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August 13, 2024

Dear Eagle Families,

Welcome back to a new and exciting school year at Mason Consolidated Schools! We are thrilled to have our kiddos back in the buildings soon and can't wait to kick off the year with our Open House on August 28th from 4-6 pm. This is a wonderful opportunity for students and families to meet teachers, explore classrooms, and get ready for the year ahead.

We also have a couple of other important dates to keep in mind:

- The Freshman Kickoff Event will be held on August 22nd from 8:00 – 10:00 am. This is an essential event for our 9<sup>th</sup> grade students to get acclimated to and start their journey with confidence.
- High School Student Registration Day is also on August 22nd. Please see the District website for more information on times. Please make sure to attend to get your child's picture taken, receive their schedule, complete all necessary paperwork, pay fees, and any other preparations for the upcoming school year.

This year, we are delighted to welcome seven new teachers, a Student Advancement Coordinator, and five new aides to our Eagle Nation family. We are excited for you to meet them and witness the enthusiasm and fresh perspectives they bring to our school community.

Over the summer, we have been hard at work on various projects in anticipation of our students' return. We believe these improvements will enhance the learning environment and provide our students with the best possible educational experience.

Please note that we have fewer late starts this year, with only six scheduled, and they will all be two-hour late starts. These sessions are crucial as they allow our teachers to collaborate, review, and revise best practices in teaching and learning to meet the needs of our amazing kiddos.

Attached, you will find the school calendar for this year. Please review it and plan accordingly to ensure a smooth and successful school year.

**Finally, Mason Consolidated Schools is again able to provide free breakfast and lunch to ALL students, but we need your help. PLEASE fill out and return the Education Benefit Form you'll find at the bottom of this email. This form helps our district with eligibility for additional funding, grants, and family supports. Completing the Education Benefits Form is a simple and confidential process that is critical for our district. This form should be returned to your child's building office staff by September 13th. Thank you!**

We can't wait to see you all soon and start another fantastic year together. Welcome back to Eagle Nation!

Warm regards,

Kelli Tuller, Superintendent

## MCS 2024 – 2025 District Calendar

	Students Days	Staff Days
<b>August/September</b>	<b>* 21</b>	<b>21</b>
Welcome Back Convocation – 8:00 – 9:30 a.m.	August 27	
EMEA Meeting -9:30-10:00 a.m.		
Building Level Meetings -10:00-11:00 a.m.		
Mentor/Mentee District Wide Meeting -12:30-2:00 p.m.		
*Staff PD- 9:30 – 3:15	August 28	
Districtwide Open House 4:00 – 6:00	August 28	
First Day with Students	September 3	
Students Half Day/Staff PD	September 25	
<b>October</b>	<b>23</b>	<b>23</b>
Fall Pupil Count Day	October 2	
All Students 2-Hour Late Start	October 9	
Students Half Day AM- Parent- Teacher Conferences	October 24	
Parent-Teacher Conferences Central Elementary		
12:15 – 3 :15 & 4:00 – 7:00		
Parent-Teacher Conferences Middle School/High School		
11:30 – 2:30 & 3:00 – 6:00		
<b>November</b>	<b>*19</b>	<b>19</b>
*No School –Staff PD 8:30 – 2:15	November 1	
End of 1 <sup>st</sup> Qtr. Middle & High School	November 1	
All Students 2-Hour Late Start	November 13	
End of 1 <sup>st</sup> Trimester Central Elementary	November 27	
Students / Staff Half Day AM	November 27	
Thanksgiving Recess (No School)	November 28-29	
<b>December</b>	<b>15</b>	<b>15</b>
Winter Break Begins (No School)	December 23	

January	*20	20
Classes Resume	January 6	
End of 2 <sup>nd</sup> Qtr. Middle & High School	January 17	
*No School –Staff PD 8:30 – 2:15	January 20	
February	19	19
All Students 2-Hour Late Start	February 5	
Spring Pupil Count Day	February 12	
President’s Day (No School)	February 17	
March	16	16
End of 2 <sup>nd</sup> Trimester Central Elementary	March 7	
All Students 2-Hour Late Start	March 12	
End of 3 <sup>rd</sup> Qtr. Middle & High School	March 21	
Spring Recess Begins (No School)	March 24	
School Resumes	March 31	
April	21	21
No School	April 18	
All Students 2-Hour Late Start	April 30	
May	21	21
All Students 2-Hour Late Start	May 14	
Students / Staff Half Day AM	May 23	
Memorial Day (No School)	May 26	
June	5	5
MSSH Commencement (Outside)	June 1	
MSSH Commencement Rain Date (Outside)	June 2	
Students / Staff Half Day AM	June 5	
Last Day with Students / Staff Half Day AM	June 6	
Total Days:	*180	180

\*Professional development dates used as instructional days and hours for students

# EDUCATION BENEFITS FORM SY 2024 - 2025

District: \_\_\_\_\_ School: \_\_\_\_\_

**Part A: STUDENT INFORMATION** - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

**Part B: BENEFITS RECEIVED** (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$19,578	<input type="checkbox"/> Between \$19,579 and \$27,861	<input type="checkbox"/> At or above \$27,862
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$26,572	<input type="checkbox"/> Between \$26,573 and \$37,814	<input type="checkbox"/> At or above \$37,815
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$33,566	<input type="checkbox"/> Between \$33,567 and \$47,767	<input type="checkbox"/> At or above \$47,768
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$40,560	<input type="checkbox"/> Between \$40,561 and \$57,720	<input type="checkbox"/> At or above \$57,721
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$47,554	<input type="checkbox"/> Between \$47,555 and \$67,673	<input type="checkbox"/> At or above \$67,674
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$54,548	<input type="checkbox"/> Between \$54,549 and \$77,626	<input type="checkbox"/> At or above \$77,627
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$61,542	<input type="checkbox"/> Between \$61,543 and \$87,579	<input type="checkbox"/> At or above \$87,580
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$68,536	<input type="checkbox"/> Between \$68,537 and \$97,532	<input type="checkbox"/> At or above \$97,533

**\* Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**  
 Household size (# people): \_\_\_\_\_ Total annual income: \_\_\_\_\_

**Part E: CERTIFICATION** - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Address) (City) (Zip)

\_\_\_\_\_  
(Email Address) (Home Phone) (Work Phone)

**Do NOT fill out this section. This is for school use only.**  
 Status: F \_\_\_\_\_ R \_\_\_\_\_ N \_\_\_\_\_ Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM**

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

**Part A: Student Information** – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

**Part B: Benefits Received** – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

**Part C: Household Size** - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

**Part D: Annual Household Income** – Skip this part

**Part E: Certification** - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

**Part A: Student Information** - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

**Part B: Benefits Received** – Skip this part

**Part C: Household Size** – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

**Part D: Annual Household Income** – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

**Part E: Certification** - Sign the form. Print your name, date, and contact information.

# Michigan Education Benefits Form

## 1. What is the Education Benefits Form?

The Education Benefits Form is a household form for families to complete. Even though our district will be serving meals at no cost to all this year, we still need every family to complete this form, as it is used to determine how much education funding our district will receive.

## 2. Why should I fill out the Education Benefits Form?

- **SCHOOL FUNDING.** We need all families to fill out this form so that our district receives the necessary resources to continue to provide all students with the highest quality education, including funding for things like computers, books, school supplies, and more.
- **TECHNOLOGY FUNDING.** Our district receives more funding for internet access and computers.
- **GROCERY BENEFITS.** Filling out this form may help provide your family with money for groceries through P-EBT.
- **SAT, ACT, AND AP TEST DISCOUNTS.** If your household qualifies, you can receive discounts for academic testing.
- **COLLEGE APPLICATION DISCOUNTS.** If your household qualifies, you can receive discounts for college application fees.
- **ATHLETICS.** If your household qualifies, you may receive discounts for fees associated with participating in athletics.

**3. How do I access the Education Benefits Form?** A printed form can be obtained from the school office, it can be downloaded from our website, or it can be completed online in Meal Magic.

## 4. Do I need to fill out the Education Benefits Form for each student?

No, only one (1) form per household needs to be completed. Please include the names of all students enrolled in our district on the form.

**5. Is the information I provide on the Education Benefits Form confidential?** Yes, the personal information you provide on the Household Information Report is kept strictly confidential.

## 6. When do I need to complete the Education Benefits Form?

Please complete the form by \_\_\_\_\_ **Friday, September 13<sup>th</sup>, 2024** \_\_\_\_\_.

## 7. Who do I contact if I have questions?

Dawn Nieuwkoop

Director of Finance

734.848.9302

nieuwkoop@eriemason.k12.mi.us

Why fill out Mason Consolidated Schools Education Benefits Form?

## SCHOOL FUNDING

When everyone fills out the form, MCS receives the necessary funding to provide all students with the highest quality education.



### TECHNOLOGY FUNDING

MCS receives more funding for internet access and computers.



### COLLEGE APPLICATION DISCOUNTS

If your household qualifies, you can receive discounts for college application fees.



### ATHLETICS

If your household qualifies, you may receive discounts for fees associated with participating in athletics.



### SAT, ACT, AND AP TEST DISCOUNTS

If your household qualifies, you can receive discounts for academic testing.



### GROCERY BENEFITS

Filling out this form may help provide your family with money for groceries through Summer EBT.

CONTACT INFO-Dawn Nieuwkoop 734.848.9302 or  
nieuwkoop@eriemason.k12.mi.us

Get ongoing updates from Michigan School Meals at [bit.ly/MISchoolMeals](https://bit.ly/MISchoolMeals)

## Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Education Benefits Form, your child may qualify for other programs. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free (or reduced-price meals, if applicable).

Yes! **I DO** want school officials to share information from my Education Benefits Form with:

- Pay to Participate (Athletics and Clubs).
- Programs that provide food support (weekend backpacks, holiday meals, etc.).
- Programs that provide field trip support (reduced rates or scholarships for field trips).
- Programs that provide school supplies or assist with school fees (filled backpacks and supplies from the requested supply list, testing fees).
- Programs that provide holiday support (meals, holiday gifts, opportunity for children to shop for gifts at no cost).

If you check "Yes" to any or all the boxes above, please fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**For more information, you may contact** Dawn Nieuwkoop at 734.848.9302 or [nieuwkoop@eriemason.k12.mi.us](mailto:nieuwkoop@eriemason.k12.mi.us).

### USDA Nondiscrimination Statement

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: [USDA Program Discrimination Complaint Form](#), 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](mailto:program.intake@usda.gov)
- This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

**Return this form to: Your student's school office or the Business Office (in the HS).**