



PARENT / STUDENT HANDBOOK

2022-2023

Empathy

Perseverance

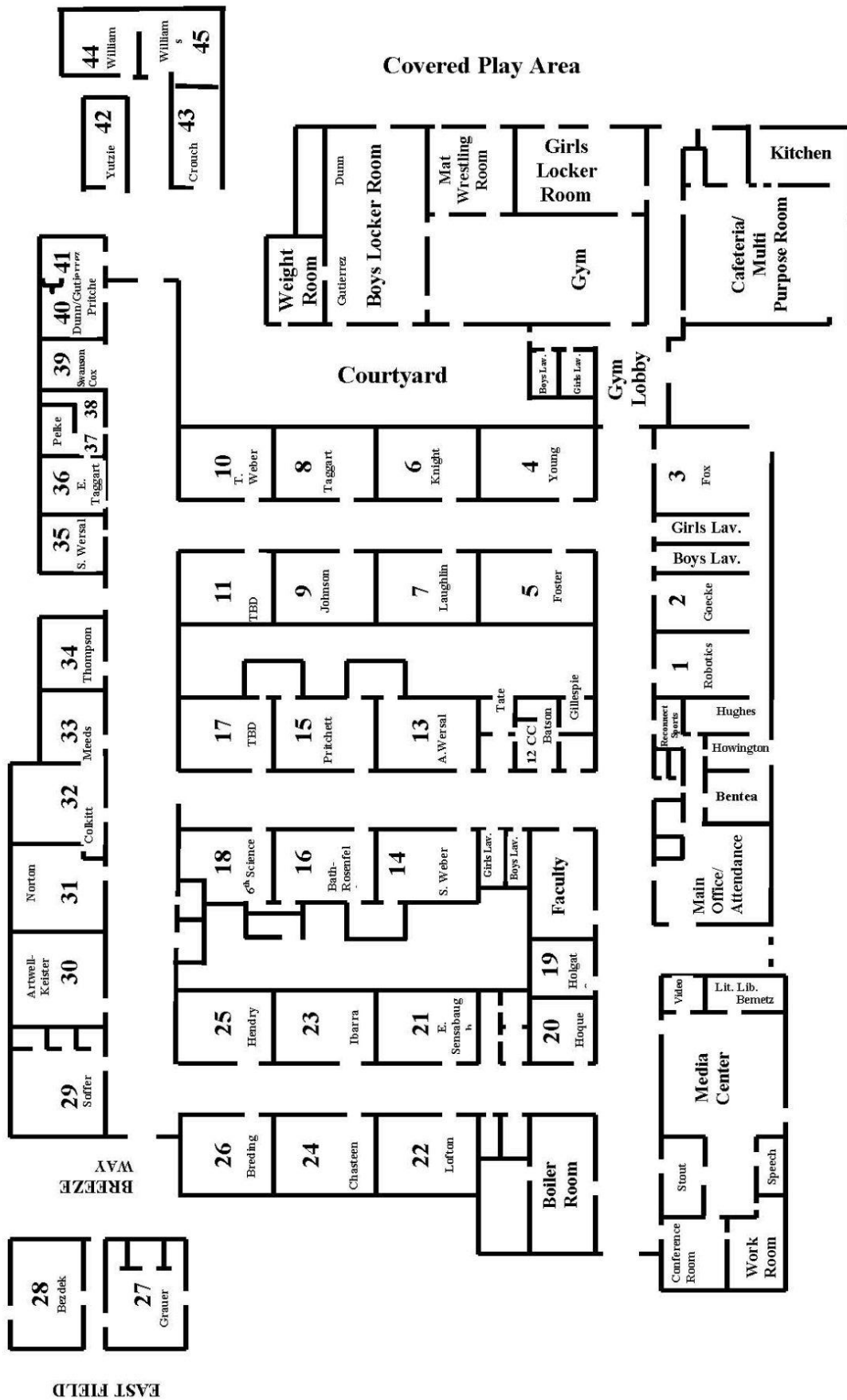
Integrity

Community

We strive to be... **EPIC**

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John C. Fremont Middle School



2022-23 SCHOOL CALENDAR

Revised 2.9.2022
Start before Labor Day
177 Student Days

JULY 2022

S	M	T	W	T	F	S
					1	2
3	4 C	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24 31	25	26	27	28	29	30

AUGUST

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18 NO	19	20
21	22 AP	23 AP	24 AP	25 AP	26 NC	27
28	29	30	31 ER		E-3	S-3

SEPTEMBER

S	M	T	W	T	F	S
				1	2	3
4	5 H	6	7 ER	8	9	10
11	12	13	14 ER	15	16	17
18	19	20	21 ER	22	23	24
25	26	27	28 ER	29	30	E-21 S-21

OCTOBER

S	M	T	W	T	F	S
2	3	4	5 ER	6	7	8
9	10	11	12 ER	13	14	15
16	17	18	19 ER	20	21	22
23	24	25	26 ER	27	28 AP	29
30	31				E-20	S-20

NOVEMBER

S	M	T	W	T	F	S
		1	2 ER	3 CONF	4 CONF	5
6	7	8	9 ER	10	11 H	12
13	14	15	16 ER	17	18	19
20	21	22	23 H	24 H	25 H	26
27	28	29	30 ER		E-18	S-18

DECEMBER

S	M	T	W	T	F	S
E-12	S-12			1	2	3
4	5	6	7 ER	8	9	10
11	12	13	14 ER	15	16	17
18	19 V	20 V	21 V	22 V	23 CV	24
25	26 H	27 V	28 V	29 V	30 CV	31

JANUARY 2023

M	T	W	T	F	S
1	2 H	3	4 ER	5	6
8	9	10	11 ER	12	13
15	16 CV	17	18 ER	19	20
22	23 AP	24	25 ER	26	27
29	30	31			E-19

FEBRUARY

S	M	T	W	T	F	S
			1 ER	2	3	4
5	6	7	8 ER	9	10	11
12	13	14	15 ER	16	17	18
19	20-NC Makeup	21	22 ER	23	24	25
26	27	28			E-19	S-19

MARCH

S	M	T	W	T	F	S
			1 ER	2	3	4
5	6	7	8 ER	9	10	11
12	13	14	15 ER	16	17	18
19	20	21	22 ER	23	24 AP	25
26	27 V	28 V	29 V	30 V	31 V	E-17 S-17

APRIL

M	T	W	T	F	S
					1
2	3	4	5 ER	6 CONF	7 CONF
9	10	11	12 ER	13	14
16	17	18	19 ER	20	21
23 30	24	25	26 ER	27	28

E-20 S-20

MAY

S	M	T	W	T	F	S
	1	2	3 ER	4	5	6
7	8	9	10 ER	11	12	13
14	15	16	17 ER	18	19	20
21	22	23	24 ER	25	26	27
28	29 H	30	31 ER		E-22	S-22

JUNE

S	M	T	W	T	F	S
				*1	2	3
4	5	6	7 ER	8	9 AP	10
11	12 M	13 M	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	E-6 S-6

Last student day:
Elementary – June 8 / Secondary – June 8

H	Holiday for all Employees
V	School Vacation
C	Holiday - (12 Month Employees)
NC	Non-Contract Day
M	Makeup Day to be used in the event of Emergency School Closure
NO	New Teacher Orientation
ER	1-hour Early Release for students / Afternoon Staff Development

CONF	Elementary and Middle School Conferences
🎓	Roseburg High School Commencement: June 3, 2023
AP	All Teacher Planning Day (No School for Students)
CONF	Elementary, Middle and High School Student Conferences

August 18	New Teachers Orientation	February 20	Makeup Day / Non-Contract Day for Teachers
August 22	All Teachers Report to Work	March 24	End of Third Report Period (42 Days)
August 26	Non-Contract Day	March 27-31	Spring Break
August 29	Classes Begin	April 3	Classes Resume
October 28	End of First Report Period (43 Days)	June 3	RHS Graduation
December 19	Winter Break Begins	June 8	Last Pupil Day (48 Days)
January 3	Classes Resume	June 9	Last Teacher Contract Day
January 16	Martin Luther King, Jr Day (School Vacation)	June 12 & 13	Makeup Day / Non-Contract Day for Teachers
January 23	End of First Semester (44 Days)		

Elementary

Planning/Grading days (8) August 22, 23, 24, 25; Oct. 28; Jan. 23; March 24; June 9
Conference days (4) Nov. 3 and 4; April 6 and 7

Middle School

Planning/Grading days (8) August 22, 23, 24, 25; Oct. 28; Jan 23; March 24; June 9
Conference days (4) Nov. 3 and 4; April 6 and 7

High School

Planning/Grading days (8) August 22, 23, 24, 25; Oct. 28; Jan 23; March 24; June 9
Conference days (2) Nov. 3 and 4

Paid Holidays

September 5 Labor Day
November 11 Veterans Day
November 24, 25 Thanksgiving
December 26 Christmas Holiday (Christmas falls on Sunday)
January 2 New Year's (New Year's Day falls on Sunday)
May 29 Memorial Day
(7 days total)

Collaboration Time

Students will be released one-hour early each Wednesday, August 31, 2022, through June 7, 2023, to provide weekly professional development activities for staff. (37 days total)

¹ OAR 581-022-1620(8) The instructional time requirement for twelfth-grade students may be reduced by action of a local school board for an amount of time not to exceed 30 hours of instructional time.



CALENDAR 2022-2023

<u>August</u> 1 School Office Opens 17 Registration 7:30-6:00 22 Teachers Return to work 26 Non Contracted day for Teachers 29 Classes begin 29 Fall Sports Practice begins	<u>September</u> 5 Labor Day 8 Open House-6:30 pm 12 Fall sports 1st game week
<u>October</u> 17 Picture Retakes 28 End of 1st Quarter 28 Grading Day, No School	<u>November</u> 2 PM Conferences 3 Conferences All Day, No School 4 No School 11 Veterans Day, No School 23-25 Thanksgiving, No School
<u>December</u> 19- 30 Winter Break, No School	<u>January</u> 3 Classes Resume 16 Martin Luther King's Birthday, No School 23 End of 2nd Quarter 23 Grading Day, No School
<u>February</u> 20 President's Day, No School/ Makeup day if needed	<u>March</u> 24 End of 3rd Quarter 24 Grading Day, No School 27-31 Spring Break, No School
<u>April</u> 3 Classes Resume 5 PM Conferences 6 Conferences All Day, No School 7 No School	<u>May</u> 29 Memorial Day, No School
<u>June</u> 8 End of 4th Quarter 8 Last Day of School for Students 9 Last Contracted Day for Teachers 12-13 Makeup day if Needed	<u>July</u> School Closed <u>August 2022</u> 1 School Reopens

JOHN C. FREMONT MIDDLE SCHOOL

Mission Statement

Fremont will collectively build positive relationships while providing a safe learning environment where students are empowered to develop skills, knowledge, efficacy and citizenship through rigorous curriculum and outstanding teaching.

Superintendent of Schools

Jared Cordon

Address

850 West Keady Court
Roseburg, Oregon 97471

Administration

Principal- Ben Bentea
Assistant Principal- Jake Hughes

Phone

541-440-4055

Fax

541-440-4060

Instructional and Behavior Support

Karen Howington

Counselors

Buffie Gillespie
Jason Tate

Web Page-<https://fremont.roseburg.k12.or.us>

Facebook- Fremont Middle School

Instagram- fremontgenerals

School Mascot- The Generals

School Colors- Royal Blue and Gold

Roseburg School District

Strategic Plan

Roseburg Public School is dedicated to academic and personal success for every student.

PARENT / SCHOOL COMMUNICATION

Communication is critical to student success. Fremont parents can stay informed about our school and their students in the following ways:

- **Website:** Daily updates, calendar of school events, staff directory, links to useful resources: <https://fremont.roseburg.k12.or.us>
- **Email:** Your staff member's first initial and last name @roseburg.k12.or.us (i.e. bbentea@roseburg.k12.or.us) Please identify your student in the subject line.
- **ParentVue & StudentVue:** Allows parents or students to monitor their child's performance in all classes.
- **Facebook:** Fremont Middle School
- **Instagram:** fremontgenerals
- **Peach Jar:** Email notification regarding school news
- **Canvas:** Roseburg School Districts Adopted Learning Management System
- **Onecall:** Phone, email and text communication system

Effective communication with students, parents and community members is a top priority for the staff at Fremont Middle School. Please contact us with questions, suggestions or concerns.

Main Office

541-440-4055

Ben Bentea, Principal
Kelly Lucido, Office Manager
Dolly Finnie, Attendance/ Records Secretary

Student Services

541-440-4067

Jake Hughes, Assistant Principal
Karen Howington, Instructional & Behavior Support
Taryn Stribling, Reconnect/ Athletics Secretary

Counseling Office

541-440-4062

Jason Tate, Counselor
Buffie Gillespie, Counselor
Toni Batson, Secretary

Bus Information

First Student Transportation
District Transportation Office

541-672-4191

541-440-4048

John C. Fremont Middle School

VOICEMAIL- PHONE NUMBERS

2022-2023 School Year

Main Office/ Attendance ...440-4055
 Reconnect/ Athletics... 440-4067
 Fremont Website: <https://fremont.roseburg.k12.or.us>

Voicemail for Staff ...440-4056
 Counseling Center...440-4062
 Staff E-Mail Address: name@roseburg.k12.or.us
 I.e. bbentea@roseburg.k12.or.us

ADMINISTRATION:

440-4055

5457.....Ben Bentea, Principal
5455.....Jake Hughes, Assistant Principal
5456.....Karen Howington, Instructional & Behavior Support
5400.....Kelly Lucido, Office Manager
5464.....Dolly Finnie, Secretary (attendance/ records)
 Julie Dever, Permanent Sub

RECONNECT/ ATHLETICS:

440-4067

5454....Taryn Stribling, Secretary

COUNSELING CENTER:

#440-4062

5462....Jason Tate, Counselor M-Z
5463....Buffie Gillespie, Counselor A-L
5472....Toni Batson, Secretary
5465.... Samantha Jernstrom Mental Health Therapist

MEDIA CENTER:

#440-4063

5461....Check-out Desk
5459....Judy Wilton, Secondary Associate Librarian

SUPPORT SERVICES:

#440-4055

5446.... School Psychologist
5447....Heather Bemetz, Skills Trainer

DEVELOPMENTAL LEARNING CENTER

5444...Nathan Williams, DLC Teacher #440-4094
 Inst. Asst.: Erica White, Becky Killgore,
 Madison Mendoza Veronica De
 Marino, Taylor Hamilton

LEARNING RESOURCE CENTER:

#440-4041

5479....Gina Holgate, 7th/8th Math LRC
5439....Season Cox, 7th/8th Language Arts LRC
5402....Caitlyn Goecke 6th grade LRC

SECONDARY RESOURCE CENTER:

5443....Megan Crouch, SRC Teacher,
 Inst. Asst.: Jamie Banta, Kara Rosemeyer
5438....Leeza Pelke, IA/ paperwork manager
 Johnna Vanek, Becky Gates,
 Lisa Ewens, Julia Henry, Gretchen Lucido

ALTERNATIVE LEARNING CENTER:

#440-4071

5442....Tyler Yutzie, TAP Teacher
 Inst. Asst.: Kristin Flynn, Cherie Troutman

TECHNOLOGY COORDINATOR:

5448....Jason Stout, Computer Tech.

CUSTODIAL OFFICE:

Day 440-4055
 Night 440-4056

5452....Scott Gilley, Day Site Operator
 Tom Popham, Andrew McIntosh, Elton Sells

STAFF VOICEMAIL

5430....Stacey **Atwell Keister**, Choir/ Drama
5476....Robyn **Bath-Rosenfeld**, 7th Science/ Natural
 Resources
5428....Eric **Bezdek**, Applied Arts
5426....Cayla **Breeding**, 8th Language Arts
5424....Megan **Chasteen**, 7th Language Arts/ Journalism
5432....Steven **Colkitt**, 8th Math
5439....Season **Cox**, 7th / 8th Language Arts LRC
5443....Megan **Crouch**, SRC
5467/ 5440....David **Dunn**, 7th/8th PE
5405....TBD, 6th Language Arts
5403....Kirsten **Fox**, Graphic/ Fine Arts/ Yearbook/
5401....Kirsten **Fox**, Robotics
5402....Caitlyn **Goecke**, 6th LRC
5427....Tracy **Grauer**, Intro. to Woods
5467....Albert **Gutierrez**, 6th PE
5425....Evan **Hendry**, 7th Social Studies/ Leadership
5479....Gina **Holgate**, 7th/8th Math LRC
5420....Mike **Hoque**, 7th Social Studies/Leadership
5423....Rebecca **Ibarra**, 7th Math
5409....Joanna **Johnson**, 6th Language Arts
5406....Daron **Knight**, 6th Social Studies/ Film
5407....Tana **Laughlin**, 6th Math/ Science
5422....Chris **Lofton**, 7th Math
5433....Jeff **Meeds**, 8th Math
5431....Blake, **Norton**, 8th Social Studies/ Modern Issues
5440....Mackenzie **Pritchett**, Health/ PE
5468....Mackenzie **Pritchett** PE
5475....Rhiana **Pritchett**, 8th Science, Natural Resources
5471....TBD, 6th Social Studies/ Art
5421....Elise **Sensabaugh**, Technology
5429....Karalyn **Soffer**, Band
5439....Kathi **Swanson**, 8th Language Arts/ Instruction
 Coach
5408....Kari **Taggart**, 6th Math/ Science
5434....Vern **Thompson**, 8th Social Studies/ Modern
 Issues
5436....Ella **Waite-Taggart**, 8th Language Arts
5474....Samantha **Weber**, 7th/8th Science
5470....Tim **Weber**, 6th Math/ Science
5473....Austin **Wersal**, 8th Science
5435....Sarah **Wersal**, 7th Language Arts
5444....Nathan **Williams** DLC
404....Sara **Young**, 6th Math/ Science
5442....Tyler **Yutzie**, Turnaround Program

CAFETERIA:

#440-4070

5453....Angie Hall Cafeteria Manager
 Leann Loomis, Holly Foley,

GENERAL INFORMATION

EQUALITY OF OPPORTUNITY

The School District shall provide programs and activities based on equality for all students. No persons shall on the basis of religion, race, creed, color, personal life orientation, national origin, sex, marital status or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity administered or authorized by the Roseburg School Board. Distinctions on the basis of age are permitted where district policy, statutes, regulatory agencies and the welfare of the child or other children dictate.

The district will maintain and publish grievance procedures in the student handbook providing for prompt and equitable resolution of student complaints.

While parents have the option of placing their children in private schools or obtaining additional services (such as tutoring) from a private individual or organization, the district is not obligated to cover the resulting tuition or costs. If a parent wishes the district to consider a publicly funded private placement or private services, the parent must give the district notice and opportunity to propose other options available within the public school system before the private placement or services are obtained. Therefore, for any regular education, 504, or IDEA student, a parent must give notice either at the last IEP meeting prior to obtaining private services or in writing at least 10 business days prior to obtaining private service. The notice must include the parent's intent to obtain private services, the parent's rejection of the educational program offered by the district, and the parent's request that private services be funded by the district. Failure to meet these notice requirements may result in a denial of any subsequent reimbursement requests.

INSTRUCTIONAL PROGRAMS

Fremont Middle School student body is composed of 6th, 7th and 8th grade students. We understand that middle school level students are undergoing many intellectual, physical, social and emotional changes during this stage of development. Our Staff welcomes the opportunity to assist in this transition to adulthood.

To support the transition of 6th grade students, teachers are assigned in teams. Each teacher team consists of a math/ science teacher, a language arts and social studies teacher. The team classrooms are close in proximity to allow for cooperative activities and to assist students by providing easy access to both teachers throughout the school day. These teacher teams work in tandem to address the needs of the students by fostering a smaller learning community. Students also have the opportunity to participate in classes outside assigned core teams. Elective class offerings in drama, art, technology, band and choir. In addition to, or in lieu of electives, students may be provided targeted support programs to boost language arts, reading, behavior/ social skill and/ or math skill.

The 7th and 8th grade students are provided a program of instruction that includes core program courses (math, science, social studies and language arts) with elective options (band, choir, drama, wellness, technology, fine/applied arts, leadership, journalism and yearbook). Students have the opportunity to participate in physical education and health, as well as provided opportunities to experience the arts and/ or music. In addition to, or in lieu of electives, students may be offered targeted support classes to boost language arts, reading, behavior/ social skills and/ or math skills.

GENERAL INFORMATION

PERSONAL DEVELOPMENT PROGRAMS

Students receive instruction designed to address various social/ behavioral issues. Instruction is given to teach strategies to increase school success.

CLOSED CAMPUS

Fremont is a closed campus. Students are not permitted to leave campus without parent or guardian permission verified through the front office. Students who go home daily for lunch may do so only with the consent of their parents and notification to the front office.

VISITORS

Visitors must obtain permission to be on campus and check in at the Main Office before visiting any location on campus. Students from other schools are not permitted to be guests during the school day.

FREMONT ORGANIZATIONS

Ways for Parents/ Guardians to become involved:

Volunteer- There are many areas of the school where volunteers are needed in classrooms and at after school activities. Look for information at registration in August to sign up for specific activities or tasks.

Attend School Events- You are encouraged to attend and participate in decisions that affect the parents, students and programs at Fremont. Reminders about scheduled meetings will be sent in the weekly bulletin. .

Support and Participate in Fund-Raisers- The annual Walk-a-Thon in the fall is the main school-wide fundraiser used to support various programs and activities at Fremont.

PSA- Parents are encouraged to support Fremont's PSA. For more information contact our PSA at fremontpsa@gmail.com

HELPFUL INFORMATION

COUNSELING CENTER

Counseling Center staff are available to serve you in the following areas: academic and personal counseling, student schedules, medications/ first aid, homework issues, academic monitoring devices, problem solving and conflict resolution. Students requiring first aid should report to the counseling center for assistance.

DAILY BULLETIN

The bulletin will be read daily. The goal of the bulletin is to inform students and staff of celebrations and upcoming events. Item submissions can be done through email or dropped off in written form to the Reconnect Office.

EMERGENCY PROCEDURES

Fire drills are held monthly without warnings as required by law. In the event of a fire or earthquake drill, or an evacuation drill, a loud buzzer will sound in the halls. Students are to pay close attention to directions given by the adult in charge. Students and staff will exit the building in an orderly fashion through the emergency exit as posted in each classroom. Students will remain in the designated areas away from the building until a verbal announcement to return to the building is given. Other emergency procedures will be taught and practiced throughout the school year.

Individuals involved with initiating or setting off false school alarms will be referred to local law enforcement agencies for appropriate action under the city's Uniform Fire and Criminal Code. School disciplinary procedure will also be enforced.

SCHOOL CLOSURE

Occasionally during the winter, school is closed or delayed due to snow/ icy conditions. As soon as the superintendent determines that schools will be closed or delayed due to weather, a call will go out to all families via the One Call System, and local radio and television stations will be notified. Parents are encouraged to check the District website and click on [FlashAlert](#) for the most accurate information. Television and radio may also be a reliable source to obtain closure information.

FOOD SERVICE/ LUNCH PROGRAM

Breakfast and lunch are available to middle school students for no charge and includes an entree and milk or juice. If you do not want your student eating meals provided by Roseburg School District, please complete the Parental Authorization to Withhold Meals form and return it to Fremont Middle School. If your student chooses to have a second meal charge will be as follows: second meal \$3.50 and second milk \$0.50.

IMMUNIZATION

Parents must submit documentation of immunization against specified diseases for their child. Immunization against diphtheria, tetanus, whooping cough (D.P.T), polio, hepatitis A, hepatitis B and measles, mumps, rubella (MMR) are required by law for all children under age 14 who attend an Oregon public school. Varicella immunizations are also required unless the child has had chicken pox. In such cases, the month/ year of when the child had the disease needs to be reported to the school. Check with the local health department or your pediatrician for more information. School administrators are required by Oregon law to deny admission to children who are not immunized or who do not have completed exemption documentation.

INJURIES AT SCHOOL

If your student is injured on the school grounds, immediately report it to his/ her coach, supervising teacher or the nearest staff member. This is important as student accident insurance (which is an optional purchase) may not cover the treatment of injuries which are not promptly reported.

ILLNESS AT SCHOOL

Should your student become ill at school, we ask that they do the following:

1. If in class, ask the teacher for a pass to the counseling center. If between classes, report to the next class to get a pass (unless it is an emergency).
2. Check in with the counseling center secretary.
3. If the parent/ guardian approves the release from school, the student will be checked out by the parent/ guardian.
4. If the parent/ guardian does not approve the student's release from school, the student will be asked to return to class.
5. Students going home during the day due to illness must check out through the attendance office.

LOCKERS

Lockers will be optional for the 2022-2023 school year.

LOST AND FOUND

Articles found around school should be turned into the Main Office or placed on the lost and found cubbies located by the cafeteria. Lost items may be claimed in the office or by the cafeteria. Students are advised to mark all belongings. Lost and found clothing will be on display during parent conferences.

MEDIA CENTER

The Media Center is open daily during official school hours for students use, as well as before and after school. The Media Center is for individual and class study, research and reading. It is a quiet place. The Associate Librarian will aid students in processing and checking out materials. Check out is up to three items for a two-week loan. Items may be renewed. Students are required to complete an internet ethics course before being permitted to use the technology loaned for educational purposes only. In addition, all students will be asked to complete the "Google Apps for Education-Student Permission Form" this form requires a parent/ guardian signature.

MEDICATIONS

Medications of any kind, including aspirin, may not be provided by the school according to Oregon State Law. Written authorization from a parent and/or physician makes it possible for a student to take medicine during school hours. Please note that prescription medicines must be in the original prescription bottle. Only parents/ guardians can drop off and pick-up medications from the Counseling Center. Arrangements must be made through the Counseling Office for the storage and dispensing of medications.

HELPFUL INFORMATION

SCHOOL FEES

Required:

Non-returned athletic uniforms	\$25.00 to \$80.00
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Optional:

Second Milk	\$0.50
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Second Meal	\$3.50
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PE Uniform	\$15 Dri-fit shirt
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	\$15 shorts
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Students may purchase workout clothes designed with the school logo. A white plain T-Shirt and dark shorts are the required dress for class.

Pictures	\$6.00to \$44.00
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Accident Insurance	\$17.00 to \$48.00*
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24 Hour Accident Insurance	\$80.00 to \$196.00*
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Dental Insurance (24Hr. Accident)	\$19.00*
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Health Insurance	\$138.00*
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Yearbook/ Annual	\$20.00 to \$25.00
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There will be no admission fee for Roseburg Middle School students to RHS athletic events with a Student ID and that are accompanied by an admission-paying adult, with the exception of playoff games, proceeds of which are required by and paid directly to OSAA.

STUDENT ACTIVITIES

Fremont offers many opportunities for students to become involved in school activities, meet new friends, and have fun.

*Grade Level Celebrations

*Spirit Days/ Week

* Leadership

* National Honor Society

* Appreciation Activities

* School Assemblies

* Band/ Choir Concerts, Drama Productions

* Clubs

STUDENT EXPECTATIONS

Expectations

Empathy, **P**erseverance, **I**ntegrity, and **C**ommunity is always expected from students, staff, and visitors at Fremont. Expectations for classroom and school wide behavior are clearly defined by the Rules and Behavior Expectation matrix. Students are responsible for understanding and following all school rules throughout the school day, in the time traveling to and from school, and during school sponsored activities on and off the Fremont campus.

Student Rights:

1. To learn in a supportive environment.
2. To have their property and feelings respected.
3. To have clean and safe surroundings.
4. To share their feelings and perceptions in an appropriate manner.

Student Responsibilities:

1. To accept consequences for their own behavior
2. To respect and support the rights and feelings of others.
3. To put forth their best effort
4. To help maintain a safe and clean environment.
5. To respect school and other people's property.
6. To follow directions courteously and respectfully
7. To obey all school and district rules and policies.
8. To make choices which promote the well-being of themselves and others.
9. To refrain from public displays of affection such as hand holding and kissing.
10. To refrain from cheating. Cheating/ plagiarism is the act of knowingly submitting the work of others represented as his/her own. Cheating also includes the aiding and abetting of cheating by others. Students will be referred to an administrator for any act of cheating or plagiarism.

Fremont Middle School students and parents should note that the above information only highlights detailed policies taken from the Student Rights and Responsibilities Handbook published by the Roseburg Public Schools. Major offenses and other serious infractions, as well as the potential consequences for student offenders, are more fully described in the district handbook.

STUDENT EXPECTATIONS

MAJOR/SEVERE VIOLATIONS:

Major violations include the following: arson, fire alarm, and bomb threats
Assault (physical attack on another person)
Open defiance/ insubordination to adults in the building
Possession of fireworks- including lighter, matches, smoke/ stink bombs, firecrackers
Forgery of school documents
Harassment including sexual, threatening, intimidating and badgering
Theft
Vandalism
Gambling
Directed obscenity
Possession of lewd or inappropriate magazines or pictures
Lying/ cheating
Use of or possession of tobacco
Repetitive minor violations

ALCOHOL, DRUGS AND DRUG PARAPHERNALIA:

No student is to be in possession of, or under the influence of drugs, alcohol, or drug paraphernalia (pipes, containers, etc.) at any time while on or within 1000 feet of the school grounds or at any school sponsored activity. Students found to be in possession, selling, buying, or distributing drugs or alcohol on or adjacent to school grounds, or at any school sponsored activity, will be subject to suspension, notification of parents and policy, and expulsion to the maximum extent of the law.

PROGRESSIVE CONSEQUENCES

Consequences assigned for behavior infractions are designed to deter behaviors that interfere with establishing a safe and productive learning environment.

In-School Detentions- During lunch time.

After School Detentions- 30 minutes to be served immediately after school Monday through Friday.

Thursday School- 1-2-hour detention

Saturday School- 4 hours starts at 8am and ends at 12pm

In School Suspension: major violations

Out of School Suspension: major violations

Expulsion: major/ sever violations

CHEATING

Cheating/plagiarism is the act of knowingly submitting and claiming the work of others represented as one's own. Cheating also includes the aiding and abetting of cheating by others. Students involved in cheating or plagiarism will be referred to an administrator.

STUDENT EXPECTATIONS

DANGEROUS/DEADLY WEAPONS

Students are not to be in possession of any weapons or any item that is used as a weapon. These include knives of any kind, guns, or any object perceived to cause physical harm. Toys that resemble weapons are also prohibited. A student in violation of this policy may be expelled.

BULLYING AND/OR CYBERBULLYING

Bullying and/or cyberbullying will not be tolerated. Students engaged in bullying will face consequences up to and including removal from school. Law enforcement may also be involved. Off campus bullying causing a disruption at school may be addressed by school officials.

ATTENDANCE

ABSENCES from class are recorded in the Attendance Office for every period of the school day. When you have been absent, bring a note from home signed by your parent or have your parent phone the Front/Attendance Office at 440-4055 x5464 to verify your absence. A voicemail system is also available during peak hours and for calls made after school hours. When utilizing the voicemail system, please remember to state your student's full name, the date, and the specific reason for the absence. Parents will be contacted if absences are not verified.

PREARRANGED & EXCESSIVE ABSENCES

The principal or designee has the authority to excuse students for absences due to illness of the student, illness in the family, emergencies or for the purposes of religious instruction as described in policy JEFB. Students may also be excused for other reasons deemed appropriate by the principal/designee or Board when satisfactory arrangements have been made in advance. Please contact the attendance secretary to communicate a planned absence at least three days in advance. All work can be accessed and completed on canvas in our Learning Management System. Students with ten (10) consecutive days of absence will be dropped from school enrollment as per School Board Policy #JEFB and state law.

LEAVING SCHOOL FOR BUSINESS OR ILLNESS

Students who must leave school during the regular school day must be checked out and cleared to leave by a parent, legal guardian, or authorized emergency contact listed on the registration form. When returning to school or entering late, all students shall check in through the Attendance Office.

UNEXCUSED ABSENCES

Absences not cleared within two (2) days are considered to be unexcused per state regulations. Students receiving unexcused absences will be referred to administration. Please note that regular school attendance is necessary to be successful in school.

STUDENT EXPECTATIONS

TARDY POLICY

If you arrive late to school, report to the Front/Attendance Office to check in. Excused tardies (verified by parent note/call) include medical appointments, family emergencies or illness. State guidelines determine the conditions for which a tardy may be excused.

A pass stating the location and reason for the tardiness is required. A student is considered skipping class if he/she is more than 10 minutes late to class with an unverified tardy pass.

The consequences for unexcused tardies to class per quarter will be as follows:

- Tardy 1-4 receive no school assigned consequences.
- Tardy 5 you will receive a note informing you that you are very close to receiving an in-school detention.
- Tardy 6-9 you will receive an in-school detention and be required to meet with your counselor.
- Tardy 10 you will lose privileges to attend dances scheduled with the quarter
- Tardy 10-11 you will receive a 30 min after school detention
- Tardy 12-15 you will receive a 1-hour Thursday school detention
- Tardy 16-19 you will receive a 2-hour Thursday school detention
- Tardy 20 and above a referral to Administration and a meeting will be scheduled between the student, parent and administrator.

PERSONAL ITEMS

Personal items not necessary for use during the learning environment should stay at home. Personal items that cause a disruption to the learning process may be taken away to avoid distraction and lost instructional time. At the discretion of the teacher, items may be returned to the student at the end of the class period or at the end of the school day. Chronic disruptions may be referred to administration and students may lose the privilege to bring personal items to school. The school is not responsible for lost, damaged, or stolen items. Therefore, students are discouraged from bringing personal items and valuables to school.

OUTSIDE FOOD & DRINK

To maximize student learning, disruptions interfering with instruction are discouraged. We ask that parents refrain from delivering food and drinks to school during instructional times. Coffee and blended drinks will not be delivered to students by staff. Energy drinks are not allowed on campus at any time. If found, it will be confiscated and kept until the end of the day. Students are asked to keep such food items in their backpack after the start of the school day. For safety reasons, food items are not to be purchased or shared with others. Parents cannot purchase food for other students. Water bottles may be permitted in the classroom per teacher approval. Water bottles cannot be shared and must be marked with students' names.

STUDENT EXPECTATIONS

Cell Phone Rule and Progressive Consequences

Phone Use At School: School phones are available for students' use during school hours in the Counseling Center. The permitted use time for cell phones and personal technology devices is before school, during transitions, at lunch, and after school only. Phones are not allowed out during instructional time. Violations for cell phone and technology devices will result in disciplinary action outlined below.

- To start the school year a two week grace period will be given before implementing consequences while we are teaching expectations and procedures to students
- After the two week grace period communication will be sent out to students and staff

1st - Remind and complete reconnect form (student will bring form to Reconnect Secretary and return to class with verification); student to call home in Reconnect to tell parent about violation

2nd - Remind and complete reconnect form (student will bring form to Reconnect Secretary and return to class with verification), student to call home in Reconnect to tell parent about violation. The student will be required to meet with the Counselor to discuss violation and the next progressive consequence.

3rd - Remind and complete reconnect form (student will bring form to Reconnect Secretary and return to class with verification), Admin to contact parent and ban phone or have student check in at office daily for probationary period determined by administrator

*Students who successfully meet criteria of the probationary period will go back to the 2nd step

BUS TRANSPORTATION

Students being transported by the Roseburg Public Schools are under the authority of the bus driver. Those who refuse to obey directions of the driver, or abide by bus regulations, may receive a bus citation, and may forfeit their right to ride on the bus (OAR 581-53-010). Parents with questions regarding bus routes may contact First Student Transportation at 541-672- 4191.

School buses are equipped with a video-recording device. Review of the recorded tape will be conducted when needed/requested. Students who engage in inappropriate or illegal activities on the bus and at bus stops are subject to disciplinary procedures and possible police involvement if criminal activity is determined.

Students wanting to ride a bus other than their assigned bus **MUST** have a bus pass. Please send a note with your student. Your student will then need to get a bus pass from Toni Batson in the counseling center prior to 2:00pm.

STUDENT EXPECTATIONS

BIKES/ SKATEBOARDS/ ROLLERBLADES

As required by Oregon law, individuals riding bicycles and skateboards must wear a protective helmet. Students riding bikes, scooters, skateboards and/or rollerblades, must dismount before coming on to school property. Bikes ridden to school are to be parked and locked in the rack immediately upon arrival. Scooters, skateboards, and rollerblades and/or like modes of transportation must be kept in the office during the school day. Violations may result in confiscation.

STUDENT DRESS/PERSONAL ITEMS GUIDELINES

Although the responsibility for personal dress and grooming rests primarily with students and their parents, clothing that is comfortable, clean, and modest is most conducive to a productive educational climate. The following guidelines will not cover every situation or clothing option; however, it will give students and parents the overall expectations for dress at Fremont:

1. Clothing must be worn as intended, not modified.
2. Loose fitting or see-through garments which expose private areas of the body are a distraction and are prohibited.
3. Shorts and skirts must cover private areas and conceal underwear.
4. Appropriate footwear is to be worn at all times. Periodically, science, P.E. and/or other classes may suggest an appropriate type of footwear.
5. Clothing, jewelry, and binders with inappropriate language, pictures, inferences, symbols, intended to mock, ridicule, demean, or display words and pictures associated with alcohol, tobacco products, weapons, violence, sexual nature, or drug use, are not allowed.

A student who violates the dress code will be expected to immediately comply with the request to change attire. Chronic failure to comply with the dress code policy may result in a referral to an administrator or progressive discipline.

STUDENT ID CARDS

Student ID cards will be provided to all students for library material check-out. A picture of the ID on their phone or the ID card via StudentVue is an appropriate substitute. Students are expected to keep their ID free of markings, graffiti, stickers and/or damage. Replacement cards are \$2.00 and can be ordered from the Counseling Center on Wednesdays to be delivered to the student no later than the following Monday.



OUR MISSION IS TO:

Promote a safe and positive school environment that enhances learning and citizenship through recognizing and teaching positive behavior.

We strive to be... **EPIC**



EMPATHY

I can put myself in someone else's shoes.



PERSEVERANCE

I keep trying and strive to do my best.



INTEGRITY

I am aware of myself and do what is right.



COMMUNITY

I work with staff and my peers to keep Fremont awesome.

ACADEMIC INFORMATION

GRADES

Courses are either a semester or full year and there are no cumulative semester grades given. Academic progress is reported on a quarterly basis. Report cards are mailed home at the end of each quarter (nine-week period). The academic grade indicates the student's progress in gaining subject information, acquiring, or improving skills and abilities, and growth in desirable attitudes. Academics are graded as follows:

A	Excellent Work	I	Incomplete
B	Above Average	N	Needs Improvement
C	Average	S	Satisfactory
D	Minimum Passing Grade	P	Pass
F	Failing	X	Not Enrolled Long Enough

PROGRESS REPORTS

Mid-term progress reports will be mailed home at the 5th week each quarter. When significant changes in school achievement or behavior occur, parents may be informed of concerns by means of a progress report. These reports may be mailed or sent home on an as needed basis. Some progress reports may also be communicated by a phone call from the teacher.

ParentVUE / StudentVUE / CANVAS

ParentVUE is a tool to help families stay informed about student progress. This tool can be used to access your student's grades, attendance information, and to communicate with teachers. Students will have access to the same information using StudentVUE. Canvas also has a Parent and Student tool to provide students and parents academic progress in our Learning Management System. You can access Canvas using- fremont.roseburg.k12.or.us/about-us/canvs-for-parents.

If you need ParentVue login information or your login information has expired, please contact Toni Batson in the counseling center at 541-440-4062.

HOMEWORK

Homework is an important part of our educational program. Homework supports classroom instruction and activities. It is intended to reinforce student learning. The amount of homework will vary according to students' abilities, interests, and class assignments. Please report homework or progress concerns directly to the classroom teacher.

MAKE-UP WORK

If your child misses' class, it is his/her responsibility to arrange for making up the assignments. A student whose absence is excused must still fulfill the classroom requirements. It is the student's responsibility to check in with their teachers upon returning from an absence to determine a plan for making up missed assignments. At the discretion of the teacher, assignments may be waived or modified without penalty.

ACADEMIC INFORMATION

STUDENT RECOGNITION

We enjoy celebrating the accomplishments and contributions of our students throughout the school year.

Our recognition programs include academic, citizenship, and involvement in co-curricular activities:

1. High Honor Roll for students who attain a 4.00 GPA
2. Honor Roll for students who attain a 3.50 GPA or higher
3. PBIS Rewards Tokens (redeem tokens for student store items, and other prizes)
4. Club/Activity Service Recognition
5. National Junior Honor Society

Since its inception in 1962, over thousands of students have become members of the Douglas Chapter of the National Junior Honor Society. Membership is based upon scholarship, citizenship, service, leadership, and character. Once a member, a student must maintain and extend those qualities. Membership is both an honor and a commitment. To maintain membership, students must complete a minimum of ten hours of community service. Invitations for membership will take place in the spring.

WITHDRAWING FROM SCHOOL

When withdrawing a student from school, the parent/guardian may make a personal visit, call or send a note to inform the school office as soon as possible. Students leaving Fremont are required to return all chromebooks textbooks and library books, pay any fees owed. A checkout sheet should be completed as the student moves through the regular class schedule. Helping students with this checkout process will make the transfer of records to another school more efficient.

SCHOOL RECORDS

No part of records personally identified with a student will be released to any unauthorized person without permission from a parent/guardian. Unless notified in writing to the contrary, student pictures will automatically appear in annuals, newsletters, and news releases. Should a child enroll in another school system, a copy of the progress record will be sent to the school upon receipt of a notice of enrollment. Should you need to enroll your student at another school within our school district, please complete a "Student Records Request". For more details regarding your rights regarding student records and information please ask for "Annual Notification of Rights" from the counseling center.

Parents are asked to assist the school in ensuring that phone numbers and addresses are current. Should you move out of the Fremont boundaries, please complete the contract requesting enrollment outside your home school area online. Before a parent/guardian withdraws a student from our district, s/he has a right to see the student's records. A Parent may receive a copy of the child's records with 24 hours' notice.

Student registration information must be made out with the legal name given at birth or court decree. However, a student may use an alternative name if requested by the parent/guardian on the registration form. It will be necessary for parents who have a post office box address to also provide the school with the street address of their residence.

ACADEMIC INFORMATION

HEALTH RELATED CURRICULUM

Your student will have the opportunity to learn about specific topics related to health as required by Oregon Law. The curriculum and instruction are focused on helping students understand the physical, emotional, mental, and social changes that adolescents experience during their development. The instruction varies according to the grade level and student readiness. For questions or to exempt your student from the unit (or specific topic), please complete the form in this packet.

TEXTBOOKS/ CHROMEBOOKS

Each student is responsible for all books, locks, and equipment that are issued to him/her. If items are lost or damaged, a charge may be issued for replacement of materials. If the lost material is later found, present the receipt to the main office for a refund.



Roseburg Public Schools

Roseburg, Oregon

Dear Parent and/or Guardian,

Your child will have the opportunity in health class to learn about specific topics related to human growth and development as required by Oregon Law (also referred to as comprehensive sexuality education). The curriculum and instruction is focused on helping students understand the physical, emotional, mental, and social changes that adolescents experience during their development. The curriculum does not promote sexuality or impose a set of values, but rather empowers students to recognize, communicate, and advocate for their own health and boundaries.

The instruction varies according to grade level and student readiness. The projected curriculum for the Fremont students for the 2021-2022 school year is as follows:

The 6th grade Oregon Health Standards for HIV and Abstinence includes instruction in: *abstinence, stages of pregnancy, the physical, social, emotional and mental aspects of puberty, and sexually transmitted diseases/HIV/hepatitis*. They will also receive instruction in *Unintentional Injury Prevention, Environmental Health and Tobacco*.

The 7th grade Oregon Health Standards for HIV and Sexual Health includes instruction in: *abstinence, sexually transmitted diseases/HIV/hepatitis, stages of pregnancy, facts about sexual intercourse, contraceptives, identifying community resources, and refusal skills*. They will also receive instruction in *Mental, Social and Emotional Health and Alcohol*.

The 8th grade Oregon Health Standards for HIV and Sexual Health includes instruction in: *abstinence, sexually transmitted diseases/HIV/hepatitis, stages of pregnancy, contraceptives, demonstration of steps of using a condom, identifying community resources, decision making and refusal skills*. They will also receive instruction in *Violence and Suicide Prevention and Drugs*.

Parents may excuse their child(ren) from any part of the health instruction and an alternative activity will be provided to the exempted student. Should you have any questions, please do not hesitate to contact your child's teacher and/or complete the following section below and we will assist you in answering your questions. If you would like to preview the curriculum that your student will be using before making a decision, please contact their health teacher to make necessary arrangements.

Please complete applicable sections of page 2 of this document and have your student return. Thank you!

Please complete and return (even if you are not exempting)

I acknowledge that I have reviewed the topics covered for my child's specific grade level

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Printed Name _____

Areas of instruction for which I request more information/follow-up from the teacher:

Exemption Request

To exempt your child from this unit (or a particular topic(s)), we ask that you sign in the space provided below and indicate the portion of which you wish your child to be given alternative activities.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Printed Name _____

Area(s) of instruction for which I request my child be exempted:

Student Information

Student Printed Name: _____ Grade Level: _____

Topics I would like to cover if possible:

How I am feeling about the upcoming Sexual Education Unit (circle any or add your own):

Unsure Worried Embarrassed Fine Great

Any supports you may need to feel safe in class during our discussions:



Roseburg Public Schools

Dear Parents,

Please read, choose your option, sign and return to the Athletics Office.

Every Wednesday throughout the school year is an early release day. As students are dismissed at 1:19 pm they are expected to leave campus by 1:25 pm to go to their homes, or other regular after school destinations. Students involved in after school activities at Fremont school will have a one hour wait before their activities begin since those activities will be at their normal start times.

Fremont Middle School would like to provide your child with a place to stay during that hour. During these afternoons a program is in place where supervision is provided by Fremont Middle School's Instructional staff. While there, students will have the opportunity to receive a free snack from the cafeteria. They can catch up on homework, quietly play a game or visit with their friends. Attendance is taken but not compulsory. You may contact the school at 541-440-4055 to verify if your student has been attending. Parents may choose to have their children leave campus and return later or stay at Fremont.

This program is designed for parents of athletes who desire a safe, supervised afterschool alternative for their child. Parents will be asked to either make arrangements for their child for this time or have their child commit to the school supervised after-school activity. Athletes will not be allowed to remain on campus unsupervised.

It is critical that parents communicate these expectations to their child. If your child has an appointment or activity that requires an absence from the after-school activity, please contact the school office. Continued nonattendance or inappropriate behavior during the after-school activity, may result in removing the athlete from this program and/or the team.

Please indicate below if your child will be leaving campus by 1:40 pm, then returning for their sport/activity or if they will be attending the structured after school classroom time.

Please feel free to contact the athletic office at (541) 440-4067 with any questions or comments you might have.

- ☐ I have made other arrangements for my child on Wednesdays. I understand my child cannot be on campus between 1:40 - 2:30
- ☐ I would like my child to participate in the early release Wednesday supervised activities. I understand that if my child fails to attend or their behavior is inappropriate, coaches will be notified, and my child may be removed from the team.

Parent Signature

Date

Student Athlete Signature

Date

**Until you direct us otherwise, we will keep this form on file for the entirety of the school year and will apply your directions to whatever after school activity your student becomes involved in.*

Spectator/Athlete Support Contract - Code of Conduct

Sportsmanship is the expectation!

Let the Players Play
Let the Officials Officiate
Let the Coaches Coach
Let the Spectators be Positive

Parent/Guardian

I _____, parent/guardian of Fremont Middle School athlete _____,
parent/guardian athlete

have read and understand the Roseburg Public School's Spectator Code of Conduct. I agree that I am responsible for complying with these expectations and I understand the consequences for failure to comply with these rules and responsibilities.

Athlete

I _____, an athlete of Fremont Middle School, have read and understand the Roseburg
athlete

Public School's Spectator Code of Conduct. I agree that I am responsible for complying with these expectations and I understand the consequences for failure to comply with these rules and responsibilities.

Parent/Guardian Signature _____ Date: _____

Athlete Signature _____ Date: _____

Permission for Use of Pictures

I hereby give Roseburg School District permission to use photos of my student participating in Fremont activities. The photographs will be used for display to recognize our students (website, display case, newspaper, etc.)

I, the undersigned, hereby authorize Roseburg School District to take and use photographs of my student for the above mentioned purposes.

Student's Date of Birth: _____

Signature of Legal Guardian: _____ Date: _____

Revised 10/21/20 tjs



Please review the following pages, as some are required forms needing completed and signed, then turned into the school prior to your student attending.

Annual Notification of Rights – Our release of student information policy.

Google Apps for Education – Required for all NEW students to the district.

Medication Administration Form – Required for any student who needs medications administered during school hours.

Oregon Certificate of Immunization Status – Required for all NEW students to the district.

Permission Form – Required annually for all students. Secondary schools (grades 6-12) typically send home individual class permissions slips for upcoming activities or field trips.

Records Request Form – Required for all NEW students to the district.

Temporary Guardianship Agreement – Required for certain family circumstances. Please contact your child's school to find out if this applies to your family situation.

Meal Preference Request Form - This form is for non-medical meal preference requests. If a medical meal accommodation is required, a Medical Statement must be completed instead.

Nutrition Medical Statement to request special meals – Required in order to make meal modifications to accommodate children with disabilities.

American Indian 506 form – Required to be completed in order to provide services from the Title VI Indian Education Formula Grant Program.

Middle School Health Curriculum Exempt Form – To opt out for specific health related topics.

Middle School Admissions Contract for transfers – Required for any student approved to attend outside of their home boundary school.

Application for Virtual Schooling in grades 6-12 – Required to apply for virtual schooling in grade 6 or above.



Grade 9-12 Virtual School Application/Interest form

Student ID: _____ Current Grade: _____

Student Full Legal Name: _____

Preferred Name: _____

Student Address: _____

Date of Birth: _____ Gender: _____

Current School Attending: _____

Grade for 22-23 school year: _____

.....

Parent or Legal Guardian Name: _____

Relationship to student: _____

Parent Address (if different than above): _____

Phone: _____

Email Address: _____

Why are you interested in the Virtual Option? _____

You can:

1. Download, complete, upload and submit during your online registration process for the 2021-22 school year.
2. Download, complete, and hand deliver to your school once you have completed the online registration process.



ANNUAL NOTIFICATION OF RIGHTS:

The following is a notice to parents and eligible students (who are 18 years of age or older) of their rights regarding student records and information.

I. Annual Notification of Your Rights Under FERPA

As a parent/guardian of a Roseburg Public Schools (RPS) student you have certain rights regarding your child's education records under the Family Education Rights and Privacy Act (FERPA), and applicable state law. The rights are summarized below.

1. **Review of Student Records:** You have the right to inspect and review your child's education record. You may contact the principal of the student's school to request an appointment to review the records. The school will make arrangements for access and notify you of the time and place where your child's records may be inspected.
2. **Amendment of Student Records:** If you believe your child's records are inaccurate or misleading, you have a right to make a written request for the school to amend the records.
3. **Disclosure of Student Records:** Without your prior written consent, only individuals having a legitimate educational interest, officials in the school systems in which a student intends to enroll, and certain authorized officials may have access to your child's educational records. However, certain routine information, called *directory information*, may be disclosed without your consent. See Parental Privacy below.
4. **Right to File a Complaint:** If you believe your rights under FERPA have been violated you have the right to file a complaint with the Family Policy Compliance Office in the U.S. Department of Education.

All of the rights described above transfer to a student who is 18 years old or is attending a post-secondary education institution.

II. Student and Parent Information and Image Disclosure (Directory Information)

FERPA allows the District to provide *directory information* upon request without the prior permission of parents or students.

Directory Information includes the following items:

- Parent(s) name and email address
- Student's name, address and telephone listing
- Date of birth
- Student's image (ex. photo, print, video)
- Participation in sports and activities
- Student's grade level, teacher(s), class(es) and/or classroom(s)
- Weight and height of athletic team members
- Student's gender
- Dates of attendance
- Most recent previous school or program attended
- Degrees or awards received

The primary use of *directory information* is to allow for the inclusion of your child's information and image for school district use in publications such as yearbooks, class composites, playbills or other programs showing participation in athletics or activities, teacher and curriculum websites, and the District and school websites and social media.

Video and/or photographs of our students, their class activities, and their student work may be displayed in our buildings, on our websites, and used outside the District for District-authorized purposes.

We occasionally will release directory information upon request to third parties such as parent organizations and news media for directories or other means of supporting schools and school programs.

If you do NOT want the District to disclose directory information to include photo and video from your child's education records, you must notify the office at your child's school in writing within two (2) weeks of starting school. This notification must be submitted on an **annual** basis.

Classroom Internet Use - After being trained by school staff on the acceptable and appropriate use of technology, students will make use of the Internet on a regular basis for classroom instruction and online assessments. Student Internet use is monitored by staff and web content is filtered by Children's Internet Protection Act (CIPA) compliant tools. If you do not want your student to access the Internet at school **you must notify the office at your child's school in writing, prior to the start of school.** This notification must be submitted on an **annual** basis.

Additional forms may be required to complete your students registration, and can be located on our website by clicking on [Registration Forms](#). From there you will be able to print, complete and sign any remaining forms. You will have the option to upload through ParentVue, or hand deliver to the school on their registration dates.



CONSENT FOR DENTAL HYGIENE SERVICES



Mercy Foundation and Advantage Dental want to help keep your community cavity-free and healthy. A Dental hygienists will be available on site during the year to provide free dental services. These services do not replace regular dental care from a dentist.

PATIENT INFORMATION		School Location:
Patient's Name: _____ Last Name First Name Middle Initial Date of Birth		
My child has: <input type="checkbox"/> OHP <input type="checkbox"/> Private <input type="checkbox"/> None Dentist: _____		
Best phone number to reach you during the day: _____ Friend or family member's name and phone number to reach in case you change your number: _____		
Address / City / State / ZIP: _____		
Grade / Teacher:	List medications currently taking:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Disclose	_____	
The following services may be offered to the patient on an as-needed basis. Please Initial on YES or NO to indicate whether you consent to these services being provided on the patient listed above.		<input type="checkbox"/> Iodine Allergy
Screening (Teeth Check-up)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Shellfish Allergy (shrimp, crab etc.)
Fluoride Coating	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Other Allergies (please list): _____
Sealant	<input type="checkbox"/> YES <input type="checkbox"/> NO	History of:
Silver Fluoride	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Diabetes
Antiseptic for the Teeth (Iodine)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Asthma
Protective Restoration	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Tobacco Use
		<input type="checkbox"/> Behavioral Considerations (please describe): _____
		Other (please describe): _____

If you have questions or would like more information about the services provided, please call Mercy Foundation 541.677.4818 or see attached fact sheet.

Your signature indicates that you have been informed of the risks and benefits of treatment, your questions have been answered, and that you consent to the treatment indicated above.

As the parent/legal guardian, I agree to all of these statements:

- I give consent for dental services initialed/indicated above from Mercy Foundation, Advantage Dental Group, PC (Advantage Dental), and/or one of its representatives.
- The results of the oral hygiene services, including personal health information and scheduling information, may be shared between Advantage Dental, Mercy Foundation's Healthy Kids Outreach Program, the dental provider (hygienist or patient's dentist), the community site, any listed insurance carriers, the dentist of record, any applicable Coordinated Care Organization, and/or the Dental Care Organization of record for purpose of treatment, payment or healthcare operations.
- I have been given a copy of the "Notice of Privacy Practices" and HIE (Health Information Exchange) Notification.
- This consent will remain active for 12 months unless revoked in writing or by calling an Advantage Dental representative.
- This consent is valid at all sites where Mercy Foundation and Advantage Dental provides services.

If you have dental insurance through Medicaid, the Oregon Health Plan or Healthy Kids, the hygienist will notify the plan of the services received.

Print Parent/Legal Guardian Name: _____ Relationship: _____

 Parent/Legal Guardian Signature: _____ Date: _____

FACT SHEET

Not all patients may qualify for all services; provider will determine which services are clinically appropriate based on the patient's individual needs.

Screening (Teeth Checkup)

A dental care professional will look in the mouth to check for changes in teeth that may indicate cavities or other oral health problems.

Risk(s): Decay or other problems could exist and get worse if not discovered.

Alternative(s): No checkup.

Fluoride Coating

A temporary thin coating (also called varnish) put on the teeth to help protect from cavities. The coating is safe even if it is swallowed. It does not hurt or stain the teeth.

Risk(s): Allergy is not common.

Alternative(s): Daily or weekly fluoride rinses, fluoride foam, or fluoride gels applied at your dentist's office.

Sealant

A dental sealant is a white coating put on the chewing surfaces of back teeth where cavities occur most often. Sealants make barriers on teeth that keep bacteria out and prevent cavities. They do not interfere with biting or chewing.

Risk(s): Sealants only protect the chewing surfaces. They can last for several years, but sometimes need to be replaced.

Alternative(s): Silver Fluoride. No sealants. Choosing not to use sealants could increase the chances you will develop decay in the chewing surfaces of the teeth.



Before Sealants



After Sealants

Silver Fluoride

Fluoride with silver looks like water. It is painted on the teeth with a tiny brush and can heal early tooth decay. It goes on quickly, and does not hurt. If there are cavities in the mouth, silver fluoride can stop them from growing, and sometimes even heal them. Cavities that are stopped or healed with Silver Fluoride will turn dark brown or black. Teeth without cavities will not change color. If the color shows a lot, a dental professional can cover it with white filling material. Fillings may not be needed for cavities that are stopped with Silver Fluoride.

Risk(s): If Silver Fluoride comes in contact with skin it will cause a small dark spot that will go away on its own in 1-2 weeks. If it comes into contact with existing white fillings it might stain.

Alternative(s): No Silver Fluoride applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay. Use fluoride toothpaste regularly and have fluoride varnish and sealants applied at your dental office.

How Silver Fluoride looks on a tooth with a cavity



How Silver Fluoride looks on a tooth with no cavity



Before

After

Antiseptic For The Teeth (Iodine)

The antiseptic kills bacteria that cause cavities. When applied before the fluoride coating, it prevents many more cavities than the fluoride coating alone. Iodine is a normal part of our diet from food and is safe. It does not hurt or stain the teeth.

Risk(s): Allergic reactions are not common, but you should not have this treatment if you are allergic to shellfish.

Alternative(s): No iodine applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay.

Protective Restoration

This is a simple tooth colored filling placed in a cavity to protect the tooth until a permanent filling can be done. It relieves pain and helps healing inside of the tooth. No shots are needed. It does not hurt.

Risk(s): Protective fillings may partially fall out, but what is left still protects the tooth.

Alternative(s): A regular filling or cap. Without care, the cavity may get bigger or become painful.

SUMMARY NOTICE OF PRIVACY POLICY

Our Responsibilities: We are required by law to make sure that your protected health information is kept private and follow the privacy practices that are described in our full Notice of Privacy Practices. We may change our privacy policies any time and notify you. You can also request copy of our full Notice of Privacy Practices at any time. For more information about our privacy policies, contact us at 1-866-268-9631.

Our Uses and Disclosures: We use your health information to treat you, manage the health care treatment you receive, run our organization and to pay or bill for your health services. For example, we can use your health information and share it with other providers who are treating you.

There are other ways we are allowed to share your information. These other reasons are so that we can help the public, like public health and research. We have to follow the law before we can share your information for these reasons. We will not use or share your information other than what the law allows us to do; unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

Your Rights: When it comes to your health information, you have rights.

- You can ask to see or get a copy of your health information;
- You can ask us to correct your information;
- You can ask for confidential communications;
- You may ask us to limit what we use or share;
- You can get a list of those with whom we've shared information; and
- You can ask us for a copy of the full Notice of Privacy Practices at any time.

Your Choices: For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care.
- Share information in a disaster relief situation.
- If you can't tell us what you want us to do, for example if you are not conscious, we may share your information if we think it is what is best for you. We may also share your information when needed to lessen a serious threat to health or safety.

Privacy Complaints: If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about your health information, you may contact us at 1-866-268-9631 or TTY 711. You also contact the US Department of Health and Human Services at 1-877-696-6775 or TTY 1-866-788-4089.

Summary of Privacy Practices: This is a summary of our Notice of Privacy Practices. You can ask us for the full Notice of Privacy Practices at any time.

NON-DISCRIMINATION DISCLOSURE NOTICE

Advantage Dental and our providers comply with all applicable state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation

To report your concern or get more information please contact our Compliance Department one of these ways:

- Web: www.AdvantageDental.com
- Email: complianceline@advantagedental.com
- Phone: 1-866-654-3433, TTY 711
- By Mail: 442 SW Umatilla Ave., Redmond OR 97756

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrpor-tal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

If you would like to request this information in another language or an alternate format such as large print, audio disk, braille, etc. please contact Customer Service at 888-468-0022 or TTY 711.

LANGUAGE	TRANSLATED STATEMENT
English	ATTENTION: If you speak [language], you have services available to you free of charge for language assistance. Call 1-888-468-0022 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-468-0022 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-468-0022 (TTY: 711)。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-468-0022 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-468-0022 (TTY: 711) 번으로 전화해 주십시오.
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-468-0022 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-468-0022 (телетайп: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711 (رقم هاتف الصم والبكم: 1-888-468-0022).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-468-0022 (ATS : 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-468-0022 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-468-0022 (TTY:711) まで、お電話にてご連絡ください。
Farsi	وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-468-0022 (TTY: 711) تماس بگیرید.
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-468-0022 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-468-0022 (መስማት ለተሳናቸው፡ 711)፡
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-1-888-468-0022 (TTY: 711).
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-468-0022 (телетайп: 711).
Lao/Loatian	ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມື້ພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-468-0022 (TTY: 711).
Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-468-0022 (TTY: 711).
Ibo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-468-0022 (TTY: 711).
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-468-0022 (TTY: 711).



FIELD TRIPS

- ☐ **I Do**
☐ **I Do Not**

Give permission for my child to go and participate in off campus activities or field trips. These field trips are part of their learning program, and will primarily be within the community, although some may be to destinations that are more distant. Trips long enough to require transportation will be made in regular school buses or in some instances in parents' automobiles. You will be notified in advance regarding the time and destination of these field trips.

Consent to treatment of minor on field trip

- ☐ **I Do**
☐ **I Do Not**

Give permission for the school to obtain medical attention for my child in the event of a serious injury or accident. Your permission will authorize the school to call emergency services which may result in your child being taken to the hospital for emergency care. If circumstances allow, we will make every effort to contact you or your emergency person on file before contacting emergency services. Our first priority though, will be your child's immediate wellbeing. You will be financially responsible for medical treatment given to your child.

Movie Permission

- ☐ **I Do**
☐ **I Do Not**

Give permission to watch PG rated movies during class time. The movies are specifically chosen to coordinate with the curriculum for each grade level. The teacher will have previewed the movies to ensure their appropriateness for a school showing.

Student Name

Grade

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Relationship to Student

Please complete and return to the school you are registering with-required for all students



CONSENTIMIENTO PARA SERVICIOS DE HIGIENE DENTAL



Mercy Foundation y Advantage Dental quiere ayudar a mantener a su comunidad saludable y libre de caries. Higienistas dentales estarán disponibles en el local durante el año para proveer servicios dentales gratuitos. Estos servicios no reemplazan el cuidado dental regular de un dentista.

INFORMACIÓN DEL PACIENTE		Ubicación de escuela:																			
Nombre del paciente: _____ Apellido Nombre Inicial de Segundo Nombre Fecha de Nacimiento																					
Mi niño tiene: <input type="checkbox"/> OHP <input type="checkbox"/> Seguro privado <input type="checkbox"/> Ningún seguro Dentista: _____																					
Mejor número de teléfono para comunicarnos con usted durante el día: _____ Nombre y numero de teléfono de un amigo o familiar para comunicarnos en caso de que cambie su número de teléfono: _____																					
Dirección / Ciudad / Estado / Código Postal: _____																					
Grado: _____		Lista de medicamentos que está tomando actualmente: _____ _____ <input type="checkbox"/> Alergia al Yodo <input type="checkbox"/> Alergia a los Mariscos (Camarón, cangrejo, etc.) <input type="checkbox"/> Otras alergias (por favor enumere): _____ _____ Historial de: <input type="checkbox"/> Diabetes <input type="checkbox"/> Asma <input type="checkbox"/> Uso de Tabaco <input type="checkbox"/> Consideraciones de Comportamiento (por favor describa): _____ _____ Otro (por favor describa): _____ _____																			
Género: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Otro <input type="checkbox"/> Elijo No Divulgar																					
Los siguientes servicios podrían ser ofrecidos al paciente a base de necesidad. Por favor ANOTE SUS INICIALES en SI o NO para indicar si consiente a que estos servicios le sean proporcionados al paciente mencionado anteriormente.																					
<table border="0"><tr><td>Examen (Revision de Dientes)</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr><tr><td>Capa de Fluoruro</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr><tr><td>Selladores</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr><tr><td>Fluoruro de Plata</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr><tr><td>Antiséptico para los Dientes (Yodo)</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr><tr><td>Restauración Protectora</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr></table>				Examen (Revision de Dientes)	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Capa de Fluoruro	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Selladores	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Fluoruro de Plata	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Antiséptico para los Dientes (Yodo)	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Restauración Protectora	<input type="checkbox"/> SI	<input type="checkbox"/> NO
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Selladores	<input type="checkbox"/> SI	<input type="checkbox"/> NO																			
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Antiséptico para los Dientes (Yodo)	<input type="checkbox"/> SI	<input type="checkbox"/> NO																			
Restauración Protectora	<input type="checkbox"/> SI	<input type="checkbox"/> NO																			

Si tiene preguntas o le gustaría más información acerca de los servicios proporcionados, por favor llame al Mercy Foundation 541.677.4818 o vea la hoja informativa adjunta

Su firma indica que se le ha informado de los riesgos y beneficios de tratamiento, sus preguntas han sido respondidas, y que da su consentimiento para el tratamiento indicado arriba.

Como el padre/guardián legal, yo estoy de acuerdo con todas las siguientes declaraciones:

- Yo doy mi consentimiento para los servicios dentales con iniciales/indicados arriba de Mercy Foundation, Advantage Dental Group, PC ("Advantage Dental"), y/o uno de sus representantes.
- Los resultados de los servicios de higiene dental, incluyendo información de salud personal e información de citas, pueden ser compartidos entre Advantage Dental, Mercy Foundation's Healthy Kids Outreach Program, el proveedor dental (higienista o dentista del paciente), el sitio comunitario, cualquier aseguradora enumerada, el dentista de registro, y cualquier Organización de Atención Coordinada, y/o la Organización de Atención Dental de registro para propósitos de tratamiento, pago u operaciones de atención de salud.
- Se me ha dado una copia del "Aviso de Practicas de Privacidad" y Notificación de Intercambio de Información de Salud (HIE por sus siglas en ingles).
- Este consentimiento se mantendrá activo por 24 meses al menos que sea revocado por escrito o al llamar a un representante de Advantage Dental.
- Este consentimiento es válido en todo sitio donde Advantage Dental proporciona servicios.

Si usted tiene seguro dental por medio de Medicaid, el Plan de Salud de Oregon o Healthy Kids, el/la higienista notificará a su plan de los servicios recibidos.

Escriba en letra de molde del Padre/Guardián Legal: _____ **Relación:** _____

Firma del Padre/Guardián Legal: _____ **Fecha:** _____

HOJA INFORMATIVA

No todos los pacientes podrían calificar para todos los servicios; el proveedor determinara cuales servicios son clínicamente apropiados basado en las necesidades individuales del paciente.

Evaluación

(Chequeo de dientes)

Un profesional de cuidado dental mirara dentro de la boca para revisar si existen cambios en los dientes que podrían indicar caries u otros problemas de salud oral.

Riesgo(s): Carie u otros problemas podrían existir y empeorar si no son descubiertos.

Alternativa(s): No hacer el chequeo.

Capa de Fluoruro

Una capa delgada temporaria (también llamado barniz) aplicada a los dientes para ayudar a proteger contra caries. La capa es segura aun si es ingerida. Esta no perjudica ni mancha los dientes.

Riesgo(s): Una alergia no es común.

Alternativa(s): Enjuagues bucales de fluoruro diario o semanal, espuma de fluoruro, o gel de fluoruro aplicado en la oficina de su dentista.

Sellador

Un sellador dental es una capa blanca aplicada a las superficies de masticación de los dientes de atrás donde las caries suelen ocurrir más frecuentemente. Los selladores forman una barrera en los dientes que mantiene fuera a la bacteria y previene las caries. Estos no interfieren con el morder o el masticar.

Riesgo(s): Los selladores solo protegen las superficies de masticación. Pueden durar varios años, pero algunas veces necesitan ser reemplazados.

Alternativa(s): Fluoruro de Plata. No selladores. El elegir no utilizar selladores puede incrementar las posibilidades de desarrollar caries en las superficies de masticación de los dientes.



Antes de selladores



Después de selladores

Fluoruro de Plata

El fluoruro con plata se ve como agua. Este es pintado en los dientes con un cepillo pequeño y puede sanar la carie dental precoz. Se aplica rápido, y no duele. Si existen caries en la boca, el fluoruro de plata puede prevenir el que crezca, y algunas veces hasta las sana. Las caries que son detenidas o sanadas con fluoruro de plata se tornaran café oscuro o negras. Los dientes sin caries no cambiaran de color. Si el color se enseña mucho, un profesional dental puede cubrirlo con material para un relleno blanco. Quizá no sean necesarios rellenos para las caries que son detenidas con fluoruro de plata.

Riesgo(s): Si el fluoruro de plata se pone en contacto con la piel causara una pequeña mancha oscura que desaparecerá por sí misma en 1-2 semanas. Si se pone en contacto con rellenos blancos existentes quizá se manchen.

Alternativa(s): No aplicar fluoruro de plata. Esto podría dejar bacteria dañina en sus dientes e incrementar la posibilidad de caries dental. Utilizar una pasta dental con fluoruro regularmente y obtener aplicación de barniz de fluoruro y selladores en la oficina de su dentista.

Como se ve el Fluoruro de Plata en un diente con caries



Como se ve el Fluoruro de Plata en un diente sin caries



Antes

Después

Antiséptico para los dientes (Yodo)

El antiséptico mata la bacteria que causa caries. Cuando es aplicada antes de una capa de fluoruro, previene muchas más caries que la capa de fluoruro por si sola. El yodo es una parte normal de nuestra dieta de comida y es seguro. Este no daña o mancha los dientes.

Riesgo(s): Reacciones alérgicas no son comunes, pero no debería de recibir este tratamiento si es alérgico a los mariscos.

Alternativa(s): No aplicar yodo. Esto podría dejar bacteria dañina en sus dientes e incrementar la posibilidad de caries dental.

Restauración Protectora

Este es un simple relleno del color del diente aplicado en la carie para proteger el diente hasta que se pueda aplicar un relleno permanente. Aliviar el dolor y ayuda a sanar dentro del diente. No se necesitan inyecciones. No duele.

Riesgo(s): Las restauraciones protectoras podrían parcialmente caerse, pero lo que permanezca seguirá protegiendo el diente.

Alternativa(s): Un relleno o capa regular. Sin cuidado, la carie podría crecer y hacerse dolorosa.

RESUMEN DE AVISO DE PRACTICAS DE PRIVACIDAD

Nuestras responsabilidades: Se nos requiere por ley el asegurar que su información de salud protegida se mantenga privada y seguir las prácticas de privacidad que son descritas en nuestro Aviso de Practicas de Privacidad completo. Podemos cambiar nuestras pólizas de privacidad en cualquier momento y dejarle saber a usted. Usted también puede solicitar una copia de nuestro Aviso de Practicas de Privacidad completo en cualquier momento. Para más información acerca de nuestras pólizas de privacidad, comuníquese con nosotros al 1-866-268-9631.

Nuestros usos y divulgaciones: Usamos su información de salud para tratarlo a usted, para administrar el tratamiento de cuidado de salud que usted recibe, para el manejo de nuestra organización y para pagar o facturar por sus servicios de salud. Por ejemplo, podemos usar su información de salud y compartirla con otros proveedores que la/lo estén tratando a usted.

Se nos permite compartir su información de otras maneras. Tales razones son para que podamos ayudar al público, tal como salud e investigación pública. Debemos seguir la ley antes de compartir su información por estas razones. No usaremos ni compartiremos su información mas allá de lo que nos permite la ley; al menos que usted nos diga por escrito que podemos. Si nos dice que si podemos, puede cambiar de opinión en cualquier momento.

Sus derechos: Cuando se trata de su información de salud, usted tiene derechos.

- Usted puede solicitar ver o recibir una copia de su información de salud;
- Usted puede solicitar que corriamos su información;
- Usted puede solicitar comunicaciones confidenciales;
- Usted puede solicitar el que limitemos lo que usamos o compartimos;
- Usted puede recibir una lista de con quienes hemos compartido información; y
- Usted nos puede pedir una copia del Aviso de Prácticas de Privacidad complete en cualquier momento.

Sus Opciones: Para cierta información de salud, usted nos puede decir sus opciones acerca de lo que compartamos.

En estos casos, usted tiene el derecho y la opción de pedir que:

- Compartamos información con su familia, amigos cercanos u otros involucrados en el pago por su cuidado.
- Compartamos información en una situación de ayuda para catástrofes.
- Si usted no nos puede decir lo que quiere que hagamos, por ejemplo si no está consiente, podemos compartir su información si creemos que es lo mejor para usted. También podemos compartir su información cuando sea necesario para disminuir una amenaza seria a la salud o seguridad.

Quejas de privacidad: Si usted está preocupado(a) de que hemos violado sus derechos de privacidad, nuestras pólizas de privacidad, o si no está de acuerdo con una decisión que tomamos acerca de su información de salud, puede comunicarse con nosotros al 1-866-268-9631 o TTY 711. También puede comunicarse con el Departamento de Salud y Servicios Humanos de EE.UU. al 1-877-696-6775 o TTY 1-866-788-4089.

Resumen de prácticas de privacidad: Este es un resumen de nuestro Aviso de Prácticas de Privacidad. Usted puede solicitar el Aviso de Practicas de Privacidad completo en cualquier momento.

To Improve the Oral Health of All

www.AdvantageDental.com

442 SW Umatilla Avenue Redmond, OR 97756 | TEL: 866.866.268.9631 | FAX: 866.268.9618

DIVULGACIÓN DE PÓLIZA ANTIDISCRIMINATORIA

Advantage Dental y su red de proveedores deben tratarlo/a justamente.

Nosotros y nuestros proveedores debemos seguir las leyes de derechos civiles estatales y federales. No podemos tratar a las personas injustamente en cualquiera de nuestros servicios o programas debido a su:

- Edad
- Color
- Discapacidad
- Identidad de Género
- Estado Civil
- Origen Nacional
- Raza
- Religión
- Sexo
- Orientación sexual

Para reportar su preocupación o para recibir más información por favor comuníquese con nuestro Director de Derechos Civiles mediante una de las siguientes maneras:

- Web: www.AdvantageDental.com
- Correo electrónico: complianceline@advantagedental.com
- Teléfono: 1-866-654-3433, TTY 711
- Por Correo: 442 SW Umatilla Ave. Suite 200, Redmond OR 97756,

Usted también tiene el derecho de presentar una queja de derechos civiles con el Departamento de Salud de los EE.UU. y la Oficina de Servicios Humanos para los Derechos Civiles (OCR por sus siglas en inglés).

Comuníquese con esta oficina mediante una de las siguientes maneras:

- Web: www.hhs.gov/
- Correo electrónico: OCRComplaint@hhs.gov
- Teléfono: 1-800-368-1019, 800-537-7697 (TDD)
- Por Correo: OCR
200 Independence Avenue SW
Room 509F HHH Bldg
Washington, DC 20201

Si le gustaría solicitar esta información en otro lenguaje o un formato alternativo tal como letra grande, disco audio, braille, etc. por favor comuníquese con Servicios al Miembro al 866-468-0022 o TTY 711.

LANGUAGE	TRANSLATED STATEMENT
English	ATTENTION: If you speak [language], you have services available to you free of charge for language assistance. Call 1-888-468-0022 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-468-0022 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-468-0022 (TTY: 711)。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-468-0022 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-468-0022 (TTY: 711) 번으로 전화해 주십시오.
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-468-0022 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-468-0022 (телетайп: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم- 711(رقم هاتف الصم والبكم: 1-888-468-0022).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-468-0022 (ATS : 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-468-0022 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-468-0022 (TTY:711) まで、お電話にてご連絡ください。
Farsi	وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-468-0022 (TTY: 711) تماس بگیرید.
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-468-0022 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-468-0022 (መስማት ለተሳናቸው፡ 711)፡
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-1-888-468-0022 (TTY: 711).
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-468-0022 (телетайп: 711).
Lao/Loatian	ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມື້ພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-468-0022 (TTY: 711).
Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-468-0022 (TTY: 711).
Ibo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-468-0022 (TTY: 711).
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-468-0022 (TTY: 711).

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ____child ____child's parent ____child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

AUTHORIZATION FOR MEDICATION ADMINISTRATION

School: _____

Student's name: _____ DOB: _____ Grade: _____

I am giving school personnel permission to administer medication(s) to my child per the following instructions:
Parent/Guardian must complete: (Please do not skip any questions)

<p>Medication: _____</p> <p>Dose (strength/how much): _____</p> <p>Frequency (how often): _____</p> <p>Time of day for meds at school: _____</p> <p>Route (circle one): Mouth Ear Eye Nose Skin</p> <p>Start date: _____ End date: _____</p> <p>Reason for medication: _____</p> <p>Special Instructions: _____</p>	<p>_____ Non Prescription</p> <p>Prescription RX number: _____</p> <p>Pharmacy Name: _____</p> <p>Please allow my child to self-administer this medication. <i>Requires self-medication agreement form to be signed by parent, school administrator, and if prescription, consent of physician.</i></p> <p style="text-align: center;">Yes _____ No _____</p> <p style="text-align: center;">ALL MEDICATION MUST BE IN ITS NEWEST ORIGINAL CONTAINER WITH AN ACCURATE LABEL</p>
---	--

****The written instructions from the physician for the administration of the prescription medication to the student must include the following:**

- Name of student, name of medication, route, dosage, frequency of administration, and other special instructions. This can be a prescription label if complete.

Important information for parents/guardians:

- I understand I am responsible to provide this medication and maintain the supply as needed.
- All medication must be provided from home and must be contained in its original-labeled container.
- Please include liquid measuring device. A teaspoon or tablespoon *cannot* be used for dispensing medication. If medication is to be cut in half, parents must do so before bringing to school. If medication is to be crushed, parents please provide crusher.
- I understand that I am responsible to notify the school in writing of any medication changes, and that all medications are to be brought to and from school by a parent or guardian.
- Parents are required to pick up all unused medication by the last day of school. I understand that any medication left at school will be discarded.

Parent/Guardian Signature _____ **Date:** _____

(This authorization applies only to the medication listed above for the duration of treatment or school year.) My signature also authorizes an exchange of information as necessary between the school nurse, appropriate school personnel, and/or my child's health provider.



Roseburg Public Schools

Google Apps for Education

Student Permission Form

Roseburg Public Schools will provide students with Google Apps for Education accounts. Apps for Education includes free, web based programs providing word processing, spreadsheet, presentation and collaboration tools for Oregon students and teachers. This service is available through an agreement between Google and the State of Oregon.

Apps for Education runs on an Internet domain owned and managed by Roseburg Public Schools and is intended for educational use only. This permission form describes the responsibilities of the school, students and parents in using Apps for Education.

Apps for Education is available at school and at home via the web. School staff will monitor student use of Apps when students are at school. Parents are responsible for monitoring their child's use of Apps when accessing programs from home. Students are always responsible for their own behavior.

Student Use of Apps for Education

Apps for Education is primarily for educational use. Students may use Apps for personal use subject to the restrictions below and other school rules and policies which may apply.

- **Privacy** - School staff have access to student accounts for monitoring purposes. Students have no expectation of privacy on the Apps system.
- **Limited personal use** - Students may not use Apps tools for:
 - Unlawful activities
 - Commercial purposes or activities for personal financial gain
 - Inappropriate sexual or other offensive content
 - Threatening another person
 - Misrepresentation of Oregon Public Schools, staff or students.

Access Restriction

Access to and use of Apps for Education is considered a privilege accorded at the discretion of the District. The District maintains the right to immediately withdraw the access and use of Apps when there is reason to believe violations of law or District policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and possible action.

Student Name: _____ Graduation Year: _____

Parent/Guardian Permission

I give permission for my child to use Google Apps for Education. By doing so I agree to enforce acceptable use when my child is off School District Property.

Parent/Guardian signature:

Date: _____



Roseburg Public Schools

Middle Schools Admission Contract for Students requesting enrollment outside of their home school

Requested School of enrollment _____

Student Name _____ Grade _____

Dear Parents and Student:

Welcome! You will find that we are schools committed to your student having a successful education experience. Because your child is requesting enrollment outside your home address attendance area, we would expect the following conditions to be met in order for your child to remain in attendance at our school.

1. Parents have the responsibility to provide transportation to and from school as long as your residence is outside of the school's attendance area. Your child must be on time for school and be properly supervised after school dismissal.
2. Regular school attendance is expected unless your child is too ill to attend. **Attendance rates for every class/period will be monitored every three weeks. If your child's attendance rate falls below 90% they may be asked to return to their home school.**
3. Your student's behavior (academic and social) will be evaluated regularly and could result in reconsideration of your request. Of course, your student will be expected to follow school rules and maintain passing grades in all classes.

Failure to adhere to any of the conditions listed above may result in the student immediately being dropped from our enrollment. **This decision, which is at the sole discretion of the principal, would result in your student being required to return to their home school.**

.....
We have read and understand the above conditions and agree to abide by them. We also understand that if any of the conditions listed above are not met, our student will be withdrawn as a student and must immediately return to their home school.

Student Signature

Date

Parent Signature

Date

Principal Signature

Date



Middle School Health Related Curriculum

Dear Parent and/or Guardian,

Your child will have the opportunity to learn about specific topics related to health as required by Oregon Law. The curriculum and instruction are focused on helping students understand the physical, emotional, mental, and social changes that adolescents experience during their development. The instruction varies according to the grade level and student readiness. The projected curriculum for the Middle School students is as follows:

All 6th, 7th, and 8th grade students will receive instruction in Nutrition and Physical Activity, Substance Abuse, Abstinence/Sexual Health and Human Immuno-deficiency Virus (HIV).

The 6th grade Oregon Health Standards for HIV and Abstinence include instruction in: abstinence, the physical, social, emotional and mental aspects of puberty, and sexually transmitted diseases/HIV/Hepatitis. They will also receive instruction in Personal Wellness, Personal Safety, and Tobacco.

The 7th grade Oregon Health Standards for HIV and Sexual Health include instruction in: abstinence, sexually transmitted diseases/HIV/Hepatitis, stages of pregnancy, facts about sexual intercourse, contraceptives, identifying community resources, and refusal skills. They will also receive instruction in Mental, Social and Emotion Health and Alcohol.

The 8th grade Oregon Health Standards for HIV and Sexual Health include instruction in: abstinence, sexually transmitted diseases/HIV/Hepatitis, stages of pregnancy, contraceptives, demonstration of steps using a condom, identifying community resources, decision making and refusal skills. They will also receive instruction in Violence/Suicide Prevention and Drugs.

Parents may excuse their child(ren) from any part of the health instruction and an alternative activity will be provided to the exempted student. Should you have any questions, please do not hesitate to contact school staff or complete the following section below and we will assist you in answering your question and are reviewing curriculum.

Joseph Lane Middle School 541-440-5356	Fremont Middle School 541-440-5472
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Parent Name _____ Date _____

Student Name _____ Grade _____

*Circle the areas of instruction listed above for which you desire more information/conversation.

Exemption – To exempt your child from this unit (or specific topic), we ask that you sign in the space provided below and indicate the portion of which you wish your child to be removed from class.

Parents Name _____ Date _____

Students Name _____ Grade _____

Topic/unit requesting exemption from _____



Office Use: Enrollment Date _____ Record # _____ Date Requested _____ Date Received _____

STUDENT RECORDS REQUEST

Please CIRCLE the enrolling school:

Eastwood Elementary 2550 SE Waldon St Roseburg OR 97470 Phone: 541-440-4180 Fax: 541-440-4182	Fir Grove Elementary 1360 W Harvard Ave Roseburg OR 97471 Phone: 541-440-4085 Fax: 541-440-4086	Fullerton IV Elementary 2560 W Bradford Roseburg OR 97471 Phone: 541-440-4081 Fax: 541-440-4082	Green Elementary 4498 SW Carnes Rd Roseburg OR 97471 Phone: 541-440-4127 Fax: 541-440-4017	Hucrest Elementary 1810 NW Kline St Roseburg OR 97471 Phone: 541-440-4188 Fax: 541-440-4191
Melrose Elementary 2960 Melrose Rd Roseburg OR Phone: 541-440-4077 Fax: 541-440-4078	Sunnyslope Elementary 2230 SW Cannon Roseburg OR Phone: 541-440-4192 Fax: 541-679-9485	Winchester Elementary 217 Pioneer Way Roseburg OR 97495 Phone: 541-440-4183 Fax: 541-440-4187	John C. Fremont Middle School <u>Attn: Registrar</u> 850 W Keady Ct Roseburg OR 97471 Phone: 541-440-4055 Fax: 541-440-4060	Joseph Lane Middle School <u>Attn: Registrar</u> 2153 NE Vine St Roseburg OR 97470 Phone: 541-440-4104 Fax: 541-440-4100
Roseburg High School <u>Attn: Sommer Popham, Registrar</u> 400 West Harvard Roseburg OR 97470 Phone: 541-440-4139 Fax: 541-440-4156 Email: spopham@roseburg.k12.or.us		Roseburg Virtual School <u>Attn: Robin Crabtree</u> 948 SE Roberts Roseburg OR 97470 Phone: 541-440-8278 Fax: 541-440-4037 Email: rcrabtree@roseburg.k12.or.us		Phoenix Charter School <u>Attn: Christine Pollastrini, Registrar</u> 3131 NE Diamond Lake Blvd Roseburg OR 97470 Phone: 541-440-1104 Fax: 541-440-1124 Email: cpollastrini@roseburgphoenix.com

The following student has enrolled in Roseburg Public Schools. Please forward the following requested records (if available):

- ✓ Cumulative File
- ✓ Key to your grading and credit system
- ✓ Behavior file
- ✓ Smarter Balanced & State Test Scores (overall and breakdown/strand scores)
- ✓ Health/Immunization/Birth Certificate
- ✓ Official Transcript/Academic Progress Records TAG records
- ✓ Withdrawal Grades/Current schedule
- ✓ IEP, Special Education Records, and/or 504 Plan (if special education records are kept at a different location, please forward this request to that location).

Students Full Legal Name _____ Grade _____ Preferred Name _____

Student Address/Phone _____

Gender _____ DOB _____ Place of Birth _____

Last School Attended _____

Address _____ Phone _____ Fax _____

*Parent/Guardian (or student over 18) Signature _____

***Print** Parent Name (or student over 18) _____ Date _____

Has your student been expelled from the previous school? _____ Is your student on an IEP/504 (past or present)? _____

Do not write below this line.

Registrar _____ Date _____

Under ORS 326.575, both public and private schools must request student records from the youth's former school within ten days of when the student initially seeks enrollment. The former school has ten days after receipt of the request to transfer any education records.

Under ORS 339.260, a district may withhold records, diplomas, or grade reports until outstanding fees owed are paid, although not when an educational agency has requested the records for use in the appropriate placement of a student. Please Note: ORS 339-260, ORA581-21-340, and Federal Law 34CFR S 99 et.seq specifies that no parental signature is required for educational records to be released to another educational agency.

!! PLEASE COMPLETE AND RETURN TO THE SCHOOL YOU ARE REGISTERING WITH - REQUIRED FOR ANY STUDENT NEW TO THE DISTRICT !!



Oregon Certificate of Immunization Status

Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>	Complete for all Up-to- date	
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>		
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>			Medical Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
<i>or</i>					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
School/facility Name
Student ID Number
Grade

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:

Please submit a **letter** signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): Please submit a **letter** signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner

The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

Diphtheria/ Tetanus/Pertussis

Hepatitis B

Polio

Hepatitis A

Varicella

Hib

Measles/Mumps/Rubella

Signature of Parent or Guardian

Date

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief

Philosophical belief

Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____

_____ Date

Update Signature _____

_____ Date

Update Signature _____

_____ Date

Update Signature _____

_____ Date

Temporary Guardianship Agreement

I, _____, of _____
(print your full name) (street)
_____, as the custodial parent of:
(city, state, zip)

List the full names of each child	List each child's birth date

Do hereby grant temporary guardianship of the above listed children to:

List the full names of the individual (s) to whom you are granting temporary custody	List person's relationship to the child(ren)

Contact information of temporary guardians listed above:

Address: _____

Phone numbers: _____ Cell _____ Work _____
_____ Home _____ Other _____

Statement of Consent: (To be signed in the presence of a legalized notary public.)

I, _____, hereby grant temporary guardianship of the above children, whom I have
legal custody of to _____

☐ From _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

☐ For as long as necessary, beginning on _____
(mm/dd/yyyy)

☐ Until the students turns 18 years old _____
Students date of birth

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.

Signature: _____ Date: _____

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____
(date) (month) (year)

(name of parent)

personally appeared before me in _____, _____ and, in my presence,
(city) (state)
has/have satisfactorily identified him/her/themselves as the signer(s) of this Temporary Guardianship Form.

Name of Notary Official: _____

Signature: _____ Commission Expires: _____

*Affix Notary
Seal Here*

Roseburg Public Schools
Meal Preference Request Form

Site/Provider Name:	Submit this form to: Your child's school
---------------------	---

Part I To be completed by Parent/Guardian, Adult Participant, or Roseburg Public Schools

Name of Participant: _____	
Parent/Guardian Name: _____	Phone #: _____

Part II To be completed by Parent/Guardian or Adult Participant
Note: This form is for non-medical meal preference requests. If a medical meal accommodation is required, a Medical Statement must be completed instead.

1. Check one or more boxes: Additional instructions are available on the back of this form		
<input type="checkbox"/> A. The participant requests a Nutritionally Equivalent Milk Substitute ⁵ Nutritionally Equivalent Milk Substitute Available: _____ <div>(List full brand name/flavor)</div>		
<input type="checkbox"/> B. The participant requests other non-medical ⁵ food accommodations, fill out section below		
Food(s) to be Omitted:	Suggested Substitution(s):	
_____	_____	
_____	_____	
_____	_____	
2. Signature and Date of Parent/Guardian or Adult Participant:		
_____	_____	_____
Printed Name	Signature	Date

Part III Roseburg Public Schools Use Only

Accommodation(s) Made: _____

Sponsor Signature: _____ Date: _____

Instructions for completing the Meal Preference Request Form:

1. **Organization Name:** Include the name of the Sponsoring Organization that is providing the form
2. **Site/Provider Name:** Print the name of the site where meals will be served (e.g., ABC School, XYZ Child Care Center)
3. **Submit this form to:** Include the name and contact information for the organization staff who will be collecting the completed form
4. **Part I:** This section can be completed by the **Parent/Guardian, Adult Participant, or Organization**
 - a. **Name of Participant:** Print the first and last name of the child or adult participant
 - b. **Parent/Guardian Name:** Print the first and last name(s) of the parent or guardian. This is not required for adult participants.
 - c. **Phone #:** Include a number for the parent/guardian in case of questions
5. **Part II:** This section must be completed by the **Parent/Guardian or Adult Participant** except for the Nutritionally Equivalent Milk Substitute Available section.
 - a. In section 1 – **check one or more boxes:** Check all boxes that apply.
 - i. A **Nutritionally Equivalent Milk Substitute** is defined as a non-dairy substitute that is nutritionally equivalent to cow's milk, as outlined in the National School Lunch Program (NSLP) regulations at 7 CFR 210.10(d)(3). Not all non-dairy substitutes will meet this requirement. For more information and a list of acceptable substitutes, refer to the ODE CNP Meal Accommodations and Modifications page.
 - ii. **Nutritionally Equivalent Milk Substitute Available:** The Sponsoring Organization will include the full name and flavor of the Nutritionally Equivalent Milk Substitute that is available per the Organization's policy. If available, it must be provided at no extra charge for participants.
 - iii. A **non-medical food accommodation** may include any meal accommodations due to religious, cultural, or personal preference (e.g., vegetarian, Kosher, etc.)
 - iv. If the non-medical food accommodation is checked, include both the **food(s) to be omitted and the suggested substitution(s)**. Sponsoring Organizations may omit all food(s) as requested and may also accommodate suggested substitutions according to their organization's policies.
 - b. In section 2 – **Signature and Date of Parent/Guardian or Adult Participant:** Print the full name of the parent/guardian or adult participant who is requesting the accommodation, sign, and date. This form will be considered incomplete if this section is not filled in.
6. **Part III:** This section must be completed by the Sponsoring Organization after Parts I and II are completed.
 - a. **Accommodations Made:** The Sponsoring Organization staff will indicate what accommodations will be made for the requests made in Part II. All non-medical food substitutions served must meet meal pattern in order to be reimbursable.
 - b. **Sponsor Signature and Date:** The Sponsoring Organization staff will sign and date the form. This form will be considered incomplete if this section is not filled in.

This form is only for non-medical meal preference requests and accommodations are subject to policies set by the Sponsoring Organization. Participants requiring a medical meal accommodation should be provided with a Medical Statement to be filled out by a licensed medical professional.

Medical Statement to Request Special Meals and/or Accommodations

Federal law and USDA regulation require Child Nutrition Programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal dietary preferences.

Site/Provider Name:	Submit this form to:
----------------------------	-----------------------------

Part I To be completed by Parent/Guardian, Adult Participant, or

Name of Participant: _____	
Parent/Guardian Name: _____	Phone #: _____

Part II To be completed *only* by a State licensed health care professional who is authorized to write medical prescriptions under State law*. Complete questions 1-3.

1. Describe the major life activity or major bodily function(s) affected by the participant's physical or mental impairment that restricts the diet:		
_____ _____		
2. Meal Accommodation Plan (Foods to omit or avoid):		
_____ _____		
3. Foods to be substituted and recommended alternatives (include modification and accommodation):		
_____ _____		
Signature of State Licensed Health Care Professional:		
_____ Printed Name	_____ Signature	_____ Date

Part III Use Only

Accommodation(s) Made: _____	
_____ Sponsor Signature: _____ Date: _____	

Instructions for completing the Meal Preference Request Form:

1. **Organization Name:** Include the name of the Sponsoring Organization that is providing the form
2. **Site/Provider Name:** Print the name of the site where meals will be served (e.g., ABC School, XYZ Child Care Center)
3. **Submit this form to:** Include the name and contact information for the organization staff who will be collecting the completed form
4. **Part I:** This section can be completed by the **Parent/Guardian, Adult Participant, or Organization**
 - a. **Name of Participant:** Print the first and last name of the child or adult participant
 - b. **Parent/Guardian Name:** Print the first and last name(s) of the parent or guardian. This is not required for adult participants.
 - c. **Phone #:** Include a number for the parent/guardian in case of questions
5. **Part II:** This section must be completed by a **State licensed health care professional*:**
 - a. In section 1 – **Describe:** The major life activity or major bodily function affected by the participant's physical or mental impairment that restricts the diet.
 - b. In section 2 – **Meal Accommodation Plan:** Provide any foods to omit or avoid.
 - c. In section 3 – **Foods to be substituted and recommended alternatives:** Provide the modification and accommodation.
6. **Part III:** This section must be completed by the Sponsoring Organization after Parts I and II are completed.
 - a. **Accommodations Made:** The Sponsoring Organization staff will indicate what accommodations will be made for the requests made in Part II.
 - b. **Sponsor Signature and Date:** The Sponsoring Organization staff will sign and date the form. This form will be considered incomplete if this section is not filled in.

This form is only for participants requiring a medical meal accommodation and should be filled out by a licensed medical professional*. Participants requesting a Non-Medical Meal Accommodation and/or a Milk Substitution will use the Meal Preference Request Form.

***State License Health Care Professions** include: Medical Doctors of Medicine (MD); Doctors of Osteopathy (DO); Doctors of Naturopathy (ND); Physician's Assistant (PA); Certified nurse practitioner or clinical nurse specialist; Doctor of Dental Medicine (DMD); Doctor of Dental Surgery (DDS); Doctor of Optometry (OD).

La ley federal y la norma del USDA exigen que los programas de nutrición infantil realicen modificaciones razonables para adaptarse a los niños con discapacidad. Según la ley, una discapacidad es un impedimento que limita sustancialmente una actividad vital importante o una función corporal, lo que puede incluir alergias y afecciones digestivas, pero no incluye las preferencias dietéticas personales.

Envíe este formulario a:	Nombre del sitio o proveedor: La escuela de su hijo
---------------------------------	---

Nombre del participante: _____

Nombre del padre / tutor: _____ Teléfono #: _____

1. Describa la actividad principal de vida o la función corporal importante afectada por la discapacidad física o mental del participante que restringe la dieta:

2. Plan de Adaptaciones de Comida (Alimentos a omitir o evitar):

3. Alimentos a sustituir y alternativas recomendadas (incluir modificación y adaptación):

Firma del Profesional de atención médica licenciado*:

Nombre Firma Fecha

Adaptación realizada: _____

Firma del patrocinador: _____ Fecha: _____

Instrucciones para rellenar el formulario de declaración médica para solicitar comidas especiales y/o adaptaciones:

1. **Nombre de la organización:** Incluya el nombre de la organización patrocinadora que proporciona el formulario
2. **Envíe este formulario a:** Incluya el nombre y la información de contacto del personal de la organización que recogerá el formulario cumplimentado
3. **Nombre del sitio/proveedor:** Escriba el nombre del lugar donde se servirán las comidas (por ejemplo, Escuela ABC, Guardería XYZ)
4. **Parte I:** Esta sección puede ser completada por el **padre/tutor, participante adulto u organización**
 - a. **Nombre del participante:** Escriba el nombre y el apellido del niño o del adulto participante
 - b. **Nombre del padre/tutor:** Escriba el nombre y los apellidos del padre o tutor. Esto no es necesario para los participantes adultos.
 - c. **Núm. de teléfono:** Incluya un número de teléfono para los padres/tutores en caso de preguntas
5. **Parte II:** Esta sección debe ser completada por un **profesional de la salud autorizado por el Estado:**
 - a. En la sección 1 - **Describe:** La principal actividad vital o la principal función corporal afectada por la discapacidad física o mental del participante que restringe la dieta
 - b. En la sección 2 - **Plan de adaptación de comidas:** Indique los alimentos que debe omitir o evitar
 - c. En la sección 3 - **Alimentos a sustituir y alternativas recomendadas:** Proporcionar la modificación y adaptación.
6. **Parte III:** Esta sección debe ser completada por la Organización Patrocinadora después de completar las Partes I y II.
 - a. **Adaptaciones realizadas:** El personal de la Organización patrocinadora indicará qué adaptaciones se harán para las solicitudes presentadas en la Parte II.
 - b. **Firma del patrocinador y fecha:** El personal de la organización patrocinadora firmará y fechará el formulario. Este formulario se considerará incompleto si no se rellena esta sección.

Este formulario es sólo para los participantes que necesiten una adaptación médica para la comida y debe ser rellenado por un profesional médico autorizado. Los participantes que soliciten una adaptación de comida no médica y/o una sustitución de leche utilizarán el formulario de solicitud de preferencia de comida.

*** Profesional de la salud autorizado por el Estado:** Doctores en Medicina (MD); Médicos de Osteopatía (DO); Médicos de Naturopatía (ND); Asistente de médico (PA); Enfermera profesional certificada o enfermera clínica especializada; Doctor en Medicina Dental (DMD); Doctor en Cirugía Dental (DDS); Doctor en Optometría (OD)

Para uso de la oficina: Fecha de inscripción _____ N.º de distrito _____ Grado _____

SOLICITUD DE FICHAS ESCOLARES

Haga un círculo alrededor de la escuela de inscripción:

Escuela Primaria Eastwood 2550 SE Waldon St Roseburg, OR 97470 Teléfono: 541-440-4180 Fax: 541-441-4185	Escuela Primaria Fir Grove 1360 W Harvard Ave Roseburg OR 97471 Teléfono: 541-440-4085 Fax: 541-440-4086	Escuela Primaria Fullerton IV 2560 W Bradford Dr Roseburg OR 97471 Teléfono: 541-440-4081 Fax: 541-440-4082	Escuela Primaria Green 4498 SW Carnes Rd Roseburg OR 97471
Escuela Primaria Hillcrest 1610 NW Kline St Roseburg OR 97471 Teléfono: 541-440-4188 Fax: 541-440-4191	Escuela Primaria Melrose 2960 Melrose Rd Roseburg OR Teléfono: 541-440-4077 Fax: 541-440-4078	Escuela Primaria Sunnyslope 2230 SW Cannon Rd Roseburg OR Teléfono: 541-440-4192 Fax: 541-440-9485	Distrito Escolar de Enseñanza Pública Roseburg Escuela Primaria Winchester 217 Pioneer Way Winchester OR 97495
Escuela Intermedia John C. Fremont <u>Atención: encargada de admisión</u> 850 W Keady Ct Roseburg OR 97471 Teléfono: 541-440-5400 Fax: 541-440-4600	Escuela Primaria Hillcrest <u>Atención: encargada de admisión</u> 2153 NE Vine St. Roseburg OR 97470 Teléfono: 541-440-5300 Fax: 541-440-4100	Escuela Primaria Hillcrest <u>Atención: encargada de admisión</u> 400 West Harvard Roseburg OR 97470 Teléfono: 541-440-4199 Fax: 541-440-4156	

El siguiente estudiante está inscrito en el Distrito Escolar de Enseñanza Pública Roseburg. Envíe las siguientes fichas escolares (si están disponibles):

- ☐ Expediente académico
- ☐ Expediente de conducta
- ☐ Certificado de salud/vacunas/nacimiento
- ☐ Expediente académico oficial/registros de progreso académico
- ☐ Grado en que se retiró/horario actual
- ☐ Programa de Educación Individualizado (IEP), registros de Educación Especial, y/o Plan 504 (Si se guardan registros educativos en otro lugar, envíe esta solicitud a ese lugar).
- ☐ Clave de su sistema de calificación y créditos
- ☐ Calificaciones de las Evaluaciones Equilibradas y Más Inteligentes y de las pruebas estatales (calificaciones generales y desglosadas/estándar).
- ☐ Registros del Programa para Estudiantes Dotados y Talentosos (TAG)

Nombre legal completo del estudiante: _____

Nombre preferido: _____

Dirección/teléfono del estudiante: _____

Sexo _____ Fecha de nacimiento _____ Lugar de nacimiento _____

Última escuela a la que asistió _____ Dirección _____

Ciudad _____ Estado/código postal _____ Teléfono _____ Fax _____

*Firma del padre de familia/tutor (o estudiante mayor de 18 años) _____

*Nombre del padre de familia en letra de molde (o estudiante mayor de 18 años) _____ Fecha _____

No escriba debajo de esta línea.

Encargada de admisión _____ Fecha _____

Conforme a ORS 326.575, tanto las escuelas públicas como las escuelas privadas deben solicitar las fichas escolares a la escuela del joven en un lapso de diez días de la fecha en que el estudiante pretende inscribirse. La escuela anterior tiene diez días después de la recepción de la solicitud para transferir toda ficha escolar. Conforme a ORS 339.26 01, un distrito puede retener las fichas, diplomas, o informes de calificaciones hasta que se paguen las cuotas pendientes de pago, aunque no puede hacerlo cuando una agencia educacional haya solicitado las fichas para usarlas en la asignación pertinente de un estudiante. Nota: ORS 339-260, ORS 1-12-340, y la ley federal 34CFR 899 y siguientes especifican que no se necesita la firma de un padre de familia para que las fichas escolares se transfieran a otra agencia educacional.



Distrito Escolar de Ensenanza Pública Roseburg

Formulario de permiso

Excursiones escolares

☐ Doy / ☐ **No doy** permiso a mi hijo para ir a participar en actividades fuera del campus ni excursiones escolares. Estas excursiones escolares son parte de su programa de aprendizaje, y se harán principalmente dentro de la comunidad, aunque algunas pueden hacerse a destinos más lejanos. Las excursiones suficientemente largas para las cuales se necesite transporte se harán en los autobuses escolares regulares o, en algunos casos, en los automóviles de los padres de familia. Se le notificará con antelación con respecto a la hora y el destino de estas excursiones escolares.

Consentimiento para administrar un tratamiento a un menor en una excursión escolar

☐ Doy / ☐ **No doy** permiso para que la escuela reciba atención médica para mi hijo en el caso de una lesión o accidente grave. Su permiso autorizará a la escuela a llamar a los servicios de emergencia, los cuales pueden llevar a su hijo al hospital para que reciba atención urgente. Si las circunstancias lo permiten, haremos todo lo posible por comunicarnos con usted o con el contacto de emergencia que aparece en sus archivos antes de comunicarnos con los servicios de emergencia. Sin embargo, nuestra máxima prioridad será el bienestar inmediato de su hijo. Usted será económicamente responsable del tratamiento médico que se le dé a su hijo.

Permiso para ver películas

☐ Doy / ☐ **No doy** permiso para que mi hijo vea películas con clasificación PG durante la clase. Las películas están específicamente elegidas para coordinarse con el programa de estudios de cada grado. El maestro habrá visto previamente las películas para asegurarse de que sean apropiadas para reproducirlas en la escuela.

Nombre del estudiante	Grado
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Firma del padre de familia o tutor	Fecha
------------------------------------	-------

Nombre en letra de molde del padre de familia o tutor	Relación con el estudiante
---	----------------------------

¡¡ LLENE Y DEVUELVA A LA ESCUELA EN LA QUE SE INSCRIBIRÁ - OBLIGATORIO PARA TODOS LOS ESTUDIANTES!!



Voluntary Student Accident Insurance
[School Name- - - - -]
Variable field- - - - -]

Health Special Risk, Inc.

HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007-1517

Phone: 866.409.5733, Ext. 5660

Fax: 972.512.5819


www.healthspecialrisk.com



HSR is an independent licensed insurance agency and is authorized to sell this student accident insurance on behalf of Mutual of Omaha Insurance Company.

Coverage underwritten by: Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175.

HSR
Health Special Risk, Inc.

 **Mutual of Omaha**

[Policy Form Variable Field - - - - -]

NATIONAL

2021-2022

K-12 Voluntary Student Accident Insurance Coverage

(Not Available in AR, FL, ID, KS, KY, MD, MT, NC, NH, NY, SD, TX, & WA)

Coverage underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE 68175

ELIGIBILITY:

All registered students grades PreK-12 of a participating school/district.

COVERAGE OPTIONS

AT SCHOOL COVERAGE: Insurance coverage is provided during the hours and days when school is in session, while attending or participating in school sponsored and supervised activities on or off school premises (i.e. day field trips) and while participating in interscholastic athletics (except injuries incurred while participating in High School Football events/activities). Coverage is provided while traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from the Insured's home premises and school premises when school is in session. If the Policyholder provides mandatory coverage for students under an At School, Interscholastic Athletic/Activity or Football program, benefits will be payable under those programs before being considered under an At School Voluntary program.

24-HOUR COVERAGE: Provides coverage for injuries incurred 24-Hours a day, 365 days a year, at home, at school and while participating in interscholastic athletics (except injuries incurred while participating in High School Football events/activities). If the Policyholder provides mandatory coverage for students under an Interscholastic Athletic/Activity, Football or At School program, benefits will be payable under those programs before being considered under a 24-Hour Voluntary program.

FOOTBALL ONLY: Insurance coverage is provided for High School Football athletes during athletic tryouts, preseason play, practice, state interscholastic governing body approved conditioning, regular and post season play and for travel to, during or after covered athletic activities as a member of a group in transportation furnished and arranged by the school. If the Policyholder provides mandatory coverage for Football athletes under an Interscholastic Athletic/Activity or Football program, benefits will be payable under those programs before being considered under a Voluntary Football Only program.

EXTENDED DENTAL COVERAGE: This is supplemental coverage for expenses resulting from covered accidental dental injuries. The dental benefits provided are: (a) 100% of Allowable Expense for examinations, X-Rays, endodontics and oral surgery to a maximum of \$10,000; or (b) dental expenses toward the cost of bridges, dentures or replacement of previous dental repairs to a maximum of \$250. No coverage is provided for orthodontics (braces) for any reason or damage or loss thereof. Extended Dental Coverage must be purchased in conjunction with a 24-Hour, At School or Football program; it cannot be purchased as stand alone coverage.

COVERAGE PERIOD – Coverage under the At School, 24-Hour and Football programs begins on the date of premium receipt but not before the start of the school year activities. At School Coverage ends at the close of the regular nine-month school term. 24-Hour Coverage ends when school reopens for the following fall term. Coverage is available under both plans throughout the school year at the premiums quoted (**no pro rata premiums available**).

BENEFITS

ACCIDENT MEDICAL EXPENSE: When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 60 days of the date of the accident; we will pay benefits as shown in the **Schedule of Benefits**, in excess of the Medical Deductible, if any. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit of \$25,000. We will pay the Medical Expenses an Insured incurs for covered services that exceed amounts payable by any Other Insurance Plan, subject to the Deductible, Benefit Percentage, and Benefit Period.

ACCIDENTAL DEATH AND SPECIFIC LOSS: Benefits are paid for losses incurred within 180 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

Loss of Life	\$10,000.00
Loss of both hands, both feet, sight in both eyes, speech and hearing	\$10,000.00
Loss of one hand, one foot, sight in one eye, speech or hearing	\$5,000.00
Loss of Thumb and Index Finger of the Same Hand.....	\$500.00

"Loss" means, with regard to hands and feet, actual severance above the wrist or ankle joint, with regard to sight, speech or hearing the total and irrevocable loss thereof. Loss means, with regard to thumb and index finger of the same hand, severance of two or more entire phalanges of both the thumb and index finger.

DEFINITIONS

Allowable Expense means a Medical Expense otherwise payable under the policy that is not in excess of the 80th percentile identified on Context4HealthCare (the "Database"). When there is, in Our determination, minimal data available from the Database for a Medical Expense, We will determine the amount to pay by calculating the unit cost for the applicable service category using the Database and multiplying that by the relative value of the Medical Expense based upon a commercially available relative value scale selected by Us. In the event of an unusually complex medical procedure, a Medical Expense for a new procedure or a Medical Expense that otherwise does not have a relative value that is in Our determination applicable, We will assign a relative value. The Medical Expenses We pay may not reflect the actual charges of a provider and does not take into account the provider's training, experience or category of licensure. A provider may charge the Insured the difference between what the provider charges and the amount We pay under the policy. The Database will be updated by us as information becomes available from the supplier, up to twice each year. We may modify the Database in Our discretion to reflect Our experience. We have the right, in Our discretion, to substitute or replace the Database with another database or databases of comparable purpose, with or without notice.

Injury means bodily harm which: (1) requires treatment by a Physician; (2) results in loss due to an Accident, independent of Sickness and all other causes; and (3) occurs within the Scope of Coverage.

Hospital means an institution which: (1) is operated pursuant to law; (2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; (3) is under the supervision of a staff of Physicians; (4) provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.); and (5) has medical, diagnostic and treatment facilities, with major surgical facilities on its premises or available to it on a prearranged basis. Hospital does not include: (1) a clinic or facility for: (a) convalescent, custodial, educational or nursing care; (b) the aged, drug addicts or alcoholics; (c) rehabilitation; or (2) a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless: (a) the services are rendered on an emergency basis; and (b) the individual has a legal liability to pay for the services given in the absence of insurance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for a loss due to or expenses incurred for:

(1) intentionally self-inflicted injury, suicide while sane or insane; (2) voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Insured's Physician; (3) Injury caused by, attributable to, or resulting from the Insured's Intoxication; (4) Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (5) operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (6) operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred; (7) commitment of or an attempt to commit a felony, or engagement in an illegal activity; (8) participation in a riot or insurrection; (9) any Injury that results from fighting, brawling, assault or battery; (10) an act of declared or undeclared war; (11) active duty service in any Armed Forces; (12) operating, learning to operate, or serving as a pilot or crew member of any aircraft unless specified in the INSURED RISKS section of this policy; (13) mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); (14) parachuting, except for self-preservation; (15) snow skiing, scuba diving, bob-sledding, bungee jumping, ballooning, flight in an ultralight aircraft, sky diving, hang-gliding, glider flying, sailplaning, or parasailing; (16) participation in professional or amateur racing; (17) injuries associated with activities or travel outside the United States; (18) sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning; (19) dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth; (20) orthodontic braces or appliances; (21) any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law; (22) charges which the Insured would not have to pay if the Insured did not have insurance; (23) a charge which is in excess of the Allowable Expense; (24) cosmetic surgery, except reconstructive surgery due to a covered Injury; (25) participation in semi-professional and professional sports, play or practice, or any related travel; (26) participation in practice or play of any sports activity, including travel to and from games and practice, unless specified in this policy; (27) assistant surgeon services, unless specified in this policy; (28) elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary, health treatment, or examination where no Injury is involved; (29) Pre-existing Conditions; (30) any Heart or Circulatory Malfunction; (31) loss caused by or resulting from nuclear radiation or the release of nuclear energy; (32) services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan; (33) services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited; (34) travel in or upon: (a) a snowmobile; (b) any two or three wheeled motor vehicle; (c) any off-road motorized vehicle not requiring licensing as a motor vehicle in the jurisdiction where operated; (35) any Accident in which the Insured is operating a motor vehicle without a current and valid motor vehicle operator's license (except in a driver's education program); (36) treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.

**NATIONAL
VOLUNTARY STUDENT ACCIDENT INSURANCE
SCHEDULE OF BENEFITS**

INPATIENT:	LOW OPTION	HIGH OPTION
Room & Board	Semi-Private Room Rate/\$150 per day maximum	80% of Allowable Expense/Semi-Private Room Rate
Hospital Miscellaneous	Up to \$600 per day maximum	Up to \$1,200 per day maximum
Registered Nurse	75% of Allowable Expense	100% of Allowable Expense
Physician's Nonsurgical Visits	Up to \$40 first day; \$25 per day thereafter	Up to \$60 first day; \$40 per day thereafter
(Benefits are limited to one visit per day and do not apply when related to surgery)		
OUTPATIENT:		
Hospital Outpatient Surgery – Facility Charge	Up to \$1,000 maximum	Up to \$1,200 per day maximum
Physician's Nonsurgical Visits	Up to \$40 first day; \$25 per day thereafter	Up to \$60 first day; \$40 per day thereafter
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
Physiotherapy	Up to \$30 first day; \$20 per day thereafter/5 day maximum	Up to \$60 first day; \$40 per day thereafter/5 day maximum
Emergency Room	Up to \$150 maximum	Up to \$300 maximum
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
X-Ray Services (Includes charges for reading)	\$200 maximum	\$600 maximum
Diagnostic Imaging - Cat Scan/MRI (includes charges for reading)	\$300 maximum	\$600 maximum
Laboratory	\$50 maximum	\$300 maximum
Injections	Up to \$25/injury	Up to \$25/injury
Prescription Drugs	\$75 maximum	\$200 maximum
Orthopedic Braces and Appliances	\$75 maximum	\$140 maximum
INPATIENT AND/OR OUTPATIENT:		
Surgeon's Fees	\$1,000 maximum. (No more than one procedure through the same incision will be paid)	\$1,200 maximum. (No more than one procedure through the same incision will be paid)
Anesthetist/Assistant Surgeon	20% of surgeon's allowance	25% of surgeon's allowance
Ambulance	\$300 maximum	\$800 maximum
Consultant	\$200 maximum	\$400 maximum
Treatment of Heat Exhaustion	100% of Allowable Expense	100% of Allowable Expense
Dental	Up to \$200 per tooth (Benefits are paid on sound natural teeth only)	Up to \$500 per tooth (Benefits are paid on sound natural teeth only)
Replacement of Eyeglasses, Contact Lenses and Hearing Aids	\$200 maximum (When broken as a result of a covered injury)	\$300 maximum (When broken as a result of a covered injury)

PLAN & RATE OPTIONS

(Make your selection on the enrollment form attached).

COVERAGE PLANS	LOW OPTION RATES	HIGH OPTION RATES
24-Hour	\$ 86.65	\$132.65
24-Hour Summer Only	\$ 22.45	\$ 35.30
At School	\$ 21.40	\$ 31.00
High School Football	\$147.65	\$230.05
Spring High School Football	\$ 58.85	\$ 92.00
Extended Dental	\$ 9.65	\$ 9.65

RETAIN THIS DESCRIPTION FOR YOUR RECORDS. Retain this student accident insurance flyer, and your canceled check, money order receipt or credit card receipt as your record of coverage. This flyer has been designed to illustrate the highlights of this insurance. All student accident insurance information is subject to the provisions of Policy Form SR2014 and state special versions. Exclusions and Limitations will apply. Should there be any discrepancy between the policy and this student accident information, policy provisions will prevail.



**2021-2022
VOLUNTARY
STUDENT ACCIDENT INSURANCE
ENROLLMENT FORM**

(Not Available in AR, FL, ID, KS, KY, MD, MT, NC, NH, NY, SD, TX, & WA)

Student's Last Name: _____ Student's Date of Birth: _____

Student's First Name: _____ MI: _____ Telephone Number: _____

Student's Social Security Number: _____ Grade: _____ Student ID Number: _____

Address: _____
Street City State Zip

Name of School District: _____ Name of School Campus: _____
(Required to Process)

Signature of Parent or Guardian: _____ Date: _____ E-mail Address: _____

PLEASE CHECK YOUR SELECTION BELOW:		
COVERAGE PLANS	LOW OPTION	HIGH OPTION
24-Hour	<input type="checkbox"/> \$ 86.65*	<input type="checkbox"/> \$132.65*
24-Hour Summer Only	<input type="checkbox"/> \$ 22.45*	<input type="checkbox"/> \$ 35.30*
At School	<input type="checkbox"/> \$ 21.40*	<input type="checkbox"/> \$ 31.00*
High School Football	<input type="checkbox"/> \$147.65*	<input type="checkbox"/> \$230.05*
Spring High School Football	<input type="checkbox"/> \$ 58.85*	<input type="checkbox"/> \$ 92.00*
Extended Dental	<input type="checkbox"/> \$ 9.65*	<input type="checkbox"/> \$ 9.65*
COMPANY USE ONLY: Check # _____ Amount Rec'd _____		Enclose check for total amount payable to: Health Special Risk TOTAL All Selections HERE: \$ _____

***There is a \$1.00 administration fee due with each paper enrollment form submission.**

Once completed, mail this form to:

**Health Special Risk, Inc.
P.O. Box 957824
St. Louis, MO 63195-7824**

For more information or assistance regarding all Student Insurance, contact our Customer Service Department at **1-866-409-5733**

IF YOU WISH TO PAY WITH MASTERCARD OR VISA:** Go to www.K12StudentInsurance.com

****A 5% administrative charge will be added for Credit Card Orders**

Accident Coverage underwritten by: Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175



Seguro Voluntario de Accidentes para Estudiantes

Health Special Risk, Inc.

HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007-1517

Teléfono: 866.409.5733, ext. 5660


Fax: 972.512.5819



HSR es una agencia con licencia de seguros independiente y está autorizada para vender seguro de accidentes para estudiantes a nombre de la Compañía de Seguros Mutual of Omaha.

Cobertura suscrita por: Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175.

HSR
Health Special Risk, Inc.

 **MUTUAL of OMAHA**

A NIVEL NACIONAL

2021-2022

Cobertura de Seguro Voluntario de Accidente para Estudiantes de K-12

(No esta disponible en los siguientes estados: AR, FL, ID, KS, KY, MD, MT, NC, NH, NY, SD, TX, y WA)

Cobertura Suscrita por: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE 68175

ELEGIBILIDAD:

Todos los alumnos matriculados en una escuela/distrito participante en los grados de Pre-kínder hasta el grado 12

OPCIONES DE COBERTURA

COBERTURA EN LA ESCUELA: Se proveerá la cobertura del seguro durante las horas y días en que la escuela está en sesión, mientras este asistiendo a la escuela o participando en actividades patrocinadas y supervisadas dentro o fuera de las instalaciones de la escuela (por ejemplo, viajes a excursiones "field days") y mientras participa actividades deportivas inter-escolares (con la excepción de lesiones sufridas durante su participación en eventos/actividades de Fútbol Americano de escuela secundaria). Se proporciona cobertura mientras viaje a, durante o después de tales actividades como miembro de un grupo de transporte proporcionado u organizado por el Tenedor de la Póliza y viajando directamente hacia o desde los predios de su residencia o los predios de la escuela cuando la escuela está en sesión. Si el Tenedor de Póliza proporciona cobertura obligatoria para los estudiantes bajo el Programa de Actividades Atléticas o Programa de Fútbol Americano Inter-escolares, los beneficios se pagarán primero bajo tales programas antes de ser considerados bajo un Programa Voluntario de En La Escuela.

COBERTURA LAS 24 HORAS: Proporciona cobertura por lesiones sufridas las 24 horas del día, los 365 días del año, en casa, en la escuela y durante su participación en actividades deportivas inter-escolares (con la excepción de lesiones sufridas durante su participación en eventos/actividades de Fútbol Americano de escuela secundaria). Si el Tenedor de la Póliza proporciona cobertura obligatoria para los estudiantes bajo un programa de Fútbol Americano, programa Atlético/Actividad Inter-escolar, o un Programa de en la Escuela, los beneficios se pagarán bajo tales programas antes de ser considerados bajo el programa Voluntario de 24 horas.

SOLO PARA FÚTBOL AMERICANO : Se proporcionará cobertura de seguro a los atletas de Fútbol Americano de escuela secundaria ya sea para las actividades aprobado por los gobernantes inter escolares del estado tales como pruebas de selección ("tryouts"), juego de pretemporada, práctica, acondicionamiento físico, juego de temporada regular, juegos de post temporada, así como los viajes a, durante o después de las actividades atléticas como miembro del equipo cuando la transportación es proporcionado y organizado por la escuela. Si el Tenedor de la Póliza proporciona cobertura obligatoria para los atletas de fútbol americano bajo un programa Atlético/Actividad Inter-escolar de Fútbol Americano, se pagarán beneficios bajo esos programas antes de ser consideradas bajo un programa Voluntario de Fútbol Americano. **COBERTURA DENTAL EXTENDIDA:** Esta es una cobertura adicional para los gastos incurridos por accidentes dentales que estén cubiertos. Los beneficios dentales proporcionados son: (a) el 100% de los cargos permitidos para exámenes, radiografías, endodoncia y cirugía oral hasta un máximo de \$10,000; O (b) los gastos dentales que sean para puentes, dentaduras postizas o el reemplazo de las reparaciones dentales anteriores a un máximo de \$250. No se proporcionará cobertura para frenillos ortodonticos (braces) por ninguna razón o daño o pérdida de los mismos. Cobertura dental extendida se debe comprar junto con uno de los siguientes programas, coberturas de 24 Horas, En La Escuela o de Fútbol Americano; no podrá ser adquirido como una cobertura independiente.

PERIODO DE COBERTURA - La cobertura bajo los programas tales como En La Escuela, Las 24 Horas y de Fútbol Americano comienzan a partir de la fecha que se recibe la prima, pero no antes del inicio de las actividades del año escolar. La cobertura de En La Escuela termina al cierre del período regular de nueve meses de la escuela. La cobertura de Las 24 Horas termina cuando la escuela abre nuevamente en otoño. La cobertura está disponible para ambos planes a través de todo el año escolar de acuerdo a las primas cotizadas (**no hay primas pro rata disponibles**).

BENEFICIOS

GASTOS MÉDICOS DE ACCIDENTES: Cuando le sucede una lesión cubierta a un asegurado y esa lesión resulta en tratamiento ya sea por un médico o cirujano dentro de los 60 días de la fecha del accidente; nosotros pagaremos los beneficios como se muestra en la Tabla de Beneficios, después del deducible médico, si los hubiere. Sólo aquellos gastos médicos elegibles incurridos por el Asegurado dentro de las 52 semanas desde la fecha del accidente están cubiertos. Los beneficios para un accidente singular no podrán exceder el beneficio médico máximo de \$25,000 en su totalidad.

MUERTE ACCIDENTAL Y PÉRDIDA ESPECÍFICA: Se pagaran beneficios por las pérdidas sufridas dentro de los 180 días desde el día lesión. Los siguientes beneficios (la mayor cantidad que aplique) se pagaran además del beneficio médico:

Pérdida de la Vida.....	\$10,000.00
Pérdida de ambas manos, ambos pies, la vista en ambos ojos, el habla y la audición	\$10,000.00
Pérdida de una mano, un pie, la vista en un ojo, el habla o la audición.....	\$5,000.00
Pérdida del dedo pulgar e índice de la misma mano.....	\$500.00

"Pérdida" significa, en relación con las manos y los pies, la desmembración por más allá de la muñeca o el tobillo, con respecto a la vista, el habla o la audición la pérdida total e irrevocable de los mismos. Con respecto al pulgar y el dedo índice de la misma mano, pérdida también significa, la ruptura o el desprendimiento de dos o más falanges enteras de tanto el pulgar y el dedo índice.

DEFINICIONES

Gastos Permitidos significa un gasto médico que de otra manera es pagado bajo la póliza que no está en exceso del 85 por ciento identificado en Context4HealthCare (la " Base de datos"). Cuando exista, a nuestra determinación, un mínimo de datos disponibles en la base de datos para un gasto médico, determinaremos la cantidad a pagar calculando el costo unitario de la categoría de servicios aplicable utilizando la Base de Datos y multiplicándolo por el valor determinado de la gastos Médicos basado en una escala de valor comercial determinado disponibles que nosotros seleccionemos. En caso de un procedimiento médico inusualmente complejo, el costo de un nuevo procedimiento médico o el Gasto de un Servicio Médico que no tenga un valor determinado que tengamos que hacer una determinación, nosotros le asignaremos un valor fijo. Los Gastos Médicos que nosotros paguemos pueden que no reflejen los cargos reales de un proveedor y no tiene en cuenta la capacitación de los proveedores, la experiencia o la categoría de la licencia. Un proveedor puede cobrarle al Asegurado la diferencia entre lo que cobra el proveedor y la cantidad que nosotros paguemos bajo la póliza. Nosotros actualizaremos la base de datos tal como la información sea proveída por el médico, hasta dos veces al año. Podremos modificar la base de datos a Nuestra discreción para reflejar nuestras experiencias anteriores. Tenemos el derecho, a nuestra discreción, de sustituir o reemplazar la base de datos con otra(s) base(s) de datos que sean similarmente comparativos, con o sin previo aviso.

Lesión es el daño corporal o físico que (1) requiere tratamiento de un médico; (2) resulte en una pérdida debido a un accidente, independientemente de la enfermedad y otras causas; y (3) pase en el periodo de tiempo que este asegurado bajo la cobertura.

Hospital significa una institución que: (1) es operada de acuerdo a la ley; (2) la responsabilidad primaria este vinculada con el cuidado, atención medica, y el tratamiento de personas enfermas y lesionadas como pacientes hospitalizados; (3) está bajo la supervisión de un equipo de Médicos; (4) dispone de servicio de enfermería las 24 horas por o bajo la supervisión de una enfermera(o) graduada(o) registrada(o) (RN siglas en inglés); y (5) cuenta con instalaciones médicas, de diagnóstico y tratamiento, con facilidades de quirófanos en sus localidades o que disponga de forma preestablecida. El Hospital no incluye: (1) una clínica o facilidad de: (a) convalecencia, custodia, educación o cuidado de enfermería; (b) los mayores de edad, adictos a drogas o alcohólicos; (c) rehabilitación; o (2) un hospital militar o de veteranos o un hospital contratado o administrado por el gobierno o sus agencias a menos que: (a) los servicios sean prestados en casos de emergencia; y (b) la persona sea responsable legalmente de pagar por los servicios prestados en la ausencia de un seguro.

EXCLUSIONES Y LIMITACIONES

No pagaremos los beneficios de una pérdida causada por o para gastos incurridos de lo siguiente: (1) Lesiones auto infligidas intencionalmente, suicidio mientras esté cuerdo o demente; (2) Administración auto voluntaria de cualquier droga o sustancia no prescrita o no tomadas según las instrucciones del médico del Asegurado; (3) Daño causado por, atribuible a, o como resultado de la intoxicación del Asegurado; (4) Daños causado por, atribuible a, o como resultado de su uso del Asegurado de una sustancia controlada a menos que se administre por consejo de un médico y tomando la dosis prescrita; (5) Manejar un vehículo de motor bajo la influencia de una sustancia controlada a menos que se administra en el consejo de un médico y tomando la dosis prescrita; (6) Manejar un vehículo de motor mientras tenga un nivel de alcohol en sangre igual o superior al límite legal para operar un vehículo de motor en el estado o jurisdicción donde ocurrió la lesión; (7) El compromiso o un intento de cometer un delito grave, o la participación en una actividad ilegal; (8) La participación en una disturbio o insurrección; (9) Cualquier daño que resulte de peleas, asalto o agresión; (10) Un acto de guerra declarada o no; (11) El servicio activo en las Fuerzas Armadas; (12) Volar, aprendiendo a volar o servir como piloto o miembro de la tripulación de cualquier aeronave a menos que se especifique en la sección de RIESGOS DEL ASEGURADO de esta póliza; (13) Alpinismo (la participación en el deporte de escalar montañas generalmente requiere el uso de picos, cuerdas y otros equipos especiales); (14) Paracaidismo, excepto para instinto de sobrevivencia; (15) Esquiar en la nieve, buceo, bobsledding (trineo de carreras), puentismo, vuelo en globo, vuelo en un avión ultraligero, paracaidismo, hang-gliding (parapente), vuelo en planeador, sailplaning (planeador ligero) o paravola; (16) La participación en las carreras profesionales o aficionados; (17) Lesiones relacionadas con actividades o viajes fuera de los Estados Unidos; (18) Enfermedad, dolencia, corporal o trastorno mental o el tratamiento médico o quirúrgico de la misma, una infección bacteriana o viral, independientemente de cómo sea contraído. Esto no excluye la infección bacteriana que es el resultado natural y previsible de una lesión o envenenamiento accidental de los alimentos; (19) Tratamiento dental o rayos-X dentales, salvo estipulado de otra manera y sólo cuando se produce una lesión a dientes naturales que estén sanos; (20) Cualquier pérdida por la cual los beneficios se pagan bajo las leyes estatales o federales de compensación del trabajador, de responsabilidad del empleador o de enfermedades ocupacionales; (21) Los cargos por los que el asegurado no tendrían que pagar si el asegurado no tuviese un seguro; (22) Un costo más allá del costo admisible; (23) Cirugía cosmética, con la excepción de la cirugía reconstructiva debido a una lesión que este bajo la cobertura; (24) Participación en los deportes semi-profesionales y profesionales, el juego o práctica, o cualquier viaje relacionado a ello; (25) La participación en la práctica o el juego de cualquier actividad deportiva, incluyendo los viajes hacia y desde los juegos y las prácticas, a menos que se especifique en esta póliza; (26) Servicios de cirujano auxiliar, a menos que se especifican en esta póliza; (27) Tratamiento electivo o cirugía que no sean aconsejado por un médico y que no sea médicamente necesario, también tratamiento médico o exanimación donde no este envuelta la lesión; (28) Condiciones pre-existentes; (29) Virus de la inmunodeficiencia humana (VIH), el síndrome de inmunodeficiencia adquirida (SIDA) o complejo relacionado con SIDA (ARC siglas en inglés); (30) Cualquier mal funcionamiento del corazón o sistema circulatorio; (31) Pérdida causada por o como resultado de radiación nuclear o fuga de energía nuclear; (32) Servicios o tratamientos efectuados que son pagados o pagaderos bajo cualquier otro plan de seguro; (33) Servicios o tratamientos efectuados que son pagados o pagaderos bajo cualquier póliza de seguro de automóvil, sin admitir responsabilidad. Esta exclusión no aplica a aquellos estados donde este prohibido; (34) Viajar en o sobre: (a) Una moto de nieve; (b) Cualquier vehículo de motor de dos o tres ruedas; (c) Cualquier vehículo todo terreno motorizado que no requiera licencia para manejar vehículo de motor en la jurisdicción donde opera; (35) Cualquier accidente en el que el asegurado está operando un vehículo de motor sin licencia de operador de vehículo de motor vigente y válido (excepto en el programa de educación de conducir); (36) Anteojos, lentes de contacto, aparatos auditivos, o exámenes o prescripciones relacionadas; (37) Tratamiento por trauma debido a articulación temporo-andibular (ATM) que involucra la instalación de coronas, pónicos, puentes o pilares o la instalación, el mantenimiento o la eliminación de los aparatos de ortodoncia u oclusores o terapia de equilibrio.

GUARDE ESTA DESCRIPCIÓN EN SUS RECORDS. Conserve este folleto de seguro accidental con su cheque cancelado, recibo de giro postal o recibo de tarjeta de crédito como acuse de recibo de la cobertura. Este folleto ha sido diseñado para ilustrar los aspectos más destacados de este seguro. Toda la información del seguro accidental para el estudiante está sujeta a las disposiciones de la Póliza SR2014. Las exclusiones y limitaciones serán aplicadas. Si hubiera alguna discrepancia entre la póliza y esta información de accidente para el estudiante, las disposiciones de la póliza prevalecerán.

La póliza o certificado de seguro que tienen que ver con la cobertura y los servicios descritos en este anuncio serán proveídos en inglés solamente. Toda documentación, avisos y comunicaciones de apoyo que estén relacionado también se proporcionarán solamente en inglés. Le recomendamos que busque asistencia de un traductor y/o interprete. No obstante, las pólizas y certificados de seguro están disponibles en español para los residentes de Puerto Rico que lo soliciten.

COBERTURA DE SEGURO VOLUNTARIO DE ACCIDENTES PARA LOS ESTUDIANTES DE EL RESTO DE LA NACION PROGRAMA DE BENEFICIOS

PACIENTES HOSPITALIZADOS:	OPCIÓN – BAJA	OPCIÓN – ALTA
Alojamiento y Comida / Misceláneos de Hospital	Tarifa de habitación semi - privada / máximo de \$150 por día	80% de la Tarifa Usual y Acostumbrada por Una Habitación Semi - privada
Misceláneos de Hospital	Hasta un máximo de \$600 por día	Hasta un máximo de \$1,200 por Día
Enfermera Registrada o Graduada	75% de los habituales	100% de los habituales
Visitas del Médico No Quirúrgicas	Hasta \$40 el primer día; \$25 por día a partir de entonces	Hasta \$60 el primer día; \$40 por día a partir de entonces
(Los beneficios se limitan a una visita por día y no se aplican cuando se relaciona con una cirugía)		
PACIENTES AMBULATORIOS:		
Costo de Cirugía Ambulatoria-Cargos por Instalación Médica	Hasta un Máximo de \$1,000	Hasta un Máximo de \$1,200
Visitas del Médico No Quirúrgicas	Hasta \$40 el primer día; \$25 por día a partir de entonces	Hasta \$60 el primer día; \$40 por día a partir de entonces
(Los beneficios se limitan a una visita por día y no se aplican cuando se relaciona con la cirugía o fisioterapia)		
Fisioterapia	Hasta \$30 el primer día; \$20 por día a partir de entonces / 5 días máximos	Hasta \$60 el primer día; \$40 por día a partir de entonces / 5 días máximos
Sala de Emergencia	Hasta un Máximo de \$150	Hasta un Máximo de \$300
(Uso de la sala y materiales, el tratamiento debe ser dado dentro de 72 horas desde el momento de la lesión)		
Servicios de Rayos X - (Incluye cargos por lectura)	Máximo de \$200	Máximo de \$600
Cat Scan /MRI	Máximo de \$300	Máximo de \$600
Laboratorio	Máximo de \$50	Máximo de \$300
Inyecciones	Hasta \$25, lesión	Hasta \$25, lesión
Medicamentos con Receta	Máximo de \$75	Máximo de \$200
Aparatos y Accesorios Ortopédicos	Máximo de \$75	Máximo de \$140
PACIENTES HOSPITALIZADOS Y/O AMBULATORIOS:		
Honorarios del cirujano	Máximo de \$1,000 (No se pagaran procedimientos adicionales por la misma incisión)	Máximo de \$1,200 (No se pagaran procedimientos adicionales por la misma incisión)
Anestesista	20% del gasto permitido para el cirujano	25% del gasto permitido para el cirujano
Ambulancia	Máximo de \$300	Máximo de \$800
Consultor	Máximo de \$200	Máximo de \$400
Tratamiento del agotamiento por calor	100% de los habituales	100% de los habituales
Dental	Hasta \$200 por diente (Los beneficios se pagan en los dientes naturales y sanos solamente)	Hasta \$ 500 por diente (Los beneficios se pagan en los dientes naturales y sanos solamente)
El reemplazo de anteojos, lentes de contacto y audífonos	Máximo de \$200 (Al romperse como resultado de una lesión en la cubierta)	Máximo de \$300 (Al romperse como resultado de una lesión en la cubierta)

TIPOS DE OPCIONES

(Haga su selección en el formulario de inscripción adjunto).

PLANES DE COBERTURA	OPCIÓN – TARIFA BAJA	OPCIÓN – TARIFA ALTA
24 Horas	\$ 86.65	\$132.65
24 Horas Veranos Solamente	\$ 22.45	\$ 35.30
En La Escuela	\$ 21.40	\$ 31.00
Fútbol Americano Escuela Secundaria	\$147.65	\$230.05
Fútbol Americano Primavera Escuela Secundaria	\$ 58.85	\$ 92.00
Dental Extendido	\$ 9.65	\$ 9.65



2021-2022
SEGURO VOLUNTARIO
DE ACCIDENTE PARA ESTUDIANTES
FORMULARIO DE SUSCRIPCIÓN

(No esta disponible en los siguientes estados: AR, FL, ID, KS, KY, MD, MT, NC, NH, NY, SD, TX, & WA)

Apellido del Estudiante: _____ Fecha de Nacimiento del Estudiante: _____

Nombre del Estudiante: _____ Inicial: _____ Numero de Teléfono: _____

Número de Seguro Social del Estudiante: _____ Grado: _____ Número de Identificación del Estudiante: _____

Número de la Calle: _____ Dirección Ciudad Estado Código Postal

Nombre del Distrito Escolar: _____ Nombre de la Escuela/Campus: _____
(Requerido para Procesar)

Firma del Padre o Guardián: _____ Fecha: _____ E-mail Address: _____

POR FAVOR SELECCIONE SU PLAN A CONTINUACION:		
PLANES DE COBERTURA	OPCIÓN BAJA	OPCIÓN ALTA
24-Hour (24 Horas)	<input type="checkbox"/> \$ 86.65*	<input type="checkbox"/> \$132.65*
24-Hour (24 Horas, Solamente en Verano)	<input type="checkbox"/> \$ 22.45*	<input type="checkbox"/> \$ 35.30*
At School (En la Escuela)	<input type="checkbox"/> \$ 21.40*	<input type="checkbox"/> \$ 31.00*
High School Football (Fútbol Americano a Nivel de Secundaria)	<input type="checkbox"/> \$147.65*	<input type="checkbox"/> \$230.05*
Spring High School Football (Fútbol Americano en Primavera a Nivel de Secundaria)	<input type="checkbox"/> \$ 58.85*	<input type="checkbox"/> \$ 92.00*
Extended Dental (Seguro Dental Extendido)	<input type="checkbox"/> \$ 9.65*	<input type="checkbox"/> \$ 9.65*
SOLAMENTE PARA USO DE LA COMPAÑÍA: Número de cheque _____ Cantidad Recibida _____		Adjuntado se encuentra el cheque de pago total pagadero a: Health Special Risk TOTAL de todas las elecciones AQUI: \$ _____

* Existe un cargo adicional de proceso de \$1.00 por cobertura comprada para procesar el papeleo.

Una vez completado, envíe este formulario a:

Health Special Risk, Inc.
P.O. Box 957824
St. Louis, MO 63195-7824

Para más información referente a Seguro de Estudiantes, comuníquese con el Departamento de Servicio al Cliente al **1-866-409-5733**

IF YOU WISH TO PAY WITH MASTERCARD OR VISA:** Go to www.K12StudentInsurance.com

**A 5% administrative charge will be added for Credit Card Orders

Cobertura de Accidente Suscrita por: Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175

ATTENTION PARENTS AND GUARDIANS

Supplemental Student Accident Insurance is Now Available



Health Special Risk, Inc. is offering two options for supplemental student accident insurance.

AT-SCHOOL COVERAGE

At-School coverage provides protection for students enrolled full time in Kindergarten through 12th grade during regular school hours for the entire school year.

24-HOUR COVERAGE

This coverage provides protection 24 hours a day, seven days a week for any covered student accident that occurs anywhere, not just on school grounds.

The premium for either option is paid annually. This one-time payment provides coverage for the entire year. Both coverage options provide protection beginning from the date of enrollment in the plan.

Supplemental student accident insurance is applicable for any covered activity. Certain exclusions and limitations apply. Please read the policy information carefully for an overview of the plan. If you wish to purchase this coverage, here's how to enroll:

Go to: www.K12StudentInsurance.com

New Visitors

- 1 Browse rates
- 2 Open a new account – Once you've determined your school is covered, you'll need to open a new account and add student and coverage
- 3 Add student(s) and coverage on the MyAccount page

Returning Account Holders

- 1 MyAccount Logon
- 2 Maintain Student Data
- 3 Maintain Insurance Coverage

For information or assistance regarding all student insurance, contact our customer service department at (866) 409-5733.

Underwritten by Mutual of Omaha Insurance Company,
3300 Mutual of Omaha Plaza, Omaha, NE 68175.

Policy Form T5MP Series 6440S NC; Series 6754S FL

Policy Form B33MP Series 8408S TX

Policy Form SR2014 TX

Riders: 868MS-EZ, 0KV5M, 6785M, 0CX5M, 867MS-EZ, 6773M, 0KV4M, 1359MS-EZ, 6653M, 850MS-EZ, 851MS-EZ, 6425M Rev 04-10, 0LJ8MS, 9130MS, 6925M, 1364MS, 0LC7M.



HSR
Health Special Risk, Inc.

ATENCIÓN, PADRES Y GUARDIANES

Ahora está disponible el Seguro contra accidentes estudiantiles adicional



Health Special Risk, Inc. ofrece dos opciones de seguro contra accidentes estudiantiles adicional.

COBERTURA EN LA ESCUELA

La cobertura en la escuela brinda cobertura para los estudiantes inscritos tiempo completo en Kindergarten hasta el grado 12 durante el horario normal de escuela para todo el ciclo lectivo.

COBERTURA LAS 24 HORAS

Esta cobertura brinda protección las 24 horas al día, los siete días de la semana, para cualquier accidente estudiantil cubierto que ocurra en cualquier lugar, no solo en el territorio de la escuela.

La prima para cualquiera de las dos opciones se paga anualmente. Este pago único ofrece cobertura para todo el año. Ambas opciones de cobertura ofrecen protección desde la fecha de inscripción en el plan.

El seguro contra accidentes estudiantiles adicional es aplicable a cualquier actividad cubierta. Se aplican ciertas exclusiones y limitaciones. Lea cuidadosamente la información de la póliza para ver una descripción general del plan. Si desea comprar esta cobertura, esta es la forma de inscribirse:

Suscrito por Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175.

La póliza o certificado que afecta la cobertura y los servicios descritos en este aviso se proporciona exclusivamente en inglés. Así mismo, toda la documentación relacionada también se proporcionará exclusivamente en inglés. En caso de adquirir este producto, le recomendamos contactar a un traductor.

Nota: Las pólizas y certificados de aseguramiento se encuentran disponibles en español para los residentes de Puerto Rico, previa petición.

Vaya a: www.K12StudentInsurance.com

Nuevo visitante (New Visitors)

- 1 Buscar tarifas (Browse Rates)
- 2 Abrir una nueva cuenta: una vez que haya determinado que su escuela está cubierta, tendrá que abrir una nueva cuenta, y agregar al estudiante y la cobertura
- 3 Agregar estudiantes y cobertura en la página MyAccount

Titulares de cuenta frecuentes

- 1 Inicio de sesión en MyAccount
- 2 Mantener datos del estudiante
- 3 Mantener la cobertura del seguro

Para información o asistencia sobre todos los seguros del estudiante, póngase en contacto con el departamento de servicio al cliente al (866) 409-5733.

