

ST. STEPHEN SCHOOL FIRST LITURGY

Friday, September 15th at 10:00am

Please join us for our first liturgy of the school year. Our 6th graders will be receiving their Bibles.



BILLS DAY

**Let's show our support and
wear your best Bills gear!**

Friday, September 15th

Friday, September 22nd

Friday, September 29th

Thursday, October 5th

Friday, October 13th

Friday, October 20th

Thursday, October 26th

ATTENTION K-8 PARENTS

**NEW PARENT
PORTALS HAVE
BEEN CREATED**

Please keep an eye out in
your email to gain access to
your portal.

You will need entry into your
portal in order to access
progress reports and report
cards. UPK/Pre-K4 do not use
parent portal.



MARK YOUR CALENDARS

PICTURE DAY

IS

Coming

Wednesday, October 11th



Choir Practice

**Choir practice will be
this Thursday, the
14th at
8am. We will meet
Mr. Alessi in the gym.**

Saint Stephen's Beekeepers Club Parent/Legal Guardian Permission Slip 2023-2024

Dear Parent/Legal Guardian

As our new school year starts, it's time to start winding down our current season of beekeeping. We were very fortunate this year and were the recipients of a grant that will allow us to expand our beekeeping program. We'll need to ensure that our equipment is ready to go, and we have lessons we need to learn before we get started when spring arrives. Not to be forgotten is getting our two beehives ready for the long winter ahead.

Your student is eligible to participate in the St. Stephen's Beekeepers Club sponsored by St Stephen's R.C. Church. Mr. Kenline will provide the guidance and supervision for the students in the Beekeepers Club. During the year, the Beekeepers' Club will meet Wednesday afternoon each week from 3:30 p.m. to 4:30 p.m. in the Science Lab to learn about the basics of beekeeping, and to become familiar with honeybees and what they need to survive. We'll also be taking care of equipment and getting everything ready for next spring. A lot will depend on the weather when it comes to working with the bees, but we'll deal with those challenges as they arise. One thing you need to know is that beekeeping is not something that runs on a timetable or a set of instructions, a lot of it is "beeing" flexible.

If your child is interested in participating in the club, please complete the statement of consent and release from liability and medical release information at the bottom of this letter. As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result from actions taken by your student.

Liability Release

I/We recognize and acknowledge there are risks in my child's presence and participation in the above mentioned club. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against St. Stephen's R.C. Church and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and/or from the club meetings, or in connection with any claims arising out of or caused by any activity my child participates in during club activities.

Medical Release

Our permission is hereby given to the representative of S. Stephen's R.C. Church to authorize by his/her signature, whatever medical or surgical treatment may be necessary in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the participant designated below.

Student Participant

Parent's Name/Signature

Address

Telephone Number

Emergency Contact/Telephone Number

Primary Care Physician/Phone Number

Health Insurance Company/Plan #/ID # _____

Allergies, Reactions, or other pertinent medical information: _____

I would be interested in assisting with the St. Stephen's Beekeepers Club: _____

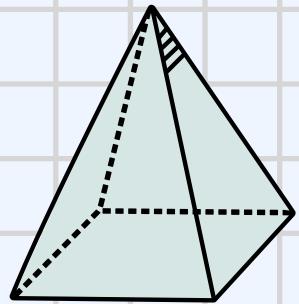
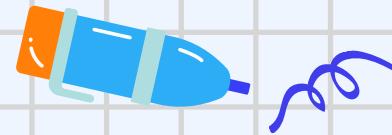
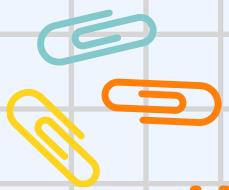
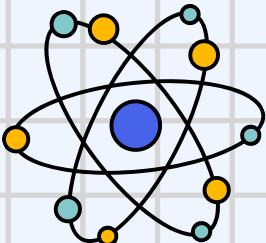
Please contact me at: _____

Please contact me at kenlinep@ststephensi.org if you have any questions or would like to join us. Thanks, Mr. Kenline

Uniform Closet is always open!

We have plenty of nice, gently used clothing pieces in various sizes that are available for free!

For any questions or assistance, please contact Mrs. Lauren Krebs
sssuniformexchange@ststephensi.org



HSA Notes

September 13, 2023

HSA will be holding our first parent meeting of the school year.

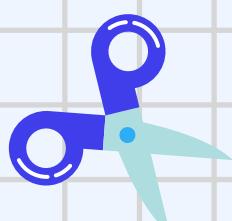
We will be discussing fundraising ideas, events, and how you can get involved.

All are invited and encouraged to attend!

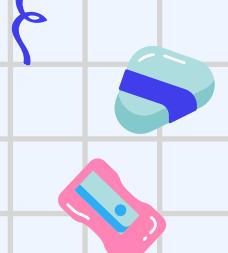
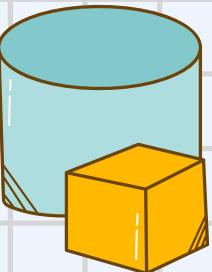
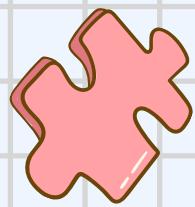
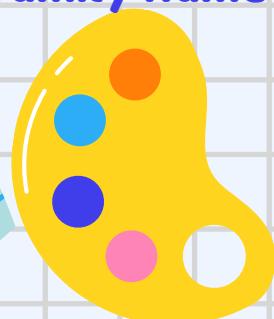
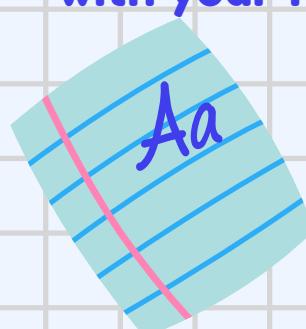
THURSDAY, SEPT. 28

5:30 P.M.

SCHOOL CAFETERIA



Please return all candy bar money/checks in the provided envelope with your family name on the front.



EVENT
EMCEE:
ARTY
PARTY 716

ADULT
21 & OVER
EVENT



DON'T
FORGET YOUR
SNACKS,
COOLERS
AND SINGLES!



Costume
Contest For
Those Who
Dare!

MEAT RAFFLE

SATURDAY
OCTOBER 28



DOORS OPEN @
615PM
FIRST DRAW @ 7PM

12 ROUNDS • 3 SPINS PER ROUND • 3 BONUS ROUNDS
GRAND FINALE • BLACKSTONE RAFFLE • 50/50 & MORE

PRE-SALE: \$15/TICKET OR TABLES OF 8 FOR \$110
NIGHT OF EVENT: \$20/TICKET

EACH TICKET INCLUDES:

UNLIMITED POP, 2 ALCOHOLIC BEVERAGES & A SLICE OF PIZZA

CASH BAR AVAILABLE

No OUTSIDE ALCOHOL ALLOWED



ST. STEPHEN SCHOOL
2080 BASELINE ROAD
GRAND ISLAND, NY 14072

Blackstone Bundle Raffle

Raffle to be held at the
St. Stephen School
Meat Raffle

October 28, 2023



****Do NOT need to be present to win****

Tickets can be ordered by returning the below slip and payment to the school main office **NO** later than **October 26, 2023** OR Scan to purchase.

Cash or Check (made out to St. Stephen School) accepted.

Name: _____ Phone: _____

Childs Name and Class for tickets to be sent home: _____

Number of Tickets: 1 for \$10 _____ 3 for \$25 _____

Amount Enclosed: _____

If you have any questions, contact Danielle Burngasser at 716-870-7097

ATTENTION

CALLING ALL VENDORS & CRAFTERS

OVER 70
VENDOR
SPOTS
AVAILABLE!

SPACES
STARTING
AT \$30!

Shopping Extravaganza

**November 11, 2023
9am - 3pm**

**St. Stephen School
2080 Baseline Road
Grand Island, NY 14072**

Reserve your spot today!
Send Email To:
ststephenhsa@yahoo.com

OVER 350 CUSTOMERS THROUGH THE DOORS!

Protecting God's Children

Workshop

St. Stephen Church

Hospitality Room

Wednesday,

October 25, 2023

6 p.m.

Register online at:

Buffalodiocese.org

Date Withdrew _____

Grand Island Central School District

F _____ R _____ D _____

2023-2024 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **716-773-8847**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Grand Island Central School District**
1100 Ransom Road
Grand Island, NY 14072

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).

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 income for each source in whole dollars only. If they do not receive income from any other 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 household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-_____

 I do not have a SS#

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or LatinoRace (Check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)

Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster
 Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
 Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to Food Service office, 1100 Ransom Road, Grand Island, NY 14072. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: 716-773-8800. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in **your household**. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) **An adult household member must sign the application in PART 4.**

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: 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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

