



CAPE COD TECH

Cape Cod Regional Technical High School
351 Pleasant Lake Avenue, Harwich, MA 02645

Phone: (508) 432-4500
(508) 771-2600
Fax: (508) 430-2438

William P. Terranova
Principal
Jonathan W. Roberts
Assistant Principal
Annie L. Dolan-Niles
Technical Studies Director

2016-2017 School Year

9/6/16

Dear Parents:

Your student will NOT receive a packet of information on the first day of school. All necessary forms are available on our website. Sign-up for Parent Portal at our website www.capetech.us to automatically register your email address. Please be sure to review the following and return the necessary forms and applications immediately.

- Letter regarding Human Sexuality Education Curriculum and copy of policy
- ★Safety Policy and Procedures acknowledgement form: required for all students
- Fall Sports Schedule
- Student Accident Insurance information. (*this will be given to students with their Agenda/Handbook*)
- Free/Reduced Lunch application
- ★Student Health & Emergency Information Form: required for all students
- ★Authorization to administer Potassium Iodide Form: required for all students
- Free Dental Cleaning Consent Form
- Opt-out form in regards to publishing student information (*student handbook*)
- ★Student Agenda/Handbook – acknowledgement form: required for all students
- ★Home Language Survey: (grade 9 and transfer students only)
- ★Online Use Form (*see student handbook: required for all students*)
- REMINDER TO SENIORS & SENIOR PARENTS: Completion of Senior Project is a graduation requirement
see the following in the Senior Project Handbook:
 - Parent-Student Acknowledgement Form
 - Timelines and due dates
 - Grading Policy

Make it a great school year!

Sincerely,

William Terranova
Principal

StudentInfoLetter NO PACKET 2016.2017



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September 2016

Dear Parent or Guardian:

The following is a copy of a document entitled **Human Sexuality Education Curriculum Policy of Cape Cod Regional Technical High School District**. This document needs to be read carefully by all parents. Simply put, a parent has the right to request the school to provide a display for your inspection and study of the varied resources used by a teacher in a course that may address human sexuality. For Cape Cod Tech this means, in a practical sense, three health courses entitled, **Survey of Health** for freshmen, **Contemporary Health I** for juniors and **Contemporary Health II** for seniors. There are course instructional objectives dealing with sexually transmitted diseases including HIV and AIDS, another on reproduction, pregnancy, contraception and abstinence, and finally, male and female anatomy. All together these topics comprise about 20% of the 9th and 11th grade course. In the Contemporary Health II for seniors, there are no formal activities on human sexuality. Students in our Health Tech and Dental Assistant shops, by the very nature of training and needs of the trade, do receive specific instruction in human sexuality education.

In the past there have been legitimate parental concerns. Each and every time parent and teacher have resolved the problem. Students may be excused from that portion of the lesson and assigned an equally valuable topic. The exempted student still works with the teacher, conferences are set up, and the work is completed in the library. The student is graded and returns to class after the topic of concern has been covered.

Please call me with any concerns or questions you may have.

Sincerely,

William Terranova
Principal



HUMAN SEXUALITY EDUCATION CURRICULUM POLICY OF CAPE COD REGIONAL TECHNICAL HIGH SCHOOL DISTRICT

I. Purpose of Policy

The purpose of this policy is to implement Massachusetts General Laws Chapter 71, Section 32A, which requires every school district that implements or maintains curriculum that primarily involves human sexual education or human sexuality issues to adopt a policy ensuring parental/guardian notification.

II Parental/Guardian Notification

The school principal shall give parents and guardians of students effective notice, not less than once a year, of all courses offered in which the curriculum primarily involves human sexual education or human sexuality issues. Effective notice means a notice that is reasonably likely to inform parents and guardians, including those with disabilities and those whose primary or home language is not English, of their rights.

III. Inspection of Instructional Materials

To the extent practicable, all instructional material, including teacher's manuals, films, tapes, or other supplementary material, for curriculum that primarily involves human sexual education or human sexuality issues shall be available for inspection by parents, guardians, educators, school administrators and others.

IV. Exemption from Curriculum

The parent or guardian of any student may exempt the student from any portion of a course in which the curriculum primarily involves human sexual education or human sexuality issues by written notice to the school principal (using a form approved by the principal.) No student who is so exempted may be penalized because of the exemption but may be required to leave and return to class at a time and in a manner that is least disruptive to the education of other students.

V. Adult Students

If a student is an adult, the student may exercise all the rights afforded to parents and guardians under this policy.

VI. Local Process for Dispute Resolution

A parent or guardian who is dissatisfied with a decision of the principal concerning notice, access to instructional materials, or exemption for the student under this policy may send a written request to the superintendent/director for review of the issue. The superintendent/director or his or her designee will review the issue and give the parent or guardian a timely written decision preferably within two weeks of the request. A parent or guardian who is dissatisfied with the superintendent/director's decision may send a written request to the School Committee for review of the issue. The School Committee will review the issue and give the parent or guardian a timely written decision, preferably within four weeks of the request. A parent or guardian who is still dissatisfied after this process may send a written request to the Commissioner of Education for review of this issue in dispute.

This notice is to serve as a reminder of the safety related policies of our school. Specifically:

All students in safety glass designated shops must wear Industrial Quality Safety Glasses at all times in these shops (*see attached list of shops.*) The only exceptions are shop theory classrooms. Students entering a **safety glass designated area**, as well as all staff, visitors, and exploratory students must comply with this policy.*

Students in the shops designated as safety glass shops on the attached listing, with the exception of Dental Assistant and Graphic Arts must come to their shop week cycle properly dressed with appropriate clothing and hard/protected toe work boots. Sneakers are not acceptable. Students failing to comply with this policy will be sent to In-School Suspension or sent home being unprepared for work.

Shop instructors will notify students of their shop policies regarding the wearing of jewelry and other body ornaments that are considered a danger to the student or to others in that shop program due to the nature of the trade.

1ST OFFENSE	Verbal Warning (exception: work boots, see above)
2ND OFFENSE	Disciplinary Report with a Detention
3RD OFFENSE	In-School Suspension with a Safety Packet
4TH OFFENSE	Out of School Suspension

Grade 10, 11 and 12 students: Return this signed acknowledgement to your shop teacher on the first day of your shop cycle.

Grade 9 students: Return this signed acknowledgement to your Guidance Counselor.

I have received, read and I understand and will comply with the above Safety Policies and Procedures and fully realize the consequences for non-compliance.

Parent Signature: _____ (if student is under age 18)

AB Auto Collision . AT Auto Technology . CP Carpentry . DA Dental Assisting . EN Engineering . GA Graphic Arts . EL Electrical . AG Horticulture . HV Heating, Ventilation & Air Conditioning . IT Information Technologies . MS Marine Services . PH Plumbing . WE Welding



2016-2017 Massachusetts Application for Free and Reduced Price School Meals CAPE COD TECH

If you have received a **Notice of Direct Certification** from the school district for free meals, **do not** complete this application. But **do** let the school know if any children in the household are not listed on the **Notice of Direct Certification** 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
					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"/>
					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"/>

STEP 2

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

Write the **Agency ID Number**, then go to **STEP 4** (Do not complete STEP 3)

Do not provide EBT card number.

Agency ID Number: _____

STEP 3

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

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:

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)	Earnings from Work	How often?				Public Assistance/ Child Support/ Alimony	How often?				Pensions / Retirement / All Other Income	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"/>
		<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"/>
		<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"/>
		<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"/>
		<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"/>

Child Income: \$ ☐ 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 XXX-XX- Check if no SSN ☐

STEP 4

Contact information and adult signature

"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 ☐

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 <ul style="list-style-type: none"> - 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
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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

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 (FDPIR) case number or other FDPIR 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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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, 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) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For School Use Only**2016-2017 Massachusetts Application for Free and Reduced Price School Meals**

Total Income

Household Size

Only annualize income if there are multiple pay frequencies

How often?

Weekly	Bi-Weekly	2x Month	Month	Annually
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Annual Income Conversion:

Weekly x 52
 Every 2 Weeks x 26
 Twice A Month x 24
 Monthly x 12

Eligibility:

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Categorical Eligibility ☐

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS- CAPE COD TECH

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in a district. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Janet Daley 508-255-8800 ext. 120 or daleyj@nausetschools.org.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Children age 18 or under AND are supported with the household's income;
- The Food Distribution Program on Indian Reservations (FDPIR)

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: MA DTA 1-877-382-2363.
- Go to **STEP 4**.

each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

the column titled "Student" to tell us which children attend Cape Cod Regional Technical High School. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

applying for foster children, after finishing **STEP 1**, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1.**

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Write today's date. In the space provided, write today's date in the box.

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Cape Cod Regional Technical High School offers healthy meals every school day. Breakfast costs \$1.75; lunch costs \$3.00. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$.30 for breakfast and \$.40 for lunch. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from MA SNAP, the Food Distribution Program on Indian Reservations (FDPIR)] or MA TANF are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2016-2017			
Household size	Yearly	Monthly	Weekly
1			
2			
3			
4			
5			
6			
7			
8			
Each additional person:			

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Janet Daley at 508-255-8800 x120 or daleyj@nausetschools.org.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school's Main Office.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Janet Daley at 508-255-8800 x120 or daleyj@nausetschools.org, immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.capetech.us to begin or to learn more about the online application process. Contact Janet Daley at 508-255-8800 x120 or daleyj@nausetschools.org, if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Robert P. Sanborn, III, Superintendent, Cape Cod Regional Technical High School, 508-432-4500.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Janet Daley at 508-255-8800 x120 or daleyj@nausetschools.org, to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for MA SNAP or other assistance benefits, contact your local assistance office or call 877-382-2363 or www.mass.gov.dta.

Free and Reduced Benefits

If your household income is lower than the incomes listed on the chart below, you may qualify for free or reduced price meals. If you receive MA SNAP, MA TAFDC, FDPIR benefits or are a foster child you will qualify. We want to ensure that everyone who is eligible is given the opportunity to receive this benefit. Please complete and return an application to the Main Office. Your application is confidential.

- REDUCED MEAL: Students who are approved for reduced price lunches are entitled to one lunch per day at a cost of \$.40. The reduced cost for breakfast is \$.30.
- FREE MEAL: Students approved for free benefits will have access to one breakfast and one lunch per school day.

[Download Application Here](#)

[CCT Household application SY16-17.pdf](#)

Household Size	Maximum Income Level (Per Year)	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,950	\$5,663	\$1,307
8	\$75,646	\$6,304	\$1,455
Each additional person	+\$7,696	+\$642	+\$148



Cape Cod Tech

Student Health & Emergency Information Form

Student's Name: _____ DOB: Grade:

Name of Parent/Guardian with whom student resides: _____

Resident Address: _____
Street Town State Zip Code

Mailing Address: (if different from above) _____

#1 Parent/Guardian: _____ Relationship: _____

Telephone numbers: HOME: _____ WORK: _____ CELL: _____

#2 Parent/Guardian: _____ Relationship: _____

Telephone numbers: HOME: _____ WORK: _____ CELL: _____



☐ Check here if there are no changes. Sign below and return immediately

Please continue on if there is new information.

In the event a parent/guardian cannot be reached for an emergency, please provide other contacts below and indicate the order in which they should be contacted.

#1 Name: _____ Relationship: _____

Telephone numbers: HOME: _____ WORK: _____ CELL: _____

#2 Name: _____ Relationship: _____

Telephone numbers: HOME: _____ WORK: _____ CELL: _____

#3 Name: _____ Relationship: _____

Telephone numbers: HOME: _____ WORK: _____ CELL: _____

Does your child have health insurance? ☐ YES ☐ NO (Please ✓ one) If YES please provide:

Health Insurance Company: _____ Policy Number: _____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply.) Please contact the school nurse for more information about these programs. All information is kept confidential.

Physician Name: _____ Dentist Name: _____

Please list all the medications that your child takes: _____

Has your child been diagnosed with any of the following:

☐ Heart condition ☐ Diabetes ☐ Asthma ☐ Seizure Disorder ☐ ADD/ADHD

☐ Migraines ☐ Depression Other: (Specify) _____

☐ Allergies (food, insects, medication, environment) Specify: _____

☐ Hearing Problems (Specify) ☐ Left Ear ☐ Right Ear ☐ Hearing Aids

☐ Vision Problems (Specify) ☐ Wears eyeglasses ☐ Wears contact lenses

Do you give the nurse permission to administer Tylenol? ☐ YES ☐ NO (Please ✓ one)

Do you give the nurse permission to administer Ibuprofen? ☐ YES ☐ NO (Please ✓ one)

In the event of a medical emergency, I give permission for school officials to transport my child to the hospital if none of the personal emergency contacts provided can be reached. ☐ YES ☐ NO (Please ✓ one)

I give permission to the School Nurse to share information relevant to my child's health condition with school personnel when necessary to meet my child's health and safety needs.

Signature: _____ Date: _____

revised 7.18.16



CAPE COD TECH

Cape Cod Regional Technical High School
351 Pleasant Lake Avenue, Harwich, MA 02645

Phone: (508) 432-4500
(508) 771-2600
Fax: (508) 430-2438

William P. Terranova
Principal
Jonathan W. Roberts
Assistant Principal
Annie L. Dolan-Niles
Technical Studies Director
Margaret Maurukas, RN, BSN, M.Ed.
School Nurse
FAX: 508-430-2106

MEDICATION AUTHORIZATION

PARENT/GUARDIAN PERMISSION:

Student: _____ DOB: _____ Grade: _____

- I give permission to have the nurse give the following medicine _____ prescribed by _____
- I give permission to the nurse to share with appropriate school personnel information relative to the prescribed medicine administration.
YES _____ NO _____
- My child is currently receiving the following medications:
 - _____
 - _____
 - _____
- I give permission for my child to self-administer medication if the school nurse determines that it is safe and appropriate.
YES _____ NO _____

NOTE: Whenever possible medication should be given at home and every effort made to avoid school hours.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PHYSICIAN / LICENSED PRESCRIBER:

I request that my patient receive the following medication:

Student Name: _____ Diagnosis: _____

Name of Medication: _____

Prescribed dosage and route of administration: _____

Time to be taken during school hours: _____

Expected duration of treatment: _____

Possible side effects / adverse reactions: _____

Other recommendations: _____

PHYSICIAN'S / LICENSED PRESCRIBER'S SIGNATURE (AND STAMP)

PHONE NUMBER: _____ DATE: _____



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Technical Studies Director

Margaret Maurukas, RN, BSN, M.Ed.
School Nurse

Authorization to Administer Potassium Iodide

Name of Student: _____ Grade _____

Parent/Guardian: _____ Relationship: _____

Please sign this form and return it to Cape Cod Regional Technical High School immediately.

I authorize the designated individuals at Cape Cod Regional Technical High School to administer Potassium Iodide to the above named student in the event of a nuclear accident.

Signature: _____ Date: _____

OR

I do NOT authorize the designated individuals at Cape Cod Regional Technical High School to administer Potassium Iodide to the above named student in the event of a nuclear accident.

Signature: _____ Date: _____



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Principal
Jonathan W. Roberts
Assistant Principal
Annie L. Dolan-Niles
Technical Studies Director

Dear Parents/Guardians of Cape Cod Tech Students:

Cape Cod Regional Technical High School is proud to announce that Polished, LLC, a program that provides preventative dental care, will once again be offering free dental services to the students in our school. After watching this team in action, I highly recommend that every student take advantage of this free program.

They will provide these dental services to all students, whether or not they have dental insurance.

The following dental services will be provided:

- ✓ Dental cleaning
- ✓ Sealants (as needed)
- ✓ Fluoride varnish application
- ✓ Toothbrush and toothpaste
- ✓ Referrals to local dentists
- ✓ Temporary fillings if needed

These services will be provided by Public Health Hygienists and/or Dentists. A report will be issued to Mrs. Maurukas, the School Nurse, and forwarded on to you as soon as possible. You will be contacted immediately if your child requires urgent dental care.

Attached you will find a two-sided form to be completed by you and returned to the School Nurse immediately. Once you return this form to Mrs. Maurukas, she will schedule two appointments (one in the fall and one in the spring) for your child. Please consider signing your child up for this convenient free service.

Please visit www.polishedteeth.com to see the dates that the dental team will be in our school.

Sincerely,

Margaret Maurukas, R.N.

Margaret Maurukas, RN, BSN, M.Ed.
School Nurse

Polished, LLC Health History

Child's Information (Please print):

Child's Name: _____ M ☐ F ☐ Child's Birthday: ____/____/____
(first) (last) (month) (day) (birth year)

School: _____ Grade: _____ Room: _____ Teacher: _____

Child's primary language: _____ Parent's primary language: _____

Parent's name and address: _____

Email _____ Parent's day time phone: _____

Dental Information:

1. Date of last dental cleaning: _____
2. My child's only dental prevention is at school YES ☐ NO ☐
If YES do you need a Polished, LLC dentist to examine your child YES ☐ NO ☐
3. My child has a local dentist YES ☐ NO ☐ Dentist name: _____
4. I would like help finding a local dentist YES ☐ NO ☐
5. My child needs to take antibiotics before having dental treatment ☐ YES Why? _____ ☐ NO
6. Please tell us about your child's dental experience. _____

Medical Information:

1. My child has had serious health problems YES ☐ NO ☐
2. My child is under a doctor's care now. YES ☐ for _____ NO ☐
3. My child has now or had before: Anemia ☐ Asthma ☐ Convulsions ☐ Diabetes ☐ Epilepsy ☐ Seizures ☐
Glaucoma ☐ Heart Murmur ☐ Heart Problems ☐ Hepatitis ☐ Kidney/ Liver ☐ Rheumatic Fever ☐
Immune Disorder /HIV/ AIDS ☐ Tuberculosis ☐ Other please explain: _____
4. My child is taking medicine YES ☐ name of medicine _____ NO ☐
5. My child is allergic to: Penicillin ☐ Antibiotics ☐ Aspirin ☐ Latex ☐ Foods ☐ Other: _____

Other Information:

Child's race: Black/ African American ☐ White ☐ Asian ☐ American Indian/Alaskan Native ☐
Native Hawaiian/ Pacific Islander ☐ More than one race ☐ I do not wish to answer ☐
Child's Ethnic Origin: Hispanic ☐ Non Hispanic ☐ I do not wish to answer ☐

Insurance Information

My child has the following dental insurance:

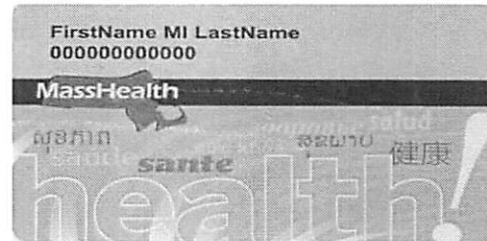
☐ No Dental Insurance

☐ MassHealth RID Number: _____

☐ Delta ☐ BC/BS ☐ Other _____

Individual Policy# _____

Group Policy # _____



Subscriber Information

Subscriber Name: _____ Subscriber ID: _____

Subscriber Date of Birth: Month__ Day__ Year____ Employer Name: _____

I agree that the above health information is correct.

I have read and received a copy of the Polished LLC privacy policy.

I give permission for Polished LLC to provide preventive care and to bill my insurance for care provided.



SIGN HERE Parent/Guardian _____ Date: _____

Contact Information

Boston and points south contact: Ellen Gould RDH email: gould.ellen@gmail.com; phone (508) 237-5378

North and west of Boston contact: Valerie Osborn RDH valerie.rdh@gmail.com phone (617) 571-1697

Cape Cod and Islands contact: Lynn Couto RDH lcoutordh@yahoo.com phone (508) 789-0703

PLEASE TURN PAPER OVER AND FILL OUT SIDE 2



INFORMED CONSENT

Purpose:

Polished, LLC may provide the following preventive care services at your child's school:

1. **A dental hygiene evaluation or dental examination:** Check the teeth and mouth (up to 2 times in the school year)
2. **Tooth cleaning:** To remove plaque and other deposits (up to 2 times in the school year)
3. **Fluoride treatment:** Painted on the teeth to protect them from cavities (up to 4 times in the school year)
4. **Sealants:** Placed on the chewing surface of the teeth to prevent cavities
5. **Health education:** To teach children how to care for their teeth
6. **Temporary fillings:** This is a temporary filling to decrease sensitivity and to maintain your child's normal bite. Your child will need further care from his or her dentist.

If your child needs a dentist, we will help you find a local dentist and get an appointment for care.

The care provided by the Polished, LLC dental hygienists is to prevent dental disease and is not a substitute for dental care by a dentist.

Safety:

The materials used are the same as those in dental offices.
Licensed dentists and/or dental hygienists will provide all of the care listed above.
Safety standards include: sterilized instruments, wearing gloves and face masks.
All materials are latex free.

Privacy Policy

I understand that results of the dental or dental hygiene examination and care provided may be shared with the school health office and/or my dental insurance provider to verify services that were provided, or as required by law or as I permit in writing.

Emergencies:

Polished, LLC staff will follow the appropriate school protocols for emergencies.

Withdrawal:

I understand I may continue to obtain dental care through any other provider.
I understand participation is voluntary and I may withdraw my child in writing at any time.

Questions:

If you want any further information about this program or have any questions please contact
Ellen Gould RDH 508-237-5378, Valerie Osborn RDH 617-571-1697, Lynn Couto RDH 508-789-0703

Agreement:

I read and understood this Consent Form. I agree to allow my child to participate in this program and I authorize the dental program to provide a written summary of the services provided to an official designated by my child's school. I understand that treatment provided may affect future rights and benefits of private insurance, Medicaid, or the children's health insurance program.

Child's First Name: _____ Child's Last Name: _____

Child's Birth Date: Month ____ Day ____ Year ____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

I have read and received a copy of the Polished, LLC privacy policy.



Signature: _____ Date: _____



CAPE COD TECH

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Assistant Principal
Annie L. Dolan-Niles
Technical Studies Director

September 2016

Dear Parents/Guardians of Freshmen and Transfer Students:

Welcome to Cape Cod Tech and to the 2016-2017 school year! Please find attached a Home Language Survey that must be filled out by new students at Cape Cod Tech. This form is used to determine the dominant language(s) spoken by your child so that we may provide meaningful instructional programs.

Please answer these questions and return the form to Kendra Sarabia, care of the Cape Cod Tech Guidance Office no later than Friday, September 16, 2016. You may send it in by mail, or your child can bring it to the Guidance Office directly. Thank you in advance for your prompt attention to this matter.

You have made a wonderful choice in Cape Cod Tech and I wish you and your child much success in the coming school year!

Please do not hesitate to contact me at 508-432-4500 extension 294 with any questions or concerns that you may have.

Thank you.

Kendra Sarabia

Kendra Sarabia
English Language Learner Teacher
Cape Cod Regional Technical High School

For Freshmen and Transfer Students only!!
Cape Cod Regional Technical High School
Home Language Survey
Please return to Kendra Sarabia in the Guidance Office
by Friday, September 16, 2016

Student Name: _____ Grade: _____

Relationship of person completing survey:

Mother ☐ Father ☐ Guardian ☐ Other ☐ _____

1. Does anyone in your home speak a language other than English? YES NO
please circle one

If yes, what language? _____

2. What language did student learn when he or she first began to talk? _____

3. What language does the parent(s) speak to the student most of the time? _____

4. What language does the student speak to his/her parent(s) most of the time? _____

5. Which language is spoken most often in your home? _____

6. Does the student speak a language other than English? YES NO
please circle one

If yes, what language(s)? _____

Can the student read in this language(s)? YES NO

Can the student write in this language(s)? YES NO

7. Does the student:

Understand spoken English? YES NO

Speak English? YES NO

Read in English? YES NO

Write in English? YES NO

8. Which language does the student speak most often with his/her brothers/sisters? _____

9. Which language does the student speak most often with his/her friends? _____

10. At what age did your child start attending school? _____

11. Has your child attended school every year since that age? YES NO

If no, please explain: _____

12. Where did the student attend school last year? _____

13. Was this student in a bilingual or ESL/ELL program during the last school year? YES NO

14. Was this student *ever* in a bilingual or ESL/ELL program?

If yes, what grade(s)? _____ Where? (school/city) _____

15. If you speak a language other than English, would you be willing to occasionally translate at school if needed?
YES NO

16. Do the parents/guardians request written communication from the school to be in a language other than English?
YES NO If yes, what language? _____

Parent / Guardian Name: (Please print) _____

Parent / Guardian Signature: _____



REGIONAL
CAPE COD
Technical High School

351 Pleasant Lake Avenue, Harwich, MA 02645

Kathleen M. Clemens

Director of Student Services ext. 238

Julie Gammon

Guidance Chair ext. 241

☎ : (508) 432-4500 • (508) 771-2600

☎ : (508) 432-1343

Non-Release of "Directory Information" Form

Cape Cod Regional Technical High School has a proud tradition of celebrating students and school accomplishments by sharing them with our community. These announcements include student scholarships, athletic achievements, awards, community programs, technical program achievements, Skills USA participation, FFA participation, senior projects, etc. For us to do so, we periodically submit new releases to local media and post announcements on our district website and social media pages, in our electronic newsletters, district sponsored publications, community events and displays at school functions that include students "Directory Information."

"Directory Information is information that is NOT classified as sensitive, and which includes a student's name, image, grade, technical program of study, athletic participation, town of residence, etc.

Our goal is to recognize the achievements of Cape Cod Tech Students and to promote these within the Cape Cod Tech community and to the wider Cape community.

If you DO NOT wish your student's directory information to be shared by Cape Cod Regional Technical High School, please complete, sign and return this form to Cape Cod Regional Technical High School by Friday, September 16, 2016.

Please note that this will result in your child's academic and/or athletic achievements not being publicized – including honor roll, graduation, etc.

By Completing the information below, I assert that I DO NOT wish for the Directory Information of the student named below to be made available by Cape Cod Regional Technical High School.

Student's Name: (print) _____ Grade: _____

Parent/Guardian's Name: (print) _____ Date: _____

Signature of Parent/Guardian: _____

Relationship to Student: _____

If you wish for us to include your students name in school announcements, please disregard this form.

Robert P. Sanborn, III
Superintendent - Director

Erin Orcutt
Business Administrator



CAPE COD TECH
Cape Cod Regional Technical High School
351 Pleasant Lake Avenue, Harwich, MA 02645

Phone: (508) 432-4500

Fax: (508) 432-7916

Email: bsanborn@capetech.us

ANNUAL ASBESTOS NOTIFICATION LETTER

TO: Parents/Guardians
FROM: Cape Cod Regional Technical High School
RE: Asbestos Inspection/Management Plan
Date: August 12, 2016

Dear Parents/Guardians:

This letter is to inform you of the school's compliance with the Asbestos Hazard Emergency Response Act (AHERA), administered by the U.S. Environmental Protection Agency (EPA) and implemented by the Massachusetts Department of Public Health and the Environment. This law relates to asbestos in school buildings and its purpose is to assure building occupants that any asbestos-containing material that may be present in the building are kept in a "safe, undamaged" condition.

As required, Cape Cod Regional Technical High initiated a program to identify and manage all asbestos-containing building materials. Cape Cod Tech employed qualified firms to conduct the required building inspections. These building inspections resulted in the identification and evaluation of asbestos-containing building materials in our school building and the development of a written plan to properly manage these materials. This plan includes:

- a. the ongoing observation and maintenance of all asbestos-containing materials;
- b. the clear identification of asbestos building materials with warning signs;
- c. the training for custodial, maintenance, and service personnel concerning the proper procedures and methods to be used when cleaning, maintaining, and working around asbestos-containing materials;
- d. the regular surveillance and re-inspection of all asbestos-containing building materials in the school in order to monitor any change in condition;
- e. provisions to record all activities related to or affecting the asbestos-containing materials within our school. These records are kept as part of the ongoing Asbestos Management Plan.

The written Asbestos Management Plans are kept in the Business Office and are available for public review during normal school hours. We ask you to call 508-432-4500 x 234 to make an appointment to review these documents.

Sincerely,
Robert P. Sanborn, III
Robert P. Sanborn III
Superintendent/Director