



PARENT / STUDENT HANDBOOK

2024-2025

Empathy

Perseverance

Integrity

Community

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

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**JOHN C. FREMONT MIDDLE SCHOOL
SUPPLY LIST 2024-2025 SCHOOL YEAR**

6TH Grade Supply list:

- 7 spiral notebooks total (college or wide ruled and unlabeled)
- 3 each Highlighters:
- 1 box of colored pencils
- 50 or more Ticonderoga Pencils #2
- Handheld personal pencil sharpener
- Pencil topper erasers
- 1 each pencil pouch to keep , scissors, rulers, pencils and glue sticks in
- 2 glue sticks
- Basic calculator w/ name clearly marked
- Plug-in style Headphones for chromebook
- 8 Pocket Folders (unlabeled)
- 1 Sketchbook (anysize)
- Band Students will need black pants and shoes for concerts
- Choir students will need black pants for concerts

7th Grade Supply list:

- 2 boxes Pencils #2
- 2 Spiral notebooks
- One 3 Ring Binder, Large
- 2 pocket folders for binder
- Pencil pouch
- Basic calculator w/name clearly marked
- 1 box of assorted highlighters
- Large eraser
- College ruled notebook paper
- Graph paper
- 1 ruler with Metric and Standard

- Band Students will need black pants and shoes for concerts
- Choir students will need black pants for concerts

8th Grade Supply list:

- 3 ring Binder, Large (Sturdy)
- College ruled notebook paper
- 5 Spiral notebooks (1 is for health)
- Graph paper
- Red and Black pens (no permanent markers)
- Pencil pouch
- 4 boxes of Pencils # 2
- 1 each Highlighters: Yellow, Green, Blue, Pink
- 1 box of colored pencils
- Scientific Calculator (Texas Instrument Ti-30 xiis)
- Band Students will need black pants and shoes and a black button-down shirt for concerts
- Choir students will need black pants for concerts

Wellness Department:

- Solid white or gray t-shirt
- Athletic shorts
- Athletic shoes
- Lock for PE Locker
- You may purchase shorts, t-shirt with Fremont
- Logo on them at registration or throughout the school year, \$15 each

HELPFUL INFORMATION

SCHOOL FEES

Required:

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

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

Pictures	\$6.00to \$44.00
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Accident Insurance	\$17.00 to \$48.00*
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24 Hour Accident Insurance	\$80.00 to \$196.00*
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Dental Insurance (24Hr. Accident)	\$19.00*
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Health Insurance	\$138.00*
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Yearbook/ Annual	\$35.00 to \$40.00
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There will be no admission fee for Roseburg Middle School students to RHS athletic events with a Student ID and that are accompanied by an admission-paying adult, with the exception of playoff games, proceeds of which are required by and paid directly to OSAA.

STUDENT ACTIVITIES

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

*Grade Level Celebrations

*Spirit Days/ Week

* Leadership

* National Honor Society

* Appreciation Activities

* School Assemblies

* Band/ Choir Concerts, Drama Productions

* Clubs/ Homework Help



2024-25 SCHOOL CALENDAR

Adopted 12.13.2023
Start after Labor Day
177 Student Days

JULY 2024

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

AUGUST

S	M	T	W	T	F	S
E-0 S-0				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22 NO	23	24
25	26 AP	27 AP	28 AP	29 AP	30 NC	31

SEPTEMBER

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

OCTOBER

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

NOVEMBER

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

DECEMBER

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

JANUARY 2025

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

FEBRUARY

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

MARCH

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

APRIL

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

MAY

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

JUNE

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

Last student day: June 11
 *Seniors: June 5

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

CONF	Conferences: <u>Elementary and Middle School Only</u>
	Roseburg High School Commencement: June 7, 2025
AP	All Teacher Planning Day (No School for Students)
CONF	Conferences: (all) <u>Elementary, Middle & High School</u>



CALENDAR 2024-2025

<p><u>August</u> 1 School Office Opens 14 Registration 8:00-6:00 26 Teachers Return to work 19 Fall Sports Practice begins 30 Non Contracted day for Teachers</p>	<p><u>September</u> 2 Labor Day 3 Classes begin 16 Open House-6:30 pm 9 Fall sports 1st game week</p>
<p><u>October</u> 8 Picture Retakes 31 End of 1st Quarter</p>	<p><u>November</u> 1 Grading Day, No School 7 Conferences All Day, No School 8 No School 11 Veterans Day, No School 27-29 Thanksgiving, No School</p>
<p><u>December</u> 23- 3 Winter Break, No School</p>	<p><u>January</u> 6 Classes Resume 20 Martin Luther King's Birthday, No School 23 End of 2nd Quarter 24 Grading Day, No School</p>
<p><u>February</u> 17 President's Day, No School/ Makeup day if needed</p>	<p><u>March</u> 20 End of 3rd Quarter 21 Grading Day, No School 24-28 Spring Break, No School 31 Classes Resumes</p>
<p><u>April</u> 2 PM Conferences 3 Conferences All Day, No School 4 No School</p>	<p><u>May</u> 26 Memorial Day, No School</p>
<p><u>June</u> 11 End of 4th Quarter 11 Last Day of School for Students 12 Last Contracted Day for Teachers 13-16 Makeup day if Needed 27 Last day Office is open</p>	<p><u>July</u> School Closed</p> <p><u>August 2025</u> 1 School Reopens</p>

JOHN C. FREMONT MIDDLE SCHOOL

Mission Statement

Fremont will build positive relationships in a safe, respectful, enjoyable, and inclusive environment where students' diversity and life experiences are explored and celebrated. Students will engage, collaborate, think critically, and make connections, as they develop real-world knowledge. By taking ownership of their learning, students will be empowered to take risks, persevere, and build their social-emotional and academic skills as lifelong learners.

Superintendent of Schools

Jared Cordon

Address

850 West Keady Court
Roseburg, Oregon 97471

Administration

Principal- Dani Jardine
Assistant Principal- Tim Sensabaugh

Phone

541-440-4055

Fax

541-440-4060

TOSA: Dean of Students

David Dunn

Counselors

Buffie Gillespie
Jason Tate

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

Facebook- Fremont Middle School

Instagram- fremontgenerals

School Mascot- The Generals

School Colors- Royal Blue and Gold

Roseburg School District

Strategic Plan

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

PARENT / SCHOOL COMMUNICATION

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

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

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

Main Office

541-440-4055

Dani Jardine, Principal
Kelly Lucido, Office Manager
Dolly Finnie, Attendance/ Records Secretary

Student Services

541-440-4067

Tim Sensabaugh, Assistant Principal
David Dunn, TOSA: Dean of Students
Taryn Stribling, Reconnect/ Athletics Secretary

Counseling Office

541-440-4062

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

Bus Information

First Student Transportation
District Transportation Office

541-672-4191

541-440-4048

John C. Fremont Middle School

VOICEMAIL- PHONE NUMBERS

2024-2025 School Year

Main Office/ Attendance ...440-4055 Reconnect/ Athletics... 440-4067 Fremont Website: https://fremont.roseburg.k12.or.us	Voicemail for Staff ...440-4056 Counseling Center...440-4062 Staff E-Mail Address: name@roseburg.k12.or.us I.e. DJardine@roseburg.k12.or.us
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ADMINISTRATION:
 # 440-4055
5457.....Dani **Jardine**, Principal
5455.....Tim **Sensabaugh**, Assistant Principal
5456.....David **Dunn**, TOSA: Dean of Students
5400.....Kelly **Lucido**, Office Manager
5464.....Dolly **Finnie**, Secretary (attendance/ records)

RECONNECT/ ATHLETICS:
 # 440-4067
5454....Taryn **Stribling**, Secretary

COUNSELING CENTER:
 #440-4062
5463....Buffie **Gillespie**, Counselor A-L
5462....Jason **Tate**, Counselor M-Z
5472....Toni **Batson**, Secretary
5465.... Mental Health Therapist

MEDIA CENTER:
 #440-4063
5461....Check-out Desk
 Jamie Banta, Secondary Associate Librarian

SUPPORT SERVICES:
 #440-4055
5446.... Sam Aley, Melanie Kellam, School Psychologist
5401....Kara Rosemeyer, Skills Trainer

TECHNOLOGY COORDINATOR:
5448....Jason Stout, Computer Tech.

CUSTODIAL OFFICE:
 Day 440-4055/ Night 440-4056
5452.... Tom Popham Day Site Operator
 Curt Guyer Night Site Operator
 Elton Sells, ?

CAFETERIA:
 #440-4070
5453.....Angie Hall Cafeteria Manager
 Leann Loomis, Holly Foley,
 Fallon Hall, Nikolea Moore

STAFF VOICEMAIL
5430...Stacey **Atwell Keister**, Choir/ Drama
5470...Michael **Baker**, 6th Math/ Science
5441/5451...Heather **Barnett**, Health/ PE
5428...Eric **Bezdek**, Applied Arts
5426/ 5473...Cayla **Breeding**, 7th Language Arts/ Leadership
5424...Megan **Chasteen**, 7th Language Arts/ Journalism
5432...Steven **Colkitt**, 8th Math
5403...Season **Cox**, 7th / 8th Language Arts LRC
5443...Megan **Crouch**, SRC
5421/ 5431... Megan **Dee**, Graphic/ Fine Arts/ Robotics
5436...Will **Emigh**. 8th Language Arts/ Yearbook
5471...Libby **Fregoso**,6th Social Studies/ Language Arts
5402...Caitlyn **Goecke**, 6th LRC
5427... Tracy **Grauer**, Intro. to Woods
5467/5439...Albert **Gutierrez**, PE/Health
5425...Evan **Hendry**, 7th / 8th Social Studies
5479...Gina **Holgate**, 7th/8th Math LRC
5420...Mike **Hoque**,7th Social Studies/ Modern Issues
5406....Lindsey **Howard** 6th Social Studies/Language Arts
5451/ 5439...Karen **Howington**, PE/Health
5423....Rebecca **Ibarra**, 7th Math
5409...Joanna **Johnson**, 6th Language Arts/Social Studies
5434....Daron **Knight**, 8th Social Studies/ Independent Study
5475....Kimberly **Landis**, 7th Science
5407...Tana **Laughlin**, 6th Math/ Science
5433...Jeff **Meeds**, 8th Math/ Business
5451/5441...JJ **Rauchwarger** PE/ Health
5476... Louisa **Sanchez**, 8th Science
5429...Karalyn **Soffer**, Band
5403....Kathi **Swanson**, 7th Language Arts/ Instruction Coach

5408....Kari **Taggart**, 6th Math/ Science
5435/5473...Ella **Taggart**. 8th Language Arts
5405...Vern **Thompson**, 6th Language Arts/ Social Studies
5422....Ryan **Wall**, 7th Math
5444...Nathan **Williams** DLC
5404...Sara **Young**, 6th Math/ Science
5442... Tyler **Yutzie** TAP
5474.... ?, 7th/8th Science
5477... Homework Help
5478... Science lab

DEVELOPMENTAL LEARNING CENTER
5444...Nathan **Williams**, DLC Teacher #440-4094
 Inst. Asst.: Brian Marsters,
 Becky Gates
 Madison Mendoza, Erich Hoque, Kimeberlie Anderson

LEARNING RESOURCE CENTER: #440-4041
5479....Gina **Holgate**, 7th/8th Math LRC
5439....Season **Cox**, 7th/8th Language Arts LRC
5402....Caitlyn **Goecke** 6th grade LRC

SECONDARY RESOURCE CENTER:
5443....Megan **Crouch**, SRC Teacher,
 Inst. Asst.: ? Brook Laney
5438....Leeza **Pelke**, IA/ paperwork manager
 Paige Plumlee, ?
 Lisa Ewens, Loren Olson ,
 Mike Patterson

ALTERNATIVE LEARNING CENTER: #440-4071
5442....Tyler **Yutzie**, TAP Teacher
 Inst. Asst: Kris Flynn, Judith Cervantes, Richard Swords

GENERAL INFORMATION

EQUALITY OF OPPORTUNITY

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

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

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

INSTRUCTIONAL PROGRAMS

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

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

The 7th and 8th grade students are provided a program of instruction that includes core program courses (math, science, social studies and language arts) with elective options (band, choir, drama, wellness, woodshop, fine/applied arts, leadership, journalism and yearbook).

In addition to, or in lieu of electives, students may be offered targeted support classes to boost language arts, reading, behavior/ social skills and/ or math skills.

GENERAL INFORMATION

PERSONAL DEVELOPMENT PROGRAMS

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

CLOSED CAMPUS

Fremont is a closed campus. Students are not permitted to leave campus without parent or guardian permission verified through the front office.

VISITORS

Visitors must obtain permission to be on campus and check in at the Main Office before visiting any location on campus. **When picking up your student from school, please be prepared to show your identification.** Students from other schools are not permitted to be guests during the school day. If there are any questions regarding visitors, please reference Board Policy KK and KGB on Roseburg Public Schools website.

FREMONT ORGANIZATIONS

Ways for Parents/ Guardians to become involved:

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

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

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

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

STUDENT AND PARENTAL RESPONSIBILITIES

STUDENTS HAVE A RESPONSIBILITY TO:

- a) Attend school daily according to the school district adopted calendar, arrive on time, bring appropriate materials, and be prepared to participate in class and complete Assignments.
- b) Strive for academic growth and to strive for their personal best.
- c) Participate fully in the classroom, curriculum and learning process during the entire class period.
- d) Make positive contributions to their school environment that allows fellow students to have equal access to educational opportunities.
- e) Make positive contributions to the school environment that allows fellow students to be free from discrimination, harassment, hazing, and bullying.
- f) Make up work resulting from an absence.
- g) Respect the rights, feelings, and property of fellow students, parents, school staff, visitors, guests, and school neighbors.
- h) Conduct themselves in an appropriate and respectful manner while on school grounds, school buses, at bus stops, at any school-related activities, and in the classroom, so as not to interfere with the rights of another student to learn and to contribute to a safe and orderly school environment that is conducive to learning.
- i) Display behavior that does not compromise the safety of other students and/or staff.
- j) Follow discipline guidelines adopted by the School Board.
- k) Protect and take care of the school's property.
- l) Abide by the School Board policies and regulations.
- m) Assist the school staff in running a safe school, and to help maintain the safety and cleanliness of the school environment.
- n) Read and ask questions to understand the information in the Student Handbook.

PARENTS AND GUARDIANS HAVE A RESPONSIBILITY TO:

- a) Parents and guardians have rights with respect to their student learners. These rights also carry with them certain responsibilities. Parents and guardians are expected to set an example for their children, especially as it affects respect to school rules, the authority of teachers and administrators, and for the rights and property of other students.
- b) Communicate and collaborate with teachers and administrators to support student achievement.
- c) Attempt to participate and be active at their student's school activities.
- d) Be partners with school staff by sharing appropriate ideas for improving student learning and by helping to prevent and/or resolve student discipline problems.
- e) Provide supervision of the student's health, physical and emotional well-being, and assume responsibility for the student's timely regular attendance at school.
- f) Promptly provide the school with explanations for student absences or tardiness.
- g) Ensure student compliance with school and district policies and regulations.
- h) Read and ask questions to understand the information in this Handbook.
- i) Reinforce the importance of students' adherence to values and behaviors described in this Handbook and modeled by teachers and administrators.

HELPFUL INFORMATION

COUNSELING CENTER

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

DAILY BULLETIN/ WEEKLY BULLETIN

The bulletin will be read daily. The goal of the bulletin is to inform students and staff of celebrations and upcoming events. Item submissions can be done through email or dropped off in written form to the Reconnect Office. Weekly bulletin is to inform families of upcoming events or other information. Weekly bulletin is updated and sent to families every Sunday in Parentsquare.

EMERGENCY PROCEDURES

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

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

SCHOOL CLOSURE

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

FOOD SERVICE/ LUNCH PROGRAM

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

IMMUNIZATION

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

INJURIES AT SCHOOL

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

ILLNESS AT SCHOOL

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

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

LOCKERS

Lockers will be optional for the 2024-2025 school year.

LOST AND FOUND

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

MEDIA CENTER

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

MEDICATIONS

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

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:

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.

Each school will designate at least one suicide prevention point of contact for students in crisis and to refer students to appropriate resources.

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.

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

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.

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.

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.

STUDENT EXPECTATIONS

Expectations

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

Student Rights:

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

Student Responsibilities:

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

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

STUDENT EXPECTATIONS

MAJOR/SEVERE VIOLATIONS:

Major violations include the following but are not limited to (not an exhaustive list)
arson, fire alarm, and bomb threats
Assault (physical attack on another person)
Open defiance/ insubordination to adults in the building
Possession of fireworks- including lighter, matches, smoke/ stink bombs, firecrackers
Forgery of school documents
Harassment including sexual, threatening, intimidating and badgering
Theft
Vandalism
Gambling
Directed obscenity
Possession of lewd or inappropriate magazines or pictures
Lying/ cheating
Use of or possession of tobacco
Repetitive minor violations
Other violations deemed major

ALCOHOL, DRUGS AND DRUG PARAPHERNALIA:

Student substance abuse, possession, use, distribution or sale of tobacco products, inhalant delivery systems, alcohol or unlawful drugs, including drug paraphernalia or any substance purported to be an unlawful drug, on or near any district property or grounds, including parking lots, or while participating in school-sponsored activities is prohibited and will result in disciplinary action. If possession, use, distribution or sale occurred near district grounds, disciplinary action may include removal from any or all extracurricular activities and/or denial or forfeiture of any school honors or privileges (e.g., student body, class or club office positions, field trip, dance, etc.). If possession, use, distribution, or sale occurred on district grounds, at school-sponsored activities or otherwise while the student was under the jurisdiction of the school, students will be subject to discipline up to and including expulsion. Denial and/or removal from any or all extracurricular activities and/or forfeiture of any school honors or privileges may also be imposed. A student may be referred to law enforcement officials. Parents will be notified of all violations involving their student and subsequent action taken by the school.

PROGRESSIVE CONSEQUENCES

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

- In-School Detentions- During lunch time.
- After School Detentions- 30 minutes served after school Monday-Friday.
- Thursday School- 1-2-hour detention
- Saturday School- 4 hours starts at 8am - 12pm.
- In School Suspension: major violations
- Out of School Suspension: major violations
- Expulsion: major/ severe violations

STUDENT EXPECTATIONS

WEAPONS IN SCHOOLS

Students are not to be in possession of any weapons or any item that is used as a weapon. These include knives of any kind, guns, or any object perceived to cause physical harm. Toys that resemble weapons are also prohibited. A student in violation of this policy may be expelled for up to a maximum of one full year. For more information see Board Policy JFCJ.

HARASSMENT/BULLYING/ CYBERBULLYING (See Board Policy JFCF/ JFCF-AR)

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

Subjecting such other person to offensive physical contact;

Insulting such other person by abusive words or gestures in a manner intended and likely to demean or belittle; or

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 (See Board Policy JBA/GBN)

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

STUDENT EXPECTATIONS

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 "*Student Conduct and Discipline Handbook*" handbook. School employees in violation of this policy are also subject to disciplinary action. For reporting procedures please visit section GBN/JBA-AR on the roseburg.k12.or.us website. To contact Title IX Coordinator: Roseburg HR Director 541-440-4003

ATTENDANCE

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 absences. This can be done through either a phone call (**541-440-4055 X5464**) 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 exceptions will only be made for two unexcused absences. A voicemail system is also available during peak hours and for calls made after school hours. When utilizing the voicemail system, please remember to state your student's full name, the date, and the specific reason for the absence. Parents will be contacted if absences are not verified.

CLOSED CAMPUS POLICY

Students in grades K-8 are expected to remain on campus during the school day. In order for a student to leave campus, they must have the permission of the head teacher or superintendent or designee. See Board Policy JEFA.

STUDENT EXPECTATIONS

PREARRANGED & EXCESSIVE ABSENCES

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

LEAVING SCHOOL FOR BUSINESS OR ILLNESS

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

UNEXCUSED ABSENCES

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

TARDY POLICY

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

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

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

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

STUDENT EXPECTATIONS

PERSONAL ITEMS

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

OUTSIDE FOOD & DRINK

To maximize student learning, disruptions interfering with instruction are discouraged. We ask that parents refrain from delivering food and drinks to school during instructional times. Door dash is not permitted by parents or students at school. If food is door dashed it will be held in the office until the end of the day. Food and drinks will not be delivered to students by staff. Students are asked to keep food items in their backpack after the start of the school day. For safety reasons, food items are not to be purchased or shared with others. Parents cannot purchase food for other students. Water bottles may be permitted in the classroom per teacher approval. Water bottles cannot be shared and must be marked with students' names.

Cell Phone Rule and Progressive Consequences

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

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

1st - Remind students of policy. The teacher will communicate to the parent/ guardian.

2nd - Remind students of policy. The teacher will communicate to the parent/ guardian.

3rd - The teacher will request that the student place the phone in an assigned location. The phone will be returned after the period. The teacher will communicate to the parent/ guardian.

4th - Phone will be given to the student's counselor. This is not punitive in nature but a counseling session to help students understand why their phone is a distraction. Communication home by counselor.

5th- The phone will be given to the school administration and a referral is written. School consequences could be applied including revoking cell phone privileges while at school. Communication home by administration.

We know that cell phones are a point of contact between you and your child throughout the day and can be important in the event of an emergency. If you need to get in touch with your child during class time, please contact the school's counseling center at 541-440-4062. We will be happy to help.

STUDENT EXPECTATIONS

STUDENT ID CARDS

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

BIKES/ SKATEBOARDS/ ROLLERBLADES

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

BUS TRANSPORTATION

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

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

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

Once a student boards their bus only an administrator may remove them before their designated drop-off location.

STUDENT EXPECTATIONS

TRANSPORTATION EXPECTATIONS

AREA	BE RESPONSIBLE	BE RESPECTFUL	BE SAFE
IN ALL BUS AREAS	<p>Take responsibility for your own behavior Pick up and throw away trash Follow expectations Know and obey the rules Walk facing forward Stay at the bus stop</p> <p>Return all found objects to the driver</p>	<p>Be Courteous Mind your language and volume Be patient Keep your hands and feet to yourself Be respectful Be kind Use appropriate language</p>	<p>Keep your hands and feet to self Use responsible language Be alert, know your surroundings Wait for drivers instructions Don't walk between buses</p>
WAITING FOR THE BUS	<p>Be on time (five minutes before pick up time) Wait in line</p> <p>Keep all belongings with you</p>	<p>Be polite and respectful with your words and actions</p> <p>Be respectful of all property</p>	<p>Stay on the sidewalk Keep hands and feet to self Arrive on time Be safe, watch traffic Stay in the safe zone Be aware of your surroundings</p>
ON THE BUS	<p>Sit in your assigned seat Take your seat quickly</p> <p>Follow directions Ask driver for help when needed Don't interrupt the driver, ask questions after the bus is stopped Ask permission to open or close windows Keep noise level to a 1-2-3 Keep aisles clear Dispose of litter properly</p>	<p>Be courteous Dispose of trash properly Follow the bus rules Be polite and respectful with your words and actions Pay attention to the driver Keep hands and feet to self</p>	<p>Keep your hands and feet to yourself Stay seated/facing forward Keep aisles clear Keep the noise level low Keep hands to yourself Keep everything in the bus Eating or drinking is prohibited on the bus Stay in your seat, move only with permission Wear seat belts when applicable</p> <p>Be quiet at railroad crossings</p>
LEAVING THE BUS	<p>Be ready prior to stop Remember your stuff</p> <p>Be aware of others Pick up after yourself</p> <p>Self manage Remind any substitute driver prior to stop Have note ready for the driver if you are going to stop at another spot</p>	<p>Respond to the drivers direction</p> <p>Say goodbye and be appropriate</p> <p>Be prepared and leave promptly</p>	<p>Wait for the brake to be set before standing Stay in the safe zone Walk</p> <p>Follow the drivers instructions Use the handrail / use all steps Keep your hands and feet to self Wait for the safe to cross directive Hold backpack in front Put books away before leaving</p>

STUDENT EXPECTATIONS

STUDENT DRESS (See Board Policy JFCA, JFCG, JRC, JFCI)

The responsibility for the dress and grooming of a student rests primarily with the student and his or her parents / 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 substances. See Board Policy JFCG/JFCH/JFCI for additional information.

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.

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

PUBLIC DISPLAYS OF AFFECTION

Be E.P.I.C. in your approach to "PDA". Hug and release is the only appropriate form of public display of affection at school besides holding hands. Keep it school appropriate.



OUR MISSION IS TO:
Promote a safe and positive
school environment that
enhances learning and
citizenship through recognizing
and teaching positive behavior.

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



EMPATHY

I can put myself in someone else's shoes.



PERSEVERANCE

I keep trying and strive to do my best.



INTEGRITY

I am aware of myself and do what is right.



COMMUNITY

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

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. (Use of AI i.e. chat GPT)

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 (Board Policy IKI: Academic Integrity) may result in appropriate discipline up to and including expulsion, subject to the principles for appropriate discipline as set out in Board Policy JFC.

ACADEMIC INFORMATION

GRADES

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

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

PROGRESS REPORTS

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

ParentVUE / StudentVUE / CANVAS/ ParentSquare

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

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

ParentSquare will now replace Remind and the Onecall Now used to send weekly and daily emails and bulletins. You can access the ParentSquare app on your mobile device. And instructions can be found on the Roseburg Public Schools website.

HOMEWORK

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

MAKE-UP WORK

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

ACADEMIC INFORMATION

STUDENT RECOGNITION

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

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

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

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

WITHDRAWING FROM SCHOOL

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

SCHOOL RECORDS

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

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

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

ACADEMIC INFORMATION

HEALTH RELATED CURRICULUM

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

TEXTBOOKS/ CHROMEBOOKS

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



Roseburg Public Schools

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Roseburg Public Schools

Permissions Form

Field Trips

I Do / **I Do Not Give** permission for my child to go and participate in off campus activities or field trips. These field trips are part of their learning program, and will primarily be within the community, although some may be to destinations that are more distant. Trips long enough to require transportation will be made in regular school buses or in some instances in parents' automobiles. You will be notified in advance regarding the time and destination of these field trips.

Consent to treatment of minor on field trip

I Do / **I Do Not Give** permission for the school to obtain medical attention for my child in the event of a serious injury or accident. Your permission will authorize the school to call emergency services which may result in your child being taken to the hospital for emergency care. If circumstances allow, we will make every effort to contact you or your emergency person on file before contacting emergency services. Our first priority though, will be your child's immediate wellbeing. You will be financially responsible for medical treatment given to your child.

Movie Permission

I Do / **I Do Not Give** permission to watch PG rated movies during class time. The movies are specifically chosen to coordinate with curriculum for each grade level. The teacher will have previewed the movies to ensure their appropriateness for a school showing.

Student Name

Grade

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Relationship to student

!! PLEASE COMPLETE AND RETURN TO THE SCHOOL YOU ARE REGISTERING WITH - REQUIRED FOR ALL STUDENTS !!



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

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

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

Students Full Legal Name _____ Grade _____ Preferred Name _____

Student Address/Phone _____

Gender _____ DOB _____ Place of Birth _____

Last School Attended _____

Address _____ Phone _____ Fax _____

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

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

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

Do not write below this line.

Registrar _____ Date _____

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

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

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

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

SOLICITUD DE FICHAS ESCOLARES

Haga un círculo alrededor de la escuela de inscripción:

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

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

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

Nombre legal completo del estudiante: _____

Nombre preferido: _____

Dirección/teléfono del estudiante _____

Sexo _____ Fecha de nacimiento _____ Lugar de nacimiento _____

Última escuela a la que asistió _____ Dirección _____

Ciudad _____ Estado/código postal _____ Teléfono _____ Fax _____

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

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

No escriba debajo de esta línea.

Encargada de admisión _____ Fecha _____

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



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

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

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

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

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

Signature* _____	Date _____
Update Signature _____	Date _____
Update Signature _____	Date _____
Update Signature _____	Date _____

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

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

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
--------------------------------------	-------------------------------	---	---

Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:

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

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

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

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

Nonmedical Exemption:

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

A health care practitioner

The vaccine educational module approved by the Oregon Health Authority

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

Diphtheria/ Tetanus/Pertussis

Hepatitis B

Polio

Hepatitis A

Varicella

Hib

Measles/Mumps/Rubella

Signature of Parent or Guardian

Date

Optional:

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

Religious belief

Philosophical belief

Other

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

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____



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.

**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)

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

****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, 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 a pill crusher.
- I understand that I am responsible 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 care provider.



Middle School Health Related Curriculum

Dear Parent and/or Guardian,

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

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

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

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

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

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

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

Student Name _____ Grade _____

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

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

Parents Name _____ Date _____

Students Name _____ Grade _____

Topic/unit requesting exemption from _____

Instructions for completing the Medical Statement to Request Special Meals and/or Accommodations/Modifications

1. **Organization Name:** Roseburg Public Schools
2. **School/Site Name:** Print the name of the school/site where meals will be served (e.g., ABC School, XYZ Child Care Center)
3. **Submit this form to:** School Office Manager or email to Nutrition Services Coordinator at jabaker@roseburg.k12.or.us
4. **Part I:** This section can be completed by the **Parent/Guardian, Adult Participant, or Roseburg Public Schools**
 - 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 Nutrition Services Coordinator after Parts I and II are completed.
 - a. **Accommodations Made:** The Nutrition Services Coordinator will indicate what accommodations will be made for the requests made in Part II.
 - b. **Signature and Date:** The Nutrition Services Coordinator 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*.

***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).

Roseburg Public Schools District policy requires medical statements to be dated within the current school year which has been designated as July 1 to June 30 as medical conditions, allergies, and sensitives can change rapidly.

A new medical statement is required at the start of each new school year.



Roseburg Public Schools

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

Requested School of enrollment _____

Student Name _____ Grade _____

Dear Parents and Student:

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

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

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

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

Student Signature

Date

Parent Signature

Date

Principal Signature

Date



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: _____

DELEGATION OF PARENTAL/GUARDIAN POWERS

I certify that I am the parent or legal guardian of:

(FULL NAME OF MINOR CHILD)

(DATE OF BIRTH)

(FULL NAME OF MINOR CHILD)

(DATE OF BIRTH)

(FULL NAME OF MINOR CHILD)

(DATE OF BIRTH)

(“minor child/ren”). I designate

(FULL NAME OF ATTORNEY-IN-FACT)

(STREET ADDRESS, CITY, STATE AND ZIP CODE OF ATTORNEY-IN-FACT)

(HOME PHONE OF ATTORNEY-IN-FACT)

(WORK PHONE OF ATTORNEY-IN-FACT)

as the undersigned’s attorney-in-fact with respect to the minor child/ren under ORS 109.056.

I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of the minor child/ren, including but not limited to the right to enroll the minor child/ren in school, inspect and obtain copies of education records and other records concerning the minor child/ren, the right to attend school activities and other functions concerning the minor child/ren, and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function or treatment that may concern the minor child/ren. **OR**

I delegate to the attorney-in-fact the following specific powers and responsibilities (write in):

This delegation does not include the power or authority of the attorney-in-fact to consent to the minor child/ren’s marriage or adoption.

LENGTH OF TIME (*select one*):

This power of attorney is effective for a period not to exceed six months, beginning _____, 20__ , and ending _____, 20 . I reserve the right to revoke this authority at any time.

I am in the US Armed Forces and have been called to active duty. This power of attorney is effective through my active-duty period plus 30 days.

TO BE SIGNED IN FRONT OF A NOTARY. DO NOT COMPLETE UNTIL YOU ARE WITH THE NOTARY.

I agree to the delegation of parental/guardian powers for the minor child(ren) listed above as specified in this power of attorney.		I hereby accept my designation as attorney-in-fact for the minor child(ren) listed above as specified in this power of attorney.	
Parent/Legal Guardian Signature	Date	Parent/Legal Guardian Signature	Date
Notary Public		Notary Public	
State of	County of	State of	County of
Applicant Name		Applicant Name	
Signed before me on this date		Signed before me on this date	
By (notary’s signature)		By (notary’s signature)	

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

CONSENT FOR DENTAL HYGIENE SERVICES



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

Please return by: _____

STUDENT INFORMATION	
Student's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Middle Initial Date of Birth </div>	
School Name: _____	
My student has: <input type="checkbox"/> OHP <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Dentist _____	
Best phone number to reach you during the day: _____ Friend or family member's phone number to reach you in case you change your phone number: _____	
Address / City / State / ZIP: _____	
Grade / Teacher: _____	List medications currently taking: _____ _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Disclose	<input type="checkbox"/> Iodine Allergy <input type="checkbox"/> Other Allergies (please list): _____
The following services may be offered to the patient on an as-needed basis. Please mark YES or NO to indicate whether you consent to these services being provided on the patient listed above.	
Screening (Teeth Check-up)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fluoride Coating	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sealant	<input type="checkbox"/> YES <input type="checkbox"/> NO
Silver Fluoride	<input type="checkbox"/> YES <input type="checkbox"/> NO
Antiseptic for the Teeth (Iodine)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Petroleum Jelly	<input type="checkbox"/> YES <input type="checkbox"/> NO
History of: <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Behavioral Considerations (please describe): _____ Other (please describe): _____	

If you have questions or would like more information about the services provided, please call Mercy Foundation 541-677-4818 or see attached fact sheet.

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

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

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

Print Parent/Legal Guardian Name: _____ **Relationship:** _____

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



FACT SHEET

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

Screening (Teeth Checkup)

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

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

Alternative(s): No checkup.

Fluoride Coating

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

Risk(s): Allergy is not common.

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

Sealant

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

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

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



Before Sealants



After Sealants

Silver Fluoride

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

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

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

How Silver Fluoride looks on a tooth with a cavity



How Silver Fluoride looks on a tooth with no cavity



Before

After

Antiseptic For The Teeth (Iodine)

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

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

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

Protective Restoration

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

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

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

Petroleum Jelly

Petroleum Jelly may be utilized for dry-chapped lips during treatment, as well as during the placement of sealants.

HOJA INFORMATIVA

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

Evaluación

(Chequeo de dientes)

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

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

Alternativa(s): No hacer el chequeo.

Capa de Fluoruro

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

Riesgo(s): Una alergia no es común.

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

Sellador

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

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

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



Antes de selladores



Después de selladores

Fluoruro de Plata

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

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

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

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



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



Antes

Después

Antiséptico para los dientes (Yodo)

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

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

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

Restauración Protectora

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

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

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

Vaselina

Podría utilizarse vaselina para labios secos y agrietados durante el tratamiento, además de durante la colocación de selladores

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:

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.

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.



Mutual of Omaha

HSR
Health Special Risk, Inc.

ATENCIÓN, PADRES Y GUARDIANES

Ahora está disponible el Seguro contra accidentes estudiantiles adicional



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

COBERTURA EN LA ESCUELA

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

COBERTURA LAS 24 HORAS

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

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

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

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

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

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

Vaya a: www.K12StudentInsurance.com

Nuevo visitante (New Visitors)

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

Titulares de cuenta frecuentes

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

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





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

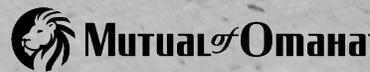
Health Special Risk, Inc.
8400 Belleview Dr, Suite 150
Plano, TX 75024

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.



[Policy Form Variable Field - - - - -]

NATIONAL

2023-2024

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.



Seguro Voluntario de Accidentes para Estudiantes

Health Special Risk, Inc.
8400 Belleview Dr, Suite 150
Plano, TX 75024

Teléfono: 866.409.5733, ext. 5660
Fax: 972.512.5819



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

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

HSR
Health Special Risk, Inc.

 **MUTUAL of OMAHA**

A NIVEL NACIONAL

2023-2024

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

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

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

ELEGIBILIDAD:

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

OPCIONES DE COBERTURA

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

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

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

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

BENEFICIOS

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

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

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

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

DEFINICIONES

Gastos Permitidos significa un gasto médico que de otra manera es pagado bajo la póliza que no está en exceso del 85 por ciento identificado en Context4HealthCare (la " Base de datos"). Cuando exista, a nuestra determinación, un mínimo de datos disponibles en la base de datos para un gasto médico, determinaremos la cantidad a pagar calculando el costo unitario de la categoría de servicios aplicable utilizando la Base de Datos y multiplicándolo por el valor determinado de la gastos Médicos basado en una escala de valor comercial determinado disponibles que nosotros seleccionemos. En caso de un procedimiento médico inusualmente complejo, el costo de un nuevo procedimiento médico o el Gasto de un Seleccion 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 involucra la instalación de coronas, pónicos, puentes o pilares o la instalación, el mantenimiento o la eliminación de los aparatos de ortodoncia u oclusores o terapia de equilibrio.

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

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

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

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



2023-2024
SEGURO VOLUNTARIO
DE ACCIDENTE PARA ESTUDIANTES
FORMULARIO DE SUSCRIPCIÓN

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

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

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

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

Número de la Calle: _____
 Dirección Ciudad Estado Código Postal

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

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

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