

# MOUNTAIN VIEW SCHOOL DISTRICT

Elementary School  
11748 State Route 106  
Phone (570) 434-2181  
Fax (570) 434-2755

Superintendent/Business Office  
11748 State Route 106  
Kingsley, Pennsylvania 18826-6941

Jr./Sr. High School  
11749 State Route 106  
Phone (570) 434-2501  
Fax (570) 434-9582

Phone (570) 434-2180

Fax (570) 434-2404

June 16, 2020

Dear Parents:

You are your child's first and most important teacher. As such, we are constantly striving to increase your access to information about his/her school attendance and grades. We provide you access to this information via the "Sapphire Parent Portal" which will allow parents to access their child's academic folder, private folder, activities, attendance, student schedule, student report cards, homework assignments, and unofficial transcript via the Internet.

**If you've signed up for the Parent Portal last year, you do not need to sign-up again.**

If you have never used the Parent Portal before, you will need to sign up for a PIN in order to log in to the Sapphire Parent Portal. The first time you log into the Parent Portal, you will need to create an account for yourself using the following instructions.

Please go to this link in your Internet web browser:

**<http://sapphire.mvsd.net/CommunityWebPortal>**

Complete the registration form by clicking on the "Create a Web Portal account" link and set up your individual accounts.

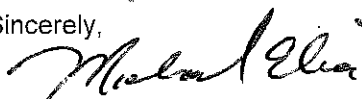
**The Sapphire Parent Portal will prompt you for the district keyword; the keyword for the Mountain View School District is "orange".**

Please note that only one application per parent is needed. If you have more than one child at the district you will put all of their names on the same application. Once this form is submitted, it will be reviewed by the district, and a notification letter containing a PIN will be emailed to the address you used during the sign-up process.

If you are experiencing difficulty accessing the Parent Portal, please contact MVSD IT Department via email at [help@mvsd.net](mailto:help@mvsd.net).

We assure you that your child's privacy is very important to us. Access to information is restricted by a secure logon and password. Furthermore, the information that is posted to this site is merely a copy of the real information, insuring that no one can alter actual permanent records through this application. It is our sincere hope that you will find this information useful in promoting your child's education.

Sincerely,



Dr. Michael Elia  
Superintendent of Schools

## **Mountain View Jr/Sr High School Food Service** **Point of Sale Policy**

Mountain View School District offers a point of sale system-P.O.S. in its cafeteria. Students will be required to purchase food items using a **PIN number** that allows a student access to his/her own food account. Students may use cash or the money that has been deposited in their account, but all transactions must go through the P.O.S. system by entering a pin number. Students will be assigned their own individual PIN number and it should not be shared with anyone else. This account is computerized and used for all food-related transactions. Students qualifying for free or reduced lunch have an identical account established in their name, which will be indistinguishable from the paying student's account.

**Free and reduced lunch applications are available at any time throughout the school year in the high school or elementary office. You may also complete the application online at [www.compass.state.pa.us](http://www.compass.state.pa.us) or on our MVSD website ( [www.mvsd.net](http://www.mvsd.net)) under Parents and then click on Lunch App.com.**

**---Applications must be filed each year within 30 days of the first day of school. (August 27, 2020) *All parents are strongly encouraged to fill out an application.***

### **The prices for the 2020-2021 school year are as follows:**

High School Breakfast	Full Price -	\$1.10	High School Lunch	Full Price -	-	\$2.25
	Reduced Price -	\$0.30		Reduced Price -		\$0.40
	Adult Price -	\$2.00	Milk	Adult Price -		\$3.50
						\$0.65

**Free meal students do not receive a FREE MILK unless the daily Lunch meal is received.**

### **Payment**

Parents/Guardians are asked to make payments into the accounts preferably by writing checks, online or money orders payable to: **MVSD Food Service**. Payments may be mailed in or handed to a food service cashier during the student's lunch period. Cash will be accepted but must be accompanied by a deposit slip. You can also deposit money directly into your children's account online using credit, debit or electronic check. You can access this service at [www.SendMoneyToSchool.com](http://www.SendMoneyToSchool.com). This tool enables you to connect and provide a simple, safe and secure gateway to communicate and transact payments.

### **OVERDUE Cafeteria Account.**

#### **Charging and Notification**

If your account balance goes negative:

A phone call will be made daily to update your child's negative amount to a positive amount. .

If your account balance is negative **-\$15.00\*\*\* ( see below)**: All purchases must be made with cash until a deposit is made to your account. .

**Parents/Guardians who do not respond to negative balances alerts will have charges filed with the District Magistrate.**

Statements can be obtained anytime by calling the Director of Food Services at (570) 434-8527 or by email at [nutrition@mvsd.net](mailto:nutrition@mvsd.net). Parents may also submit a written request.

**\*\*\*Our policy guidelines require that all students in grade Pre-K through third, and any disabled students be provided breakfast and/or lunch. If student/parent does not pay towards account after a negative \$15.00 balance, they will receive a lunch of Peanut Butter and Jelly or a Cheese Sandwich along with a milk, fruit and vegetable to ensure adequate nutrition. Their account will continue to be charged.**

**This is for all students Kindergarten through Twelfth grade.**

**Policy subject to change by the Board of Education.**

**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)**

Child's First Name	MI	Child's Last Name	Grade Enter HS for Head Start	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

**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.

**STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?**

If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3) Case Number: \_\_\_\_\_ Write only one nine (9) digit case number in this space.

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

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

**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 gross income (before taxes) for each source in whole dollars (no cents) only.  
If no income is received 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		
	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Weekly	Bi-Weekly	2x Month	Monthly

Total Household Members (Children and Adults) \_\_\_\_\_

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:     X X X X Check if no SSN

Child Income: Weekly  Bi-Weekly  2x Month  Monthly  \$ \_\_\_\_\_

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.  
The "Sources of Income for Children" chart will help you with the Child Income section.  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**STEP 4 Contact Information and Adult Signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL**

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) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Printed name of adult signing the form \_\_\_\_\_ Signature of adult \_\_\_\_\_ Today's date \_\_\_\_\_

**INSTRUCTIONS Sources of Income**

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security • Disability Payments • Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
- Income from any other source	

**OPTIONAL Children's Racial and Ethnic 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

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 (FDPPIR) case number or other FDPPIR 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.

**Do not fill out For School Use Only**

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Monthly,  Yearly. Household Size: \_\_\_\_\_  
 Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12  
 Date Withdrawn: \_\_\_\_\_  
 Eligibility:  Free  Reduced  Denied Reason: \_\_\_\_\_  Categorically Eligible  Other Sources Categorically Eligible  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of School Employee Completing Verification: \_\_\_\_\_ Date: \_\_\_\_\_

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross Salary, wages, cash bonuses - Net income from self-employment (farm or business) * <b>Reporting Annual Income is allowable for seasonal or self-employment</b> if you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food, and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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 [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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:

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

fax: (202) 680-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

\* **All Household Applications must be returned to your child's school for processing.**