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Roseburg High School

2022-23

I

Parent/Student Handbook

D

Positive

Respectful

Involvement

Determined

Encouraging

E



Dr. Jill Weber
Principal
440-4142



Mr. Brett Steinacher
Assistant Principal
School Operations
440-4142



Mr. Adam Blue
Assistant Principal
School Climate & Safety
440-4142

Welcome to the 2022-2023 school year! We want each student at Roseburg High School to have a successful experience in all that they do. We also want their educational experience to prepare them for their future goals. Our partnership together will ensure your student's success!

Dr. Jill Weber



Mr. Russ Bolin
Athletics Director
440-4162



Mr. Randal Olsen
Assistant Principal
Educational Services
440-4142



Mr. Bradley Bogardus
Assistant Principal
Student Services
440-4142

Roseburg High School Behavior Expectations



Roseburg Pride

Here at Roseburg High School, we behave in ways that show everyone our RHS P.R.I.D.E.! P.R.I.D.E. is our school-wide acronym that is intended to guide behavior expectations for us all at Roseburg High School.

We have...

PRIDE - A strong sense of appreciation and value for one's efforts, achievements, and personal character.

| | |
|---------------------|---|
| We R | Here is how we show it: |
| P ositive | Be optimistic in your daily attitude. <ul style="list-style-type: none"> • Focus on the good • Interact with kindness • Envision success |
| R espectful | Take care of yourself, others, and your surroundings. <ul style="list-style-type: none"> • Follow school expectations • Be open-minded and patient with others • Own your actions; take responsibility |
| I nvolvement | Contribute to the RHS community. <ul style="list-style-type: none"> • Actively engage in your own learning • Stand up and do what is right • Participate; make a connection |
| D etermined | Persevere; strive to give your best effort. <ul style="list-style-type: none"> • Establish your purpose • Set short and long term goals • Stay focused, get help, keep trying |
| E ncouraging | Support others and their efforts. <ul style="list-style-type: none"> • Appreciate others' strengths and contributions. • Instill confidence in others • Lead by example |






August 2022

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|---|---|---|--|---------------------------------------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 Football Car Wash, Main Parking Lot, 8 am |
| 7 | 8 X-Country Camp, 7:30 am | 9 | 10 | 11 | 12 | 13 Cheer Stunt Camp, Student Ctr, 8 am |
| 14 | 15 VB Tryouts, Main/Aux gyms, 7 am & 5 pm | 16 REGISTRATION, Student Ctr, 8 am | 17 REGISTRATION, Student Ctr, 8 am | 18 REGISTRATION, Student Ctr, 8 am PARKING REGISTRATION, Triangle Lot, 7:30 am | 19 REGISTRATION, Student Ctr, 8 am | 20 Cheer Car Wash, Main Parking Lot, 8 am |
| 21 | 22 | 23 | 24 Link Crew Training, Main Gym, 10 am | 25 | 26 | 27 BJV Soccer v Crater, Fir Grove Fields, 11 am BV Soccer v Crater, Finlay Field, 11 am |
| 28 | 29 <i>FR/Link Crew First Day of School</i> | 30 <i>ALL Grades First Day of School</i> | 31 | | | |



September 2022

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|---|---|---|---|--|---|
| | | | | 1 BJV FB v Moun- tainside, 5 pm GFR/JV VB v Crater, 5:15 pm GV VB v Crater, 6:45 pm | 2 Golden Arrow Performance, 6 pm | 3 |
| 4 | 5 NO SCHOOL  | 6 BJV Soccer v S. Medford, 4 pm BV Soccer v S. Medford, 6 pm | 7 EARLY RELEASE | 8 BFR FB v A.C.Nelson, 5 pm GFR/JV VB v Willamette5:15pm GV VB v illamette, 6:45pm | 9 BV FB v Adrienne C. Nelson, 7 pm | 10 Sr. Sunrise, 6 am BJV Soccer v Ashland, 11 am BV Soccer v Ashland, 1 pm |
| 11 | 12 | 13 GJV Soccer v N. Medford, 4 pm GV Soccer v N. Medford, 6 pm | 14 EARLY RELEASE | 15 BJV FB v N. Sa- lem, 5 pm GFR/JV VB v Sheldon, 5:15 pm GV VB v Sheldon, 6:45 pm | 16 GJV Soccer v. Willamette, 4 pm GV Soccer v Willamette, 6 pm | 17 Community Baby Shower, 9 am |
| 18 | 19 | 20 BJV Soccer v Grants Pass, 4 pm GFR/JV VB v S. Eugene, 5:15 pm GV VB v S. Eu- gene, 6:45 pm | 21 EARLY RELEASE Financial Aid Night, Media Ctr, 6 pm | 22 BJV FB v Spra- gue, 5 pm | 23 BJV Soccer v S. Eugene, 4 pm BV Soccer v S. Eugene, 6 pm | 24 |
| 25 | 26 | 27 GJV Soccer v Sheldon, 4 pm GFR/JV VB v Grants Pass, 5:15p GV Soccer v Shel- don, 6 pm GV VB v Grants Pass, 6:45 pm | 28 EARLY RELEASE | 29 BFR FB v Shel- don, 5 pm GFR/JV VB v S. Medford, 5:15 pm GV VB v S. Med- ford, 6:45 pm | 30 BV FB v Sheldon, 7 pm | |





October 2022

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|--|--|--|--|--|
| | | | | | | 1 SAT Test, 8 am |
| 2 | 3 | 4 GJV Soccer v S. Medford, 4 pm GV Soccer v S. Medford, 6 pm | 5 EARLY RELEASE Jr/Sr College Night, Media Ctr, 6 pm | 6 BJV FB v N. Medford, 5 pm | 7 BJV Soccer v Willamette, 4 pm BV Soccer v Willamette, 6 pm | 8 |
| 9 | 10 | 11 BJV Soccer v N. Medford, 4 pm BV Soccer v N. Medford, 6 pm | 12 EARLY RELEASE Powder Puff, 6 pm Fall Choir Concert, 7 pm DAY OF TESTING | 13 BFR FB v S. Sa- lem, 5 pm Vocal Jam, Rose Theatre, 7 pm | 14 GJV Soccer v Sheldon, 4 pm GV Soccer v Shel- don, 6 pm BV FB v S. Salem, 7pm Homecoming | 15 HOMECOMING DANCE, Student Ctr, 8—11 pm |
| 16 | 17 | 18 GJV Soccer v Grants Pass, 4 pm GFR/JV VB v N. Medford, 5:15 pm GV Soccer v Grants Pass, 6 pm GV VB, 7 pm | 19 EARLY RELEASE Scholarship Work- shop, Media Ctr, 6 pm | 20 BJV FB v S. Med- ford, 5 pm | 21 BJV Soccer v Shel- don, 4 pm BV Soccer v Shel- don, 6 pm | 22 |
| 23 | 24 | 25 | 26 EARLY RELEASE Fresh/Soph College Night, Media Ctr, 6 pm | 27 BFR FB v Grants Pass, 5 pm | 28 BV FB v Grants Pass, 7 pm | 29 |
| 30 | 31 | | | | | |



Positive

Be optimistic in your daily attitude.

- Focus on the good
- Interact with kindness
- Envision success

You?



PLEASE NOTE:

Because our calendar can and will change and/or be revised as the school year progresses, monthly calendar pages for the rest of the school year have not been included in this handbook.

For the most updated, accurate calendar information for the remainder of the school year, the calendar can be accessed on our website at:

<https://rhs.roseburg.k12.or.us/>

Thank you!



GENERAL INFORMATION

EMERGENCY CLOSURE INFORMATION

In the event school must be delayed or cancelled due to inclement weather, dangerous road conditions, or other emergencies, parents will be contacted using our **One Call Now parent notification system**. That system will contact parents by telephone using the number they have provided their child's school. Additionally, local television and radio stations will provide current information about school delays or cancellations, and our district website (<https://roseburg.k12.or.us>) will post updated information as it becomes available. Decisions about school delays or cancellations because of inclement weather are made by 5:30 a.m. each morning when weather or road conditions are an issue.

VIDEO SURVEILLANCE CAMERAS

The Board of Education authorizes the use of video surveillance cameras in and around Roseburg High School. The purpose of the surveillance system is to improve safety, monitor buildings and property, deter inappropriate or criminal activity, and/or to assist school administrators and law enforcement officials in identifying/prosecuting persons committing inappropriate or criminal acts.

Although the video cameras are in place to record activities both in and outside of the school building, no cameras will be positioned to monitor activities occurring in restrooms, locker rooms, designated clothes changing areas, staff lounges, classrooms, nurse's station, or privately owned land.

Information recorded on the video cameras is considered to be for official use only. School officials and other appropriate personnel are authorized to view all recordings for the purposes set forth above. In the event a recording is utilized as part of a student disciplinary proceeding, a copy shall be made and become part of the student's disciplinary record. The recordings will not be used for general viewing to individuals or groups, nor will they be provided to the media.

MILITARY RECRUITMENT

Federal law states that school districts are to allow the same access to students by military recruiters as they do college and job recruiters. This access includes releasing secondary school students' names, addresses, and telephone numbers to military recruiters, who can use the information for armed services recruiting and for informing these students of scholarship opportunities. However, secondary school students or their parents can request that the information not be released. Parents are notified of this directory information option in our registration letter and this handbook.

DIRECTORY INFORMATION

The Federal Family Education Rights and Privacy Act of 1974 permits the school district to release certain information, known as "directory information," to a variety of people or institutions, unless a parent or student requests in writing that such information is not to be released.

Directory information about students, kept at each school, is accessible to the public when appropriate procedures are followed. Information includes students' and parents' names, addresses, phone numbers, date and place of birth, field of study, activity participation, weight and height of athletic team members, dates of attendance, degrees and awards received, and most recent previous school attended.

Frequently, public agencies request photographs of students. Photographs may occasionally be taken of students for use in the news media or school district publications as well.

Parents or guardians of students in the Roseburg School District are urged to notify school principals, in care of the Roseburg School District administrative offices at 1419 NW Valley View Drive, Roseburg, Oregon 97470 if they choose to exclude specific information from public disclosure. Unless written objection is received, directory information will be released as deemed necessary concerning all students served by RHS.

CHANGE OF CONTACT INFORMATION

For the safety and security of our students, it is **CRITICAL** that we have current and accurate contact, legal guardian and allowed to "pick up" information. Parents of students are requested to notify the Counseling Center any time they change their address, email, or telephone number. In the event of an illness or emergency, the school must be able to contact the parents or guardian of each student. RHS often uses email to communicate with families. Please provide an accurate email address and check it on a regular basis.

TELEPHONE

A telephone for student use is located in the Main Office. The phone may be used before school, after school, during passing period or lunch. The telephones are for emergency use only during class, **WITH A PASS FROM THE TEACHER.**

GENERAL INFORMATION (cont.)

ADMINISTRATION

Student support and communication is assigned to the assistant principals by the first letter of students' last name:

Brett Steinacher with last names beginning **A - Du**

Brad Bogardus with last names beginning **Dy - Kr**

Adam Blue with last names beginning **Ku - Ra**

Randal Olsen with last names beginning **Re - Z**

GUIDANCE COUNSELORS

Guidance counselors are facilitators in the educational decision-making process, managing 504 plans, explaining curriculum, describing course content, interpreting achievement test scores, and advising students of requirements for various colleges and career opportunities. Counselors will assist in developing educational plans designed to help achieve individual student goals. Counselors are also trained to help students deal with personal issues and concerns. Students may make an appointment with their respective counselor by going to the Counseling Center. The Counselors assigned to students are as follows:

Khara Holborow with last names beginning **A - Co**

Cat Wilson with last names beginning **Cp - Hi**

Karma Watters with last names beginning **Ho - Me**

Jayde Walkup with last names beginning **Mi - Sc**

Casey Hines with last names beginning **Sd - Z** (ELL, PPT)

RHS also has a graduation coach, Rob Coulson, who is available for additional student support through referral.

We have a full service Career Center under the direction of Jim Early for post-secondary preparation, planning, and support

SCHOOL RESOURCE OFFICER

The Roseburg Police Department provides an Officer to Roseburg High School for the purpose of assisting in the maintenance of a safe environment for all students and staff. The School Resource Officer works in a proactive and professional manner with students, parents/guardians and staff. All police matters which occur at the school are handled by the SRO. To contact an officer call 541-440-4212.



BOARD POLICY ON STUDENT/PARENT ACCESS TO RECORDS:

The district annually notifies parents of all students, including adult students, currently in attendance that they have a right to:

1. Inspect and review the student's records;
2. Request an amendment of the student's educational records to ensure that they are not inaccurate, misleading or otherwise in violation of the student's privacy or other rights;
3. Consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that the student educational record rules authorize disclosure without consent. (See Board Policy JOB: Personally Identifiable Information);
4. File with the U.S. Department of Education a complaint concerning alleged failures by the district to comply with the requirements of the Family Educational Rights and Privacy Act; and
5. Obtain a copy of the district's education records policy.

GENERAL INFORMATION (cont.)

LOST AND FOUND

- Short-term: 48-hour lost and found hold is located in the administration office.
- Long-term: After 48 hours, items will be sent to the Student Center/Cafeteria location to be picked up during both lunches.

Note: Valuable and small items (keys, jewelry, glasses, phones) will be held in the administration office.

VISITORS

Roseburg High School makes every attempt to maintain safety and a quality of educational focus. All campus gates and outside doors, with the exception of the Main Building front doors, remain locked from 7:40 a.m. to 2:40 p.m. on a normal school day. Parents, visitors, and students coming to campus after 7:40 a.m. must access campus through the Main front doors. **ALL visitors are asked to check in with the Main Office upon arrival.** Parents are always welcome on our campus at any time but must also check into the Main Office. Past graduates, visitors from other schools, and friends are asked to visit after school or during non-instructional hours as we do not give out visitor passes during school hours.

Any person having business on school property, as an adult, a student or a guest, is expected to comply with the various rules of conduct outlined in the Student Handbook and/or in School Board Policies. Persons present on school property or attending a school-related activity may be disciplined or asked to leave if they engage in misconduct as outlined in School Board Policy.

INDIVIDUAL /CLASS PHOTOS

Parents should be aware that Roseburg High School contracts with independent photographers to take individual student and class photographs. While RHS attempts to get competitive providers for school photographs, the school is not acting as an agent for the parents or students when contracting for the photographer. The photographer selected for RHS may provide monetary reimbursement, services or products to the school as part consideration for being allowed to use school facilities and personnel during photo sessions. Parents and students are under no obligation to purchase school pictures.

OFF CAMPUS POLICY

Safety is our first priority for our students at RHS. Because of this, we believe that students should remain on campus throughout the school day, including lunch. Students who unnecessarily leave campus during school hours are exposed to increased risks or auto accidents. We believe strongly that students are safer from these risks by remaining on campus during school hours. However, we also understand the very legitimate needs parents may have for their son or daughter to leave campus.

Between the hours of 7:40 am and 2:40 pm, students who must leave campus occasionally for a doctor, dentist, orthodontist or other type of appointment or illness, **must check-out through the attendance office.**

The off-campus authorization is for a designated junior or senior student who is on-track for graduation (minimum of 12 credits for juniors and 18 credits for seniors) to leave campus during lunch time only. All students must show their off campus ID card to the staff member stationed at the designated exit door just prior to leaving campus. Students are not to leave campus during their academic class times. If a student does not have their off campus ID card, they will not be allowed to leave campus that day.

It is considered a privilege to leave campus during lunch time. This privilege will be revoked if a student has been found to be in violation of the student misconduct policies, has 5 unexcused absences (UA) or 7 unexcused tardies (UT) in a 9 week period, or is found to be loitering on the perimeter properties of the campus. This authorization form must be read and signed by both the parent and the student.

Any junior or senior student with a parking spot on campus who leaves campus with a freshman, sophomore or student who is not authorized to leave campus will lose their on-campus parking privileges for the remainder of the school year. The only exception to this is transporting a sibling to a doctor or dentist appointment with parent permission and the check out procedures followed.

Freshmen and sophomore students are not eligible for off campus privileges. They can only leave during the lunch periods if they are picked-up and checked out at the attendance office by **their** parent/guardian.

STUDENT SAFETY and WELL-BEING

STUDENT SAFETY AND WELL-BEING

Student safety is of paramount importance to Roseburg High School administration, faculty, and staff. The Oregon Department of Children and Family Services defines child abuse as occurring when an individual under the age of eighteen is a victim of neglect or physical, sexual, or emotional abuse at the hands of an adult in the role of a caretaker. The following procedures have been established to protect the safety and well-being of our students:

Student Responsibilities - When a child believes that they have been victimized, he/she is directed to immediately seek the help of an adult whom they trust, such as a teacher, counselor, social worker, parent/guardian, police liaison, or one of the building administrators. Students who are aware that a peer has been abused or neglected are also directed to forward information to a trusted adult. If the student does not feel there is an adult he/she can trust, he/she should immediately call the Child Abuse Hotline number at 1-855-503-7233.

Staff Responsibilities - Staff will take reports of abuse or neglect seriously and have been trained in the steps to follow once they are notified of a concern. They are aware of their status as Mandatory Reporters under the Abused and Neglected Child Reporting Act and will immediately make a report to the State Office of Services for Children and Families (SOSCF) or the local police. Appropriate school supports will be provided to the student in need.

WARNING!!

WEAPONS ARE PROHIBITED ON CAMPUS

STUDENTS MAY NOT POSSESS, USE, OR DISCHARGE A
FIREARM, DANGEROUS OR DEADLY WEAPON ON
SCHOOL PROPERTY.

IF YOU VIOLATE THIS POLICY, YOU COULD BE
SUSPENDED OR EXPELLED
FOR UP TO A MAXIMUM OF ONE FULL YEAR.

HARASSMENT/BULLYING/CYBER BULLYING

A student present on school property, engaged in or attending a school-related activity may not harass, bully, cyberbully or annoy another person by:

1. Subjecting such other person to offensive physical contact;

2. Insulting such other person by abusive words or gestures in a manner intended and likely to demean or belittle; or
3. Subjecting another to alarm by conveying a false report, known by the conveyor to be false, concerning death or serious physical injury to a person when such report would reasonably be expected to cause alarm.

“Cyberbullying” is the use of any electronic communication device to convey a message in any form (text, image, audio or video) that defames, intimidates, harasses or is otherwise intends to harm, insult or humiliate another in a deliberate, repeated or hostile and unwanted manner under a person’s true or false identity. In addition, any communication of this form which disrupts or prevents a safe and positive educational or working environment may also be considered cyberbullying. Students will refrain from using personal communication devices on district property to harass or stalk another.

Please note, cyberbullying which occurs off campus and that has a nexus (a connection or link associating two or more people or things) to the school campus may be subject to school discipline. If this cyberbullying disrupts or prevents a safe and positive educational working environment, administrative intervention will occur leading to possible disciplinary action.

SEXUAL HARASSMENT

Sexual harassment is defined as any activity of a sexual nature that is unwanted or unwelcomed, including but not limited to, unwanted touching, verbal comments of a sexual nature and/or pressure to engage in sexual activity. Sexual harassment is illegal and will not be tolerated. Students who engage in sexual harassment on school premises, or while attending a school-sponsored activity, will be subject to appropriate disciplinary actions, which may include suspension or expulsion.

Should a person feel that sexual harassment has occurred, he or she is directed to immediately seek the help of a trusted adult, such as a parent/guardian, teacher, counselor, social worker, police liaison officer or one of the building administrators.

The school’s normal disciplinary procedures will be followed in determining the appropriate consequence for the sexual harassment. In the event the administration recommends suspension or expulsion, due process will be utilized in accordance with the school district’s suspension/expulsion procedures.

All school level policies/procedures regarding sexual harassment are governed in detail by the “**MINIMUM STANDARDS FOR STUDENT CONDUCT AND DISCIPLINE**” handbook. School employees in violation of this policy are also subject to disciplinary action.

STUDENT RESPONSIBILITIES

USE OF TOBACCO, ALCOHOL OR DRUGS

Under the influence, manufacturing, distribution, dispensing and/or use of tobacco products, including chewing tobacco, nicotine or nicotine delivering devices, chemicals or devices that produce the physical effect of nicotine substances or any other tobacco substitute (e.g., vape pens), alcohol or illicit drugs by students is prohibited while on district property, during school hours (including meal periods), during breaks and while attending any and all school functions, including those held after or in addition to regular school hours. Students are not exempt from following RHS and district guidelines related to under the influence, manufacturing, distribution, dispensing, and/or use of marijuana.

The school administrator will address violations and prescribe appropriate consequences up to and including suspension from school for a period not to exceed ten days, but in every case, the parents of the student shall be involved in the resolution. If the incident is a first offense for the student but is aggravated because it involves sale, delivery, particularly dangerous substances, particularly large quantities, or otherwise, then the student shall be referred for expulsion. Drug dogs could be utilized on campus, including parking lots.

If the incident involves repeated possession or use of substances, then the administrator should refer for expulsion if that is necessary to facilitate treatment. If a student is expelled for a substance offense, the student shall be conditionally readmitted *if and only if* conditional readmission facilitates effective intervention and treatment.

STUDENT CONDUCT

In an effort to deal realistically and constructively with problems of student conduct while at the same time ensuring fair treatment for all concerned, state law, Oregon Dept. of Education administrative rules and board policy, guides both students and adults in the Minimum Standards document. This document was adopted by the Roseburg School Board to comply with standards, in the form of Oregon Administrative Rules, and to formulate the basis for the establishment of rules and regulations pertaining to students conduct and discipline which will comply with local, state and federal laws.

For detailed information about school board policies dealing with subject matter surrounding the Minimum Standards for Student Conduct and Discipline, please go to <http://www.roseburg.k12.or.us/board>. If you do not have internet, please contact the main office for a copy of the Minimum Standards document.

SAFE SCHOOL ZONE

Roseburg High School has been declared a *Safe School Zone*. As such, increased penalties may be imposed for weapon, drug or gang-related crimes committed within 1,000 feet of the campus. Violators will be punished to the full extent of the law.

| | |
|--|--|
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| <p>Positive</p> | <p>Be optimistic in your daily attitude.</p> <ul style="list-style-type: none"> • Focus on the good • Interact with kindness • Envision success |
| <p>Respectful</p> | <p>Take care of yourself, others, and your surroundings.</p> <ul style="list-style-type: none"> • Follow school expectations • Be open-minded and patient with others • Own your actions; take responsibility |
| <p>Involvement</p> | <p>Contribute to the RHS community.</p> <ul style="list-style-type: none"> • Actively engage in your own learning • Stand up and do what is right • Participate; make a connection |
| <p>Determined</p> | <p>Persevere; strive to give your best effort.</p> <ul style="list-style-type: none"> • Establish your purpose • Set short and long term goals • Stay focused, get help, keep trying |
| <p>Encouraging</p> | <p>Support others and their efforts.</p> <ul style="list-style-type: none"> • Appreciate others' strengths and contributions. • Instill confidence in others • Lead by example |

STUDENT RESPONSIBILITIES (cont.)

DIGITAL CITIZENSHIP

Digital dramas can have a lasting effect on a teen's life. Teaching students to become good digital citizens is essential. Digital citizenship refers to the ethical ways in which we engage with and utilize technology. Parents and educators can make a real impact on the future of teens growing up in a digital world. Help teens help themselves.

- The internet is not written in pencil; it's written in pen. What teens do online spreads fast and lasts long. Please think before you post.
- Nothing is as private as you think. Anything you say or do can be copied, pasted, and sent to billions of people in a heartbeat. Make sure you use privacy settings and understand that the best way to protect your secrets is not to post personal stuff.
- Kindness counts. The anonymity of the digital world can lead people to say and do things online that they wouldn't in person. Please communicate kindly, stand up for others, and build positive online relationships rooted in respect.

"Sexting" usually refers to teens sharing nude photos via personal technology devices, but it is happening on other devices and the web too. The practice can have serious legal and psychological consequences.

Don't take or send nude or sexually suggestive photos of yourself to anyone else. If you do, even if they're of you or you pass along someone else's, you could be charged with producing or distributing child pornography. If you keep the photos on your phone or computer you could be charged with possession. If they go to someone in another state (and that happens really easily), it is a federal felony.

There is the emotional (and reputation) damage that can come from having intimate photos of yourself go to a friend who can become an ex-friend and send it to everyone you know. Not only can they be sent around, they can be distributed and archived online for people to search for pretty much forever.

Sexting is a crime. DON'T do it!

STANDARDS OF ACADEMIC HONESTY

Roseburg Public Schools expects every student to conduct their educational pursuits with the highest degree of honesty, accountability for their own work and respect for the intellectual property of others. It is the responsibility of each student to understand the proper method of using source materials and crediting the work of others. Failure to adhere to the standards of academic honesty will result in appropriate sanctions, as acts of dishonesty destroy the integrity of the educational process for the student and their classmates.

DEFINITIONS

The major categories of academic honesty are defined as:

Academic Cheating Academic cheating is any act of academic deception, which includes such things as receiving or communicating information to another student during a test or other assessment; looking at another's test or assessment during the exam; using notes or obtaining information during a test or assessment when prohibited; obtaining information about the questions or answers for an assessment prior to the administration of the exam; or whatever else is deemed contrary to the rules of fairness with respect to school work or assessment, including special rules developed by the instructor of the course.

Plagiarism Plagiarism is the representation of someone else's ideas or words as one's own without crediting the source. It is the use, whether by paraphrase or direct quotation, of the published or unpublished work of another without full and clear acknowledgement through proper citation format. The submission of an assignment or parts of an assignment written by someone other than the student, including but not limited to, other students, commercial organizations, or electronic sources.

Academic Misrepresentation Academic misrepresentation occurs when a student has another student or individual substitute for himself or herself during the taking of a test or other assessments.

Academic Collusion Academic collusion is the sharing of test or other assessment questions or answers with another student without the instructor's permission. Academic collusion includes copying another student's homework without the instructor's permission or allowing another student to copy one's work. It also includes group collaboration on individual assignments without the instructor's permission.

Dishonesty in Papers Dishonesty in papers entails using a writing service or having someone else write a paper for the student. All work submitted for a course must be the student's own original work unless the sources are cited.

Self-Plagiarism (Work Done for One Course and Submitted in Another) Self-Plagiarism occurs when a student for a class refers to work previously submitted in another class at any Roseburg Public School or any other school in order to fulfill the academic requirements in that class. This includes repeated classes. Slightly altered work that has been resubmitted is also considered to be self-plagiarism. In some instances instructors may allow a certain amount of work from a prior course to be repurposed; students who wish to do this must seek express approval from the instructor in advance.

Other Academic Misconduct Other academic misconduct includes, but is not limited to, stealing assessments, altering academic tests or assessments, grades or other student records; sabotaging the work of another student; distributing materials for the purpose of cheating; altering, forging, or misusing any Roseburg Public Schools official documents.

Violation of the Academic Honesty policy may result in appropriate discipline up to and including expulsion, subject to the principles for appropriate discipline as set out in Policy JFC.

STUDENT RESPONSIBILITIES (Cont)

PUBLIC DISPLAYS OF AFFECTION

Show your RHS PRIDE. Hug and release is the only appropriate form of public displays of affection at school besides holding hands. Keep it school appropriate, please!

SCHOOL ATTENDANCE POLICY

Research has shown that there is a very strong correlation between student attendance and their success in school. Absenteeism has a direct, negative effect on student achievement, promotion, graduation, self-esteem and employment potential. Students who miss class for any reason fall behind in their assigned work and lose out on learning important concepts and relationships that are foundational building blocks for understanding the material.

The educational success of our students is our goal. For this to occur, they need to be in school every day, all day, with absences kept to a minimum. As an important partner in your child's success, please ensure that they are in attendance every day at school.

For the purpose of safety and accounting for all absences, parents will be responsible for reporting student absences and the reason(s) for such absence. This can be done through either a phone call (**541-440-4146** or **541-440-4147**) or a note. If your child is absent from school, you must notify the attendance office within two school days. 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 purposes of religious instruction. Students may also be excused for other reasons deemed appropriate when satisfactory arrangements have been made in advance. However, students will not be excused for work or nonmedical appointments. A student whose absence is unexcused will receive no credit for assignments not completed. However, at the discretion of administration and by mutual agreement between student and teacher (and when appropriate, the counselor), the student will be given an opportunity to receive credit for work missed that will include attendance intervention strategies. Such exception will only be made for two unexcused absences.

Every student with a parking space (only juniors and seniors eligible) will have his/her attendance checked regularly. If there are five or more unexcused absences due to skipping (in any class or combination of classes), that student will lose their parking spot. Attendance checks will also occur for those students who are on the waiting list.

UNEXCUSED ABSENCES AND TARDIES

Discipline Guidelines

1. Attendance Monitor intervention
2. Counselor support
3. Attendance Monitor/Administration consequence choices; after school detention, Saturday School, loss of extra curricular activities, attendance contract.

BICYCLE/SKATEBOARDS/LONGBOARDS

Bicycles are to be locked in the bike racks provided on campus. The use of skateboards is not permitted anywhere in school or on the school grounds and must be stored when on campus. Riding of these items is not allowed on campus. Please carry your skateboard or walk your bike when you arrive in school parking lots. Skateboards are to be stored in the counseling office in the skateboard rack.

HOMEWORK REQUESTS

Homework requests are accepted from parents or students for absences of two or more days **only**. Every attempt should be made to give a teacher twenty-four hours notification when requesting homework. However, some situations may warrant same day requests being sent out. This will be noted on the request slip. Requests are not accepted for same day pick-up after 10:30 a.m. The pick-up time is between 3:00 and 4:00 p.m.

DRESS CODE

The responsibility for the dress and grooming of a student rests primarily with the student and his or her parents or guardians. Certain body parts must be covered for **all** students.

Students **must** wear clothing including both a shirt with pants or skirt or the equivalent, and shoes:

- Shirts and dresses must have fabric in the front and on the sides (under the arms).
- Clothing must cover undergarments (waistbands and straps excluded).
- Fabric covering breasts, genitals, and buttocks must be opaque.
- Hats and other headwear must allow the face to be visible to staff, and not interfere with the line of sight of any students or staff. Hoodies must allow the face and ears to be visible to school staff.

Students **may not** wear:

- Violent language or images.
- Images or language depicting alcohol, tobacco, marijuana, or other controlled substance.
- Hate speech targeting groups based on race, ethnicity, gender, sexual orientation, gender identity, religious affiliation, or other protected classification.
- Profanity, pornography, nudity, or sexual acts.
- Images or language that creates a threat to the health or safety of any other student or staff.
- Visible underwear. Visible waistband or straps on undergarments worn under clothing are not a violation.

STUDENT RESPONSIBILITIES (cont.)

BUS TRANSPORTATION

The school bus driver is responsible for student safety and behavior during all transportation times. We ask that all students conduct themselves accordingly and behave properly while riding the bus. As part of the district's ongoing program to improve student discipline and ensure the health, welfare and safety of all those riding school bus vehicles, video cameras may be used while transporting students to and from curricular and extracurricular activities.

While students are expected to adhere to the rules of conduct from the time they leave their home en route to school or are otherwise engaged in school-related activities off campus, the Roseburg Public Schools is not able to provide adult supervision while students are walking to and from school, walking to and from school bus stops or waiting at school bus stops. Students, parents and patrons are encouraged to report any violations of the rules of conduct to the school bus driver, building principal or school district office. Staff will assist students and parents in resolving conflicts and, where appropriate, impose discipline.

ACTIVITY TRANSPORTATION

All members of athletic teams, bands, or school organizations, who travel to an event on school-provided transportation, must return by the same transportation unless written permission from parent/guardian is provided. Students must provide a parent permission form, signed by a parent/guardian in order to ride a rooter bus, or go on a field trip.

LOCKERS

Lockers with built-in combination locks are assigned to individual students. Combinations and lockers themselves may not be shared with any other students. The only items that may be placed in lockers are articles of clothing, school books, or supplies relating to school use and personal items that the student is legally entitled to have in his/her possession. Students are responsible for any damage or writing on the locker. Only masking tape is to be used to affix items to lockers. The school administration reserves the right to access the locker at all times.

POSTERS/SIGNS

Students who wish to post school-related material must first receive stamped approval from the Main Office. These materials may then be placed on the designated communication bulletin boards located throughout the school buildings in the hallways.

IDENTIFICATION CARDS (ASB CARD)

Students are required to carry their photo ID card at all times and show it upon request. Students with off campus privileges must present their ID card every time they want to leave campus, to the staff member stationed at any exit door. The ID also serves as a library checkout card, and if asked, to present to a bus driver. Students must also carry their ID to all school-related activities, both home or away. A lost ID must be reported to the Main Office in order to receive a replacement. There will be a \$2 replacement fee.

CLOSED CAMPUS POLICY

RHS is a closed campus throughout the day except during the lunch time. This includes the morning before classes, once a student arrives on campus. Juniors and seniors may leave campus for lunch if they have parent permission, are on track for graduation (a minimum of 12 credits for juniors and 18 credits for seniors), and school approval.

Freshman and sophomores are not permitted to leave campus for lunch.

PARKING

With the privilege of parking on the high school campus, please understand that buses will ALWAYS have the right of way. Our school buses are on a strict schedule – they need to leave campus at a very specific time. As a student driver, your after school schedule should be such that you understand that you may not be able to leave the campus until after all buses have departed.

Parking is limited at Roseburg High School. There are approximately 250 spaces available for students. Therefore, seniors will have the first opportunity to purchase a parking space. Juniors will have the next opportunity if parking spaces still exist. Seniors must have 18 credits and juniors 12 credits to be able to qualify for a parking space. Sophomores and Freshmen are not permitted to park on campus. A “waiting list” will be kept should parking spaces become available throughout the school year.

All vehicles MUST be registered in order to be parked on campus. A registration fee of \$40.00/SEMESTER or \$80.00/YEAR will be charged to register the vehicle, and must be paid at the time the vehicle is registered. All motorcycles must be registered.

1. **Parking is by assigned space only.** Permits must be clearly displayed in the front window, driver’s side. Unsafe driving, burning of tires, speeding, or improper parking will result in the following consequences for registered vehicles:

1st offense = \$5.00 ticket

2nd offense = \$10.00 ticket

3rd offense = \$15.00 ticket

4th offense = Permanent loss of parking space and/or towed**

2. **Unregistered cars parked on campus**

Consequence:

1st offense = \$15.00 ticket and tow warning

2nd offense = TOWED**

**Current cost for towing is \$200-300

3. Parking is not allowed in the bus zone, handicapped area, visitors' or staff parking spaces, no parking areas, or in another student's assigned space. Consequence:

Registered Car: See #1 above

Unregistered Car: See #2 above

4. Commonly asked questions:

- A. *What if someone is parking in my space?*
Park in the visitor's lot, report to the office immediately, and fill out complaint form.
- B. *What if I have to drive a different car to school occasionally?*
Obtain administrative approval.
- C. *What if I don't have an assigned space and I have to drive to school?*
Park off-campus. The surrounding neighborhoods are closed so you will have to park many blocks away from campus. See an administrator for help.
- D. *What if I don't use my parking space everyday?*
You must use your space regularly (4 to 5 times per week) or your space will be reassigned to the next student on the waiting list.
- E. *If I don't have an assigned space - can I carpool?*
Carpooling is encouraged. However, due to misuse, you must ride with a friend who has an assigned space. Only the registered vehicle can park in the assigned space.

STUDENTS PARK ON CAMPUS AT THEIR OWN RISK. ROUTINE PATROLS OF THE PARKING LOTS WILL BE MADE BY SECURITY AND ADMINISTRATIVE PERSONNEL.

ROSEBURG HIGH SCHOOL AND SCHOOL DISTRICT #4 WILL NOT BE RESPONSIBLE FOR ANY DAMAGE OR THEFT OCCURRING ON SCHOOL PROPERTY AT ANY TIME.

ACADEMICS

LIBRARY MEDIA CENTER

The library media center is located on the first floor of the Commons building and is open for student use between 7:00 a.m. and 4:00 p.m. Students may check out a wide variety of materials including books, DVD's, and cameras.

A number of computers are available in the library to meet student printing needs.

Various electronic resources are available for students, staff and parents at home and at school to aid in locating quality information online. See the eSearch page on the RHS website:

<https://rhs.roseburg.k12.or.us/>

Policies:

- Students are encouraged to present their ASB student ID cards in order to check out materials.
- Circulation of materials:
 - Books – 3 weeks
 - Magazines – 1 week
 - Videos, CD's, tapes, etc. - 1 week
 - Reference – overnight
 - Video cameras, AV, etc. – overnight
 - Most materials may be renewed as needed.

Research assistance is readily available in the RHS library and through the online tools provided on the RHS eSearch webpage.

<https://rhs.roseburg.k12.or.us/>

TECHNOLOGY RESPONSIBILITIES

Students using any school computer for inappropriate purposes may lose their technology privileges for a period of time to be determined by the administration. Inappropriate use of school computers includes, but is not limited to, the following: copying software to or from a school computer; changing any passwords used for security purposes; attempting to degrade or disrupt system performance by altering system software or application software installed on the hard drive; and attempting any other activity prohibited by district policy, local, state, or federal law.

MEDIA & TECHNOLOGY RESOURCES

Students are encouraged to express their creativity and demonstrate what they learn in a variety of media formats. The library media center offers students opportunities to use audio-visual equipment and computer technology to create media projects. Equipment, which may be checked out by students, includes video cameras, tripods, tape recorders, CD players, and digital cameras. Most equipment is checked out for overnight use only.

Since a limited number of cameras, etc. are available for the whole school, students are advised to sign up in advance to reserve equipment. To check out a video camera students must submit a permission form signed by their teacher and parent in advance. The content of all projects must be appropriate for a school environment and should not violate provisions in the MINIMUM STANDARDS FOR STUDENT CONDUCT AND DISCIPLINE. Failure to return equipment on time may result in a loss of borrowing privileges.

In the media production room, located in the back of the library media center, space is provided for students to work on video and multi-media projects. Students need to sign up to reserve the use of the video editing computers or the film studio. Space in the production room will be limited to meet the needs of those who sign up for specific activities.

INTERNET ACCESS

Internet access in the district supports and enhances learning and teaching. Students will have a district Google account set-up for them. Parents must sign a permission form for the Google accounts.

The RHS Library Media Center collection of print and non-print resources reflect the diverse interests of young people as well as the needs of the high school curriculum. Parent requests or concerns about library materials should be directed to Mrs. Felgentrager, the library media specialist at 440-4150.

ACADEMICS (cont.)

Safety on the Internet

Keep personal contact information such as full name, home address, & phone number to yourself. School address or home email address may be used when it is necessary to receive school-related information.

Tell a staff member about any images or words that are inappropriate. Do not click on pop-up ads or message windows. Do not give out personal information about someone else.

ParentVUE and StudentVUE

ParentVUE and StudentVUE provide convenient online access to the most up-to-date information about a student's progress, including grades, attendance, assignments, teacher email addresses, and more. This is an ongoing, live program; however, understand that assignments/assessments that have just been submitted may take some time to be graded. The only set grade is the report card section which documents the progress report grade and the end-of-term grade. The grade book will show the ongoing progress.

PARENT CANVAS ACCOUNTS

Parents can have access to their student's courses in Canvas through an observer account.



DIPLOMA/ALTERNATIVE CERTIFICATE OPTIONS AND GRADUATION REQUIREMENTS

The Oregon Administrative Rules provide that school districts shall award a diploma to students upon fulfillment of all state and local district credit, competency and attendance requirements. The standards also allow the granting of an alternative document identifying acquired minimum competencies to students having met some, but not all, graduation requirements. All members of a graduating class, whether they receive a standard diploma or an alternative document, are allowed to participate in commencement exercises and receive the appropriate document in that ceremony.

Roseburg School District awards the following diplomas and alternative certificates:

- Standard Diploma
- Modified Diploma
- GED (General Education Development)
- Extended Diploma
- Certificate of Attendance

For further descriptions of these diplomas and certificates, please go to the following District website links:

- Roseburg School District School Board Administrative Rules IKF.
- Roseburg Public Schools Modified Diploma, Extended Diploma, and Certificates—Standards of Practice

For further information on graduation requirements, please access the Roseburg High School web page link at <https://roseburg.k12.or.us/board/board-policies/sec-i>

OR

- Reference your Roseburg High School Educational Planning Guide available at <https://rhs.roseburg.k12.or.us/about-us/counseling-center>
- Contact your child's guidance counselor at 541-440-4131.

ACADEMICS (cont.)

OTHER CREDIT OPTIONS

The goal of the entire staff at Roseburg High School is to help students reach their personal goals. Listed below are some options available to students.

1. The Counseling Center and the Career Center have a library of correspondence classes. Successful completion of these courses will be accepted toward the required credits necessary for graduation.
2. A variety of “Independent Study” opportunities are available to all students. In effect, Independent Study amounts to a contractual agreement between a student and a faculty member, to work towards and satisfy a specific goal. Information is available in the Counseling Center.
3. Credit retrieval through the APEX program after school or during the summer.
4. All other options for credit must be pre-approved by the Assistant Principal and /or the Principal.
5. Online Education Program through Edmentum.

GRADING POLICIES

The grades earned by students at RHS are based on actual course work. Students receive a grade for each course at the end of each semester. The grade is based on the work performed during the entire semester.

A traditional “A, B, C, D, F, or P/NP” grading system is used. There is no “established” scoring procedure or percentage; each teacher sets his or her own standards. There are times when other marks are appropriate. Some classwork is better judged on a “Pass/Fail” system. There is also an “I” (incomplete) option with specific time period established to clear the “I” from the transcript by completing the work. “I” grades must be cleared within two weeks or they become “F’s.” Progress reports are mailed home about the fifth week of each quarter. It is RHS policy that no student receives a failing grade on a semester report card without prior notification to a parent or guardian.

If a student is found to be academically dishonest on an assignment, quiz, or test, parent contact will be made and the student will receive appropriate school consequences which could include the following: apology, loss of credit, detention, and/or suspension following Board policy.

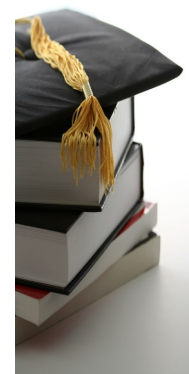
COLLEGE NOW (DUAL ENROLLMENT)

High school students can earn college credits while in high school. The College Now Program offers dual credit opportunities through a partnership with Umpqua Community College, Southern Oregon University, and other Oregon colleges. These programs offer the high school student an opportunity to earn college credits for coursework done while in high school, during their regular school day.

The College Now Program provides lower division academic and entry level professional technical course credits to high school students. The program supports the concept of assisting high school students as they begin planning and carrying out a learning continuum that begins in high school and extends through the college experience to a degree or a professional certificate.

Students successfully completing instruction in designated College Now courses while in high school will be awarded College credit. College Now professional technical courses are offered to meet the needs of Douglas County high school students as they begin training to pursue careers in professional technical areas.

For a complete list of College Credit/College Now Courses, please refer to the Educational Planning Guide which can be seen on the Roseburg High School website.



ACADEMICS (cont.)

ADVANCED PLACEMENT PROGRAM

The Advanced Placement Program (AP), monitored by the National College Board, is designed to provide qualified high school students with the opportunity to earn college credits transferable to Oregon's four year colleges, as well as to many out of state colleges and universities. RHS offers several Advanced Placement courses for students with high academic skills. The courses will be conducted in a thorough and rigorous manner to better prepare exceptional students considering post-secondary education. Students will have the opportunity to earn college credits during their junior and senior years by taking the AP examinations in May. There is no fee for students taking the exams. However, a fee may be assessed if students cancel after they are registered for the exam.

The courses are taught at the high school by teachers who are qualified to teach at the college level.

Enrollment in these courses is through instructor recommendation and/or entrance examinations.

AP classes offered at RHS are:

| | |
|---------------------|--------------------|
| Biology AP | German 4 CC |
| Calculus AP/CC | Government AP/CC |
| Spanish 4 AP/CC | English AP/CC |
| European History AP | U.S. History AP/CC |
| Fine Arts IV AP | |

GED (General Education Development Preparation & Testing Program)

Grade Level: Age 16 or older

Pre-requisite: Counselor consultation and approval

Course Overview: This program is designed for students to earn a General Education Degree (GED). The General Education Development Preparation & Testing Program enables approved Roseburg High School students access to the GED Option Program. Selected students are given the opportunity to study and prepare for the 4 GED subtests (Mathematics, English Language Arts, Science and Social Studies). Students continue toward achieving the academic credits and Essential Skills required for graduation. Students can opt to continue to pursue an RHS High School Diploma upon completion of the GED program.

ENGLISH LANGUAGE DEVELOPMENT (ELD)

ELD stands for English Language Development. This program is designed for students whose first language is not English and whose English Proficiency level is from beginning to advanced. The goal of this program is to help students develop their English Language skills through systematic instruction of vocabulary, grammar and syntax. If you have a child who you think may need ELD services, please contact the Counseling Center or RHS ELD office by calling (541) 440-4038.

SPECIAL EDUCATION

RHS provides all students with special needs a continuum of services. If you have any questions or concerns regarding your child's services, please contact their case manager, counselor, or administrator by calling 541-440-4142.

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 cost. If a parent wishes the district to consider public 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 IDEA student, a parent must give notice either at the last IEP meeting prior to obtaining private services or in writing at least ten business days prior to obtaining private services. 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 the private services be funded by the district. Failure to meet these notice requirements may result in a denial of any subsequent reimbursement requests.

504 PLAN

Does your child have a mental or physical impairment that substantially limits one or more of their major life abilities? If so, they may qualify for a 504 accommodation. Please contact your school counselor.

ATHLETICS

OSAA STANDARDS

All athletes must have passed a minimum of five classes during the previous semester in order to maintain athletic eligibility. In addition, the following standards must be met. All RHS athletes must be ON TARGET with their credits as defined by the OSAA towards graduation.

Minimum Satisfactory Progress Requirements

| | |
|---------------------|-----|
| Credits to Graduate | 24 |
| Credits Per Year | 6 |
| Prior to Grade 10 | 4.5 |
| Prior to Grade 11 | 10 |
| Prior to Grade 12 | 17 |

Student eligibility will be checked by the coaching staff through progress reports. Once it has been documented, at any time during the grading period that a student is not on target (dropped with an “F”), you will be removed from the RHS Athletic Eligibility List. You may return to the program when you are once again on target.

ATHLETIC PARTICIPATION REQUIREMENTS

All RHS students are encouraged to try out for the athletic program of their choice. High school athletics give students the opportunity to test their skills and learn the importance of teamwork and a commitment to group effort. RHS fields varsity, junior varsity, and JV II teams in most athletic programs. Participation in sports requires a total commitment to all practices and team competitions.

ATHLETIC CODE OF CONDUCT

ALL athletes are required to sign an “Athlete Code of Conduct.” **REALIZE:** If an athlete is suspended, they will not be able to practice or participate in the sporting event during the suspension time period.

ATHLETIC INSURANCE

All students who participate on athletic teams are required to purchase the student insurance policy or prove that they have other coverage which will take care of any injury suffered in a sport. In addition, the school district provides catastrophic insurance through the Oregon School Activities Association. Additional information is available through the athletic office.

ATHLETIC PHYSICAL EXAMS

All athletes must have an updated physical exam every two years. There is a required form that must be completed by a licensed physician. These forms are available in the athletic office at RHS or online on the RHS website.

ACTIVITY TRANSPORTATION

All members of athletic teams, bands, or school organizations who travel to an event on school-provided transportation, must return by the same transportation. Students must provide a parent permission form, signed by a parent/guardian in order to ride a rooter bus or go on a field trip.

SPECTATOR CONDUCT

All cheers, comments, and actions shall be in direct support of your team. No negative cheers, comments, or actions shall be directed at the opponent or the contest officials. Some examples of inappropriate conduct or actions that will not be allowed: jeering at the cheerleaders during opposing team introductions; disrespecting players by name, number, or position; negative cheers or chants; throwing objects on the field or court. Spectators who fail to comply with the above conduct expectations may be expelled from the contest and lose future attendance privileges.

RHS COACHING STAFF 2022-23

FOOTBALL

(H) Dave Heuberger

Jeff Freeman
Jason Baker
Nick Heuberger
Al Springer
Tim Sustaire
Richie Charles
Kyle Dever
Matt Watson
Brian Groshong
Connor Yegge
Devin Freeman

CROSS COUNTRY

(H) Nathan Eckman

Jill Pettibone (Asst)
Ricky Logsdon (vol)
Sarah Agsten (vol)
Heidi Eichman (vol)
Jenna Anderson

VOLLEYBALL

(H) Lacy Pinard

Catherine Berry (JV)
(Frosh)

BOYS SOCCER

(H) Ron Bustamante

Ryan Sanada (JV)
Chris Latini (vol)

GIRLS SOCCER

(H) Kristin Parks

Phillipp McAfee (JV)
Matt Parks (vol)
Marcin Rebisz (vol)
Morgan Maddux (vol)

WRESTLING

(H) Steve Lander

Jacob Spears
Jeff Freeman
Bert Folsom
Devan Fors (vol)
Doug Singleton (vol)
Marq Randal (vol)
Gage Maddox (vol)
Dylan Fors (vol)
Hunter Hillard (vol)

BOYS BASKETBALL

(H) Jordan Humphreys

Robert Johnson (Asst)
Brett Nixon (JV)
Matt Scott (JV2)

GIRLS BASKETBALL

(H) Chad Smith

Bill Bartlett (Asst)
Jerry Walker (JV)
Sasha Aumock (JV2)
Brad Muntifer (vol)

SWIMMING

(H) Christy Todd

BOYS GOLF

Chad Smith

GIRLS GOLF

Halie Walton

BASEBALL

(H) Troy Thompson

Richie Charles (Asst)
Tim Sustaire (Asst)
Justin O'Byrne (JV)
Connor Yegge (Frosh)

SOFTBALL

(H) Dave Blevins

Ashley Moss (Asst)
John Reynolds (Asst)
Rich Robles (JV)
George Decker (vol)
Jeff Cheney (vol)

TRACK

(H) Gwen Bartlett

Jim Early (Jumps)
Michael Bober (Jumps)
Brian Groshong (Hurdles)
Bill Bartlett (PV Coach)
Nathan Eckman (Distance)
Tonia Brewer (Throws)
Stephanie Hutchins (Throws)
Jill Pettibone (vol)
Sarah Agsten (vol)
Patty Kearney (vol)

GIRLS TENNIS

Jeremy Root

Taylor Root (vol)

BOYS TENNIS

(H) Chris Cockman

BOWLING

Boys—

Girls—

Susy Cates 541-817-6513

BOYS LACROSSE

Kyle Dever

Tom Dever
Chris Kress
Paul Builder

GIRLS LACROSSE

(H) Felicia Cheatam

Amber Finlay
Caitlyn Goecke

EQUESTRIAN TEAM

Joleen Conner
dizzy200203@gmail.com

CHEER

(H) Julie Otley

Jenna Jarvinen (JV)
Elizabeth Burri (vol)

RHS CLUB/COURSE ORG. DESCRIPTIONS

ART CLUB – Mr. Eckman

Bring the joy of art to our school and the community.

ASB LEADERSHIP – Ms. Danielson

Leadership is an organization devoted to creating memories and improving student life. Leadership is an organization composed of elected representatives from each class. This club is offered as a class, and members must enroll in this class. All students are invited to run for office. Activities that Leadership sponsors are Homecoming, Home-going, all assemblies, dances, student recognition programs and school improvement projects.

BAND – Mr. Hansen

The High School Bands practice and perform music for a variety of functions. In addition to standard concerts performed quarterly, the band supports school and community events and participates in marching, concert, and jazz competitions. Many band students also elect to support the school musical. Band also has other events which include BBQ's, dances, and Bingo night. For those participating in band they have an "instant family" and friends that are supportive at Roseburg High School.

BATTLE OF THE BOOKS – Mrs. Felgentrager

Ninth graders who love to read and would love to compete in the Battle of the Books are welcome to participate. Teams will be formed from the ninth grade houses and teams will compete to be on the RHS Battle of the Books team. Books can be checked out from the RHS Library for summer reading if you are an incoming 9th grader. For more information, check with the RHS Library.

BRAIN BOWL – Ms. May

Jeopardy for high school! This club competes in academic trivia competitions with teams from other schools in Southern Oregon.

CAMPUS LIFE – Mr. Oltman

Campus Life is like a church youth group for students only without a church. Campus Life offers a safe place for kids to hang out and meet other kids who share like struggles of being a teen in today's world. At CL meetings we discuss current topics that relate to teens today such as peer pressure, sexuality, choices, parent relationships, etc.

FCCLA (Family, Career & Comm. Ldrs. of Am.) – Ms. Carson/Mrs. Malepsy

This is a Chapter of FCCLA, a Service Organization that is open to students that are enrolled in Early Childhood Education classes, Foods, HTR, or Life in the Real World classes. The mission of FCCLA is to promote personal growth and leadership development through Family and Consumer Science Education. We focus on the multiple roles of family member, wage earner, and community leader. Members develop skills for life through: character development, creative and critical thinking, interpersonal communication, practical knowledge and career preparation. Involvement offers the members the opportunity to expand their leadership potential and develop skills for life-planning, goal setting, problem solving, decision making, and interpersonal communication necessary in families, communities and workplaces.

FCA (FELLOWSHIP OF CHRISTIAN

ATHLETES) – Mr. Pardon

Who are We? We are students from RHS, grades 9-12. Mr. Pardon has been the club advisor for the group since it began in 1995-96. Mr. Pardon is a social studies teacher at RHS, and he volunteers his time for FCA.

Mission Statement: Our main focus is to give glory to Jesus Christ, the Rock of our lives. We also want to give RHS students an opportunity to fellowship weekly in a Christian environment. We want to build each other up in Christ, using the Bible as our guide.

Who is invited? Any high school student that has an interest in growing closer to the Lord. You do not have to participate in a varsity sport to come. Many of the students are not directly involved with sports. However, we will gear some of our meetings towards athletics. This is a totally student led program.

FIRST CLASS CATERING – Ms. Carson

The catering is not a club, it is part of the HTR class. The student has to be a member of HTR 1,2,3 or 4 to be able to cater. We cater from school events to community events. Catering takes place during school hours, after school, and sometimes on weekends. The students run the catering business with my help. They prepare food items from cookies and finger foods to full meals.

FBLA (Future Business Leaders of Amer.) – Steve Patterson

Future Business Leaders of America is the largest national organization for students preparing for careers in business. FBLA prepares students for "real world" professional experiences. Members gain the competitive edge for college and career successes. Members have the opportunity to become a leader by becoming an officer and/or participating in various club activities. They also have an opportunity to compete for awards and recognition on the local, state, and national levels in more than 50 categories.

Roseburg FFA (National FFA Foundation) – Mrs. Powell

FFA is a national organization of over 800 thousand high school students dedicated to preparing Agriculture Education members for leadership and careers in the Science, Business and Technology of Agriculture. Local, State, and National activities and award programs provide opportunities for hands-on application of knowledge and skills acquired through agriculture education. FFA makes a positive difference in the lives of students by developing their potential for premier leadership, personal growth and career success through agricultural education.

GAPP (German American Partnership Program) – Mr. Taylor

GAPP is an exchange program with our sister school in Luneburg, Germany. Students who are selected will host a German student from Germany for 3 weeks in October and will travel to Germany in the summer of the following year to attend school and stay with the family of the student they hosted. Participation is limited to students enrolled in German, and usually occurs during the student's junior or senior year.

GERMAN CLUB – Mr. Taylor

German Club is an opportunity for students interested in expanding their German experience outside the classroom. Meetings are informal, and include film evenings, cultural celebrations, food experiences, and fund raising. Students do not have to be enrolled in German class to attend our meetings.

KEY CLUB – Mrs. Jackson

Key Club is a service club. Students create what will assist our community, both locally as well as globally. What a great way to learn leadership skills. Meets twice a month.

LINK CREW – Ms. Pennington/Mrs. Way

A program designed to link freshmen to upper classmen who are good role models.

MATH CLUB – Mr. Richards

Math Club competes in state, regional, national, and international leagues with both team and individual emphases. Topics both outside and within the standard curriculum are explored.

ORANGE R/JOURNALISM – Ms. Danielson

Orange R/Journalism students are given the opportunity to put into practice their journalism skills! Journalism students learn computer publishing skills then put them into use by publishing the student newspaper, the "Orange R."

PARTNERS CLUB – Mrs. Shilts

Peer Partners is designed to establish connections with disabled youths and foster relationships that will build self-esteem and peer relations on and off the school campus.

SPANISH CLUB – Mr. Hibbert

Spanish club is a celebration of Hispanic culture. We eat, we have fiestas, and service projects to give back to the community. We have *the* coolest club t-shirts around. Check it out, it promises to be ¡muy bien!

WRESTLING PIN PALS – Mrs. Lander

Keep stats at all wrestling meets and tournaments, provide table help, and encourage wrestlers.

CAMPUS CLUBS AND ORGANIZATIONS

2022-2023

| <u>Clubs</u> | <u>Advisor</u> | <u>Course Connected Organizations</u> | <u>Teacher</u> |
|---|--------------------------------|--|------------------------|
| Academic Creation | Mrs. Danielson | | |
| Art Club | Mr. Eckman | ASB Leadership | Ms. Danielson |
| Astra Club (Altrusa) | Mrs. Bartlett | Band | Mr. Hansen |
| Auto Club | Mr. Zell | Choir | Ms. Cherry |
| Battle of the Books | Mrs. Felgentrager | Color Guard/Flag Team | Mr. Hansen |
| Bowling Club | Ms. Cates | | |
| Brain Bowl | Ms. May | ETS | Mr. Gompf |
| Campus Life | Mr. Oltman | Family, Career & Community Leaders of America (FCCLA) | Ms. Carson/Ms. Malepsy |
| Clay Club | Mrs. Hibbert | First Class Catering | Ms. Carson |
| | | Future Business Leaders of America (FBLA) | Mr. Patterson |
| Cryptic Crossword Club | Mr. Netz | | |
| Drama Club | Mrs. Smicker | National FFA Organization (FFA) | Ms. Powell |
| Dungeons & Dragons | Mr. Eckman | German/American Partnership Program (GAPP) | |
| Environmental/Green Team | Mr. Bowen | Men of Note | Mr. Taylor |
| Equestrian Club | Ms. Henry | | Ms. Cherry |
| Esports | Mr. Bowen | | |
| Fellowship of Christian Athletes (FCA) | Mr. Pardon | National Honor Society (NHS) | Ms. Felgentrager |
| | | Orange R (Student News Media) | Ms. Danielson |
| | | School To Work Coordinator (UCC) | Ms. Knight |
| | | Skills USA (VICA) | Mr. Todd |
| GSA (Gender Sexuality Alliance) | Ms. Asplund/Mrs. Heselius | Upward Bound (Career Ctr) | TBA |
| German Club | Mr. Taylor | Yearbook | Mrs. Eckman |
| Hiking Club | Mr. Eckman | Young Life | Mr. Oltman |
| Impact Club | Mr. Gompf | | |
| Interact Club | Mrs. Stevens-Garcia | | |
| Key Club | Ms. Jackson | | |
| Lacrosse | Ms. Cheatam | | |
| Link Crew | Ms. Pennington/Ms. Way | | |
| Math Club | Mr. Richards/Ms. Stanton | | |
| Multicultural Club | Mrs. Felgentrager/Mrs. Wishart | | |
| R.C. Club | Mr. Hanson | | |
| Robotics | Mr. Wier | | |
| Roseburg Runners Club | Mr. Eckman | | |
| Spanish Club | Mr. Hibbert | | |
| Starfleet Academy | Mr. Eckman | | |
| U Dub (United Way) | Ms. Brooks | | |
| Unified Partners Club | Ms. Shilts | | |
| Wrestling Pin Pals | Mrs. Lander | | |

***Students interested in club membership
should contact the advisor listed above.***



RHS TEACHING STAFF

| | |
|-------------------------------|---|
| ARTS DIVISION: | Ms. Cherry (Choir), Mr. Eckman* (Fine Arts), Mrs. Eckman (Yearbook, Art), Mr. Hansen (Band), Ms. Hibbert (Ceramics), Ms. Smicker (Drama) |
| ENGLISH: | Mr. Buster, Mr. Cockman, Ms. Danielson, Ms. Garcia, Mrs. Jackson* , Ms. Jones, Ms. May, Ms. McIntyre, Mr. O'Brien, Ms. Palacios, Ms. Smith, Ms. Sustaire, Mrs. Weiss |
| HEALTH/P.E.: | Ms. Aumock, Mr. Heuberger, Mr. Lander, Mr. Lovemark* , Mrs. Marsters, Mr. Sustaire, Mr. Thompson, Mr. Yegge |
| LIBRARY: | Mrs. Felgentrager |
| MATH: | Ms. Gray, Mr. Hanson, Ms. Heselius, Mr. Humphreys, Ms. Marquardt, Mr. Netz, Mr. Oltman, Mr. Owen, Ms. Pennington, Mr. Richards, Mr. Robles* , Ms. Stanton, Ms. Way |
| CAREER/ TECHNICAL: | Ms. Carson* , Mr. Castillo, Mr. Charles, Mr. Eubank, Mrs. Malepsy, Mr. Patterson, Mrs. Powell, Mr. Todd, Mr. Zell |
| SCIENCE: | Ms. Alvey, Mr. Bartlett, Mr. Bowen, Ms. Brooks, Mr. Larson, Ms. Lewis, Mr. Smith* , Mr. Wier, Mr. Wiley |
| SOCIAL STUDIES: | Ms. Barrington, Mrs. Bartlett* , Mr. Merrell, Ms. Painter, Mr. Pardon, Ms. Pitts, Mrs. Stevens-Garcia, Mr. Watson |
| STUDENT SERVICES: | Ms. Asplund, Ms. Bloomer, Mr. Coulson, Mr. Crouch, Mr. Freeman, Mr. Hubbard, Mr. Parsons, Mr. Sharpe, Mrs. Shilts* , Mrs. Williams, Ms. Wishart |
| WORLD LANGUAGE: | Mr. Hibbert* , Ms. Lander, Mr. Taylor |

Bold* = Division Leaders



***** PARENTS:**

PLEASE REFERENCE THE BELL SCHEDULE ON THE NEXT PAGE WHEN CALLING YOUR CHILD ON THEIR PERSONAL CELL PHONE. PLEASE CALL BEFORE SCHOOL, AFTER SCHOOL, DURING LUNCHTIME AND PASSING PERIODS ONLY. IF THERE IS AN EMERGENCY DURING CLASS TIME, PLEASE CALL THE COUNSELING CENTER OFFICE (541) 440-4131 TO CONTACT YOUR CHILD. THANK YOU FOR YOUR ASSISTANCE.

ROSEBURG HIGH SCHOOL

2022-23 BELL SCHEDULE

Regular Schedule (Monday/Tuesday/Thursday/Friday)

| | |
|----------|---------------|
| Period 1 | 7:40 – 8:31 |
| Period 2 | 8:36 – 9:27 |
| Period 3 | 9:32 – 10:23 |
| Period 4 | 10:28 – 11:19 |

| | |
|--|----------------------|
| <u>1st Lunch</u> | 11:19 – 11:52 |
| (English, Health & PE, Science, Arts, APEX) | |

| | |
|-----------------|----------------------|
| Period 5 | 11:57 – 12:48 |
|-----------------|----------------------|

| | |
|-----------------|----------------------|
| Period 5 | 11:24 – 12:15 |
|-----------------|----------------------|

| | |
|---|----------------------|
| <u>2nd Lunch</u> | 12:15 – 12:48 |
| (Math, Social Studies, CTE, FR House, World Languages, Health Sciences, Student Services) | |

| | |
|----------|--------------|
| Period 6 | 12:53 – 1:44 |
| Period 7 | 1:49 – 2:40 |

Early Release (Wednesday) with Advisory Period

| | |
|-----------------|---------------|
| Period 1 | 7:40 – 8:18 |
| Period 2 | 8:23 – 9:01 |
| ADVISORY | 9:06 - 9:35 |
| Period 3 | 9:40 – 10:18 |
| Period 4 | 10:23 – 11:01 |

| | |
|--|----------------------|
| <u>1st Lunch</u> | 11:01 – 11:31 |
| (English, Health & PE, Science, Arts, APEX) | |

| | |
|-----------------|----------------------|
| Period 5 | 11:06 – 11:44 |
|-----------------|----------------------|

| | |
|-----------------|----------------------|
| Period 5 | 11:36 – 12:14 |
|-----------------|----------------------|

| | |
|---|----------------------|
| <u>2nd Lunch</u> | 11:44 – 12:14 |
| (Math, Social Studies, CTE, FR House, World Languages, Health Services, Student Services) | |

| | |
|----------|---------------|
| Period 6 | 12:19 – 12:57 |
| Period 7 | 1:02 – 1:40 |

STAFF INFORMATION

**Administration
Office
440-4142**

**Attendance
Office
440-4146/440-4147**

ADMINISTRATION

Principal:

Dr. Jill Weber 440-4142

Assistant Principals:

School Climate & Safety
Adam Blue 440-4142
School Operations
Brett Steinacher 440-4142
Student Services
Brad Bogardus 440-4142
Educational Services
Randal Olsen 440-4142

Athletics Director
Russ Bolin 440-4162

**Counseling Office
440-4131**

SUPPORT STAFF

Athletics Office 440-4162
Attendance Office 440-4146/440-4147
Business Office 440-8289
Career Center 440-4155
Counseling Center 440-4131/440-4132
Library Media Center 440-4150
Registrar 440-4139
(Transcripts & Records)
School Psychologists 440-4203

AVAILABLE AGENCY SERVICES

Teen Health Center
(Umpqua Comm Health) 440-4177
Attendance Monitor 440-4152
Resource Officer 440-4212

OTHER

Accident Report *Main Office*
Activity Scheduling *Athletics Office*
Advanced Placement *Career Center*
Change of Address *Counseling*
Club Information *Athletics Office*
College Information *Career Center*
Facilities *Athletics Office*
Fees/Fines *Business Office*
Job Information *Career Center*
Locker Problems *Counseling Center*
Lost and Found *Main Office*
Library Media Center *Mrs. Felgentrager*
Orange R *Ms. Danielson*
Parking *Mr. Blue*
Planned Absence *Attendance Office*
Pre-Teach *Career Center*
Scheduling *Counselors*
Scholarships/College
Financial Aid *Career Center*
Student Body Cards *Main Office*
Testing (SAT-PSAT) *Career Center*
Withdrawals *Counseling*
Yearbook *Mrs. Eckman*

COUNSELING

Last name beginning in:

A - Co *Khara Holborow 440-4137*
Cp - Hi *Cat Wilson 440-4138*
Ho- Me *Karma Watters 440-4135*
Mi - Sc *Jayde Walkup 440-4134*
Sd - Z *Casey Hines 440-4136*

**RHS on the web:
<https://rhs.roseburg.k12.or.us/>**



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.



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: _____

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.

SELF-MEDICATION AGREEMENT

Students who are developmentally and/or behaviorally able, will be allowed to self-administer prescription and nonprescription medication, subject to the following:

1. A permission form must be submitted for all self-medication of prescription and nonprescription medication.
 - Self-medication of prescription medication requires permission from parent, school administrator and physician. Physician consent is to be included on the prescription label or on the medication consent form.
 - Self-administration of non-prescription medication requires permission from parent and school administrator.
2. All prescription and nonprescription medication must be kept in its appropriately labeled, original container as follows:
 - Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
3. Physician's consent for self-administration must either be on the prescription label or on this form.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations. Additionally, the student may be subject to discipline, up to and including expulsion, as appropriate if the self-medication policy is violated.

Student Name: _____

I have read and agree to the above criteria and give permission for my child to self-administer:

Name of medication: _____

Parent/Guardian Signature: _____ Date: _____

(My signature authorizes an exchange of information as necessary between the school and my child's health provider for the purpose of information relating to this medication.)

I agree to comply with the above criteria:

Student Signature: _____ Date: _____

Please allow this student to self-administer this medication. (Student must be developmentally and behaviorally able to self-administer.)

Physician Signature: _____ Date: _____
(Required for prescription medications)

☐ This student may carry and self-administer this medication as prescribed

☐ This student may self-administer this medication as prescribed, but the medication will be kept in the office.

School Administrator's Signature: _____ Date: _____



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.

| |
|---------------------|
| Complete for all |
| Up-to- date |
| Medical |
| Non- medical |

| | | | |
|--|-------------------------------|--|---|
| Child's Last Name <i>Apellido</i> | First <i>Primer Nombre</i> | Middle Initial <i>Segundo Nombre</i> | Birthdate <i>Fecha de Nacimiento</i> |
| Mailing Address <i>Dirección</i> | City <i>Ciudad</i> | State <i>Estado</i> | Zip Code <i>Código Postal</i> |
| Parents' or Guardians' Names <i>Nombre de los padres o guardian</i> | | Home Telephone Number <i>Número de Teléfono</i> | |

| 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] <input type="checkbox"/> 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> |
|--------------------------------------|-------------------------------|---|---|

| Recommended Vaccines | Recommended Vaccines | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
|----------------------|---|--------|--------|--------|--------|--------|
| | Pneumococcal (PCV7, PCV13) (Only 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):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Hib |
| <input type="checkbox"/> 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 _____

53-05A (12/2013)

Instructions for completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (Front):

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Required vaccines (Back):

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

REMEMBER TO COMPLETE BOTH SIDES OF FORM

Exemptions:

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.

Instrucciones para llenar el Certificado de Estado de Vacunación

Información de contacto:

Dé la siguiente información sobre su hijo: nombre completo, fecha de nacimiento, dirección postal actual, nombres y números de teléfono de los padres o tutores. Usaremos esta información para comunicarnos con usted si hay preguntas sobre los datos de vacunación de su hijo.

Vacunas requeridas (adelante):

Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado. Averiguar con la escuela o guardería cuáles son las vacunas requeridas para la edad y grado escolar de su niño.

Vacunas recomendadas (atrás):

Estas dosis no son obligatorias por ley, pero son recomendadas y la mayoría de los niños las reciben. Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado.

Firma:

La firma del padre, madre o tutor es una declaración jurada de que la historia de vacunas del niño esta correcta. La firma del médico o del departamento de salud local no son requeridas, pero son aceptable. **Cada vez que agregue datos a la información sobre su hijo debe volver a firmar el formulario.**

RECUERDE LLENAR AMBOS LADOS DEL FORMULARIO

Excepciones:

Oregon permite excepciones médicas y no médicas.

Para una excepción no médica, marque la casilla adecuada y presente uno de los siguientes documentos requeridos:

1. Un certificado firmado por un proveedor de atención de salud verificando la discusión de los beneficios y riesgos de la vacunación, o
2. Un certificado de terminación del módulo educativo de la vacuna sobre los beneficios y riesgos de la vacunación.

Indique para cuáles vacunas quiere que su hijo(a) sea exento(a) al marcar las casillas. Firme y feche la línea indicada.

Para una excepción médica o un comprobante de inmunidad, presente una carta del doctor de su hijo(a) a la escuela o cuidado infantil.



Una ley federal, la Ley de Derechos Educacional de y de Privacidad de la Familia (conocida como la FERPA por sus siglas en inglés), requiere que el Distrito Escolar de Roseburg, con ciertas excepciones, obtenga su permiso, por escrito, antes de publicar o pasar información de los archivos escolares de su hijo/a que podría identificarlo, sin embargo, el Distrito Escolar de Roseburg podrá publicar cierta “información de directorio” debidamente designada, sin ningún permiso escrito, a menos que un padre de familia le haya avisado al distrito que no lo haga, siguiendo los procedimientos del distrito para hacer esta petición. El propósito de esta información de directorio es permitir que el Distrito Escolar de Roseburg incluya esta clase de información de los archivos escolares de su hijo/a en ciertas publicaciones de la escuela. Ejemplos:

- El cartel de una obra de teatro que incluye el papel que juega su hijo/a;
- El anuario;
- Lista de honor u otra lista de reconocimiento;
- Programas de graduación; y
- Listas de atletas que muestran el peso y estatura de los miembros de los equipos.

La información de directorio, la cual generalmente no se considera dañina ni una invasión de privacidad si se publica, también puede pasarse a otras organizaciones sin el permiso escrito de los padres. Dentro de estas organizaciones se incluyen, pero no se limitan a la prensa, empresas que fabrican anillos de curso o anuarios, su organización de padres y maestros local, etc. Además, dos leyes federales requieren que las agencias de educación local (conocidas como LEA por sus siglas en inglés) que reciben apoyo de la Ley de Educación Primaria y Secundaria de 1965 (la ESEA) proporcionen tres categorías de información de directorio (nombre, dirección y teléfono) a los reclutadores militares que la pidan, a menos que los padres hayan avisado a la LEA que no quieren que se transmita esta información sobre sus hijos sin antes haber recibido permiso escrito.

Si usted no desea que el Distrito Escolar de Roseburg pase información de directorio sobre su hijo/a sin permiso escrito de usted, hay que llenar y entregar el formulario del dorso de esta carta a la escuela de su hijo.

El Distrito Escolar Roseburg considera lo siguiente como información de directorio:

- Nombre del estudiante
- Participación en actividades y deportes oficialmente reconocidos
- Dirección
- Lista de teléfono
- Peso y estatura de los miembros de equipos deportivos
- Correo electrónico
- Fotografía
- Títulos, honores y premios recibidos
- Fecha y lugar de nacimiento
- Especialización académica
- Fecha de asistencia
- Nivel de grado (año en la escuela)
- La última agencia o institución educacional asistida

Si no llena y entrega este formulario a la escuela de su hijo/a, de acuerdo con la Ley de Derechos Educativos y de Privacidad de la Familia, Qué Ningún Niño Se Quede Atrás de 2001, y otras leyes federales y estatales, la información de directorio de su hijo/a se podrá dar a universidades y otras instituciones educacionales, empleadores potenciales, reclutadores de las fuerzas armadas de los EE.UU., la prensa, clubes de actividades escolares y otros grupos independientes parecidos.

Si usted desea que no se haga disponible esta información, por favor, marque las cajas correspondientes en el dorso de esta carta para comunicar que no quiere que esta información de directorio sobre su hijo/a se haga disponible, firme el formulario y entréguelo en la oficina de su hijo/a.

Gracias



Roseburg Public Schools

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: 541-440-40 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 97471 Phone: 541-440-4077 Fax: 541-440-4078 | Sunnyslope Elementary 2230 SW Cannon Roseburg OR 97471 Phone: 541-440-4192 Fax: 541-440-9485 | Winchester Elementary 217 Pioneer Way Winchester OR 97495 Phone: 541-440-4183 Fax: 541-440-4187 |
| John C. Fremont Middle School Attn: Registrar 850 W Keady Ct Roseburg OR 97471 Phone: 541-440-5400 Fax: 541-440-4600 | Joseph Lane Middle School Attn: Registrar 2153 NE Vine St Roseburg OR 97470 Phone: 541-440-4104 Fax: 541-440-4100 | Roseburg High School Attn: Susie Collins, Registrar 400 West Harvard Roseburg OR 97470 Phone: 541-440-4139 Fax: 541-440-4156 Email: scollins@roseburg.k12.or.us | |

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

- | | |
|--|---|
| <ul style="list-style-type: none"> ✓ 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 | <ul style="list-style-type: none"> ✓ 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 !!

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

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



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.

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: _____ (List full brand name/ flavor) | | |
| <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

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs
(503) 947-5894

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.

This institution is an equal opportunity provider.

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).

This institution is an equal opportunity provider.

Declaración médica para solicitar comidas y/o adaptaciones especiales

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 |
|---------------------------------|---|

Parte I A rellenar por el padre/tutor o patrocinador o

| | |
|---------------------------------|-------------------|
| Nombre del participante: _____ | |
| Nombre del padre / tutor: _____ | Teléfono #: _____ |

Parte II Para ser completado sólo por un profesional de la salud con licencia estatal que esté autorizado a escribir recetas médicas bajo la ley estatal*. Conteste las preguntas 1-3.

| |
|---|
| <p>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:</p> <p>_____</p> <p>_____</p> |
| <p>2. Plan de Adaptaciones de Comida (Alimentos a omitir o evitar):</p> <p>_____</p> <p>_____</p> |
| <p>3. Alimentos a sustituir y alternativas recomendadas (incluir modificación y adaptación):</p> <p>_____</p> <p>_____</p> |
| <p>Firma del Profesional de atención médica licenciado*:</p> <p>_____</p> <p>Nombre Firma Fecha</p> |

Part III uso exclusivo

| | |
|-------------------------------|--------------|
| 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 - **Describa:** 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)

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.



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.



Mutual of Omaha





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 - - - - -]

MUGC9641

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**

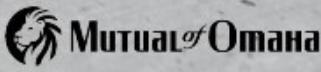
Health Special Risk, Inc.
HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007-1517

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 Compañiade Seguros Mutual of Omaha.

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



MUGC9642

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-kinder 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 periodo 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 médica, 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 paravela; (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 involucre la instalación de coronas, puentes, 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) |
| Anestesiista | 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: _____

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

Numero 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: | | Adjuntado se encuentra el cheque de pago total pagadero a: Health Special Risk |
| Número de cheque _____ | | TOTAL de todas las elecciones AQUI: \$ _____ |
| Cantidad Recibida _____ | | |

* 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

Suicide Prevention Policy

Protecting the health and well-being of all students is of utmost importance to Roseburg Public Schools. The school board has adopted a suicide prevention policy, JHH, which will help to protect all students through the following steps:

1. Students will learn about recognizing and responding to warning signs in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in health classes.
2. Each school will designate at least one suicide prevention point of contact for students in crisis and to refer students to appropriate resources.
3. When a student is identified as being at risk, they will be assessed by a school employed counselor or administrator who will work with the student and family to help connect them with appropriate resources.
4. Students will have access to national resources which they can contact for additional support, such as: The National Suicide Prevention Lifeline: 1-800-273-8255 www.suicidepreventionlifeline.org The Trevor Lifeline: 1-866-488-7386 www.thetrevorproject.org.
5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.
6. Students should also know that because of the serious nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.
7. For more detailed information, please see the district's full suicide prevention policy and plan. This policy and other suicide prevention plan information can be accessed on the Roseburg Public Schools website. If you need immediate assistance, please contact 9-1-1.