



Office of the  
Superintendent

The Public Schools of Brookline  
Town Hall  
333 Washington Street, 5<sup>th</sup> Floor  
Brookline, Massachusetts 02445  
617.730.2401

September 5, 2019

Dear Parents and Guardians,

Welcome back! We hope that you and your family enjoyed a wonderful summer. This annual back-to-school packet contains a lot of important information. We ask that you review, and where necessary complete, this information to help us serve you and your student.

### **Health and Medical Card (yellow card)**

- Please carefully complete all of the information on this card and sign.
- **Send the completed card back to school with your child.**
- The enclosed letter from the Coordinator of School Health Services contains additional information about student health mandates, immunization requirements and guidelines for student medications. Please pay careful attention to this information.

### **Verifying Emergency Contact Information and Protecting Student Privacy**

- As you know, the Parent Portal (<https://www.brookline.k12.ma.us/parentportal>) is your link to your child's contact and personal information, Progress Reports/Report Cards and other information such as your child's lunch PIN #.
- We want to make sure we have accurate contact information for your family so that we can share school information, progress reports, and when necessary, emergency notifications in a timely manner. We also want to ensure that we are protecting your and your child's personal information and only sharing it in ways that you have approved. To do so, we need your current contact and consent information. Last week you should have received an email from us asking you to complete the Contact and Consent Verification Process. If you have not yet done so, please follow the instructions on the enclosed "How to Initiate the Contact Verification/Consent Workflow" document to update this important information.
- If you are a new family, your login information to access the Parent Portal was emailed to you shortly after you registered.
- If you have forgotten your login information, please go to the Parent Portal for directions to reset your password: <https://www.brookline.k12.ma.us/parentportal>

### **School Lunch Information/Application for Free and Reduced Meal Program**

- Enclosed you will find information about our food service program, including the link for meal prices and menus, as well as information about how to set-up your child's school lunch account.
- We have also enclosed an application for the Free and Reduced Meal Program. If you already participate in the program, a new application is required each year so please submit a new application at your earliest convenience.
- If you have forgotten your child's school lunch PIN number, you can always find it on the Parent Portal (log on to the portal, click the "family" tab, and then click on your child's name).
- Helpful information about our food service program is also posted on our website at: <http://www.brookline.k12.ma.us/foodservice>

### **Financial Assistance Program**

- Attached you will find an application for the district's Financial Assistance Program. If you currently participate in the program your eligibility expires on 8/31/19. A new application must be filed each year.

- The Financial Assistance Program provides a centralized application process to provide families with financial assistance for certain school-related fees (during the school year), including athletics, instrumental music and other fees such as field trips.
- The Financial Assistance Program is separate from the Free and Reduced School Meal Program; each program requires a separate application.
- There is no deadline to submit an application – you may submit an application at any point during the year.
- Additional information about the Financial Assistance Program is posted on our website at this link: <https://www.brookline.k12.ma.us/> (*under the Students and Families tab*)

## Residency Verification and Change of Address

### Change of Address

- If you recently moved, you must provide documentation of your new Brookline address. It is very important that your address is correct in our records so that important letters and notices reach you without delay.
- Please use this link to start the change of address process:  
<http://www.brookline.k12.ma.us/changeofaddress>
- In addition to the online form, you must submit supporting documentation of your new address before your move is finalized in our records. Information about these documents can be found at this link: <http://www.brookline.k12.ma.us/changeofaddress>

### Residency Verification

- Under School Committee policy, the Public Schools of Brookline may request to verify all families' continued residency during each school year.
- The Office of Student Affairs sends all requests for residency verification to each family directly, along with specific instructions to complete this process.
- If you receive a request, you are required to provide documents to verify your residency. You do not need to provide residency verification documents at this time.

## District Website:

Our website (<http://www.brookline.k12.ma.us>) is a great source of useful information to help you start the school year. Look on the *Homepage* and in the *Students and Families* tab for the following:

- 2019-2020 School Calendar (holidays, vacation periods, early dismissal dates)
- PSB Bullying Prevention Policy and Reporting Forms
- Brookline School Committee Policies
- Annual Notification about the Federal Educational Rights and Privacy Act (FERPA)
- Latest News and Announcements

Thank you for your attention to this important information. We wish you and your student the very best in the 2019-2020 school year!



**THE PUBLIC SCHOOLS OF BROOKLINE**  
**School Health Services**  
**617-713-5127**

September 2019

Dear Parents and Guardians,

Welcome to the 2019-2020 school year. Brookline School Health Services recognizes the link between student health and academic success, and we are committed to promoting the health and wellness of all of our students through a comprehensive school health program. This requires that our school nurses obtain updated health information for every student and that we adhere to the requirements set forth by the Massachusetts Department of Public Health.

**Please take a moment to carefully review and complete the enclosed *Health and Medical Card* (yellow card).** Please sign the card and return it to your child's homeroom teacher promptly. If any of this information changes throughout the course of the school year, please inform your school nurse.

If you need assistance in securing health insurance for your child, please contact your school nurse.

***Daily or Emergency Medication:***

If your child will need to receive daily or emergency medication in school, ***you must meet with the school nurse*** to initiate or renew the documentation for the administration of medication at school. New medication orders are required every academic year. Medications should be delivered directly to the school by the parent, guardian or caregiver.

***New Families:***

If you are a new family, and you did not already submit a student health record and immunization report for your child, please submit those documents to your school nurse without delay. Massachusetts law mandates that each student meet state immunization requirements before entry to school. If your child is a new kindergarten student, the physical exam report must include the result of lead level tests and vision screening.

***Students in Grade 4, 7 or 10:***

If your child is a 4<sup>th</sup>, 7<sup>th</sup> or 10<sup>th</sup> grader, you must submit documentation of a recent physical examination (conducted within the last 13 months). The immunization records on these reports will be examined by the school nurse. Please check with your child's Primary Care Provider (PCP) to be sure that your child has received the required booster immunizations. **Note that students in 7<sup>th</sup> grade have additional requirements**, including Tdap and recommended meningococcal immunizations.

***Brookline High School Students:***

If your child participates in high school interscholastic sports, the Massachusetts Interscholastic Athletic Association (MIAA) requires that they have **yearly physical examinations**. Please submit these reports to the nurse in the BHS Health Clinic.

***Contact Information for School Nurse Staff:***

Please look on the back of this letter for a list of our school nurses. Please contact your school nurse if your child has any health concerns (such as allergies, asthma, seizures, or diabetes), any emotional issues (such as recent loss or hospitalization), special needs, required procedures or a history of a recent illness or injury. We encourage you to regularly communicate with your school nurse to keep her informed of any changes, or of any restrictions or accommodations that your child may require. All information will be kept confidential and shared with individual staff members on a need-to-know basis only.

Throughout the school year, our school nurses will be administering and supervising several state mandated programs including hearing, vision, scoliosis and SBIRT screening, and height/weight/BMI measurement. Scoliosis and BMI measurement will be completed with the support of the physical education staff. We also work collaboratively with supervised Emerson College students. Your support and partnership will help ensure a safe and healthy learning environment for your child. For more information about health services, immunization requirements, policies, forms, health care plans or wellness updates, please visit: [www.brookline.k12.ma.us/healthservices](http://www.brookline.k12.ma.us/healthservices)

Sincerely,

*Tricia Laham RN, BSN, MEd, NCSN*  
Coordinator of School Health Services

*L. Erik Von-Hahn MD*  
School Physician Consultant

**Public Schools of Brookline**  
***School Nurse Contact Information: 2019-2020***

<b>SCHOOL</b>	<b>NURSE</b>	<b>PHONE</b>
Baker School	<b>Ellyn Mulock, BSN, RN</b>	617-879-4514
	<b>Diane Mahoney Purcell, BSN, RN</b>	
Coolidge Corner School	<b>Heather McMullan, MA, BSN, RN</b>	617-879-4404
	<b>Jana Young, BSN, RN</b>	
Driscoll School	<b>Marianne Dewing, BSN, RN</b>	617-879-4257
Heath School	<b>Gail Corcoran, RN</b>	617-879-4544
Lawrence School	<b>Hillary Jankowski, RN, NCSN</b>	617-879-4304
	<b>Karen Miller, BSN, RN</b>	
Lincoln School	<b>Mary Kilkelly, BSN, RN</b>	617-879-4604
Pierce School	<b>Mary D'Amore, BSN, RN</b>	617-730-2584
	<b>Tara Anyaosah, BSN, RN</b>	
Runkle School	<b>Janet Campbell, MSN, APRN, CNS, CEN, NCSN</b>	617-879-4682
	<b>Penney Casey, BSN, RN</b>	
Brookline High School @ 115 Greenough Street	<b>Jill Seaman-Chandler, BSN, RN</b>	617-713-5151
	<b>Megan Day, BSN, RN</b>	
	<b>Kate Donnelly, MA, BSN, RN</b>	
Brookline High School 9 <sup>th</sup> Grade Campus @ Old Lincoln School	<b>April Armstrong, BSN, RN</b>	617-713-5433
Brookline Early Education Program (BEEP)	<i>Putterham:</i> <b>Lucy Lukoff, MMHS, BSN, RN</b>	617-264-6496
	<i>Lynch and Beacon:</i> <b>Penney Casey, BSN, RN</b>	617-739-7516

**The Public Schools of Brookline  
School Health Services**

**GUIDELINES FOR THE ADMINISTRATION OF MEDICATIONS IN SCHOOL**

**Please keep for reference**

Parent/guardian consent and original physician orders are required for the administration of all prescription and over the counter medications. Faxed orders will be accepted if received directly from the PCP's office. To ensure the safe and appropriate administration of medications, nurses are required to contact the physician if any medication directive needs clarification.

The only exceptions to this requirement are as follows:

- Epinephrine will be administered by nurses, according to standing emergency medication orders, prescribed by the School Physician Consultant, to individuals having severe, life threatening allergic reactions. Students receiving Epinephrine (Epi-Pen) will be sent by ambulance to the ER for further treatment.
  
- Standing orders from the school physician are on file for the medications listed below. You may elect, by signing permission on the *Health and Emergency Information Card*, for the nurse to administer these medications when appropriate after completing a nursing assessment. You may cross out and initial any medications on the list which you do not want your child to receive.
  - a. Acetaminophen/ Tylenol for fever or discomfort
  - b. Benadryl/diphenhydramine for emergency treatment of allergic reactions  
*(Due to the sedating effects, students receiving Benadryl will be sent home for observation in the care of a parent/guardian.)*
  - c. Cough drops for minor cough or throat irritation
  - d. Hydrocortisone cream to the skin for itching or irritation
  - e. Ibuprofen for fever or discomfort

**Non-prescription Medications**

Other over the counter medications require written consent by both the parent/guardian and the physician. All OTC medications must be in the original labeled container.

**Prescription Medications**

**A. Daily Medications: Short Term**

All medications must be in a prescription/pharmacy labeled container and should be brought to the health clinic by a parent. The parent/guardian must complete and sign a medication administration form. Antibiotics or other short term medications, given less than 4 times per day, should not be given during school hours. If your child goes to an after school program please make arrangements for her/him to receive medication at the prescribed time. *If a student has a contagious illness, he/she may not attend school for at least 24 hours after the administration of an initial antibiotic dose.*

**B. Daily Medications: Long Term**

All medications, including emergency medications, must be in the prescription/pharmacy labeled container and accompanied by medication administration forms completed by both the parent/guardian and the physician. These forms request the name, dose, and timing of the medication, the indications for its use, any side effects and parent and physician contact information.

### **C. Students Carrying Their Own Medications**

Students in grades K-12 may carry their own inhalers and their own Epi-Pen prescriptions with approval of their parent/guardian and school nurse. Parent and physician medication forms, as described in section B, are required to be completed and submitted to the school nurse and updated yearly. No other medications should be carried by students in grades K-8. Students at the High School may carry their own medications for self administration with written parental permission and at the nurse's discretion.

### **D. Aspirin**

This medication will be administered only with a physician's order and parental consent due to the associated risk of Reye's Syndrome. The physician must state that the child is not allergic to aspirin. The major indications for the administration of aspirin are usually for treatment of orthopedic, rheumatoid, or other musculoskeletal diseases.

### **E. Narcotics**

Students, who suffer *chronic* pain, that require daily or periodic administration of narcotics, will have individual health care plans to support their special health care needs. These plans will include a physician's order, including dosage, indication for administration and signed parental permission. Parent/guardian must deliver the medication in the original labeled pharmacy container to the health clinic where the student will receive a dose of their prescribed narcotic from the school nurse. No narcotics can be transported by a student.

Students experiencing pain secondary to an *acute* illness, injury or recent surgery should not return to school until their pain can be managed by a non-narcotic medication, due to the side effects associated with a newly introduced narcotic prescription.

### **E. Field Trips**

School nurses are rarely present on field trips. Please designate on the Medication Plan if your child needs to receive their scheduled medications on field trips. If a student does require medication while on a field trip and no nurse is attending, students will receive medications as follows:

- Delegation to a staff member: The school nurse will educate and delegate the administration of **essential** prescription medications, according to MDPH regulations for day and overnight field trips.
- Self administration (grades 9-12): If developmentally appropriate, a student may self administer medication with parental permission at the discretion of the school nurse. A parent/guardian must sign permission for self administration on the medication administration plan for a day trip . For overnight trips, the Overnight Field Trip Health form must also be completed by the parent to allow students to self administer. All medications must be provided in an accurately labeled prescription bottle. \*Refer to Medication Guidelines for Overnight Field trips.\*

Students may carry and self administer their own medications such as inhalers for asthma and Epi-Pens, for Life Threatening Allergies when appropriate. Be sure to discuss the specific medication practices for the field trip with the school nurse at least 72 hrs before the trip.

**Please contact the school nurse if you have any questions about medication administration.**

## How to Initiate the Contact Verification/Consent Workflow

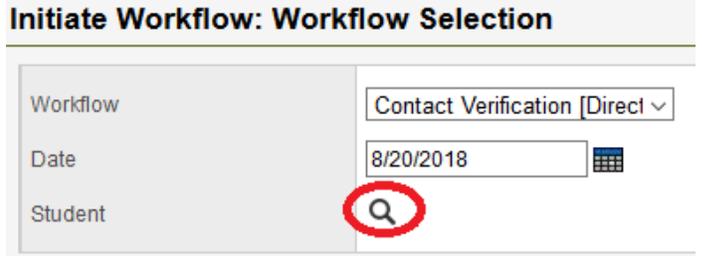
Log into the Aspen Parent Portal.  
On the right-hand-side of the main landing page, in the window labeled **Tasks**, click on the button labeled **Initiate**.



A pop up box will appear. The first two boxes should say:

- **Workflow** = Contact Verification [Direct]
- **Date** = today's date

Click on the magnifying glass.

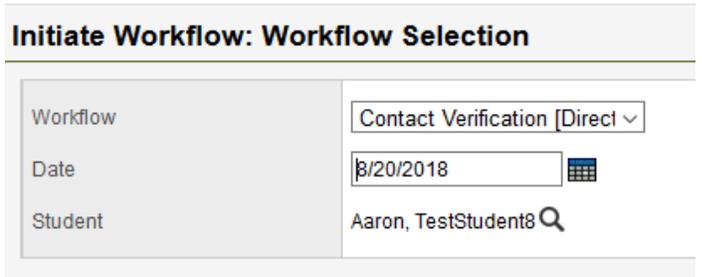


A second pop-up box will appear listing out all of your students. Select the button next to the student for whom you would like to verify data. Click **OK**.



*\*\* If you have multiple children in the PSB and not all of them appear in this list, please let us know right away at [datateam@psbma.org](mailto:datateam@psbma.org) We will amend your account accordingly.*

You will be brought back to the first pop up box and you will see your selected student's name in the box next to **Student**. Click on **Next**.



*\*\*If you do not want to verify the information for the student whose name is showing, click on the magnifying glass again and select a different student in the list that appears.*

A colorful window will pop up with your child's contact and consent information. Please review each section carefully and verify and/or update the information for the student you've selected.

Sections for review:

**Student Demographic and Contact Information**

**Emergency Contacts**

**Parent Permissions and Consents**

**Student and Parent Agreements**

***All existing information will pre-populate. You only need to update new items or pieces that need to be changed. Even if you do not make any changes, you must sign, initial and click "finish" for PSB to confirm you have completed the process. More details on each section can be found on the workflow itself.***

## Frequently Asked Questions

Question or Issue	Resolution
<ul style="list-style-type: none"> <li>I need to complete my residency verification. Can I do that here?</li> </ul>	<p>No. Residency verification is a separate process managed by the Office of Student Affairs. You cannot change your child’s address through the Parent Portal. All address verification and changes must be made through the Office of Student Affairs at 617-264-6492 or <a href="mailto:studentaffairs@psbma.org">studentaffairs@psbma.org</a>. Please do not email residency verification documents to the Data Team.</p>
<ul style="list-style-type: none"> <li>What information can I change with this?</li> </ul>	<p>You can update your child’s contact information, contact information for all existing parents/guardians and emergency contacts, and consent information. You may also add new emergency contacts.</p> <p>If you identify an error in your child’s address, if you need to reprioritize emergency contacts or delete an emergency contact please contact the Office of Strategy and Performance at <a href="mailto:datateam@psbma.org">datateam@psbma.org</a>. To change demographic information for your child, please contact the main office at your school.</p>
<ul style="list-style-type: none"> <li>I don’t know my user id or password.</li> <li>I am receiving an error message that my account has been disabled or that I do not have permission to access.</li> </ul>	<p>If you have already logged in once in the past, please try the “I Forgot My Password” link on the login page. Please check with the child’s other parent/guardian, if applicable; sometimes one parent/guardian will change the password.</p> <p>If that doesn’t work, please email us at <a href="mailto:datateam@psbma.org">datateam@psbma.org</a> and we will reset your account for you. Though we will work to fix this as quickly as possible, please allow up to three business days for resolution.</p> <p>Please note that you will likely receive a red pop up box requiring you to change your password the first time you log in. This is not an error.</p>
<ul style="list-style-type: none"> <li>My neighbor/friend who is also a PSB parent/guardian did not receive the message about contact verification/consent.</li> <li>My spouse/partner/the child’s other parent did not receive the message about contact verification/consent.</li> </ul>	<p>Please ask them to email us at <a href="mailto:datateam@psbma.org">datateam@psbma.org</a> to ensure that we have an up to date email address for them.</p> <p>If a parent with legal, non-physical custody would like a separate login, please have them request this directly from your child’s school, as there is a notification process that must be followed.</p>
<ul style="list-style-type: none"> <li>I can’t see all of my children when I log in.</li> </ul>	<p>Please email us at <a href="mailto:datateam@psbma.org">datateam@psbma.org</a> and let us know which student(s) you can’t access. We will update the student contact record. At that point you can log out and log back in and you should be able to see all of your students. Please allow up to three business days for resolution.</p>
<ul style="list-style-type: none"> <li>Is this secure?</li> </ul>	<p>Yes. We use a well-respected student information system that is approved by the State of Massachusetts for mandatory data reporting. All information is stored on highly secure encrypted servers. All data maintenance and use activities adhere to federal FERPA guidelines. The Public Schools of Brookline takes great care to maintain the privacy and security of our students and families. If you would prefer to complete this verification using a paper form, however, please let us know via email and we will be happy to accommodate the request.</p>
<ul style="list-style-type: none"> <li>What else can I do with the Parent Portal?</li> </ul>	<p>The Parent Portal currently allows you access to your student’s current and past schedule/homeroom, attendance, and grades. You can also access important documents and forms. Report cards and progress reports will be published to the Parent Portal. You can access all final report cards from the 2015-16 school year forward.</p>

# Public Schools of Brookline

## Food Service Program

The PSB Food Service Program is dedicated to serving nutritious, great-tasting meals to our students. The food service staff at each school, led by the new Director of Food Service Sasha Palmer, looks forward to serving your children kid-friendly meals while providing outstanding customer service and meeting all federal and state nutrition requirements. You can reach Ms. Palmer at 617-730-2499 or at [sasha\\_palmer@psbma.org](mailto:sasha_palmer@psbma.org).

### **Breakfast and Lunch Menus**

All of our schools serve a healthy breakfast and lunch each day. Nutritious a la carte options are also offered. Menus and nutritional information are posted on our website: [www.brookline.k12.ma.us/foodservice](http://www.brookline.k12.ma.us/foodservice)

Each cafeteria has a team of experienced staff who are trained in food safety and allergen awareness, and each school team has a ServSafe certified staff member. We are sensitive to the various nutritional needs of all students in the district. If your child has a food allergy, please contact your school nurse. Any special meal accommodations, outside of the published menu for your child's school, must be accompanied by a medical statement from a licensed physician.

### **Meal Payment**

The prices for student breakfast and lunch meals have changed and are posted on our website. The cost for meals or a-la-carte items is charged to your student's account with funds you have deposited. We will continue to use <https://www.myschoolbucks.com> to process meal payments. If you are a new family, please log-on and create an account for your child. If you would prefer to avoid the processing fee associated with electronic deposits to your child's *myschoolbucks* account, or if you want to deposit more than the vendor allows, we accept checks (made payable to Brookline Food Service and sent to the address below). We will add the amount to your child's account. If you send us a check, be sure to enclose a note indicating your child's full name and school.

Our meal plan policy does not allow deficits in student accounts. All funds for the food service program are under the control of the Town of Brookline.

### **Lunch PIN (personal identification number)**

Your child will use their lunch PIN number to pay for their meal in the cafeteria line. If you forget your child's PIN, you can find it on the parent portal ([www.brookline.k12.ma.us/parentportal](http://www.brookline.k12.ma.us/parentportal)). Login with your portal credentials, click the "family" tab, and then select your child's name.

### **Free and Reduced Meal Program Application**

If you are currently participating in the Free and Reduced Meal Program you must submit a new application to continue. The application is enclosed. If you believe that you are eligible, please complete the application and return it to us by:

**Fax:** 617-264-6435 Attention: Joanne Conneely  
**Email:** [joanne\\_conneely@psbma.org](mailto:joanne_conneely@psbma.org)  
**Postal Mail/**  
**Hand Delivery:** Public Schools of Brookline, Administration & Finance Office  
333 Washington Street, 5<sup>th</sup> Floor, Brookline, MA 02445

The free and reduced lunch program application is also available on our website: [www.brookline.k12.ma.us/foodservice](http://www.brookline.k12.ma.us/foodservice)

A link to the application in other languages is also available on our website.





# 2019-2020 Massachusetts Application for Free and Reduced Price School Meals

If you have received a **Notice of Direct Certification – FREE** from the school district for free meals, **do not** complete this application. If you have received a **Notice of Direct Certification – REDUCED PRICE** from the school district for reduced price meals, this application may be submitted. **DO** let the school know if any children in the household are not listed on the **Notice of Direct Certification – FREE** letter you received.

## 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)

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.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student? Circle Yes or No	Foster	Homeless	Migrant	Runaway
						Check all that apply			
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Write the **Agency ID Number**, then go to **STEP 4** (Do not complete STEP 3) **EBT number not accepted; SNAP award letter may be requested** Agency ID Number: \_\_\_\_\_

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

### 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:

Child Income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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 they do not receive income 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)	Farnings from Work				Public Assistance/ Child Support/ Alimony				Pensions / Retirement / All Other Income			
	How often?				How often?				How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

XXX-XX-

Check if no SSN

"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	

Error prone





**THE PUBLIC SCHOOLS OF BROOKLINE**  
333 WASHINGTON STREET  
BROOKLINE, MASSACHUSETTS 02445

**Financial Assistance Application**  
**2019-2020 School Year**

## **Annual Financial Assistance Application**

Dear Parent(s)/Guardian(s);

This is an annual Family/Household application for multiple program assistance. This single application procedure covers most school fees in the full school year, with the exception of optional field trips or programs, Early Childhood programs and school lunch, which require a separate application for Free/Reduced fees. This form does not sign your child up for programs. No employee, coach, faculty or staff member has the authority to waive any fees or charges without the income determination letter provided by the Finance Office.

The Public Schools of Brookline Financial Assistance Program determination is based on the income of **ALL** household members. Anyone living in your household is required to submit income documentation, including domestic partners, relatives, and any other individuals residing at the address.

**From the list accepted documents shown below, please submit all of those that apply to your household:**

### **Income Tax or BHA housing assistance:**

1. If you filed 2018 taxes; we require 2018 IRS transcript for all adults residing in the household. We will not accept tax filing documentation from any other source than the IRS (we do not accept the 10-40 form). Call 800-908-9946 or visit <https://www.irs.gov/>. On the home page click "Get Your Tax Record". Click "Get Transcript Online". Available for free, 5-10 days after request is submitted.
2. Brookline Housing Authority Income Determination/ Calculation Worksheet (request most recent document from BHA building manager). This is the only document required if student lives in BHA property.

### **Other Income: Submit a copy of most recent data if you receive:**

3. If you are a single parent we require Alimony and Child Support Agreements (to request Child Support documentation, visit <https://www.mass.gov/orgs/child-support-enforcement-division> or call 617-660-1234);
4. Supplemental Security Income (SSI) and Disability Income;
5. Unemployment Compensation and Severance Pay;
6. Transitional Assistance Letters and Benefits (issued every August or upon request by parent);
7. Family support: gifts, donations, money from someone outside of the household– submit affidavit of family support.

### **Other housing assistance: Submit a copy of letter of determination or affidavit of support:**

8. Section 8 Housing Voucher;
  9. Housing support (e.g. rent-free housing, residing w/family or friends) – submit affidavit of family support.
- *Foster Children* are handled as one household and are not included as a member of the family in which they are residing or in the household income of the custodial parent.
  - *Families traveling on a VISA* –
    - Non-Immigrant Visa (for example a B, F, H or J visa) you are not eligible for Financial Assistance.
    - Immigrant Visa and you submitted an Affidavit of Support (i.e. I-864, I-134) along with your Visa application; you are not eligible Financial Assistance.

Completion of all information is necessary in order to make a determination. Incomplete applications will not be processed. Once a determination regarding eligibility is made, you will be notified of that decision by letter. Please allow four weeks for processing.

**For more information, please visit the Public Schools of Brookline website: <https://www.brookline.k12.ma.us/>**

Sincerely,  
Mary Ellen Normen,  
Deputy Superintendent for Administration and Finance

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**THE PUBLIC SCHOOLS OF BROOKLINE**  
 333 WASHINGTON STREET  
 BROOKLINE, MASSACHUSETTS 02445

**Financial Assistance Application**  
**2019-2020 School Year**

<b>Parent/Guardian</b> First Name	<b>Parent/Guardian</b> Last Name	Phone Number	Address
<b>Other Parent/Guardian</b> First Name	<b>Other Parent/Guardian</b> Last Name	Phone Number	Address if different from above
Email Address			

First Name Dependent/Child	Last Name	2019/20 Grade	2019/2020 School name

Family size (total adults + totals dependents)

<b>Required and Accepted Documentation</b> <b>(provide copies of all that apply to your family's yearly income)</b>	<b>Check if Included</b>
1. 2018 IRS Transcript <a href="https://www.irs.gov/">https://www.irs.gov/</a> (not the 10-40 tax document)	
2. Brookline Housing Authority Income Determination/ Calculation Worksheet. This is the only document required if student lives in BHA property.	
3. Alimony and Child Support Agreements	
4. Supplemental Security Income (SSI) and Disability Income	
5. Unemployment Compensation and Severance Pay	
6. Transitional Assistance Letters and Benefits	
7. Family support: gifts, donations, money from someone outside of the household	
8. Section 8 Housing Voucher	
9. Housing support (e.g. rent-free housing, residing w/family or friends)	
10. Documentation for Foster Child	

**Application will not be processed without required documentation.**

Do not send originals; they cannot be returned. Copies can be made at the Finance Office, at no charge to you. All documents are scanned and shredded. All documents provided are kept confidential, are not shared with any other offices or departments and are not included in any student file.

**An adult household member must sign the application.**

*I certify (promise) that all information included with 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 benefits, and I may be prosecuted.*

**Sign here:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MAIL TO: Mary Ellen Normen, Deputy Superintendent for Administration and Finance  
 The Public Schools of Brookline, 333 Washington Street, Brookline, MA 02445