



# Ingersoll Middle School

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Dr. Margaret Sergetsen- Principal  
Cassie Nelson- Assistant Principal

1605 E. Ash St., Canton, IL 61520  
309-647-6951 [www.cantonusd.org](http://www.cantonusd.org)

CUSD#66

August 4, 2020

Dear Ingersoll Middle School Parents, Guardians, and Students:

Welcome back to Ingersoll Middle School! We hope you had a great summer and are looking forward to the start of a new school year. We want this year to be an enjoyable and successful year for you. Thank you for your patience and flexibility as we move to remote learning to start the school year off.

Students should be registered for school by Friday, August 7<sup>th</sup>. You can access the registration information in the Skyward Family Access Online Portal. If you have not registered your student, you can find directions on our Facebook page: or website page by going to the [www.cantonusd.org](http://www.cantonusd.org) and navigating to schools and then IMS.

Once the registration process is complete, Ingersoll Middle School will host August 17<sup>th</sup> as a day for you to pay school fees (\$140), submit physicals, immunizations, and dental records, as well as to pick up student device and materials. The location of this event will take place on the 15<sup>th</sup> Avenue side of the building where the activity entrance is located by the cafeteria. All staff have been made aware of this distribution date, as well as the times to ensure that your student will have the materials that they will need for remote learning.

Schedule for school fees, physicals, immunizations, dental records/device and material distribution

5 <sup>th</sup> Grade: 8:30 – 10:00 a.m.	or	4:00 – 5:00 p.m.
6 <sup>th</sup> Grade: 10:00 – 11:30 a.m.	or	5:00 – 6:00 p.m.
7 <sup>th</sup> Grade: 12:15 – 1:45 p.m.	or	6:00 – 7:00 p.m.
8 <sup>th</sup> Grade: 1:45 – 3:15 p.m.	or	7:00 – 8:00 p.m.

Please adhere to the schedule so that we can provide as much organization to the drop off and distribution day as possible. Please also limit 1 person to the vehicle to pay fees, submit forms, and to pick up materials and the device.

The start of a new year brings with it great anticipation for a successful and enjoyable learning experience. We are going to do all we can to make sure that happens for all of you. On behalf of the entire staff of IMS, we wish you a great rest of your summer. We are looking forward to seeing you again!

Sincerely,

  
Dr. Margaret Segersten



# Canton

Union School District #66

Rolf Sivertsen- Superintendent  
Tad DeRenzy- Assistant Superintendent  
20 W. Walnut St., Canton, IL 61520  
309-647-9411 [www.cantonusd.org](http://www.cantonusd.org)

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August 4, 2020

Dear Parents and Guardians,

In July 2020, Canton School District #66 was excited to announce that all elementary and middle school students are now eligible to receive breakfast and lunch at no charge. We are proud to be part of the Community Eligibility Provision program which makes this possible.

School fees will still be charged to all families unless the family meets income requirements to have the fees waived or reduced. In order to qualify for fees to be waived or reduced, it is necessary to complete the attached Household and Income form and return it to Ingersoll Middle School before October 1, 2020.

If you have any questions please contact Ingersoll Middle School at 309-647-6951.

Sincerely,

A handwritten signature in blue ink that reads "Dr. Margaret Segersten".

Dr. Margaret Segersten  
Principal

**INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT**

**IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:**

- Part 1:** List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary).
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

**IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:**

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:**

**If all children in the household are foster children that are the legal responsibility of a foster care agency or court:**

- Part 1:** List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

**If some of the children in the household are foster children are foster children that are the legal responsibility of a foster care agency or court:**

- Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Box 1–Name:** List all household members with income.
  - **Box 2 –Gross Income and How Often It Was Received:** For each household member, 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. For 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. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under 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 income from SNAP, FDPIR, WIC, Federal education benefits 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.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

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

- Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Box 1–Name:** List all household members with income.
  - **Box 2 –Gross Income and How Often It Was Received:** For each household member, 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. For 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. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under 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 income from SNAP, FDPIR, WIC, Federal education benefits 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. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

To determine eligibility for various additional state and federal programs benefits that your child(ren) may qualify for, please complete, sign and return this application to Ingersoll Middle School  
(school name)

**1. All Household Members**

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 4 if you list a SNAP or TANF case number.												Check if NO Income	Check if Foster Child
			-	-	-	-	-	-	-	-	-	-	-	-		
			-	-	-	-	-	-	-	-	-	-	-	-	<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"/>

**2. Homeless, Migrant, Runaway, or Head Start**

Homeless    Migrant    Runaway    Head Start

**3. Total Household Gross Income (before deductions) You must tell us how much and how often.**

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**4. Signature**

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

**5. Contact Information**

Work Telephone Number (Include Area Code)   Home Telephone Number (Include Area Code)   Home Address (Number, Street, City, State, Zip Code)

**SCHOOL USE ONLY**

**INITIAL DETERMINATION**   Annual Income Conversion   Weekly X 52   Every 2 Weeks X 26   Twice a Month X 24   Once a Month X 12   Convert income only if different frequencies of pay are reported.

TOTAL INCOME \$ \_\_\_\_\_ Per:  Week    Every 2 Weeks    Twice a Month    Month    Year   NUMBER IN HOUSEHOLD: \_\_\_\_\_   CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

**Currently receive benefits based on:**

- homeless
- migrant
- runaway
- Head Start
- SNAP or TANF
- foster child
- household's income

Date Withdrawn

Signature of Determining Official

Date:

**Privacy Act Statement:** The Illinois State Board of Education is requesting schools to collect the information on this form to assist schools in reporting student's eligibility for state and federal benefits programs. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal 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.

**Non-discrimination Statement:** In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215)656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.