

## The Stratford Star






## School Lunch Program

1996-97
ParenvGuardia
NATIONAL SCHOOLLUNCH PROGRAM/SCHOOLBREAKFASTPROGRAM
The Stratford Independent School District serves meals each school day. Children may buy
lunch for (Elem/Jr. High) $\$ 1.25$, (High School) $\$ 1.50$, all breakfasts for $\$ 1.00$. Children ay also get meals free or at a reduced price.
If you now get food stamps or AFDC for your children, your children can get free meals. If your total household income is the same or less $t$ han
 TO GET FREE OR REDUCED-PRLCE MEALS FOR YOUR CHIDREN, YOU MUST COMPLETE AN APPLICATION AND
RETURNITTO THE SCHOOL WE CANNOTAPPROVEANAPPLICATIONTHATISNOT COMPLETE.

| HOW TO APPLY |  | INCOME | CHART |  |
| :---: | :---: | :---: | :---: | :---: |
| If you now get food stamps or AFDC for the children you are applying | Household Size | Annual | Monthly | Weekly |
| for, the application must have the children's names, a food stamp or AFDC | 1. | ..14,319... | ..1,194... |  |
| case number for each child, and the signature of an adult household member. |  | ..19,166... | 1,598 |  |
| If vou are apolving for a foster child, the application must have the |  | ..24,013... | 2,002 | . 462 |
| child's name, , he child's "personal use" income. and an adult signature. |  | 28,860. | 2.405 | 555 |
| If you do not list a food stamp or AFDC case number for all children you |  | ..33.707... | 2.809 |  |
| are applying for, then the application must have the children's names, the |  | . 38.554 | 3.213 | 742 |
| names of all household members, the amount of income each person gol last |  | +33.01. | ${ }^{3} .617$ | .835 |
| month and where it came from, the signature of an adult household mem- |  | +18.248 | 4.021... |  |
| ber, and that adult's social security number or the word "none" if the adult | For each |  |  |  |
| does not have a social security number. |  | ++4.477 | +404 | +94 |

Verification: Your elifibility may be checked at any yime during the school year. School officials may ask you to send papers showing tha
vour children should get free or reduce-price mens.
F.ir Hearing. You may talk to school officials if fyou do not agree with the school's dccision on your application or the results of venificaion

Address P. O. Box 108 stratford, iX 70184
Phonc 'ary Elementary

 nformation.


allocation and evaluation purposes.


Handicapped: Meal substiutionsat no oddditional cost for chluldren who mect.
INTHEOPERATIONOFTHE CHID FFEEDINGPROCRAMS. NOCHLLD WILLEDEDISCRMINATED AGAINSTBECAUSEOFRACE SEX
COLOR. NAATONAL ORIGIN. AGE OR HANDICAP. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST. WRIT COLOR, NATIONAL ORGIN. AGE OR HANDICAP. IF YOU BELIEVE YOU HAVE B
IMMEDIATELYTOTHE SECRETARY F AGRICULTURE. WASHINGTON.D. 20250 .


1996-97 APPLICATION FOR FREEANDREDUCED-PRICEMEALS(Multi-Child)
To apply for froe and reducod-price meals, complece this application, sign your name and return the application to the school. Call the schooi
if you need help. "(806) $396-2612$ Elementary
( 806 ) $396-5305$



## School Lunch Program <br> Cont. on Pg. 6

PROGRAMA NACIONAL DE ALMUERZOS ESCOLARES/PROGRAMA DE DESAYUNOS ESCOLARES Estimado padre o tutor:
La escuela Stratford ISD sirve coridas todos los dias del ciclo escolar. Loos ninnos puedan calprar el almerzo por grad

 sifvase comunicarse con nosotros para obtener mâs informació
 PARA OBTENER COMIVAS GRATIS OA PRECIOS REDUCIDOS PARA SUS HIJOS, USTED DEBE LLENAR UNA SOLCITUD
YENIARLA A LA ESCUELA. NO PODREMOS APROBAR NINGUNA SOLIITUD UUE NO ESTE COMPLETA.




 Sasacter confidencial: Los funcionarios escolares solo u un












 PEASON FOR ELGIBLITY CHANGE: INCOME - HOUSEHOLD SIZE REFUSED TO COOPERATE - OTHER -

NATIONAL SCHOOL LUNCH AND CHILD NUTRITION PROGRAMS 1996-97 INCOME ELIGIBILITY GUIDELINES

| family | WNO | $14$ |  | HIXY |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| sIze | FREE | $\begin{aligned} & \text { REDUCED } \\ & \text { PRICE } \\ & \hline \end{aligned}$ | FREE | $\begin{gathered} \text { REDUCED } \\ \hline \end{gathered}$ | FREE | $\begin{gathered} \text { REDUCED } \\ \hline \end{gathered}$ |
| 1 | \$10,062 | \$14,319 | \$839 | \$1,194 | \$194 | \$276 |
| 2 | 13,468 | 19,166 | 1,123 | 1,598 | 259 | 369 |
| 3 | 16,874 | 24,013 | 1,407 | 2,002 | 325 | 462 |
| 4 | 20,280 | 28,860 | 1,690 | 2,405 | 390 | 555 |
| 5 | 23,686 | 33,707 | 1,974 | 2,809 | 456 | 649 |
| 6 | 27,092 | 38,554 | 2,258 | 3,213 | 521 | 742 |
| 7 | 30,498 | 43,401 | 2,542 | 3,617 | 587 | 835 |
|  | 33,904 ${ }^{3}$ | $48,248{ }^{\circ}$ | 2.826 | 4,021 | 652 | 928 |
| 9 | 37,310 | 53,095 | 3,110 | 4,425 | 718 | 1,022 |
| 10 | 40,716 | 57,942 | 3,394 | 4,829 | 784 | 1,116 |
| 11 | 44,122 | 62,789 | 3,678 | 5,233 | 850 | 1,210 |
| 12 | 47,528 | 67,636 | 3,962 | 5.637 | 916 | 1,304 |
| For each additional family member add$+\$ 3,406 \quad+\$ 4,847$ |  |  | + \$284 | + $\$ 404$ | +\$66 | + \$94 |

## School Lunch Cont.

1996-97 APPLCATIONINSTRUCTIONS (Multi-Child)

PART 1-STUPENT INFFRMATIN: ALL HOUSEFHOLDS COMPLETE THS PART.
(1) Lisint the nemese of the chidrea you are applying for

PART 2-HOUSEHOLDS GETTING FOOD STAMPS OR AFDC: COMPLETE THIS PART and PARTS
(1) List aurrent food stamp or AFDC Case umber for ench child

PART 3- HOUSEHOLDS WITH A FOSTER CHLLD: COMPLETE THIS PART and PART 5 - A foserec child is the legal
 PART 4- Do ono tist any other chididenen houseshold members or income
 sthool fers, and allowneses an:
tine or egulur part-imine jobs.
PART 4-ALL OTHER HOUSEHOLDS: COMPLETE THIS PART and PARTS.


 persono s susual monaly income $(3)$ An aduth houschold member must 5 ign the application and give hisher social sccurity number in PART 5 .
To figure Monthly Income: Weekly $\times 4.33$ Every 2 Weeks $\times 2.15$ Twice a Month $\times 2$ PART 5-SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.
(I) All applications must have the signature of an adult household member.
(2) The appliction must have the scial security number of the dallt thos signs. If the adult does not have a social security

PART 6-RACIAL/ETHNICIDENTITY: Complete he racia/ecthic identity question if you wish. You are not requir
this question to get free or reduced-price meals. We need this information to make sure that everyone is tranted fairly.
INCOME TOREPORT


1996-97


PARTE 2: GRUPOS FAMILARES QUE RECIBAN CUPONES DE ALIMENTOS O AFDC:
11. idique





 egrante adulto del grupo familiar deberá firmar la solicitude indicar su número de seguridad social en la PARTE

PARTE 5: FIRMA Y NUMERO DE SEGURIDAD SOCIAL: TODOS LOS GRUPOS FAMLLARES DEBEN LLENAR ESTA PARTE,
 je aimentos $A$ AFOD.
je seguridad social.
 aras asegurarnos de que todos sean tratacosos en torma equitativa.

perty Tax Rates
This notice concerns 1996 property tax rates for listed entities. It presents information about three tax rates. Last year's tax rate is the actual rate the rate would impose the same total taxes as last year if you compare propective tax in both years. This year's rollback tax rate is the highest tax rate the taxing unit can set before taxpayers can start tax rollback procedures. In each case the rates are found by dividing the total amount of taxes by the tax base (the total value of taxable property) with adjustments as required by state law. The rates are given per $\$ 100$ of property value.

Last year's lax rale:
Last year's operaling taxes

- Last year's debt laxes
- Last year's total taxes
$\div$ Last year's lax base
- Last year's lotal tax rate

| City/Stratford | City/Texhoma | Hosp/Stratford | Hosp/Texhoma |
| :---: | :---: | :---: | :---: |
| 5 268,220 | \$ 15,531 \$ | 445,354 | 7,940 |
| -0- | 5 -0- | -0- | -0- |
| 268,220 | \$ 15,531 | 445,354 | 7,940 |
| \$ 31,800,674 | S $\quad 5,065,080$ | 198,738,544 | 9,399,270 |
| S | S . $30663 / 5100$ s | . 22409 /5100 | . 01 15100 |
| S 266,581 | 15,520 | 444,501 | 7,931 |
| \$ $32,063,720$ | $5 \underline{5,142,220}$ | 80,522,122 | 84,372,570 |
| S . $833141 / 5100$ | \$ . $30181 / 5100$ | . $24623 / 8100$ | . $00939 / 5100$ |
| S.85635 / 100 | S . $31086 / 5100$ | $\ldots .25361 / 5100$ | . $00967 / 5100$ |

This year's effective lax rale: Last year's adjusted laxes
(after sublracting laxes on lost property)

- This year's adjusted tax bas
(after subbracting value of new property)
$=$ This year's effective lax rale
x $\quad 1.03=$ maximum rate unless unil publishes notices and holds hearing
s.85635 / $\$ 100$ s . $31086 / 5100$ s . $25361 / 5100$ s . . $00967 / \$ 100$

This year's rollback lax rale: Last year's adjusted operating laxes (after subtracting laxes on lost property)
$\div$ This year's adjusted tax base
= This year's effective operating rat
$\times 1.08=$ this year's maximum operaling rale

- This year's debir rale
- This year's rollback rate Mainered Fund Balances Haintenance and Operation fnterest and Sinking
Debt Service
Description of Debt
Principal to Be Paid
Interest to Be Paid
Total Payment
Total Required for 1996 Debt Ser.
Amount, if any, paid from un-
encumbered funds
Excess Collections Last Year
Total to be Paid From 1996 Taxes
Total Debt Service Levy
This notice contains a summary of actual effective and rulloack tax rate calculations. You can inspect a copy of the full calculations at the Appraisal District Office, 402 N. Third, Stratford, Texas
Mame of Person Preparing this Notice
Title Chief Appraiser
Date 07-29-96

hriftway Hwy 54 Stratford, TX Date: Wed. August 14 Photo Hrs.: 9-6


Red blood cells are




