledging the student for an award or achievement.

PARENTAL CONSENT TO PHOTO RELEASE

Please sign and return this page to your child's school as soon as possible.

By signing below, I give the Semitropic School District consent to use my child's picture(s), student work, and/or accomplishments for publicity, advertising, or promotion via the District's web site, television, film, video, audio tape, or electronic media.

Student Name: _____ Student I.D. Number: _____

School: **SEMITROPIC SCHOOL DISTRICT**

Teacher: _____ Grade: _____

Parent Signature: _____ Date: _____

Internet Permission Form
Semitropic School District
(Please return this to your classroom teacher)

We are pleased to offer students in the Semitropic School District access to the Internet. **To gain access to the Internet, all students under the age of 18 must obtain parental permission and must sign and return this form.**

Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards throughout the world. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the Semitropic School District supports and respects each family's right to decide whether or not to apply for access.

School Internet Rules

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply. The network is provided for students to conduct research. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required. Access is a privilege - not a right. Access entails responsibility.

Individual users of the school computer networks are responsible for their behavior and communications over those networks. It is presumed that users will comply with school standards and will honor the agreements they have signed. We endeavor to block inappropriate matter through content filtering software on the Internet. Anyone caught trying to bypass the filtering software in order to access denied sites, may result in cancellation of the privilege of working on school computers.

Network storage areas may be treated like school lockers. Network administrators may review files to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files stored on district servers will always be private. The district reserves the right to monitor any files that may be inappropriate.

Within reason, freedom of speech and access to information will be honored. During school, teachers of younger students will guide them toward *appropriate* materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio and other potentially offensive media.

This form is a condensed version of the School Board Policy entitled *Internet Acceptable Use Policy*, which is available at the Semitropic School District Office.

The following are not permitted:

Sending or displaying offensive messages or pictures

- **Using obscene language**
- **Harassing, insulting or attacking others (Cyber Bullying)**
- **Damaging computers, computer systems or computer networks**
- **Violating copyright laws**
- **Using another's password**
- **Trespassing into another's folders, work or files**
- **Intentionally wasting limited resources**
- **Employing the network for commercial purposes**
- **Violations may result in a loss of access as well as other disciplinary action.**

☐ **Yes**, as the parent or legal guardian of the student signing below, I grant permission for my son or daughter to access the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use by setting and conveying standards for my son or daughter to follow when selecting, sharing, or exploring information and media. I have explained this to my student as indicated by his/her signature below.

PARENT SIGNATURE: _____ DATE: _____
STUDENT SIGNATURE: _____ DATE: _____
PRINTED STUDENT NAME: _____ STUDENT ID # _____
STUDENT GRADE: _____ TEACHER: _____

☐ **No**, as the parent or legal guardian of the student signing below, I do not want my son or daughter to access the Internet. I have explained this to my student as indicated by his/her signature below.

PARENT SIGNATURE: _____ DATE: _____
STUDENT SIGNATURE: _____ DATE: _____
PRINTED STUDENT NAME: _____ STUDENT ID # _____
STUDENT GRADE: _____ TEACHER: _____

School Year 2025-2026 Semitropic School District Application for Free and Reduced-Price Meals Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen.

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.**STEP 1 – STUDENT INFORMATION**

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	Foster	Homeless	Migrant	Runaway
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR	Enter Case Number:
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STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the **TOTAL GROSS** income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Total Student Income	How Often
\$	

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

C. Total Household Members (Children and Adults)	<input type="text"/>	D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member	<input type="text"/>	Check the box if NO SSN	<input type="checkbox"/>
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DO NOT COMPLETE. SCHOOL USE ONLY			
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12			\$
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)		<input type="checkbox"/> Categorical
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway		<input type="checkbox"/> Error Prone
Determining Official's Signature:			Date:
Confirming Official's Signature:			Date:
Verifying Official's Signature:			Date:

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: 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.

Signature of adult completing this application:		
Print Name:		
Date:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
E-mail:		

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

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
 ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native
 ☐ Asian
 ☐ Black or African American
 ☐ Native Hawaiian or other Pacific Islander
 ☐ White