

# **Freshman Orientation Packet**



**Freshman Orientation Day is:**

**Wednesday, August 21<sup>st</sup>, 2024**

**From 12:00 pm to 3:00 pm**

**Main Gym**

# Welcome Class of 2028



## What is LEAP?

-LEAP is an mentorship program that allows upperclassman to help incoming freshman make the transition to Troy High smoother!

## Why are you assigned to upperclassman?

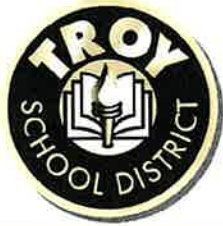
-Your upperclassman understands what it is like to be a freshman and how intimidating it can be. With LEAP you will develop new connections right away, and have people to turn to if you need help or have questions!

## How does LEAP work?

-Every freshman will be assigned to a group with 2 upperclassman and about 10 freshman total. This will be your LEAP family for the entire school year! We connect through academic lessons, social events, and one-on-one conversations.

**Welcome to Troy High class of 2028! It's time to get involved and enjoy your next 4 years at Troy High!**

Let's LEAP into the new school year  So!



Richard M. Machesky, Ed.D.  
Superintendent of Schools

District Athletics  
1522 E. Big Beaver Rd.  
Troy, Michigan 48083  
248.823.5153  
248.823.5133 Fax

Matt Jansen  
Director, Athletics

Spring 2024

Dear Parents/Guardians of TSD High School Student-Athletes,

Below is high school athletics information for the upcoming 2024-2025 school year.

---

### **FINALFORMS**

All athletics-related forms will need to be signed by both parent/guardian and student in FinalForms for the upcoming school year.

**Returning parents:** simply log in to your account and choose to update for 2024-2025.

**Parents new to FinalForms:** the [Parent Playbook](#) provides information on registering. If you require any support during the process, you can send an email to [cmarbury@troy.k12.mi.us](mailto:cmarbury@troy.k12.mi.us).

FinalForms website: <https://troy-mi.finalforms.com>

### **SPORTS PHYSICALS**

*ALL student-athletes are required to get a sports physical dated April 15, 2024, or later for the 2024-2025 school year.* Prior to getting a physical, please update your information in FinalForms, print out the physical form and medical information, and take these documents with you to the doctor. Only the last page, the Preparticipation Physical Evaluation Form, needs to be signed and uploaded to FinalForms.

TSD will again partner with Beaumont Family Medicine to offer athletic physicals for \$25 (checks made payable to Beaumont Family Medicine). Any student from our middle or high schools can attend either of these dates.

Troy High School - Wednesday, June 19 from 6:00 – 9:00 p.m. (*main gym entrance*)  
Athens High School - Wednesday, July 24 from 6:00 – 9:00 p.m. (*aux gym entrance*)

### **FALL SEASON START DATES**

Tryouts for fall sports begin on Monday, August 12 for cross-country, football, girls' golf, girls' sideline cheer, boys' soccer, girls' swim/dive, boys' tennis, volleyball, and boys' water polo. Information about summer workouts and fall season tryout dates and times will be posted on each school's athletics website:

Athens HS - [www.redhawkathletics.org](http://www.redhawkathletics.org)

Troy HS - [www.troyathletics.org](http://www.troyathletics.org)

## **ATHLETICS FEES**

Due to increased costs to run a robust athletics program, fees will be changing this coming year.

### **Pay to Participate Fee**

Each of the first two sports will cost \$200 per sport (must be paid before participating in a scrimmage or game), and the third sport is free. **Please do *not* pay this fee until you have confirmed that your child has made the team.** The household max remains at \$600. You will be able to make the Pay to Participate payment directly in Final Forms; just follow the prompts.

### **Pay to Participate Fee Waiver**

Students who qualify for free/reduced lunch are eligible for a waiver from the Pay to Participate fee. *Parents must complete and submit the 2024-25 application for free/reduced lunch.* This form can be found in your child's main office or online [here](#).

Parents who check off the waiver box in FinalForms can upload a copy of the verification letter from Food Services to receive the free/reduced fee. Verification forms can also be emailed to Camille Marbury in District Athletics at [cmarbury@troy.k12.mi.us](mailto:cmarbury@troy.k12.mi.us). *A copy of this verification letter must be received in order to grant the waiver.*

### **Athletic Passes**

Athletic passes can be purchased during high school registration in the summer or anytime during the school year: the high school student pass is \$60, and adult passes are \$80 for one adult or \$120 for two adults. Passes can also be purchased via [SchoolPay](#). Please contact the high school athletic office with any questions.

Admission for all Varsity and JV contests taking place in the stadium, gym, and pool will be \$7. We will also be utilizing GoFan for electronic ticketing for all Varsity and JV contests.

Sincerely,



Matt Jansen  
Director of Athletics, Continuing Education and Enrichment



# Athletic Events Pass

## FOR SCHOOL ATHLETIC CONTESTS



**\$60.00 HS Student Pass**  
**\$50.00 MS Student Pass (Grades 6-8)**  
**\$80.00 for Season Pass (one adult)**  
**\$120.00 for Season Pass (two adults)**  
**\$7.00 Adult admission per event**  
**\$7.00 Student admission per event**  
**Fifth-grade students and younger are FREE**

Admission fees are charged for these high school contests: basketball, competitive cheer, football, hockey, lacrosse, soccer, swim/dive, synchronized swim, track, volleyball, water polo, and wrestling.

Admission fees are *not* charged for middle school contests.

*Good for ALL Home Events  
(Excluding O.A.A. and MHSAA Tournaments)*

Passes are purchased during student registration. Payment **MUST** be made when your student I.D. card picture is taken. An identification mark will be embossed on your student I.D.

Payment can be made online through SchoolPay or via a check payable to the Troy School District.

Questions? Call District Athletics at (248) 823-5154



## PARENT REGISTRATION

### HOW DO I SIGN UP?

1. Go to <https://troy-mi.finalforms.com>
2. Click **NEW ACCOUNT** under the Parent Icon.
3. Type your NAME, DATE OF BIRTH, and EMAIL; then click **REGISTER**.
4. Check your Email for a FinalForms Email, and click **CONFIRM YOUR ACCOUNT** in the email text.



Parent

→ LOGIN

• NEW ACCOUNT

### **FINALFORMS**

Hello Clay Bumett,

Your FinalForms parent account with Demoville Schools has been successfully created.

Please [click here to confirm your account](#) and complete your registration.

Thank you,  
Demoville Schools Athletics

*NOTE: You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, check your spam folder. If you still do not see the FinalForms email, please email [support@finalforms.com](mailto:support@finalforms.com).*

5. Create your new FinalForms password and click **CONFIRM ACCOUNT**.
6. Click **REGISTER STUDENT** for your first child.

# TROY SCHOOL DISTRICT AUTHORIZATION FOR MEDICATION AND/OR TREATMENT

It is the policy of the Troy School District to have written authorization for a student to take any medication during the school day.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## To be completed by the Physician or Authorized Prescriber: ONE MEDICATION PER FORM

Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Form of medication/treatment:

Tablet/capsule     Liquid     Inhaler     Nebulizer     Injection     Glucometer     Other: \_\_\_\_\_

Instructions (schedule and dose to be taken at school):

\_\_\_\_\_

Route of Medication (Oral, etc.): \_\_\_\_\_

Start:  Date from received    Other dates: \_\_\_\_\_

Stop:  End of school year    Other date/duration: \_\_\_\_\_

For episodic/emergency events only

Restrictions and/or important side effects:     None anticipated     Yes. Please describe: \_\_\_\_\_

Special storage requirements:     None     Refrigerate

Other: \_\_\_\_\_

This student may carry an inhaler (*applicable to all students*):     No     Yes

This student may carry an EpiPen (*applicable to all students*):     No     Yes

This student may carry this medication (*applicable to high school students, with the exception of inhalers and EpiPen*):     No     Yes

This student is both capable and responsible for self-administering this medication (*applicable to high school students only, with the exception of inhalers and EpiPens*):     No     Yes—supervised     Yes—unsupervised

Signature: (stamp not accepted) \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

## To Be Completed by Parent/Guardian:

I request that (*check appropriate direction below*):

School personnel store and administer the medication to the above-named student as prescribed, which shall be done in the presence of another adult, except in emergencies.

School personnel and/or clinic volunteer store the medication only. The above-named student shall be responsible for self-administering the medication without supervision or monitoring by school personnel (*applicable to high school students only, with the exception of inhalers and EpiPens*).

The above-named student is allowed to carry and self-administer nonprescription medication without the supervision or monitoring by school personnel (*only applicable to high school students only*).

I understand and agree that all medication must be in the original container, clearly marked with the student's name, name of medication, and prescribed dosage.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form 99-01

Procedures on reverse side.

Revised 3/21/22

## TROY SCHOOL DISTRICT MEDICATION PROCEDURES

- Medication Authorization is for the current school year only and will expire at the end of the school year.
- Written authorization and order completed and signed by the student's physician and a parent/guardian is required before any medication can be given at school. Medications include prescription, over-the-counter, topical, eye or ear drops, nasal sprays or mists, and inhalers.
- Only one medication per form. A separate form is required for every medication.
- Medication administration during school hours will be permitted only when failure to do so will jeopardize the health of a student or the student would not be able to attend school if the medication or treatment were not available during school hours.
- Medications must be brought to school by the student's parent/legal guardian.
- Parents/legal guardians are responsible for checking the need for medication refills, including expired medications, and supplying the refills to the school in a timely manner.
- All medications must be in a container as prepared by a pharmacy, physician, or pharmaceutical company and clearly marked with the student's name, the name of the medication, the prescribed dosage, and requested time of administration.
- All controlled-substance medications will be counted and recorded in the presence of the parent/legal guardian when brought to school.
- Changes in dosage, frequency, or time of administration cannot be made without written instruction from a physician.
- Students in high school may self-carry/medicate only if authorized by the physician and parent/guardian. Middle school students will be granted permission on a case-by-case basis per school administrator. This includes prescription and over-the-counter medications.
- A student who has been approved for self-carry/medicate may have in his/her possession only the quantity of medication needed for that school day, unless otherwise approved, in writing, by the building administrator.
- Students who self-carry should never share their medication with anyone else.
- Designated staff will be administering medication.
- Administrators, counselors, teachers, and other appropriate staff will be made aware of your child's condition and need for medication.
- The school will NOT be distributing lunch or afternoon medications on half days of school.
- Medication left over at the end of the school year or after a pupil has left the district shall be picked up by the parent/legal guardian. Any medication not retrieved by the parent/legal guardian will be disposed of within seven days of the last student day of school and documented by the individual who is responsible for administering medication.

Please list all medications your child is currently taking, whether taken in the home or at school (*optional*):

---

---

Parent Signature

Date



# ***NEED TO RELIEVE SOME STRESS?***

## ***Sign Up For Physical Education!***

### **One Intro to PE is REQUIRED FOR GRADUATION:**

#### ***CHOOSE ONE:***

007952 Intro to Physical Activity (Level 1)

007962 Intro to Physical Activity (Level 2- Highly Competitive)

### **One Elective is required for Graduation:**

006172 Self Defense

006162 Exercise and Lifelong Fitness

006172 Self Defense

008082 Net Sports & Fitness

005511 FALL Team Sports & Fitness

005512 SPRING Team Sports & Fitness

007922 FALL Weight Training and Aerobics

007912 SPRING Weight Training and Aerobics

005515 Beginning and Intermediate Tumbling & Gymnastics/Fitness

005521 Learning to Swim/Beginning/Intermediate Swimming and  
Lifetime Sports and Fitness

005522 Lifeguarding/Advanced Swimming and Lifetime Sports & Fitness

008014 FALL Strength and Conditioning

008024 SPRING Strength and Conditioning



# Support your Troy High PTO!

*The PTO is responsible for supporting academic activities and initiatives above and beyond what traditional school funding provides. We can't do that without your support!*

Every year the Troy High School PTO funds academic enrichment that enhances your child's learning experience in the classroom from expanding real-life science opportunities and classroom libraries to improving student access to technology and community building resources.

Suggested annual donations to the PTO to support your student's experience at Troy High.

Colt Level	\$25	Community members and staff members
Yearling Level	\$50	Families with one child in Troy High School
Mustang Level	\$100	Families with two-three children in THS
Stallion Level	\$200	Families with four or more children in THS and donors who choose to show extra support for the THS PTO

---

Joining is quick and easy online. Just use any of the options below.

Go to <https://givebutter.com/troyhighptodues> .

-OR-

Scan this QR code with your phone's camera:



-OR-

Text **THSPTO** to (202) 858-1233 and the link will be sent to your phone!

---

**Get Involved:** All the meetings and activities are in the evenings or on weekends. Just a few hours of your time can make a big difference. When you sign up today, check the "Interested in Volunteering" box and let us know what area interests you, and we will be in touch!

Any additional questions, please reach out to [TroyHighPTO@gmail.com](mailto:TroyHighPTO@gmail.com)

# Troy High School

## August Registration 2024

### ORDERING INSTRUCTIONS

School ID Code:

**2ATROYHS25**

OR

**ON PICTURE DAY**  
Return this order form to school with exact change or check made payable to: **Kaiser Studio**

**PREPAY ONLINE**  
Pay by credit card at [www.kaiserstudio.com](http://www.kaiserstudio.com) using your School ID Code

\*FREE digital child safety card with additional purchase - online only

PACKAGE A	PACKAGE B	PACKAGE C	PACKAGE D
<b>\$47.00</b> 2 - 8x10 4 - 5x7 4 - 3 1/2 x 5 16 - 2 1/2 x 3 1/2 1 - Digital Image	<b>\$39.00</b> 2 - 8x10 3 - 5x7 2 - 3 1/2 x 5 16 - 2 1/2 x 3 1/2	<b>\$36.00</b> 1 - 8x10 3 - 5x7 4 - 3 1/2 x 5 12 - 2 1/2 x 3 1/2	<b>\$32.00</b> 1 - 8x10 2 - 5x7 2 - 3 1/2 x 5 12 - 2 1/2 x 3 1/2
PACKAGE E	PACKAGE F	PACKAGE G	PACKAGE H
<b>\$27.00</b> 2 - 5x7 4 - 3 1/2 x 5 8 - 2 1/2 x 3 1/2	<b>\$21.00</b> 1 - 5x7 2 - 3 1/2 x 5 8 - 2 1/2 x 3 1/2	<b>\$17.00</b> 1 - 5x7 8 - 2 1/2 x 3 1/2	<b>\$13.00</b> 1 - 3 1/2 x 5 2 - 2 1/2 x 3 1/2 8 - 1 3/4 x 2 1/2
ITEM 1	ITEM 2	ITEM 3	ITEM 4
<b>\$7.00</b> 8 - 1 3/4 x 2 1/2	<b>\$13.00</b> 8 - Wallets	<b>\$13.00</b> 4 - 3 1/2 x 5	<b>\$13.00</b> 2 - 5 x 7
ITEM 5	ITEM 6	ITEM 7	ITEM 8
<b>\$13.00</b> 1 - 8 x 10	<b>\$15.00</b> School Spirit 1 - 8 x 10 with school name, student name & year	<b>\$14.00</b> Combo 1 - 5 x 7 4 - Wallets with student name	<b>\$14.00</b> Keepsake 1 - 8 x 10 printed with border, student name & year
ITEM 9	ITEM 10	ITEM 11	ITEM 12
<b>\$8.00</b> Photo Magnet 1 - 3 x 5 Includes Year & Student name	<b>\$16.00</b> Fun Pack 1 - Door Hanger 2 - Bookmarks 2 - Bag Tags 1 - Key Chain	<b>\$25.00</b> Digital Image Download High-Resolution Copyright-free download without additional purchase Digital Images cannot be personalized	<b>\$15.00</b> Digital Image Add-On High-Resolution Copyright-free download with any additional purchase Digital Images cannot be personalized

### CHOOSE YOUR BACKGROUND

Select from 15 FREE background choices! If no selection is made, background #1 will be used.

### RETOUCHING - \$10.00

Digital retouching  
Only removes blemishes

BEFORE → AFTER

### PERSONALIZATION - \$4.00

Personalize portraits  
by adding your student's  
first name and current  
school year to your prints.

## KSI KAISER STUDIO

### SCHOOL PORTRAITS & YEARBOOKS

For answers to Frequently Asked Questions Visit:  
[www.kaiserstudio.com](http://www.kaiserstudio.com)

Or contact Customer Service at:  
[cs@kaiserstudio.com](mailto:cs@kaiserstudio.com)  
(248) 619-9199

Monday - Friday 8:30am - 4:00pm  
1825 Birchwood Drive • Troy, Michigan 48083

# THE YEAR LIVES HERE!



TROY HIGH SCHOOL  
**COLTS**

## DON'T MISS OUT - BUY A YEARBOOK TODAY!

<b>NOW - SEPT. 14:</b>	<b>\$75</b>
<b>SEPT. 15 - JAN. 18:</b>	<b>\$80</b>
<b>JAN. 19 - MARCH 31:</b>	<b>\$85</b>
<b>STARTING APRIL 1:</b>	<b>\$95</b>

Don't wait – if you want to personalize the book, namestamping starts at \$16 extra and must be purchased before Jan. 25!

**TO PURCHASE:** Go to [yearbookforever.com](http://yearbookforever.com) and enter our school name to purchase a yearbook with a credit card, debit card or PayPal or **scan the QR code.**





# THS Colts Abroad

### DESTINATIONS:

2027; TBD (???)

2026; Summer TBD (???)

*This could be up to YOU!*

2026; Spring Break- Thailand

2025; Summer- England, Ireland,  
Scotland

2023; Summer- Australia

**Hey Colts!** Are you looking for a unique high school experience and a chance to travel the world?

### Check out Colts Abroad.

We partner with EF, Education First, tours to bring these opportunities to you. Trips are open enrollment.

*“Your students’ safety is our number one priority. We would never send a traveler to a location we believe to be unsafe—and with our extensive global presence, our best-in-the-industry experience, and our collaboration with U.S. and international authorities, that’s a statement we can back up with real insight”*



*“When students go beyond the classroom it brings education to life, unlocks new potential, and opens a world of possibilities.”*



@THS\_COLTS\_ABROAD

**Follow us on Instagram to stay informed about future trips!**

Or email Ms. Newer @ [Knewer@troy.k12.mi.us](mailto:Knewer@troy.k12.mi.us)

# Troy Theatre Ensemble 2024-2025

---

## International Thespian Society - Troupe 2376

Advisor email: [mvickers@troy.k12.mi.us](mailto:mvickers@troy.k12.mi.us)  
Website: [ttensemble.weebly.com](http://ttensemble.weebly.com)



December 6-8 & 13-15, 2024

### Audition information

Vocal & Dance Workshop: Wed Aug 28, 2:15-5pm

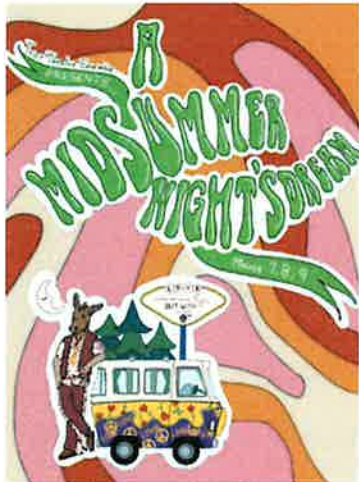
Reading Audition: Tues Sept 3, 2:15-5pm

Vocal & Dance Audition: Wed Sept 4, 2:15-5pm

Call-backs (by invitation): Thurs Sept 5, 2:15-5pm

**All in the Auditorium**

Cast List Posted: Fri Sept 6, by 11:59pm



March 14-16, 2024

### Audition information

Informational Meeting: Mon Jan 6, 2:15-3pm

Reading Audition: Tues Jan 7, 2:15-5pm

Call-backs (by invitation): Wed Jan 8, 2:15-5pm

**All in the Auditorium**

Cast List Posted: Wed Jan 8, by 11:59pm

*Auditions are open to all Troy High students. If you are interested in joining the TTE as a performer or stage crew member, please join the Schoology group (access code: ZS2C-25QX-CDFD9) for information and updates.*



# JOIN CHINESE CLUB & NCHS!

CHINESE CLUB

## **NO LANGUAGE EXPERIENCE NEEDED!**

Welcome to all students who want to learn about and participate in Chinese culture.

## **EAT CHINESE SNACKS AND TREATS**

Share and enjoy authentic Chinese meals, snacks, and treats.

## **CREATE ARTS AND CRAFTS**

Learn Chinese arts like calligraphy and paper-folding.

## **NATIONAL CHINESE HONORS SOCIETY (NCHS)**

Honors society for students with 2+ years of Chinese learning experience.

## **VOLUNTEER FOR GREAT CAUSES**

Help organize and run charity fundraisers for foundations like Send Chinatown Love!


## **HELP FELLOW STUDENTS IN CHINESE AFFAIRS**

Tutor lower level Chinese students or aid Taiwanese students on projects about Troy.

NCHS



# SKI/SNOWBOARD CLUB

A skier wearing a red jacket, black helmet, and goggles is captured in a dynamic pose, leaning forward while skiing down a snowy slope. The skier's right arm is extended, holding a ski pole. The background is a clear blue sky, and the foreground shows the skier's skis cutting through the snow, creating a spray of white powder.

**1ST MEETING  
NOVEMBER 14TH  
2:15PM IN ROOM  
290**

**CONTACT MS. DANHOFF  
FOR MORE INFO**

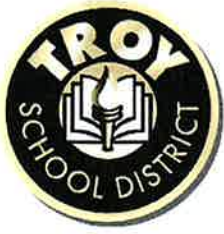






# Troy High School . Visual Arts Roadmap





Dear Parents/Guardians:

The Troy School District is not responsible for any accidental injuries that occur to students while under the school's supervision or participating in interscholastic sports.

Our School District has partnered with Student Assurance Services to give families the opportunity to purchase accident insurance for their student(s). When enrolled, this coverage provides financial assistance with your out-of-pocket medical expenses should your student sustain an accidental bodily injury.

***Reasons to consider coverage for your student:***

1. Your primary health insurance has a high deductible – copay – coinsurance.
2. No other insurance on your student.
3. Your student participates in a sport where unexpected injuries commonly occur.

<b>Coverage Options Available</b>	<b>Annual Premium</b>
<b>School Time Coverage (Not Including Interscholastic Sports 7-12)</b> Provides benefits during school sponsored & supervised class/activities ONLY	<b>\$16.00</b>
<b>School Time Coverage (Includes Interscholastic Sports)</b> Provides benefits during school sponsored & supervised class/activities/interscholastic sports (Grades 7-12 Except Football Grades 9-12)	<b>\$91.00</b>
<b>Football Coverage Grades 9-12</b> Provides benefits to athletes when practicing and competing during the football season	<b>\$250.00</b>
<b>Full Time Coverage (Not Including Interscholastic Sports 7-12)</b> Provides benefits for students 24 hours a day, 7 days a week	<b>\$99.00</b>
<b>Full Time Coverage (Includes Interscholastic Sports)</b> Provides benefits for students 24/7 as well as when they participate in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	<b>\$174.00</b>
<b>Extended Dental Coverage</b> Provides additional benefits for students 24 hours a day for any dental accident	<b>\$9.00</b>
▪ <b>Coverage can be purchased any time during the school year</b>	

**To Enroll Your Student & Review Medical Benefits Visit:**

**[www.sas-mn.com](http://www.sas-mn.com)**



Scan QR Code with Phone

If you have any questions regarding this voluntary student accident insurance program, please contact Student Assurance Services at (800) 328-2739. You will speak with a live person who can assist you with your questions.



# Student Injuries Can Happen

**Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs**  
**Approved By Your School/School District - Available for All Students PK-12**

## **What is Student Accident Insurance?**

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

## **Why Consider Student Accident Insurance For Your Student?**

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in a interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

## **Coverage Options Available Through Your School**

- ◆ School Time Coverage - \$16.00
  - ◆ Interscholastic Sports Coverage (w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
  - ◆ 24-Hour/Full-Time Coverage - \$99.00
  - ◆ Football Coverage - \$250.00 (Grades 9-12 for the football season)
  - ◆ Extended Dental Coverage - \$9.00
- Premium Paid Once a School Year**

## **To Enroll Your Student & Review Medical Benefits**

**Go to: [www.sas-mn.com](http://www.sas-mn.com)**

**or scan this QR code with your smart phone to be directed to our website**



Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

- ◆ **Purchase Coverage**  
(Managed Online or by Printing/Mailing Enrollment Form and premium)
- ◆ **Brochure (English & Spanish)**  
(Explains medical benefits, exclusions and coverage options)
- ◆ **Claim Form**  
(fillable form when enrolled student sustains injury)

**For Questions, Call Student Assurance Services at (800) 328-2739**



**Specializing in Student Accident Insurance Since 1971.**

*The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to [www.sas-mn.com](http://www.sas-mn.com) Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company*

**STUDENT ACCIDENT INSURANCE COVERAGE**  
POLICY GA-2200Ed.11-16(ID)(KS)(LA)(MN)(MT)(NC)(ND)(OH)

**Premiums & Coverage Options**

**One Time Policy Year Premiums**

<b>School Time Coverage Grades PK-12 (Does NOT include Interscholastic Sports Coverage grades 7-12)</b> Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and supervised extracurricular activities, c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities in school provided transportation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	<b>\$16</b>
<b>Full Time Coverage Grades PK-12 (Does NOT include Interscholastic Sports Coverage grades 7-12)</b> Covers the student 24 hours a day until school starts next year. Includes coverage while at home and school, on weekends and during summer vacation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	<b>\$99</b>
<b>School Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12)</b> In addition to School-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing for or competing in school-sponsored and supervised interscholastic sports including travel in school provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	<b>\$91</b>
<b>Full Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12)</b> In addition to the Full-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing for or competing in school-sponsored and supervised interscholastic sports including travel in school-provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	<b>\$174</b>
<b>Football Coverage Grades 9 - 12</b> Protects the student while practicing for or competing in school-sponsored and supervised interscholastic football including travel in school-provided transportation for grades 9-12.	<b>\$250</b>
<b>Extended Dental Coverage Grades PK-12</b> Provides benefits up to a maximum of \$5,000 for any dental injury. Covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of the injury and must be performed within one year from the date of injury. However, if within the one year period following the date of injury the student's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. Benefits for prostheses are limited to \$500 per injury, including procedures performed to install them. Dental prostheses include, but are not limited to: crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics, dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.	<b>\$9</b>

**The Medical Benefits and Exclusions below apply to the Coverage Options listed above.**

**MEDICAL BENEFITS (What the Insurance Plan Pays)** - When injury covered by the policy results in treatment by a Licensed Physician within 60 days from the date of accident, the Company will pay the Usual and Customary Charges (U&C) incurred for covered services as listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$50,000 per injury. (In MT and NC benefits are payable after the deductible per injury is satisfied, the deductible is the amount paid or payable for the same injury by Other Valid Coverage) This policy will pay benefits regardless of Other Valid Coverage if the covered claim expense is less than \$200. If the covered claim expense exceeds \$200, benefits shall be paid first by Other Valid Coverage. (This coverage is excess in KS, and this coverage is primary in MT and NC after deductible, and in ID, IL)

**All Amounts Listed Below are Per Injury**

**PHYSICIAN'S SERVICES**

- a) **Surgical Care** (surgeon, assistant surgeon, and anesthesia) .....80% U&C, up to \$2,500
- b) **Nonsurgical Care** (includes physiotherapy performed other than in a hospital, 1 visit per day).....U&C, up to \$50 per visit, maximum 6 visits

**HOSPITAL CARE**

- a) **Inpatient Care**
  - 1) **Hospital Semi-Private Room** .....U&C, up to \$500 per day
  - 2) **Hospital Miscellaneous Services** .....80% U&C, up to \$2,500
- b) **Outpatient Care**
  - 1) **Facility Charges for Day Surgery** .....U&C, up to \$2,500
  - 2) **Emergency Room** .....80% U&C, up to \$500

**Note: Benefits for hospital miscellaneous and outpatient care charges are limited to services not scheduled under Medical Benefits.**

**X-RAY SERVICES** (includes charges for reading) .....U&C, up to \$250

**LABORATORY SERVICES** .....U&C, up to \$250

**DIAGNOSTIC IMAGING** (includes MRI, CT scan, bone scan and charges for reading) .....U&C, up to \$500

**DENTAL TREATMENT** (in lieu of all other medical benefits; for repair and/or replacement of each sound and natural tooth) .....U&C, up to \$250 per tooth (In SD, sound and natural is deleted)

**AMBULANCE SERVICES** .....U&C, up to \$500

**ORTHOPEDIC APPLIANCES** (when prescribed by a physician for healing) .....U&C, up to \$250

**PRESCRIPTION DRUGS** (take home) .....U&C, up to \$250

**REPLACEMENT EYEGLASSES, CONTACT LENSES, HEARING AIDS** (when medical treatment is required for covered injury) .....U&C, up to \$250

**MOTOR VEHICLE INJURY** .....Same as any injury, up to \$2,500 (In KS, \$2,500 limit does not apply)

**ACCIDENTAL DEATH AND DISMEMBERMENT**

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.  
Loss of Life ..... \$2,500      Loss of an Eye ..... \$2,500      Double Dismemberment ..... \$10,000      Single Dismemberment ..... \$2,500

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured. J-1511/1513(2024)



**ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE**

**COVERAGE PLANS**

**One Time Policy Year Premiums**

	<b>Full Time Coverage</b> (Does NOT include Interscholastic Sports Coverage)	<input type="checkbox"/> <b>\$ 99</b>
	<b>Full Time Coverage AND Interscholastic Sports Coverage</b> (Does not include Football Grades 9-12)	<input type="checkbox"/> <b>\$174</b>
	<b>School Time Coverage</b> (Does NOT include Interscholastic Sports Coverage)	<input type="checkbox"/> <b>\$ 16</b>
	<b>School Time Coverage AND Interscholastic Sports Coverage</b> (Does not include Football Grades 9-12)	<input type="checkbox"/> <b>\$ 91</b>
	<b>Football Coverage</b> (Grades 9-12)	<input type="checkbox"/> <b>\$250</b>
	<b>Extended Dental Coverage</b> (Grades PK-12)	<input type="checkbox"/> <b>\$ 9</b>

**DO NOT SEND CASH**

**TOTAL PREMIUM**  

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**  
\*Please write student's name on the front of check. **NO REFUNDS**

↑ STUDENT'S LAST NAME ↑ (one letter in each box)  
 \_\_\_\_\_  
 STUDENT'S FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_  
 Please Print  
 Address \_\_\_\_\_ (Street)  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
 Email Address \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Name of District \_\_\_\_\_  
 Student's Age \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_  
 X \_\_\_\_\_  
 GAA-2203Ed.11-16 (Signature of Parent or Guardian) (Date)

**EXCLUSIONS (What the Plan DOES NOT Pay)**

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are paid under Workers' Compensation or Employer's Liability Laws. (In NC, benefits are excluded if the employee, employer, or carrier is responsible or liable according to final adjudication or settlement order under state law)
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder. (In ID, Insured must be participating as a professional)
4. The practice or play of interscholastic sports including travel to or from such activity, practice, or play for students in grades 7-12, unless such premium is paid.
5. In Kansas - No benefits are payable for accidental bodily injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.
6. In Ohio - Reinjury if the insured participated in a covered activity against medical advice.

**IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the effective date of the policy. (In OH, this provision does not apply)**

**WHAT KIND OF INSURANCE IS THIS?**

This is accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Medical illnesses such as ear infections or sore throats are not covered.

**WHO SHOULD CONSIDER BUYING THIS INSURANCE?**

1. All families with no other health coverage.
2. Families with other medical or dental coverage having deductibles, copays or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. (This coverage is primary in MT and NC after deductible, and in ID, IL)

**HOW TO ENROLL**

1. Select the desired coverage(s) from the options listed above. Premium cannot be prorated. There are two enrollment and payment options.
2. Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in an envelope and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
3. Complete enrollment form online at the Student Assurance Services, Inc. website [www.sas-mn.com](http://www.sas-mn.com). The online form is available under the K-12 School Look-up.
4. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

**EFFECTIVE AND EXPIRATION DATES**

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service; or for online enrollment 12:01A.M. following the date the proper premium is received by the Plan Administrator. Interscholastic sports coverage expires on the last day of the authorized season of the current school year. School-Time and Full-Time coverage expires on the selected expiration date of the annual term policy.

**HOW TO FILE A CLAIM**

1. Notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it's a school injury.
2. Parents complete Part B of the claim form. **Answer all questions.**
3. Submit copies of the student's *itemized bills* to the student's family medical and dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). This plan is supplemental to all other valid coverage. The claim must be filed with the other coverage first! (Coverage is excess in KS, primary in MT and NC after deductible, and in ID, IL) This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In KS, penalty does not apply)
4. Send the completed claim form, copies of student's itemized bills and EOB to:  
STUDENT ASSURANCE SERVICES, INC.  
PO BOX 196 • STILLWATER, MN 55082
5. No claim can be completed until **all of the above documents** have been provided.

**NOTE:** Student must be treated by a Licensed Physician within 60 days of the date of the injury. Proof of claim should be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or reasonable time thereafter not to exceed one year. The policy is responsible only for expenses incurred within one year. (In NC, itemized bills must be submitted within 180 days from the date of treatment, not to exceed one year)

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance (except in ID) and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice and Certificate of Coverage (where applicable) may be obtained on the website [www.sas-mn.com](http://www.sas-mn.com).  
J-1511/1513(2024)

Administered by		Underwritten by
<b>STUDENT ASSURANCE SERVICES, INC.</b> PO Box 196 • Stillwater MN 55082-0196 Toll Free 800-328-2739 - (651) 439-7098  <a href="http://www.sas-mn.com">www.sas-mn.com</a>	<b>HAVE QUESTIONS?</b> <b>CALL US TOLL FREE AT</b> <b>(800) 328-2739 OR (651) 439-7098</b>	 <b>Ameritas</b> Ameritas Life Insurance Corp. Lincoln, Nebraska

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.  
*There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN, NC residents)*

Please charge \$ \_\_\_\_\_ + \$5.00 Processing Fee = \$ \_\_\_\_\_ to the following credit card:  VISA® ,  MasterCard®, or  Discover®

Credit Card Number	Security Code (on back of card, 3 digits)	Card Expiration Date (Month) (Year)	Credit card billing will state: "Student Assurance Services, Inc."

Print Cardholder Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder Signature \_\_\_\_\_

Cardholder Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

DETACH - Place inside envelope

GAA-2203Ed.11-16 J-1511/1513(2024)



## Troy Community Coalition

*A standard of excellence within our community!*

The Troy Community Coalition for the Prevention of Drug and Alcohol Abuse is dedicated to improving the quality of life for all who live, learn, play, and work in Troy by promoting a healthy lifestyle free from drug and alcohol abuse and recognizes its impact on behavioral health. Show your commitment to keep children safe from drug and alcohol abuse by supporting the Coalition's educational efforts within the community. Your contribution funds prevention programs that benefit Troy families and educate Troy students.

- **7 Habits of Highly Effective Youth** (6<sup>th</sup> – 12<sup>th</sup> grade)
- **Addiction Awareness** (9<sup>th</sup> – 12<sup>th</sup> grade)
- **Choose Wisely** (4<sup>th</sup> grade)
- **Family Day Dinner** (Families)
- **Incredible Kid Recognition** (K – 6<sup>th</sup> grade w/Parents)
- **Narcan Training** (Adults 18+)
- **Parent Education Series** (Current Drug Trends)
- **Parents Who Host** (Parents)
- **Project Sticker Shock & Retail Education** (Youth Alcohol, Marijuana & Tobacco Prevention)
- **Summer Camp** (3<sup>rd</sup> – 8<sup>th</sup> grade)
- **Tar Wars/Vaping** (5<sup>th</sup> grade)
- **Wellness & Yoga Expo** (Families)

Your **\$25 contribution** allows for the continuation of these and other important programs. The Coalition office, located in the TSD Services Building, provides educational brochures and information on local resources.

The Coalition would also like to take this opportunity to remind you to take the **SAFE HOMES** Pledge.

For more information about the Coalition please visit our website – [Troy Community Coalition](#) or email [Marianne Wiwel](#)

\_\_\_\_\_ I support the Troy Community Coalition's efforts in our community and will take the SAFE HOMES Pledge

*I will not allow parties or gatherings in my home when I am not present.*

*I will not serve nor allow youth under the legal age to consume alcohol in my home or on my property.*

*I will not allow the use or misuse of drugs in my home or on my property.*

Parent Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_

School(s) \_\_\_\_\_

Donate \$25 online



SCAN

or click on LINK [Coalition Donation link](#)

Donate \$25 by check; (make check payable to **Troy Community Coalition**) Check # \_\_\_\_\_

Please mail this form and your contribution to **The Troy Community Coalition; 4420 Livernois Road; Troy, MI 48098**

*The Troy Community Coalition is a nonprofit 501(c) (3) organization that relies on grants and donations to sustain its prevention programs. Your contribution will greatly help meet the challenges of substance abuse prevention in our community.*

# Help us support at-risk youth in Troy



Your donations fund  
our Youth programs

Donate today:  
[www.TroyYouthAssistance.org](http://www.TroyYouthAssistance.org)

or mail a check to:  
Troy Youth Assistance  
4420 Livernois Rd., Troy 48098  
248-823-5095  
[TroyYouthAssistance@troy.k12.mi.us](mailto:TroyYouthAssistance@troy.k12.mi.us)





# Troy Foundation for Educational Excellence

Strong Schools. Strong Community.

## \$56,000+ IN GRANTS BENEFITTING TSD FROM THE TROY FOUNDATION FOR EDUCATIONAL EXCELLENCE!

### 23-24 Grants Included...

**Books & Author Visit for Leonard Elem**  
**\$4,490 granted**

Leonard purchased high interest books and brought in an author to talk with students

**Robotics Kits for Smith MS**  
**\$7,497 granted**

Students at Smith were able to explore robotics with VEX robot kits

**Sensory Room Update for Barnard Elem.**  
**\$6,921 granted**

New items for the sensory room

**Print Making Kits for Elementary Art**  
**\$8,570 granted**

Supplies for print making lessons for all elem students

**Fifth Grade Band Lessons**  
**\$5,400 granted**

Every fifth grade band student was able to learn from professional musicians

### HOW TO HELP

Since 1988, the Troy Foundation for Educational Excellence (TFEE) has supported the Troy School District by granting funds for classroom, school, and districtwide programs, as well as giving scholarships to graduating TSD seniors.

**By donating to the TFEE, you will be supporting enriching programs impacting all Troy School District students, both in Barnard and Beyond!**

Give online today using the QR code below, by mailing this form to 4400 Livernois Rd., Troy, MI 48085, or by returning this form to your school office.



**Scan to make a donation online**

Mail donation and form to TFEE, 4400 Livernois Rd., Troy, MI 48098 or return to your school's front office

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_