

DORCHESTER PUBLIC SCHOOL

August 2024

*Longhorn*



*Stampede*



WELCOME



*Back*

*School*



506 W. 9th,  
Dorchester, NE 68343

(402)946-2781

Fax (402)946-6271

[dorchesterschool.org](http://dorchesterschool.org)

Cogswell's Comments  
(Welcome Back)

I am very excited about the upcoming school year. The maintenance staff and our painting crew have been very busy making the school look amazing. Dorchester Public Schools has so much to be proud of and I think our facilities represent that pride. We are happy to welcome Olivia McBeth, our new music teacher to the Longhorn Family. We are also excited to welcome Irma Lopez and Zaira Vasquez back as para-educators. Dorchester Public School is blessed to have so many talented individuals on our staff.

The school website is changing over to a new format starting in the 2024-2025 School Year. I would like to thank Brian Rut for his hard work transitioning everything over from our old website to set up the new website. We hope that the website provides you with updated information on all the happenings at Dorchester Public Schools. You will be able to find our monthly newsletter, school calendar, and many other items on our website.

I look forward to welcoming our students back on Thursday, August 15th. We will be hosting our open house on Tuesday, August 13<sup>th</sup> from 5:30 p.m. to 7:00 p.m. This is a great opportunity for students and families to meet teachers and become familiar with their schedule. Our cafeteria will be providing hot dogs and chips that evening and our PTO is bringing back Kona Ice to our Open House. We would love to see all of our families here for the Open House. We will be running a 2:00 p.m. dismissal on both Thursday August 15<sup>th</sup> and Friday August 16<sup>th</sup>.

Please know that my office is always open. I would love to visit about anything going on in our school district. Dorchester Public Schools is your school and I appreciate your support of our children. If you need to contact me in the evening my number is 402-366-6202. With your help and support I know that 2024-2025 is going to be another great year for the Longhorns.

Curt Cogswell,  
Superintendent



# Wiese's Pieces



**August 1, 2024**

In a few short days we'll be kicking off the 2024-2025 school year! I can't tell you how excited I am to be starting my 5<sup>th</sup> year here as the PK-12 Principal, and there is so much to be excited about!

**New Staff:** Please welcome our new staff to the Longhorn Family! In the music department, Ms. Olivia McBeth will be our new K-12 Vocal and Instrumental Music Teacher! We will also be welcoming back a familiar face to the district - Mrs. Irma Lopez, who will be joining us as an EL paraprofessional. Please help me in making them feel welcome!

**A New Look!** Please come see us at our annual back-to-school night on August 13! Our summer custodial staff and paint crew have been hard at work making some awesome improvements to the building and we know you'll be pleasantly surprised! More information to come about a revamped back-to-school night as well!

**Longhorn Tip Line:** Safety is one of our top priorities here at DPS. In order to offer anyone in the community the opportunity to report a safety concern, tip, or threat, we utilize an online reporting system. Please see the school webpage and click on the "Longhorn Tip Line" icon for more information.

**Afternoon Pick-Up:** Thank you in advance for following our after-school pick-up procedures and for watching your speed near the school in the morning and at dismissal. For those not familiar with the pick-up procedures, we don't want anyone stopping on 9<sup>th</sup> St. We ask that cars be parked directly in front of the school or on the south side of 9<sup>th</sup> St. If parked on the south side of 9<sup>th</sup> St., we ask that parents walk across the street to pick up their child in front of the school, then walk back across 9<sup>th</sup> St. to the vehicle together.

**Adopt-A-Door:** We will continue our Adopt-A-Door community partnership this year, and thank you to the businesses and organizations who have participated in the past! One goal of the Adopt-A-Door program is to connect local businesses and organizations with the workforce of tomorrow, and we welcome any local business or organization to participate! See the flyer later in this newsletter for more information.

**Thank You to Farmers Cooperative!** You might have seen it on the school Facebook page, but over the summer, the employees of Farmers Cooperative donated \$2,000 to our school backpack program! Through a matching grant with Land O' Lakes, DPS will also receive an additional \$2,000 in credit through the Lincoln Food Bank! Thank you so much!

**Vaccinations and Physicals:** All required physicals and vaccinations for incoming kindergarten and 7<sup>th</sup> grade students are due on the first day of school. Proof of vaccination and physicals for out-of-state students are also required. This is a state law, and we cannot allow students to stay at school without the proper vaccinations and physicals. Student athletes are also required to have up-to-date physicals before they can participate.

Enjoy these last remaining days of summer! We're all looking forward to seeing students back on 15th!

Jake Wiese  
PK-12 Principal

## **Important Dates / Reminders**

**August 13 (Tue):** Back to School Night! – 5:30-7:00. *A light meal will be provided.*

**August 15 (Thu):** First Day of School K-12 – 2:00 p.m. release.

**August 19 (Mon):** First Day of School PK.

**August 22 (Thu):** Fall Sports Preview + VB and FB Sports Drink Scrimmages – 5:30, 6:15, 7:30.

## **Title I and Nebraska Reading Improvement Act News**

Back to school time is here! As we begin to think about the new school year, we would like to share some information with you regarding the Dorchester Public School Reading and Math Intervention Programs.

We will be offering a transition program for most of our students who had been receiving WIN Reading or FOCUS (Title I) Math during the last school year. Therefore, most students who were receiving math and/or reading interventions who will be in grades K-6 at the beginning of the 2024-2025 school year will resume receiving that assistance as a transition into the new school year. When we have MAP Reading and Math scores for kindergarten through sixth grade students, we will adjust the additional assistance where needed. You should have received information at the end of last school year as well as you will be receiving a note about the transition program in the mail. Please sign the permission slip and return it in the envelope, take it to the school office, or bring it along to the Back to School Night.

As a school that receives federal Title I funding, we are required to notify you of the following information:

- For any school district receiving Title I funds, the district shall notify the parents of each student attending the school that the parents may request and the district will provide to the parents on request in a timely manner, information regarding the professional qualifications of the student's teacher(s).
- Parents of students attending schools that receive Title I funds may request information regarding any State or District policy regarding student participation in any assessments.
- For any school district receiving Title I funds, schools shall provide timely notice to parents if their child will be taught by a teacher not meeting ESSA requirements for four or more consecutive weeks.
- Parents do have the right to request information regarding the Title I application process.

Thank you for partnering with us in your child's educational journey. As we transition into our new school year and find our way back into a routine, we will continue to share information with you about the program. Please feel free to contact us at [laura.barlow@dorchesterschool.org](mailto:laura.barlow@dorchesterschool.org) or [karma.ridpath@dorchesterschool.org](mailto:karma.ridpath@dorchesterschool.org) if you have any questions regarding the Dorchester Public School Reading and Math Intervention Programs or the Nebraska Reading Improvement Act. We look forward to seeing you all very soon!

Mrs. Barlow  
Mrs. Ridpath

## **\*\*Noticias del Título I y la Ley de Mejora de la Lectura de Nebraska\*\***

(Translation - Chat GPT)

¡Es tiempo de volver a la escuela! A medida que comenzamos a pensar en el nuevo año escolar, nos gustaría compartir con ustedes información sobre los programas de intervención en lectura y matemáticas de la Escuela Pública de Dorchester.

Ofreceremos un programa de transición para la mayoría de nuestros estudiantes que recibieron WIN Reading o FOCUS (Título I) en matemáticas durante el último año escolar. Por lo tanto, la mayoría de los estudiantes que estaban recibiendo intervenciones en matemáticas y/o lectura y que estarán en los grados K-6 al comienzo del año escolar 2024-2025, reanudarán esa asistencia como una transición hacia el nuevo año escolar. Cuando tengamos las puntuaciones de lectura y matemáticas del MAP para los estudiantes del kinder a sexto grado, ajustaremos la asistencia adicional donde sea necesario. Deberían haber recibido información al final del último año escolar, y también recibirán una nota sobre el programa de transición por correo. Por favor, firmen la hoja de permiso y devuélvanla en el sobre, llévenla a la oficina de la escuela, o tráiganla a la Noche de Regreso a Clases.

Como una escuela que recibe fondos federales del Título I, estamos obligados a notificarles la siguiente información:

\*Para cualquier distrito escolar que reciba fondos del Título I, el distrito deberá notificar a los padres de cada estudiante que asista a la escuela que los padres pueden solicitar y el distrito proporcionará a los padres, a pedido y de manera oportuna, información sobre las cualificaciones profesionales del (los) maestro(s) del estudiante.

\*Los padres de estudiantes que asisten a escuelas que reciben fondos del Título I pueden solicitar información sobre cualquier política estatal o del distrito con respecto a la participación del estudiante en cualquier evaluación.

\*Para cualquier distrito escolar que reciba fondos del Título I, las escuelas deberán notificar oportunamente a los padres si su hijo será enseñado por un maestro que no cumple con los requisitos de ESSA durante cuatro o más semanas consecutivas.

\*Los padres tienen el derecho de solicitar información sobre el proceso de solicitud del Título I.

Gracias por asociarse con nosotros en el viaje educativo de su hijo. A medida que hacemos la transición a nuestro nuevo año escolar y volvemos a la rutina, continuaremos compartiendo información con ustedes sobre el programa. No duden en contactarnos en [laura.barlow@dorchesterschool.org](mailto:laura.barlow@dorchesterschool.org) o [karma.ridpath@dorchesterschool.org](mailto:karma.ridpath@dorchesterschool.org) si tienen alguna pregunta sobre los programas de intervención en lectura y matemáticas de la Escuela Pública de Dorchester o la Ley de Mejora de la Lectura de Nebraska. ¡Esperamos verlos muy pronto!

Sra. Barlow

Sra. Ridpath

# August 2024

## Daily Learning Planner: Ideas Families Can Use to Help Children Do Well in School—Try a New Idea Every Day!

- 1. Ask your child, "If you could meet a famous person, who would it be?"
- 2. With your child, use your bodies to make shapes and letters.
- 3. Help your elementary schooler check out back-to-school sales ads. Look for the best buys.
- 4. Freeze fruit juices in ice cube trays to make popsicles. Enjoy them with your child.
- 5. Take a compass (or use a compass app on your phone) on a walk with your child. Write down each direction you take.
- 6. Help your child make a list of goals for the coming school year.
- 7. Start now to get your child into a school-year bedtime routine.
- 8. Ask what your child enjoyed most this summer.
- 9. Help your child make a list of items your family can recycle.
- 10. Talk about how excited you are for the start of a new school year. Your positive attitude will be contagious.
- 11. Do a crossword puzzle with your child today.
- 12. Make sure you and your child know where and when the school bus will stop.
- 13. Find a picture of Vincent van Gogh's artwork. Encourage your child to paint a landscape in van Gogh's style.
- 14. Play two different types of music. Ask your child to describe the feelings each one inspires.
- 15. Ask to hear about a book your child recently read.
- 16. Play Math Jeopardy. Say a number and see who can come up with a problem for which it is the answer.
- 17. Talk with your child about school bus safety.
- 18. Help your child clean out a closet. Pass on unused toys or clothes in good condition to other families.
- 19. Find a simple science experiment in a library book or online to do with your child today.
- 20. Serve your family a new food. Then have your child write and act out a commercial for it.
- 21. Encourage your child to reconnect with school friends.
- 22. Have your child give you examples of a complete sentence, an incomplete sentence and a run-on sentence.
- 23. Ask your child, "What is the most incredible thing that's ever happened to you?"
- 24. Discuss your family's fall routine. Make plans to eat at least one meal a day together.
- 25. Go for a reading picnic with your child. Take some books, a snack and a blanket to sit on.
- 26. Give your child a measuring tape. Ask your student to measure the height, width and depth of objects in your house.
- 27. Establish a positive organization habit. Help your child put out clothes for the next day the night before.
- 28. Think of a motivating quotation you love. Post it where your child will see it.
- 29. Help your child research a question you don't know the answer to.
- 30. Fall activities will soon begin. Avoid overscheduling your child. Remember, schoolwork comes first.
- 31. Fill a jar with jelly beans or other small items. Ask everyone to estimate how many are in the jar. Then have your child count them.

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# Agosto 2024

## Planificador para el aprendizaje: Ideas que las familias pueden usar para ayudar a los niños a tener éxito en la escuela

- 1. Pregúntele a su hijo, "Si pudieras conocer a una persona famosa, ¿quién sería?"
- 2. Con su hijo, usen sus cuerpos para hacer formas y letras.
- 3. Ayude a su hijo de primaria a consultar los anuncios de rebajas del regreso a clases. Busquen las mejores ofertas.
- 4. Congele zumos de fruta en cubiteras para hacer paletas. Disfrútenlos.
- 5. Lleve una brújula (o use una aplicación de brújula en el teléfono) en un paseo con su hijo. Anoten cada dirección que tomen.
- 6. Ayude a su hijo a hacer una lista de metas para el próximo año escolar.
- 7. Empiece ahora a acostumbrar a su hijo a una rutina para acostarse para el año escolar.
- 8. Pregúntele a su hijo qué es lo que más le ha agradado este verano.
- 9. Ayude a su hijo a hacer una lista de objetos que su familia puede reciclar.
- 10. Dígale a su hijo lo emocionado que está por el comienzo de un nuevo año escolar. Su actitud positiva será contagiosa.
- 11. Haga hoy un crucigrama con su hijo.
- 12. Asegúrese de que usted y su hijo sepan dónde y cuándo parará el autobús escolar.
- 13. Busque una foto de una obra de Vincent van Gogh. Anime a su hijo a pintar un paisaje al estilo de van Gogh.
- 14. Escuchen dos tipos diferentes de música. Pídale a su hijo que describa los sentimientos que le inspira cada una.
- 15. Pídale a su hijo que le cuente sobre un libro que haya leído hace poco.
- 16. Jueguen a un juego matemático. Diga un número y vea quién puede plantear un problema cuya respuesta sea ese número.
- 17. Hable con su hijo sobre la seguridad en el autobús escolar.
- 18. Ayude a su hijo a limpiar un armario. Den a otras familias juguetes o ropa en buen estado que ya no usen.
- 19. Encuentre un experimento científico sencillo en un libro de la biblioteca o en internet para hacer hoy con su hijo.
- 20. Sirva a su familia un alimento nuevo. Luego, dígale a su hijo que escriba y represente un anuncio publicitario del mismo.
- 21. Anime a su hijo a reencontrarse con sus amigos de la escuela.
- 22. Pídale a su hijo que le dé ejemplos de una frase completa, una frase incompleta y una frase mal puntuada.
- 23. Pregúntele a su hijo, "¿Qué es lo más increíble que te ha pasado?"
- 24. Hablen de la rutina familiar de otoño. Planifiquen comer juntos al menos una vez al día.
- 25. Haga un picnic de lectura con su hijo. Lleven libros, un refrigerio y una manta para sentarse.
- 26. Dele a su hijo una cinta métrica. Pídale que mida la altura, el ancho y la profundidad de objetos de su casa.
- 27. Establezca un hábito positivo de organización. Ayude a su hijo a separar la ropa que usará el día siguiente la noche anterior.
- 28. Piense en una cita motivadora. Exhíbala donde su hijo la vea.
- 29. Ayude a su hijo a investigar una pregunta que usted no sepa la respuesta.
- 30. Pronto comenzarán las actividades de otoño. Evite programar los días de su hijo en exceso. Recuerde que las tareas escolares son lo primero.
- 31. Llene un tarro con gominolas u otros objetos pequeños. Calcule cada uno cuántas hay. Luego pídale a su hijo que las cuente.

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## Junior High Play Concessions and Raffle

The DPS Junior High Play Cast and Crew will run concessions at the volleyball game on Thursday, August 29, 2024. We will also be hosting a raffle that evening at the game.

Students who participate in the play are encouraged to come and help with concessions. There will be a sign up sheet for help closer to that time. We also ask that you bring an item for the raffle. Feel free to bring items such as craft items, hobby baskets, art baskets, nacho baskets, themed baskets, etc. More information will follow once we are back in school.

We wanted to let you know ahead of time so you can start to plan. We are looking forward to seeing you very soon!

Mrs. Vyhnalek and Mrs. Ridpath

### **\*\*Concesiones y Rifa de la Obra de la Escuela Secundaria Junior\*\*** (Translation by ChatGPT)

El elenco y el equipo de la obra de la Escuela Secundaria Junior de DPS se encargarán de las concesiones en el partido de voleibol el jueves 29 de agosto de 2024. También organizaremos una rifa esa noche en el partido.

Se anima a los estudiantes que participan en la obra a venir y ayudar con las concesiones. Habrá una hoja de inscripción para ayudar más cerca de esa fecha. También les pedimos que traigan un artículo para la rifa. Siéntanse libres de traer artículos como artículos de manualidades, cestas de pasatiempos, cestas de arte, cestas de nachos, cestas temáticas, etc. Se proporcionará más información una vez que estemos de vuelta en la escuela.

Queríamos informarles con anticipación para que puedan empezar a planificar. ¡Estamos deseando verlos muy pronto!

Sra. Vyhnalek y Sra. Ridpath

**Counselor's Corner**  
**Mrs. Choyeski**  
**August 2024**

**High School/Junior High**

- **High School Students** – 2024–25 class schedules were mailed the week of July 15<sup>th</sup>. If you would like to discuss or change your schedule, Mrs. Choyeski will be available at school from 8:00 a.m.–3:30 p.m. on August 6<sup>th</sup>–9<sup>th</sup>. You can also talk to her about your schedule on August 15<sup>th</sup>, 16<sup>th</sup>, and 19<sup>th</sup>. Schedule changes must be completed by August 19<sup>th</sup>.

If you did not receive your schedule, please either call the office or reach out to Mrs. Choyeski at [jill.choyeski@dorchesterschool.org](mailto:jill.choyeski@dorchesterschool.org) to receive a copy of your schedule.

- **Seniors and Juniors** – You are allowed 2 college visit days per year. These visits do not count against your attendance. When your parent/guardian calls in your absence they need to let the office know you are on a college visit and at which college. If you need help scheduling a college visit, please see Mrs. Choyeski.
- **Seniors and Juniors – ACT – *Seniors*** -- If you plan to retake the ACT you will want to take it as soon as you can in the fall to allow for scores to be released in time for scholarships and college application submissions.  
***Juniors*** – You will be taking the ACT in April as part of state testing. You can take it prior to April if you would like. Please see Mrs. Choyeski for materials to help you prepare for the ACT prior to the testing date and if you need help registering.

Testing dates for the 2024–25 school year:

**2024-2025 National Test Dates Schedule**

Test Date	Regular Registration Deadline Late Fee Applies After This Date	Late Registration Deadline	Photo Upload and Standby Deadline
September 14, 2024	August 9	August 25	September 6
October 26, 2024	September 20	October 7	October 18
December 14, 2024	November 8	November 22	December 6
February 8, 2025	January 3	January 20	January 31
April 5, 2025	February 28	March 16	March 28
June 14, 2025	May 9	May 26	June 6
July 12, 2025*	June 6	June 20	July 4

**Elementary School**


- Mrs. Choyeski will begin her classroom guidance lessons after Labor Day break. She will be glad to be back in the classrooms to see your smiling faces!








August 2024

# LIBRARY NEWS



### Choosing Books

Too Easy	JUST RIGHT!	Too Hard
 <p>I can breeze right through the book.</p> <p>I get bored reading the book.</p> <p>I have read this book many times before.</p> <p>I understand the book without having to think hard at all.</p> <p>I know every word.</p>	 <p>The book is new to me.</p> <p>I understand most of the story.</p> <p>I can read most of the words and know what they mean.</p> <p>I can retell the major events or facts.</p> <p>The topic is interesting to me.</p>	 <p>I get stuck often on difficult words I haven't seen before (more than 5 on the first 2 two pages).</p> <p>I get frustrated reading it.</p> <p>I have a hard time remembering the events or facts.</p> <p>When I read out loud, it sounds choppy.</p>

<https://www.classroomnook.com/blog/choosing-just-right-books>

## 5 Tips for Using the Library Successfully

- Find a home for your library materials
- Schedule recurring trips to the library
- Identify something to carry your library materials in
- Find out what all your local library offers and how to use it
- Enjoy using the library!

<http://www.homegrownlearners.com/home/5-tips-for-using-the-library>

## Library Schedule

**Mondays:** 3rd grade, Kindergarten

**Tuesdays:** 2nd grade, 5th grade

**Wednesdays:** 6th grade

**Thursdays:** 4th grade

**Fridays:** 1st grade

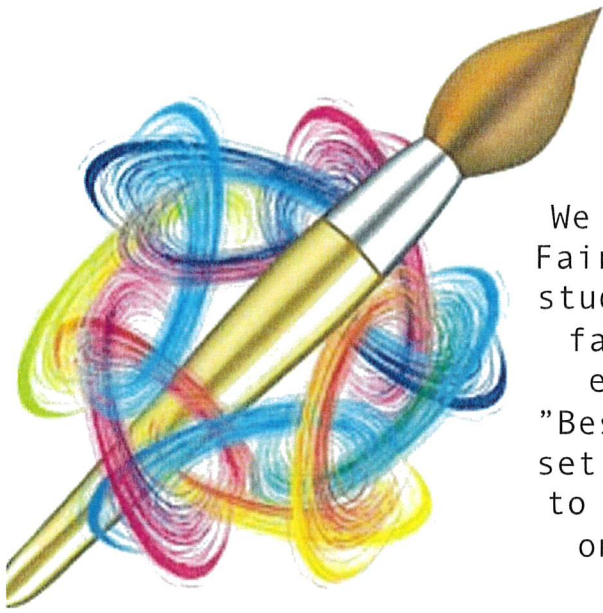


“  
**And I shall find  
out thousands  
and thousands  
of things!**”

-The Secret Garden by Frances Hodgson Burnett

## A Note from Mrs. Dunaway

Welcome back! It's been a busy summer! At the end of the school year, students in 7-12 were asked to complete a school library survey. Based on those answers, we have implemented some exciting changes to our learning space! We are working hard to create an inviting, comforting, and relaxing space for students to read, research, explore, and study. It is exciting to think of our students discovering all types of new literature we have in the library! Please encourage your child to not only read what they may need for AR points, but to find books that will peak their interest and challenge them as readers. I can't wait to see all of the students back in the library! Mrs. Dunaway - [jaci.dunaway@dorchesterschool.org](mailto:jaci.dunaway@dorchesterschool.org) - (402)946-2781



# ART NEWS

We had an amazing display at the Saline County Fair. **Sixteen** "Best of Shows"! Congratulations students! Because of the timing of our county fair and the due date to have the state fair entries in, I am no longer able to get the "Best of Shows" into the the state fair. I did set back some student art that I felt should go to the state fair, so Dorchester will have art on display in Grand Island in the education exhibits.

**I am looking forward to creating art with you all again this year! I get so excited trying to help you make the best art you can!**

*Mrs. Lutjemeyer*

Student art that was awarded at the county fair will be on exhibit at the Living History Day at the Saline County Museum on August 24<sup>th</sup>. Any area artists that would like to display their artwork that day are welcome to. Please Contact Mrs. Lutjemeyer so she can get your items displayed!

## Student Council NEWS

We are lucky to have many great leaders in our school! I would like to encourage my current student council members to help students in need out! If others are having a tough day, enlighten them! If others are needing help, give them a hand. If there is trash on the floor, pick it up. If others aren't following rules, encourage them to do the right thing. There will be a couple openings for student council, I will let you know how many and when the voting will take place after we get back in school. Things to think about—we will be having trash pickup soon after we get back. First week back there will be some randomly selected students that will win a school supply from us! Look in the daily announcements! Have a great start to a new school year! Show your Longhorn Pride!

# DORCHESTER PUBLIC SCHOOL

"EVERY STUDENT, EVERY DAY, A SUCCESS"

506 West 9th Street  
P.O. Box 7  
Dorchester, Nebraska 68343  
Phone: 402-946-2781  
Fax: 402-946-6271  
dorchesterschool.org



· LONGHORNS ·

Curt Cogswell  
Superintendent  
[curt.cogswell@dorchesterschool.org](mailto:curt.cogswell@dorchesterschool.org)  
Jake Wiese  
K-12 Principal  
[jake.wiese@dorchesterschool.org](mailto:jake.wiese@dorchesterschool.org)

Dear Dorchester Community Business/Organization,

In an effort to continue community involvement with Dorchester Public School, we are continuing our Adopt-A-Door program this year! The idea is that once a month on a Monday morning between 7:45-8:15 AM, 2-4 representatives (employees/volunteers) from local businesses/organizations greet students in the entrance of the school as students are walking into the school building. Each business/organization would be signed up to greet at least once during the school year and multiple times if willing. On their assigned day, we would encourage them to wear their work uniform/attire to represent their business/organization. Then, at approximately 8:15, a school representative will give them a tour of our great facility.

Please consider having personnel from your business/organization to greet students on a Monday morning. We hope it is a joint effort in promoting your business/organization as well as showing off the wonderful education afforded at Dorchester Public School. We believe the Adopt-A-Door program has the potential to be a win-win for everyone! Our students get to meet local business leaders, and local businesses have the opportunity to meet and/or recruit young, local talent. It is our hope that this might eventually lead to young people staying in or coming back to the area to raise their families, which will keep Dorchester thriving for years to come!

Please sign up if interested in participating in Monday Adopt-A-Door which will start in September. Return the form below to the school office or the address below.

If you have questions, please contact me at (402) 946-2781.

Sincerely,




Jake Wiese – PK-12 Principal



We are interested in the Adopt-A-Door program at Dorchester Public School. Please assign us to **once this year / multiple times this year (circle one)**.

\_\_\_\_\_  
Name of Business/Organization

\_\_\_\_\_  
Contact Name & Phone #

Please return to Dorchester Public School



 **BACK**   
**TO**  
**SCHOOL**   
**NIGHT** 

August 13, 2024

5-8PM

**FREE SMALL KONA ICE**  
PRESCHOOL-6th GRADE

**Paid for by: DORCHESTER PTO**



## Dorchester UMC After School Program

Dorchester United Methodist Church will be offering an After School Program starting Thursday, August 15th. The program will run Monday through Thursday from 3:35-5:30. There will not be a charge for the program, but donations will be greatly appreciated.

If your child plans to attend, **please fill out this form and return to school by August 23rd:**

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent \_\_\_\_\_ Cell phone number \_\_\_\_\_

After school will your child ride the bus to the church? \_\_\_\_\_ Other \_\_\_\_\_

Who will be authorized to pick your child up from the After School Program?

(walking home alone without an authorized person is NOT allowed)

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of an emergency, who do we contact?

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Dietary Restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Is it ok to give your child Tylenol, Benadryl, Tums, Ibuprofen? \_\_\_\_\_

There will be fundraisers and times we need an extra hand. Will you be willing to volunteer? \_\_\_\_\_

Will you be willing to donate snacks? \_\_\_\_\_ (drop off anytime)

A cash box will be inside the church for money donations.

Dorchester UMC After School Program Contact:

Stacy Boyce, Director 402-300-0622

Church address: 612 Lincoln Ave., Dorchester – Church phone number: 402-946-3091

**HONOR ROLL/HONORABLE MENTION -4th Quarter 23-24 (March 6th, 2024 - 48 days)**

(100-96=Honor Roll w/ Distinction 95.99-92 = Honor Roll 91.99-88 = Honorable Mention)

**12th Honor Roll w/ Distinction**

Carey, Kayli  
Kasl, Quinn  
Kotas, Amber  
Lehr, Addison  
Schweitzer, Hailey  
Tercero, Veronica  
Theis, Madison

**12th Honor Roll**

Banks, Dusty  
Cornejo, Israel  
Drake, Andy  
Hatfield, Jacob  
Jirsa, Ashton  
Korinek, Stephanie  
Leavitt, Victoria  
Loarca, Elsy  
Real, Owen  
Shaw, Bryer

**12 Honorable Mention**

Alcaide, Nancy  
Armas, Suyapa  
Borrego Gonzalez, Marcos  
Real, Mitzu  
Schlueter, Makayla

**11th Honor Roll w/ Distinction**

Behrens, Baylor  
Cornejo, Isabella  
Pavlish Andrea  
Peacock, Joseph  
Theis, Gabrielle  
Zoubek, Atley

**11th Honor Roll**

Luzum, Mackenzie  
Peacock, Joseph  
Vyhnaelek, Owen

**11th Honorable Mention**

**10th Honor Roll w/ Distinction**

Tachovsky, Chase

**10th Honor Roll**

Cerny, Carter  
Gordon, Megan  
Loarca, Micaela  
Theis, Bailey

**10th Honorable Mention**

June, Savannah

**9th Honor Roll w/ Distinction**

Lehr, Lily  
Schweitzer, Livia

**9th Honor Roll**

Beckley, Benji  
Harrison, Colton  
Lopez Perez, Rosie  
Perez, Emilia  
Tercero, Senaida

**9th Honorable Mention**

Hernandez Pena, Jonathan

**8th Honor Roll w/ Distinction**

Kasl, Kendall  
Novak, Max  
Sherwood, Sierra  
Vyhnaelek, Ella

**8th Honor Roll**

Bartlett, Lyberty  
Cerny, Blake  
DelToro, Lindsay  
Elkins, Faith  
Loarca, Antonio  
Morales Marcos, Emely  
Nerud, Thor

**8th Honorable Mention**

Brandt, Hadley

**7th Honor Roll w/ Distinction**

Behrens, Paxton  
Dawes, Troy  
Garcia Bernabe, Maribel  
Shaw, Landon  
Steuk, Trevin  
Vazquez, Brennaly

**7th Honor Roll**

Bolton, Kaitlyn  
Gooding, Malkhi  
Gordon, Joshua  
Tellez, Annaleah

**7th Honorable Mention**

Cornejo, Javier  
Paiz Bautista, Erik  
Sherman, Faith

# August 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
4	5 FB / VB Conditioning	6 FB / VB Conditioning	7 FB / VB Conditioning	8 FB / VB Conditioning	9 FB / VB Conditioning New Teacher In-Service	10
11	12 FB / VB Practice Begins School Board Meeting @ 8:00 pm	13 Teacher In-Service Open House 5:30 pm -7:00 pm Hotdogs, Chips, & Drink served 5:30 pm-6:30 pm	14 Teacher In-Service	15 First day of School 2:00 pm School Dismissal	16 2:00 School Dismissal	17
18	19 First Day of Preschool	20	21	22 Fall Sports Preview 5:30 pm VB Scrimmage FB Scrimmage	23	24
25	26	27 V VB vs. Wilber Clatonia 5:30 pm	28	29 JV VB vs. East Butler 6:00 pm V VB vs. East Butler 7:00 pm	30 V FB @ Sterling 7:00 pm	31



2024

JULY							S	1.00	19.00
S	M	T	W	T	F	S			
	1	2	3	4	5	6			
7	8	9	10	11	12	13			
14	15	16	17	18	19	20			
21	22	23	24	25	26	27			
28	29	30	26	27	28	29			
30	31								
AUGUST							S	3.50	12.00
S	M	T	W	T	F	S			
				1	2	3			
4	5	6	7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			
SEPTEMBER							S	1.00	19.00
S	M	T	W	T	F	S			
1	2	3	4	5	6	7			
8	9	10	11	12	13	14			
15	16	17	18	19	20	21			
22	23	24	25	26	27	28			
29	30								
OCTOBER							S	1.00	21.00
S	M	T	W	T	F	S			
		1	2	3	4	5			
6	7	8	9	10	11	12			
13	14	15	16	17	18	19			
20	21	22	23	24	25	26			
27	28	29	30	31					
NOVEMBER							S	0.00	18.00
S	M	T	W	T	F	S			
					1	2			
3	4	5	6	7	8	9			
10	11	12	13	14	15	16			
17	18	19	20	21	22	23			
24	25	26	27	28	29	30			
DECEMBER							S	0.00	15.00
S	M	T	W	T	F	S			
1	2	3	4	5	6	7			
8	9	10	11	12	13	14			
15	16	17	18	19	20	21			
22	23	24	25	26	27	28			
29	30	31							
1st Semester Totals =							90.5	85.0	

2025

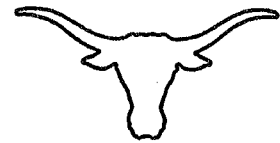
JANUARY							S	1.00	19.00
S	M	T	W	T	F	S			
				1	2	3	4		
5	6	7	8	9	10	11			
12	13	14	15	16	17	18			
19	20	21	22	23	24	25			
26	27	28	29	30	31				
FEBRUARY							S	1.50	18.00
S	M	T	W	T	F	S			
						1			
2	3	4	5	6	7	8			
9	10	11	12	13	14	15			
16	17	18	19	20	21	22			
23	24	25	26	27	28				
MARCH							S	0.00	19.00
S	M	T	W	T	F	S			
						1			
2	3	4	5	6	7	8			
9	10	11	12	13	14	15			
16	17	18	19	20	21	22			
23	24	25	26	27	28				
30	31								
APRIL							S	0.00	20.00
S	M	T	W	T	F	S			
						1			
2	3	4	5	6	7	8			
9	10	11	12	13	14	15			
16	17	18	19	20	21	22			
23	24	25	26	27	28				
30	31								
MAY							S	0.00	16.00
S	M	T	W	T	F	S			
				1	2	3			
4	5	6	7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			
JUNE							S		
S	M	T	W	T	F	S			
1	2	3	4	5	6	7			
8	9	10	11	12	13	14			
15	16	17	18	19	20	21			
22	23	24	25	26	27	28			
29	30								
2nd Semester Totals =							94.5	92.0	

- August 9 New Teacher In-Service (Stipend Day)
- August 12 Start of FB & VB Practices
- August 13 & 14 Teacher In-Service (Open House August 13th)
- August 15 First Day of School for K-12; Dismiss @ 2:00 pm
- August 19 First Day of School for Preschool
- September 2 Labor Day - NO SCHOOL
- September 3 Cohort Day - NO SCHOOL
- October 9 PTC - 5:00-8:30 PM
- October 10 PTC - NO SCHOOL
- October 10 Staff may leave at 12:30 PM
- October 11 NO SCHOOL
- October 18 End of Quarter 1; Dismiss @ 2:00 pm
- November 1 NO SCHOOL PK-6
- November 18 Start of Winter Practice
- November 27-29 Thanksgiving Break
- December 20 End of S1- Dismiss at noon
- Dec. 23-Jan. 3 Holiday Break
- January 6 Cohort Day - NO SCHOOL
- January 7 Classes Resume
- February 13 PTC - NO SCHOOL
- February 14 NO SCHOOL
- March 3 Start of Spring Practice
- March 12 End of Quarter 3
- March 13 & 14 NO SCHOOL
- April 18-April 21 Easter Break - NO SCHOOL
- May 9 Last Day of School, Seniors
- May 10 Graduation
- May 21 Last Day of School, Preschool
- May 22 End of S2 - Dismiss K-11 at 11:30 am
- May 27-30 Possible Make-up Days

\*Flex Teacher Workday between July 29 - August 12 or December 23 to January 3

STUDENT DAYS 177  
 TEACHER DAYS 8  
 TOTAL DAYS 185

<b>PARENT-TEACHER CONFERENCES</b>
October 9 5:00-8:30PM & October 10 8:00AM-12:30PM
February 13 8:30AM-8:00PM
NO SCHOOL
NO SCHOOL FOR K-6 STUDENTS
2:00 PM SCHOOL DISMISSAL - PROFESSIONAL DEVELOPMENT
TEACHER DUTY DAY - NO SCHOOL
COHORT - TEACHER DUTY DAY - NO SCHOOL
END OF THE QUARTER
PARENT-TEACHER CONFERENCES
New Teacher Inservice
GYM CLOSED TO ALL PRACTICES AND ACTIVITIES



# AUGUST 2024 BREAKFAST

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<i>This institution is an equal opportunity provider</i>	<i>Subject to change due to supplying issues</i>		1	2
5	6	9	8	9
12	13	14	15 Biscuits and Gravy Fruit Milk	16 Donut Fruit Milk
19 Oatmeal Round Fruit Milk	20 Yogurt with Granola Fruit milk	21 Bagel with topping fruit Milk	22 Biscuits and Gravy Fruit Milk	23 Chocolate chip muffin Fruit Milk
26 Combo Bar Toast Fruit Milk	27 French Toast sticks Hashbrown Milk	28 Breakfast Burrito Fuit Milk	29 Biscuits and Gravy Fruit Milk	30 Cinnamon Roll Fruit Milk

**EVERYDAY THERE WILL ALSO BE A CHOICE FOR COLD BREAKFAST (ALL ARE WHOLE GRAIN): DRY CEREAL, POPTART, AND GRANOLA BAR**



# AUGUST 2024 LUNCH

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<i>This institution is an equal opportunity provider</i>	<b>Subject to change due to supplying issues</b>		1	2
5	6	9	8	9
12	<b>13 <u>Open House</u></b> Hot Dog Chips Cookie <u>Serving from</u> <b>5:30pm-6:30pm</b>	14	15 Mac & Cheese Chicken nuggets Fruit Veggie Milk	16 Taco Burger Fruit Veggie Tater-tots Milk
19 Pulled Pork Sandwich Fruit Veggie Cookie Milk	20 Chicken Nachos Churro Fruit Veggie Milk	21 Spaghetti Garlic Bread Fruit Veggie Milk	22 Orange Chicken Rice Fruit & Veggie Fortune cookie Milk	23 Corn Dog Fruit Veggie Tri-tater Milk
26 Blueberry Waffle Scrambled Eggs Fruit Diced potatoes Milk	27 Walking Taco Fruit Veggie Milk	28 Chicken Alfredo Bread Stick Fruit Veggie Milk	29 Hot Dog Fruit Veggie Chips Milk	30 French bread Pizza Jell-O Fruit Cup Veggie Milk

**K-3 Options**

*Hot meal of the day*

*Sub Sandwich*

*Uncrustable*

**4-6 Options**

*Hot meal of the day*

*Cold/Hot Bar*

**7-12 Options**

*Hot meal of the day*

*Cold/Hot Bar*



e~Funds for Schools

## Step-by-Step Guide for Parents

### Getting started with e~Funds for Schools Mobile Website



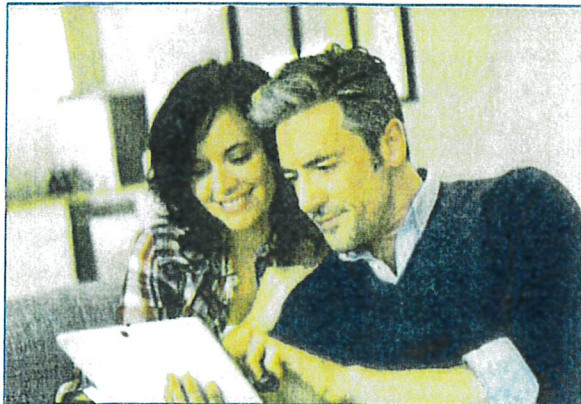
#### CREATING A NEW ACCOUNT

1. Visit the website that was provided to you by your school district.
2. Click on **Create an Account**.
3. Provide Requested Information.
4. Click **Create Account**.



#### ACCOUNT MANAGEMENT – STUDENTS

1. Log into your account.
2. Select **Manage Students** under **Manage Account**.
3. Enter student Last Name and Family or Student ID#.
4. Select **Add Student(s)**.
5. Repeat steps 2-4 to add additional students.



#### ACCOUNT MANAGEMENT - PAYMENT INFORMATION

1. Log into your Account
2. Select **Payment Methods** under **Payment Settings**.
3. Select **New Credit Card** or **New Direct Debit** to add new payment information.
4. After entering all required information, read Consent and select **Add** to save information to account.

#### MAKE A PAYMENT

1. Select type of payment you would like to make.
2. Select student.
3. Enter amount of payment.
4. Select **Begin Checkout**.
5. Choose payment method or enter new method.
6. Review items and total.
7. Select **Pay Now**.



<https://payments.efundsforschools.com/v3/districts/56736/>

# DORCHESTER HIGH SCHOOL

## 2024 2025

# LONGHORNS

### VARSITY FOOTBALL

Aug. 30	@ Sterling	7pm
Sept. 6	<b>Pawnee City</b>	<b>7pm</b>
Sept. 12	@ Heartland Lutheran	7pm
Sept. 20	Bye	
Sept. 27	<b>Harvard (Homecoming)</b>	<b>7:30pm</b>
Oct. 4	@ Silver Lake @ Bladen	7pm
Oct. 11	<b>Diller-Odell (Youth Day)</b>	<b>3pm</b>
Oct. 18	<b>Red Cloud (Parents/SrNight)</b>	<b>7pm</b>
Oct. 25	@ Meridian	7pm
Nov. 1	First Round Playoffs	TBD
Nov. 8	Quarterfinal Round	TBD
Nov. 15	Semifinal Round	TBD
Nov. 22	Finals @ UNK	TBD

### JR. VARSITY FOOTBALL

Sept. 16	@ Hampton	5:30pm
Sept. 23	@ Sterling	5:30pm
Sept. 30	<b>Meridian</b>	<b>5:30pm</b>
Oct. 7	@ Parkview Christian	5:30pm

### JR. HIGH FOOTBALL

Sept. 16	@ Hampton	4:30pm
Sept. 23	@ Sterling	4:30pm
Sept. 30	<b>Meridian</b>	<b>4:30pm</b>
Oct. 7	@ Parkview Christian	4:30pm
Oct. 11	<b>Diller-Odell</b>	<b>12:30pm</b>

### VARSITY VOLLEYBALL

Aug. 27	Wilber-Clatonia (Jamboree)	5:30pm
Aug. 29	East Butler	6/7pm
Sept. 5	Weeping Water	5/6pm
Sept. 6	<b>Pawnee City</b>	<b>4/5pm</b>
Sept. 10	@ College View Academy	5/6pm
Sept. 12	@ Hampton/Giltner	5/6pm
Sept. 17	<b>Cedar Bluffs / Nebraska Lutheran</b>	<b>5/7pm</b>
Sept. 24	<b>Osceola</b>	<b>6/7pm</b>
Sept. 26	@ High Plains/Shelby-RC	5/6pm
Sept. 28	@ NE Lutheran/Omaha Christian	10/11am
Sept. 30	<b>Meridian JV</b>	<b>5pm</b>
Oct. 1	@ Sterling	6/7pm
Oct. 3	<b>Diller-Odell/Meridian</b>	<b>5/7pm</b>
Oct. 4	@ Silver Lake @ Bladen	4/5pm
Oct. 8	<b>Twin River</b>	<b>5/6pm</b>
Oct. 10	@ Cross County	6/7pm
Oct. 12	<b>Booster Club JV Tournament</b>	<b>9am</b>
Oct. 14	<b>Parkview Christian (Parents/SrNight)</b>	<b>5/6pm</b>
Oct. 15	@ McCool Jct./BDS	6:30/7:30pm
Oct. 19-22	CRC Tournament @ York	TBD
Oct. 26	JV Tourney @ EMF (Friend)	TBD
Oct. 28-29	Subdistricts	TBD
Nov. 2	District Finals	TBD
Nov. 6-9	State Tournament @ Lincoln	TBD

### JR. HIGH VOLLEYBALL

Sept. 4	@ Meridian	1pm
Sept. 11	<b>Giltner-Harvard</b>	<b>3pm</b>
Sept. 19	@ Crete	4pm
Sept. 21	@ Friend Tournament	9am
Sept. 24	@ McCool Junction	1pm
Sept. 26	@ High Plains	2pm
Oct. 2	<b>BDS</b>	<b>1pm</b>
Oct. 5	<b>D-Club Tournament</b>	<b>9am</b>
Oct. 7	<b>Hampton</b>	<b>3pm</b>

### VARSITY GIRLS BASKETBALL

Dec. 5	@ Deshler	6pm
Dec. 6	<b>Meridian</b>	<b>6pm</b>
Dec. 10	@ High Plains	6pm
Dec. 13	@ BDS	6pm
Dec. 17	@ Harvard	6pm
Dec. 19	<b>Osceola</b>	<b>6pm</b>
Jan. 2	<b>Lewiston</b>	<b>4pm</b>
Jan. 4	@ Cedar Bluffs	3pm
Jan. 6	<b>Heartland Lutheran</b>	<b>6pm</b>
Jan. 9	<b>Sterling</b>	<b>6pm</b>
Jan. 16	<b>East Butler</b>	<b>6pm</b>
Jan. 17	@ Giltner	6pm
Jan. 21	<b>Cross County</b>	<b>6pm</b>
Jan. 23	@ Shelby-Rising City	6pm
Jan. 25-31	CRC Tournament @ York	TBD
Feb. 4	<b>College View Academy</b>	<b>5:30pm</b>
Feb. 6	@ Nebraska Lutheran	6pm
Feb. 7	<b>Twin River (Parents/SrNight)</b>	<b>6pm</b>
Feb. 11	@ Hampton	6pm
Feb. 14	@ McCool Junction	6pm
Feb. 17-18,20	Subdistricts	TBD
Feb. 28	Districts	TBD
Mar. 5-8	State @ Lincoln	TBD

### VARSITY BOYS BASKETBALL

Dec. 5	@ Deshler	7:30pm
Dec. 6	<b>Meridian</b>	<b>7:30pm</b>
Dec. 10	@ High Plains	7:30pm
Dec. 13	@ BDS	7:30pm
Dec. 17	@ Harvard	7:30pm
Dec. 19	<b>Osceola</b>	<b>7:30pm</b>
Jan. 2	<b>Lewiston</b>	<b>5:30pm</b>
Jan. 4	@ Cedar Bluffs	4:30pm
Jan. 6	<b>Heartland Lutheran</b>	<b>7:30pm</b>
Jan. 9	<b>Sterling</b>	<b>7:30pm</b>
Jan. 16	<b>East Butler</b>	<b>7:30pm</b>
Jan. 17	@ Giltner	7:30pm
Jan. 21	<b>Cross County</b>	<b>7:30pm</b>
Jan. 23	@ Shelby-Rising City	7:30pm
Jan. 25-31	CRC Tournament @ York	TBD
Feb. 4	<b>College View Academy</b>	<b>7pm</b>
Feb. 6	@ Nebraska Lutheran	7:30pm
Feb. 7	<b>Twin River (Parents/SrNight)</b>	<b>7:30pm</b>
Feb. 14	@ McCool Junction	7:30pm
Feb. 21	@ Hampton	6pm
Feb. 24-25,27	Subdistricts	TBD
Mar. 1	Districts	TBD
Mar. 12-15	State @ Lincoln	TBD

### JR. HIGH BASKETBALL

Dec. 4	<b>Meridian</b>	<b>12:45/2pm</b>
Dec. 7	<b>Dorchester Booster Club Tourney</b>	<b>9am</b>
Dec. 10	@ East Butler	1/2pm
Dec. 16	@ High Plains @ Clarks	4/5pm
Dec. 18	<b>Giltner-Harvard (Girls Only)</b>	<b>3pm</b>
Jan. 7,9,11	@ Bee Tournament (Boys Only)	TBD
Jan. 13	<b>McCool Junction</b>	<b>12:45/2pm</b>
Jan. 14,16,18	@ Bee Tournament (Girls Only)	TBD
Jan. 15	<b>BDS</b>	<b>12:45/2pm</b>
Jan. 20	@ Hampton	12:45/2pm
Jan. 22	<b>Giltner-Harvard (Boys Only)</b>	<b>3pm</b>
Feb. 1	@ Meridian Tourney	9am

### VARSITY BOYS WRESTLING

Dec. 5	<b>EMF/Meridian Dual (Parents Night)</b>	<b>6pm</b>
Dec. 7	@ Friend	9am
Dec. 14	@ Osceola	8:30am
Dec. 21	@ Johnson County Central	9:30am
Jan. 4	@ Fillmore Central	9am
Jan. 11	@ Malcolm	9am
Jan. 18	@ Cross County	10am
Jan. 24	@ Thayer Central	2pm
Jan. 31	@ Freeman	3pm
Feb. 1	@ Doniphan-Trumbull	9:30am
Feb. 6	CRC Invite @ East Butler	2pm
Feb. 14-15	District Tournament	TBD
Feb. 20-22	State Tournament @ Omaha	TBD

### VARSITY GIRLS WRESTLING

Dec. 5	<b>EMF/Meridian Dual (Parents Night)</b>	<b>6pm</b>
Dec. 6	@ Nebraska City	2pm
Dec. 14	@ Crete	9am
Dec. 20	@ Wahoo	1pm
Dec. 21	@ Johnson County Central	9:30am
Jan. 3	@ Fillmore Central	9am
Jan. 10	@ Malcolm	3pm
Jan. 14	@ Wahoo Dual	5pm
Jan. 18	@ Nebraska City	10am
Jan. 23	@ Thayer Central	2pm
Jan. 31	@ Raymond Central	2pm
Feb. 1	@ Doniphan-Trumbull	9:30am
Feb. 14-15	District Tournament	TBD
Feb. 18-19	State Tournament @ Omaha	TBD

### JR. HIGH WRESTLING

Nov. 11	@ Friend	4pm
Nov. 19	<b>Dorchester Invite</b>	<b>5pm</b>
Nov. 26	@ Fillmore Central	4:30pm
Dec. 3	@ Wilber-Clatonia	6pm
Dec. 9	@ Tri County	4:30pm

### VARSITY TRACK

Mar. 20	Doane Invite @ Crete	10am
Mar. 25	@ Thayer Central Invite	11am
Apr. 1	Turkey Creek Relays @ Friend	10am
Apr. 7	Mustang Invite @ Friend	10am
Apr. 17	Del Wicks Invite @ Deshler	10am
Apr. 22	Friend Invite @ Friend	10am
Apr. 28	@ McCool Junction	9am
May 3	CRC Meet @ Osceola	9am
May 8	@ McCool Junction	9:30am
May 14	District Meet	TBD
May 23-24	State Meet @ Omaha	TBD

### JR. HIGH TRACK

Apr. 2	Quad @ McCool Junction	12pm
Apr. 8	Meridian Invite @ McCool Jct.	9am
Apr. 10	Milford Invite @ Milford	10am
Apr. 14	<b>Dorchester Invite @ McCool Jct.</b>	<b>9am</b>
Apr. 17	Osceola Invite @ Osceola	9am
Apr. 24	Deshler Invite @ Deshler	9am
Apr. 28	Fairbury Invite @ Fairbury	11:30am
May 1	CRC Meet @ Cross County	9am
May 8	Relays @ McCool Junction	9:30am
May 17	State @ Gothenburg	TBD

Thanks to all of our fans! - Home Games in Bold -

**SCHOOL BUS ROUTES**  
**2024/2025**  
**Updated AUG 2024**

**ROUTE 1 (17 BUS) – Clint Zaptin**  
**BUS #402-587-0863 (Call or Text)**

**ROUTE 2 (19 BUS) – Jay Carlson**  
**BUS #918-344-0116 (Call or Text)**

TIME	STUDENTS	TIME	TIME	STUDENTS	TIME
6:35	Arrive/Depart School	3:45	7:00	Arrive/Depart School	3:45
PM	Yager	3:48	7:30	Tiny Treasures Daycare	3:48
PM	Elkins	3:52	PM	Pracheil	4:00
6:50	Sherwood	4:00	7:10	Roesler	AM
7:00	Whitney	4:05	7:15	Kohout	4:10
7:25	Kemerling/Svarc	4:35	7:20	Smith	4:03
7:30	Wanek's Center - Crete	4:45	PM	Bergmeyer (Washington)	3:55
7:40	Arrive at School (AM)		PM	Thalken	4:40
			PM	Sherman/Vavra	
			PM	Easley	4:45
			PM	Steuk	4:25
			PM	Shaw	4:15
			PM	Church	3:51
			7:45	Arrive at School (AM)	
	<b>All times are approximate</b>				

Parents: Please note that those students marked with PM are only planned to be dropped off after school and not picked up. If there are any changes please notify us as soon as you can and we will make the necessary adjustments. You may also call the driver any time to request changes or make notifications. This schedule will be for the entire school year.

**BACKUP DRIVER**

**Deanna Bird - #826-9275**



# FALL PHOTO DAYS ARE COMING!

DS | DIGITAL SOLUTIONS

## ORIGINAL PICTURE DAY

GET READY TO BE PHOTOGRAPHED ON  
PREPARATE PARA SER FOTOGRAFIADO EN

September 5, 2024

WE WILL BE AT,  
ESTAREMOS EN,

Dorchester Public Schools

## MAKE-UP PICTURE DAY

GET READY TO BE PHOTOGRAPHED ON  
PREPARATE PARA SER FOTOGRAFIADO EN

October 23, 2024



## SMILE! IT'S YOUR BEST LOOK!

Questions? Please Contact us at (402) 844-0004  
PREGUNTAS? POR FAVOR CONTACTENOS EN or Visit o visite DSSCHOOLS.COM

## WHAT COMES AFTER PHOTO DAY?

YOU WILL RECEIVE A PROOF FLYER WITH YOUR STUDENT'S PERSONALIZED GALLERY!  
¡RECIBIRÁS UN VOLANTE DE PRUEBA CON LA GALERÍA PERSONALIZADA DE TU ESTUDIANTE!

For the most accurate information on your photo date, please visit the link.

Para el más preciso información sobre la fecha de tu foto, por favor visite el enlace.

[DSSchools.com](https://www.DSSchools.com)

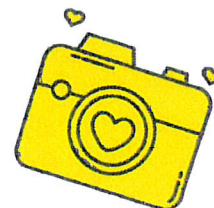
CHOOSE FROM A VARIETY OF BACKGROUNDS  
ELIJA ENTRE UNA VARIEDAD DE FONDOS



PLEASE NOTE: Photos will be taken on a BLUE BACKGROUND. Please refrain from wearing any Blue on photo day.  
TENGA EN CUENTA: Las fotos se tomarán sobre un FONDO AZUL. Por favor, absténgase de usar cualquier color azul el día de la fotografía.



DS | DIGITAL SOLUTIONS



**DORCHESTER PUBLIC SCHOOL  
JUNIOR HIGH & HIGH SCHOOL SUPPLY LIST  
FOR THE 2024-2025 SCHOOL YEAR**

**Spanish I & 2**

3-Ring Binder (2")  
Paper  
Pencils  
Pens  
Index cards (200)  
Box of Kleenex

**7-12 Computers &**

**Business**

Headphones/earbuds  
Pencils & Erasers  
Calculator & Folder  
(Accounting)  
Box of Kleenex

**Resource**

3-Ring Binder (One for each  
resource class)  
Looseleaf Paper  
Pencil Bag  
Highlighters  
Pencils  
Pens  
Calculator (Resource Math)  
Box of Kleenex

**High School English**

Pencils & Pens  
Highlighters  
3-Ring Binder  
Lined Paper

**Speech**

Note Cards  
Pencils & Pens  
Notebook  
Highlighters

**Jr. High Lang Arts/Social  
Studies, Journalism**

Pen  
Pencil  
Highlighter  
Box of Kleenex  
Notebook for English  
Notebook for Social Studies

**Jr. High Math & Science**

2 Notebooks  
Pencils  
Pens  
Box of Kleenex

**High School Science  
Classes**

Non Scientific Calculator  
(for Physical Science,  
Biology, General Science, &  
Chemistry)  
Scientific Calculator  
(for Physics)  
Pencils/Pens  
Notebook  
Box of Kleenex

**ART**

Box of kleenex  
Pencils w erasers

**PE**

Pens  
Pencils  
Notebooks  
Folders  
Appropriate Gym Clothing  
Gym Shoes (Must be  
different from school shoes)

**High School Social  
Studies**

Pen & Pencils  
3-Ring Binder with Paper  
Folder  
Box of Kleenex

**High School Math**

Pencils  
Notebooks or Paper  
Scientific Calculator\*(Will be  
used in all math classes)  
Folder or 3-Ring Binder  
Box of Kleenex

**Jr. High Study Skills &  
Health**

1.5 inch 3-Ring Binder  
Dividers  
Notebook  
4x5 Note Cards  
Pencils & Pens  
Highlighter  
Kleenex

**Jr. High Guidance**

Pen & Pencil  
Highlighter  
Pocket folder



# DORCHESTER PUBLIC SCHOOL

## ELEMENTARY SUPPLY LIST FOR THE 2024-2025 SCHOOL YEAR

BE SURE TO PUT NAMES ON ALL ITEMS YOU CAN!

ALL CHILDREN WILL NEED TENNIS SHOES FOR P.E. (WILL BE LEFT AT SCHOOL AND ONLY WORN FOR P.E.)

### KINDERGARTEN

- 2 BOX (8 CT.) REG. CRAYOLA CRAYONS
- 2 BOX OF 175 CT. KLEENEX
- 4 EXPO DRY ERASE MARKERS
  
- LARGE BOOK BAG
- 2 BOXES CRACKERS OR CEREAL FOR SNACK
- WATER BOTTLE
- VELCRO/SLIP-ON PE SHOES
- 2 CONTAINERS OF DISINFECTING
- CLOROX WIPES
- 1 RED FOLDER
- #2 PENCILS (10-15)
- SCISSORS
- \*NO PENCIL BOX NEEDED\*

### FIRST GRADE

*(only certain items below need student's name labeled)*

- PLASTIC PENCIL BOX (label with name)
- BOOK BAG
- WATER BOTTLE (label with name)
- VELCRO/SLIP-ON PE SHOES
- 1 LARGE BOX OF KLEENEX
- 1 CONTAINER CLOROX WIPES
- 1 LARGE HAND SANITIZER (with pump)
- 24 #2 SHARPENED PENCILS
- 1 BOX (24 CT) COLORED PENCILS (label with name)
- 1 BOX (24 CT.) CRAYONS (label with name)
- 1 BOX OF WASHABLE MARKERS (label with name)
- 2 LARGE PINK ERASERS
- 5 BLACK DRY ERASE MARKERS
- 4 POCKET FOLDERS (1 BLUE, 1 RED, 1 GREEN, 1 YELLOW)
- 8 ELMER'S PURPLE GLUE STICKS
- 2 CONTAINERS PLAY-DOH
- 2 Boxes/Bags of Crackers, Pretzels, or Cookies for snack

### SECOND GRADE

- BOOK BAG
- 2 BOXES OF 175 CT. KLEENEX
- 1 BOX 24 CT. CRAYONS
- 1 BOX COLOR PENCILS
- 1 LARGE GLUE STICK
- 10 #2 PENCILS (MORE AS NEEDED)
- 2 LARGE ERASERS
- SCISSORS
- PENCIL BOX
- 4 POCKET FOLDERS (1 RED, 1 YELLOW, 1 BLUE, & 1 GREEN)
- 1 SPIRAL NOTEBOOK
- 2 DRY ERASE EXPO MARKERS
- DRY MARKER ERASER OR OLD SOCK

### THIRD GRADE

- #2 PENCILS (10-15)
- 1 SPIRAL NOTEBOOK (70 CT. WIDE RULED)
- 2 DRY ERASE MARKERS
- 2 BOXES OF KLEENEX
- BOOK BAG
- 1 BOX 24 CT. CRAYONS
- 4 POCKET FOLDERS OF DIFFERENT COLORS
- 1 GLUE STICK
- COLORED PENCILS
- PENCIL BOX

### FOURTH GRADE

- BOOK BAG
- WATER BOTTLE (optional)
- 4 POCKET FOLDERS (different colors)
- PENCILS & ERASERS (sharpened/extra lead if mechanical)
- SOFT PENCIL BAG
- HIGHLIGHTER
- 2 PENS (not black)
- 2 DRY ERASE MARKERS
- 2 BOXES OF KLEENEX
- NOTEBOOK for SCIENCE
- DRY ERASE MARKERS & ERASER FOR MATH

### FIFTH GRADE

- 3 BOXES OF KLEENEX
- 2 WIRELESS NOTEBOOKS
- 2 DRY ERASE MARKERS
- PENCILS & ERASERS
- 2 POCKET FOLDERS
- 1 HIGHLIGHTER
- FOLDER FOR SOCIAL STUDIES
- DRY ERASE MARKERS & ERASER FOR MATH

### SIXTH GRADE

- SOFT PENCIL CASE
- PENCILS & ERASERS (extra lead if mechanical)
- HIGHLIGHTERS
- WIRELESS NOTEBOOK FOR MATH
- Two - 1" BINDERS FOR MATH/READING
- LOOSE LEAF PAPER FOR MATH/READING
- DRY ERASE MARKERS & ERASER FOR MATH
- FOLDER FOR SOCIAL STUDIES
- 4 INK PENS (BLUE, BLACK, & 2 OTHER COLORS)
- 2 BOXES OF KLEENEX

### K-6 ART

- GLUE STICK
- PENCILS & ERASERS
- PAINT SHIRT

DORCHESTER'S PTO WILL SUPPLY THE FOLLOWING ITEMS FOR THE STUDENTS:

K-2 - ONE TAKE HOME FOLDER

3-6 - ONE STUDENT PLANNER\*

\*IF STUDENT LOSES THE FIRST PLANNER, THE PARENT WILL BE ASKED TO PROVIDE THE SECOND ONE!

## Dorchester Public Schools

July 1<sup>st</sup>, 2024

Dear Parent/Guardian:

Children need healthy meals to learn. **Dorchester Public School** offers healthy meals every school day. Breakfast costs **\$1.75 K-6/\$1.85 7-12**; lunch costs **\$2.60 K-6/\$2.85 7-12**. **Your children may qualify for free or reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **September 30<sup>th</sup>, 2024** in order to avoid an interruption in meal benefits.

This packet includes an application for free or reduced price meal benefits and a set of detailed instructions. Applicants who qualify for free or reduced price meals also qualify to receive Summer EBT, which provides \$120 in grocery funds on an EBT card mailed to the household during summer break. Below are some common questions and answers to help you with the application process.

### 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Jake Wiese, Principal**.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Dorchester Public School**.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Dorchester Public School** immediately.

5. CAN I APPLY ONLINE? You are encouraged to complete an online application instead of a paper application *if* your school district makes this option available. The online application has the same requirements and will ask you for the same information as the paper application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school

year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Dorchester Public School**.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Dorchester Public School** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, please go online to [ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov) or call 1-800-383-4278.

If you have other questions or need help, call **402-946-2781**.

Sincerely,

**Dorchester Public Schools**

### Instructions for Completing the Free & Reduced Price School Meals Family Application

**For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

- Part 1:** List each child's name, the school they attend and their grade.  
**Part 2:** Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.  
**Part 3:** Skip this part.  
**Part 4:** Complete this part. An adult must sign the form.  
**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**For households with FOSTER, HOMELESS, MIGRANT or RUNAWAY CHILDREN, follow these instructions:**

**If all children in the household are foster children:**

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Complete this part. An adult must sign the form.  
**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**If some of the children in the household are foster children or are homeless, migrant or runaway children:**

- Part 1:** List all children, the school they attend and their grade. Check the appropriate box.  
**Part 2:** If the household does not have a Master Case Number, skip this part.  
**Part 3:** Follow these instructions to report total household income from last month.  
**Column 1 – Household Members:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.  
**Column 2 - Gross Income and How Often it was Received:** Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

**Earnings from Work** includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

**Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

**Public Assistance/Child Support/Alimony** includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

**Pensions/Retirement/All Other Income** includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.

**Household Size:** Enter the total number of people in your household.

**Social Security Number:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**Please note:** Children who meet the definition of homeless, migrant or runaway, are eligible for free meals. However, the school district must have documentation on file from a migrant coordinator, homeless/runaway liaison or the district's Direct Certification list to approve the child for free meals.

**For ALL other households, follow these instructions:**

**Part 1:** List all children, the school they attend and their grade.

**Part 2:** If the household does not have a Master Case Number, skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column 1 – Household Members:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

**Column 2 - Gross Income and How Often it was Received:** Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

**Earnings from Work** includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

**Do not include income** from SNAP, FDIPIR, WIC, Federal education benefits and foster care payments.

**Public Assistance/Child Support/Alimony** includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

**Pensions/Retirement/All Other Income** includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.

**Household Size:** Enter the total number of people in your household.

**Social Security Number:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

Return Completed Application to: \_\_\_\_\_ (Insert School Name & Mailing Address here)

**Part 1: Children in School**

List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Foster Child Homeless, Migrant, Runaway	
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDIPIR:   
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income – You must tell us how much and how often.**

<b>1. Household Members</b> List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's <b>personal</b> use income must be listed.	<b>2. Gross Income (before taxes) and How Often it was Received</b>					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often
Total Number of Household Members: (Children and Adults) _____	Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____				Check if no SSN <input type="checkbox"/>	

**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable State and Federal laws."

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address (if available): \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Part 5: Children's Ethnic and Racial Identities – Optional**

**Check one Ethnic Identity:** – and – **Check one or more Racial Identities:**

Hispanic or Latino       Asian       Black or African American       Native Hawaiian or other Pacific Islander  
 Not Hispanic or Latino       White       American Indian or Alaskan Native

**Do Not Fill Out the Section Below - For School Use Only**

Annual Income Conversion:      Weekly X 52;      Every 2 weeks X 26;      Twice a month X 24;      Monthly X 12

Total Household Size: \_\_\_\_\_

Total Income: \_\_\_\_\_ per \_\_\_\_\_

Year     Month     2 X Mo     Every 2 Wks     Week

<input type="checkbox"/> Free Income <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)	<input type="checkbox"/> Reduced Income <input type="checkbox"/> Denied Reason for denial: <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete application
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Signature of Determining Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_

<b>FOR THE VERIFICATION PROCESS ONLY:</b>		Date Withdrawn From School: _____
Signature of Confirming Official: _____	Date Confirmed: _____	
Signature of Verifying Official: _____	Date Verified: _____	

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART for School Year 2024-25					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each additional person:	9,509	830	415	383	192

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (833) 256-1665 or (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## Dorchester Public School

1 de julio de 2024

Estimado padre/madre/tutor:

Los niños necesitan comer saludablemente para aprender. **Dorchester Public School** ofrece comidas saludables todos los días escolares. El costo del desayuno es de **\$1.75 K-6/\$1.85 7-12**; el costo del almuerzo es de **\$2.60 K-6/\$2.85 7-12**. **Es posible que sus hijos califiquen para aprovechar comidas gratuitas o a un precio reducido.** El precio reducido del desayuno es de **\$.30** y el del almuerzo es de **\$.40**. Si sus hijos califican para aprovechar comidas gratuitas o a un precio reducido al final del último año escolar, usted debe presentar una nueva solicitud antes del **30 de septiembre de 2024** para evitar la interrupción de los beneficios de comidas.

Este paquete incluye una solicitud de beneficios de comidas gratuitas o a un precio reducido y una serie de instrucciones detalladas. Los solicitantes que califican para recibir comidas gratuitas o a precio reducido también califican para recibir Summer EBT, que proporciona \$120 en fondos para comestibles en una tarjeta EBT enviada por correo al hogar durante las vacaciones de verano. A continuación, se presentan algunas preguntas y respuestas comunes que le ayudarán con el proceso de solicitud.

### 1. ¿QUIÉN PUEDE CONSEGUIR COMIDAS GRATUITAS O A UN PRECIO REDUCIDO?

- Todos los niños que vivan en hogares que reciban beneficios del Programa de Asistencia Nutricional Suplementaria (Supplemental Nutrition Assistance Program, SNAP), del Programa de Asistencia Temporal para Familias Necesitadas (Temporary Assistance for Needy Families, TANF) o del Programa de Distribución de Alimentos en Reservaciones Indígenas (Food Distribution Program on Indian Reservations, FDPIR) son elegibles para recibir comidas gratuitas.
- Los niños en custodia que se encuentran bajo la responsabilidad legal de una agencia de acogida o de un tribunal son elegibles para recibir comidas gratuitas.
- Los niños que participen en el programa Head Start de su escuela son elegibles para recibir comidas gratuitas.
- Los niños que cumplan con la definición de desamparados, fugitivos o inmigrantes son elegibles para recibir comidas gratuitas.
- Es posible que los niños reciban comidas gratuitas o a un precio reducido si el ingreso familiar se encuentra dentro de los límites establecidos en las pautas federales de cumplimiento de requisitos de ingresos (Federal Income Eligibility Guidelines). Es posible que sus hijos califiquen para recibir comidas gratuitas o a un precio reducido si su ingreso familiar se encuentra en el límite o debajo de los límites que se detallan en dicho cuadro.

### 2. ¿CÓMO SÉ SI MI HIJO CALIFICA COMO DESAMPARADO, INMIGRANTE O FUGITIVO? ¿Los miembros de su hogar no tienen una dirección permanente? ¿Se alojan en un refugio, hotel u otro tipo de alojamiento transitorio? ¿Su familia se traslada dependiendo de la temporada? ¿Viven niños con usted que han elegido dejar sus familias u hogares anteriores? Si considera que los niños de su familia cumplen con estas descripciones y no le han informado que recibirán comidas gratuitas, llame o envíe un correo electrónico a **Jake Wiese, Principal**.

### 3. ¿DEBO COMPLETAR UNA SOLICITUD POR CADA NIÑO? No. *Utilice una Solicitud de comidas escolares gratuitas o a precio reducido para todos los estudiantes de su familia.* No podemos aprobar una solicitud que no esté completa. Por ello, asegúrese de completar toda la información solicitada. Envíe la solicitud completa a la siguiente dirección: **Dorchester Public School**.

### 4. ¿DEBO COMPLETAR UNA SOLICITUD SI RECIBÍ UNA CARTA ESTE AÑO ESCOLAR EN LA QUE DECÍA QUE MIS HIJOS YA FUERON APROBADOS PARA RECIBIR COMIDAS GRATUITAS? No, pero lea la carta que recibió atentamente y siga las instrucciones. Si en la notificación de elegibilidad falta algún niño de su familia, comuníquese con **Dorchester Public School** de inmediato.



5. ¿PUEDO REALIZAR LA SOLICITUD POR INTERNET? Le alentamos a que complete la solicitud en línea en lugar de hacerlo por escrito si su distrito escolar cuenta con esta opción disponible. La solicitud en línea tiene los mismos requisitos y se le solicitará la misma información que en la solicitud impresa.
6. LA SOLICITUD DE MI HIJO FUE APROBADA EL AÑO ANTERIOR. ¿DEBO COMPLETAR UNA NUEVA? Sí. La solicitud de su hijo solamente es válida para el pasado año escolar y para los primeros días de este año escolar. Debe enviar una nueva solicitud, excepto que la escuela le informe que su hijo es elegible para el nuevo año escolar. Si no envía una nueva solicitud aprobada por la escuela o si aún no ha recibido una notificación acerca de si su hijo es elegible para comidas gratuitas, su hijo deberá pagar el precio total de las comidas.
7. PARTICIPO EN EL PROGRAMA PARA MUJERES, BEBÉS Y NIÑOS (WOMEN, INFANTS AND CHILDREN, WIC). ¿MIS HIJOS PUEDEN RECIBIR COMIDAS GRATUITAS? Los niños que viven en hogares que participan en el programa WIC pueden ser elegibles para recibir comidas gratuitas o a un precio reducido. Envíe una solicitud.
8. ¿SE COMPROBARÁ LA INFORMACIÓN QUE ENVÍE? Sí. Es posible que también le solicitemos un comprobante escrito del ingreso familiar que informe.
9. SI NO CALIFICO AHORA, ¿PUEDO ENVIAR LA SOLICITUD MÁS ADELANTE? Sí, puede enviar la solicitud en cualquier momento del año escolar. Por ejemplo, los niños que tengan un padre, madre o tutor que quede desempleado pueden volverse elegibles para recibir comidas gratuitas y a un precio reducido si el ingreso familiar queda debajo del límite de ingresos.
10. ¿QUÉ SUCEDE SI NO ESTOY DE ACUERDO CON LA DECISIÓN DE LA ESCUELA CON RESPECTO A MI SOLICITUD? Debe hablar con los funcionarios escolares. También puede solicitar una audiencia llamando o escribiendo al siguiente contacto: **Dorchester Public School**.
11. ¿PUEDO PRESENTAR UNA SOLICITUD SI ALGÚN INTEGRANTE DE MI FAMILIA NO ES CIUDADANO ESTADOUNIDENSE? Sí. No es necesario que usted, sus hijos u otros miembros de su familia sean ciudadanos estadounidenses para solicitar comidas gratuitas o a un precio reducido.
12. ¿QUÉ SUCEDE SI MI INGRESO NO SIEMPRE ES EL MISMO? Indique la cantidad que normalmente cobra. Por ejemplo, si normalmente cobra \$1000 por mes, pero el mes pasado perdió algunos trabajos y solo ganó \$900, indique que gana \$1000 por mes. Si normalmente recibe pago por horas extras, inclúyalo, pero no lo incluya si trabaja horas extras solo de vez en cuando. Si se quedó sin trabajo o le redujeron las horas o el salario, indique su ingreso actual.
13. ¿QUÉ SUCEDE SI ALGUNOS DE LOS MIEMBROS DE LA FAMILIA NO TIENEN INGRESOS PARA INFORMAR? Le solicitamos que en la solicitud informe si hay miembros de la familia que no reciben ciertos tipos de ingreso o que no reciben ningún ingreso. En este caso, escriba 0 en el campo. Sin embargo, si alguno de los campos de ingresos queda vacío o en blanco, esos también se considerarán ceros. Tenga cuidado cuando deje campos de ingresos en blanco, ya que asumiremos que fue su intención hacerlo.
14. PERTENECEMOS AL SERVICIO MILITAR, ¿INFORMAMOS NUESTROS INGRESOS DE MANERA DIFERENTE? El sueldo básico y las bonificaciones en efectivo deben informarse como ingresos. Si recibe alguna asignación en efectivo para vivienda fuera de la base, alimentos o vestimenta, también debe incluirlos como ingresos. Sin embargo, si su vivienda forma parte de la Iniciativa de Privatización de Viviendas para Militares, no incluya su asignación para vivienda como ingreso. Cualquier otro pago adicional por combate que resulte de un despliegue tampoco debe incluirse como ingreso.
15. ¿QUÉ SUCEDE SI NO HAY ESPACIO SUFICIENTE EN LA SOLICITUD PARA TODOS LOS INTEGRANTES DE MI FAMILIA? Incluya a los miembros adicionales de su familia en una hoja separada y adjúntela a su solicitud. Comuníquese con **Dorchester Public School** para recibir una segunda solicitud.
16. MI FAMILIA NECESITA MÁS AYUDA. ¿HAY OTROS PROGRAMAS EN LOS QUE PODRÍAMOS INSCRIBIRNOS? Para obtener información acerca de cómo enviar una solicitud para el SNAP u otros beneficios de asistencia, ingrese a [ACCESSNebraska.ne.gov](https://ACCESSNebraska.ne.gov) o llame al 1-800-383-4278.

Si tiene otras preguntas o necesita ayuda, comuníquese al **402-946-2781**.

Atentamente,

**Dorchester Public School**

## Instrucciones para completar la Solicitud familiar de comidas escolares gratuitas o a precio reducido

**Si su familia recibe beneficios del Programa de Asistencia Nutricional Suplementaria (Supplemental Nutrition Assistance Program, SNAP), del Programa de Asistencia Temporal para Familias Necesitadas (Temporary Assistance for Needy Families, TANF) o del Programa de Distribución de Alimentos en Reservaciones Indígenas (Food Distribution Program on Indian Reservations, FDIPIR), siga las siguientes instrucciones:**

- Parte 1:** Indique el nombre de cada niño, la escuela a la que asiste y el grado en el que se encuentra.
- Parte 2:** Indique el número de caso maestro (Master Case Number) en caso de que su familia califique para los programas SNAP, TANF o FDIPIR.
- Parte 3:** Omite esta parte.
- Parte 4:** Complete esta parte. Un adulto debe firmar el formulario.
- Parte 5:** Esta parte es opcional y no afecta la elegibilidad de su hijo para recibir comidas gratuitas o a precio reducido. Si no selecciona la raza o etnicidad, se puede seleccionar según la observación visual.

**En el caso de las familias con NIÑOS EN CUSTODIA, DESAMPARADOS, INMIGRANTES O FUGITIVOS siga las siguientes instrucciones:**

**Si todos los niños de la familia son niños en custodia:**

- Parte 1:** Indique el nombre de todos los niños en custodia, la escuela a la que asisten y el grado en el que se encuentran. Marque la casilla que indica que el niño es un niño en custodia.
- Parte 2:** Omite esta parte.
- Parte 3:** Omite esta parte.
- Parte 4:** Complete esta parte. Un adulto debe firmar el formulario.
- Parte 5:** Esta parte es opcional y no afecta la elegibilidad de su hijo para recibir comidas gratuitas o a precio reducido. Si no selecciona la raza o etnicidad, se puede seleccionar según la observación visual.

**Si algunos de los niños de la familia son niños en custodia o desamparados, inmigrantes o fugitivos:**

- Parte 1:** Indique el nombre de todos los niños, incluidos los niños en custodia, la escuela a la que asisten y el grado en el que se encuentran. Marque la casilla correspondiente si el niño es un niño en custodia.
- Parte 2:** Si la familia no tiene un número de caso maestro (Master Case Number), omite esta parte.
- Parte 3:** Siga estas instrucciones para informar el ingreso familiar total del último mes.
- Columna 1. Miembros de la familia:** escriba el nombre y apellido de cada persona que vive en su hogar, ya sea pariente o no (como abuelos, otros parientes, amigos), y con quienes comparte el ingreso y los gastos. Adjunte otra hoja si fuera necesario.
- Columna 2. Ingresos brutos y frecuencia:** El ingreso bruto es lo que gana **antes de los impuestos y demás deducciones**; no es el sueldo neto. Por cada miembro de la familia, indique el tipo de ingreso recibido al mes. También debe informar la frecuencia con la cual se recibe el dinero: semanalmente, cada dos semanas, dos veces al mes, mensualmente.

**Las Ganancias de trabajo incluyen lo siguiente:**

- Salarios, sueldos y bonificaciones en efectivo
- Ingreso neto de actividad independiente (agrícola o comercial)

Si usted pertenece al servicio militar de los Estados Unidos, incluya lo siguiente:

- El sueldo básico y las bonificaciones en efectivo (no incluya los pagos por combate, los pagos de Asignación Suplementaria de Subsistencia Familiar [Family Subsistence Supplemental Allowance, FSSA] ni las asignaciones de privatización de viviendas)
- Asignaciones para vivienda fuera de la base, alimentos y vestimenta

**No incluya ingresos** del Programa de Asistencia Nutricional Suplementaria (Supplemental Nutrition Assistance Program, SNAP), del Programa de Distribución de Alimentos en Reservaciones Indígenas (Food Distribution Program on Indian Reservations, FDIPIR), del Programa para Mujeres, Bebés y Niños (Women, Infants and Children, WIC), los beneficios federales para la educación ni los pagos para cuidado de niños en custodia.

**Asistencia pública/Manutención de menores/Pensión alimenticia** incluye lo siguiente:

- Subsidios por desempleo, indemnización laboral
- Seguridad de ingreso suplementario (Supplemental Security Income, SSI), asistencia en efectivo del gobierno estatal o local
- Beneficios para veteranos, indemnización por huelga
- Manutención de menores, pensión alimentaria

**Pensiones/Jubilación/Todos los demás ingresos** incluyen lo siguiente:

- Pagos del Seguro Social (incluida la jubilación ferroviaria y los beneficios por enfermedad de pulmón negro)
- Pensiones privadas o beneficios por discapacidad
- Ingresos regulares de fideicomisos o patrimonios, anualidades, ingreso por inversiones, intereses devengados, ingreso de rentas y pagos regulares en efectivo que recibe fuera de la familia.

Si no tiene ningún ingreso, escriba el número "0", o bien, deje el campo del ingreso en blanco. Si hace esto, usted certifica que no hay ningún ingreso que informar.

**Cantidad de integrantes de la familia:** Ingrese el número de integrantes de su familia.

**Número de Seguro Social:** El adulto que firme el formulario debe indicar los últimos cuatro dígitos de su Número de Seguro Social (Social Security Number, SSN) o marcar el casillero a la derecha denominado "Marcar si no tiene SSN".

**Parte 4:** Complete esta parte. Un adulto debe firmar el formulario.

**Parte 5:** Esta parte es opcional y no afecta la elegibilidad de su hijo para recibir comidas gratuitas o a precio reducido. Si no selecciona la raza o etnicidad, se puede seleccionar según la observación visual.

**NOTA:** Los niños que cumplen la definición de desamparados, inmigrantes o fugitivos, son elegibles para recibir comidas gratuitas. Sin embargo, el distrito escolar debe tener la documentación archivada de un coordinador de inmigrantes, un contacto con personas desamparados/fugitivos o la lista de Certificación Directa del distrito para aprobar al niño para recibir comidas gratuitas.

**TODAS las demás familias deben seguir las siguientes instrucciones:**

**Parte 1:** Indique el nombre de todos los niños, la escuela a la que asisten y el grado en el que se encuentran.

**Parte 2:** Si la familia no tiene un número de caso maestro (Master Case Number), omita esta parte.

**Parte 3:** Siga estas instrucciones para informar el ingreso familiar total del último mes.

**Columna 1. Miembros de la familia:** escriba el nombre y apellido de **cada** persona que vive en su hogar, ya sea pariente o no (como abuelos, otros parientes, amigos), y con quienes comparte el ingreso y los gastos. Adjunte otra hoja si fuera necesario.

**Columna 2. Ingresos brutos y frecuencia:** El ingreso bruto es lo que gana **antes de los impuestos y demás deducciones**; no es el sueldo neto. Por cada miembro de la familia, indique el tipo de ingreso recibido al mes. También debe informar la frecuencia con la cual se recibe el dinero: semanalmente, cada dos semanas, dos veces al mes, mensualmente.

**Las Ganancias de trabajo** incluyen lo siguiente:

- Salarios, sueldos y bonificaciones en efectivo
- Ingreso neto de actividad independiente (agrícola o comercial)

Si usted pertenece al servicio militar de los Estados Unidos, incluya lo siguiente:

- El sueldo básico y las bonificaciones en efectivo (no incluya los pagos por combate, los pagos de Asignación Suplementaria de Subsistencia Familiar [Family Subsistence Supplemental Allowance, FSSA] ni las asignaciones de privatización de viviendas)
- Asignaciones para vivienda fuera de la base, alimentos y vestimenta

**No incluya ingresos** del Programa de Asistencia Nutricional Suplementaria (Supplemental Nutrition Assistance Program, SNAP), del Programa de Distribución de Alimentos en Reservaciones Indígenas (Food Distribution Program on Indian Reservations, FDPIR), del Programa para Mujeres, Bebés y Niños (Women, Infants and Children, WIC), los beneficios federales para la educación ni los pagos para cuidado de niños en custodia.

**Asistencia pública/Manutención de menores/Pensión alimenticia** incluye lo siguiente:

- Subsidios por desempleo, indemnización laboral
- Seguridad de ingreso suplementario (Supplemental Security Income, SSI), asistencia en efectivo del gobierno estatal o local
- Beneficios para veteranos, indemnización por huelga
- Manutención de menores, pensión alimentaria

**Pensiones/Jubilación/Todos los demás ingresos** incluyen lo siguiente:

- Pagos del Seguro Social (incluida la jubilación ferroviaria y los beneficios por enfermedad de pulmón negro)
- Pensiones privadas o beneficios por discapacidad
- Ingresos regulares de fideicomisos o patrimonios, anualidades, ingreso por inversiones, intereses devengados, ingreso de rentas y *pagos* regulares en efectivo que recibe fuera de la familia.

Si no tiene ningún ingreso, escriba el número "0", o bien, deje el campo del ingreso en blanco. Si hace esto, usted certifica que no hay ningún ingreso que informar.

**Cantidad de integrantes de la familia:** Ingrese el número de integrantes de su familia.

**Número de Seguro Social:** El adulto que firme el formulario debe indicar los últimos cuatro dígitos de su Número de Seguro Social (Social Security Number, SSN) o marcar el casillero a la derecha denominado "Marcar si no tiene SSN".

**Parte 4:** Complete esta parte. Un adulto debe firmar el formulario.

**Parte 5:** Esta parte es opcional y no afecta la elegibilidad de su hijo para recibir comidas gratuitas o a precio reducido. Si no selecciona la raza o etnicidad, se puede seleccionar según la observación visual.

Devuelva la solicitud completada a: *(Escriba el nombre de la escuela, dirección postal aquí)*

**Parte 1: Niños que asisten a la escuela**

Indique el nombre de todos los niños que asisten a la escuela (primer nombre, inicial del segundo, apellido). Si todos los niños nombrados son niños en custodia, salte a la Parte 4 para firmar el formulario. Si algunos de los niños son niños en custodia o sin hogar, migrantes o refugiados, complete todos los pasos de la solicitud.

Grado	Nombre de la escuela a la que el niño asiste	Marque todas las que correspondan	
		Niño en custodia	Niño sin hogar, migrante o refugiado
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Parte 2: Programas de asistencia: Beneficios de Programa de Asistencia Nutricional Suplementaria (Supplemental Nutrition Assistance Program, SNAP), del Programa de Asistencia Temporal para Familias Necesitadas (Temporary Assistance for Needy Families, TANF) o del Programa de Distribución de Alimentos en Reservaciones Indígenas (Food Distribution Program on Indian Reservations, FDPIR)**

Indique el NÚMERO DE CASO MAESTRO (Master Case Number) en caso de que la familia califique para los programas SNAP, TANF o FDPIR: (No se aceptan número de Seguro Social, número de Medicaid ni número de transferencia electrónica de beneficios [Electronic Benefit Transfer, EBT]). Pase a la Parte 4.

**Parte 3: Ingresos brutos totales de la familia (Debe informar el monto y la frecuencia)**

1. Miembros de la familia Indique el nombre de todos los miembros de la familia, el ingreso actual de cada uno en dólares, en números redondos (sin centavos) y la frecuencia con la que lo recibe. Ingresar "0" o dejar el campo de ingreso en blanco certifica que no existe ningún ingreso para informar. Debe incluirse el ingreso para uso personal del niño en custodia.	2. Ingreso bruto (sin impuestos) y frecuencia con la que se recibió					
	Ganancias de trabajo antes de las deducciones		Asistencia pública, manutención de menores, pensión alimenticia		Pensiones, jubilación y demás ingresos	
	Ingreso	Frecuencia	Ingreso	Frecuencia	Ingreso	Frecuencia
Número total de miembros de la familia: (Niños y adultos)	Últimos cuatro dígitos del Número de Seguro Social (Social Security Number, SSN) del adulto que firma este formulario: XXX - XXX - _____			Marque esta opción si no hay SSN <input type="checkbox"/>		

**Parte 4: Firma del adulto e información de contacto - Un miembro adulto de la familia debe firmar la solicitud.**

"Certifico (prometo) que toda la información de esta solicitud es verdadera y que se han informado todos los ingresos. Comprendo que esta información se proporciona en relación con la recepción de fondos federales y que los funcionarios escolares pueden verificar (comprobar) la información. Comprendo que si proporciono información falsa de manera intencional, mis hijos podrían perder los beneficios de comidas, y yo podría ser procesado en virtud de las leyes estatales y federales vigentes".

Firme aquí: \_\_\_\_\_ Nombre en letra de imprenta: \_\_\_\_\_ Fecha: \_\_\_\_\_

Dirección (si está disponible): \_\_\_\_\_ Código postal: \_\_\_\_\_ Teléfono durante el día: \_\_\_\_\_

**Parte 5: Identidades étnicas y raciales de los niños (opcional)**

**Marcar una identidad étnica:** - y - **Marcar una o más identidades raciales:**

Hispánico o latino  Asiático  Negro o afroamericano  Nativo de Hawái u otra Isla del Pacífico

No hispano ni latino  Blanco  Indio americano o nativo de Alaska

**No complete la sección siguiente (Para uso escolar solamente)**

Conversión del ingreso anual: Semanal X 52 Cada 2 semanas X 26 Dos veces al mes X 24 Mensual X 12

Cantidad total de integrantes de la familia: \_\_\_\_\_

Ingreso total: \_\_\_\_\_ por

Año  Mes  Dos veces al mes  Cada dos semanas  Semana

Gratuitas  Reducidas  Rechazado

Ingreso  Ingreso

Elegible según categoría:

SNAP/TANF/FDPIR  Ingreso demasiado elevado

Niño en custodia  Solicitud incompleta

Sin hogar/Migrantes/Refugiados:

(Se requiere la documentación oficial en la Escuela)

Firma del funcionario que determina: \_\_\_\_\_ Fecha de aprobación: \_\_\_\_\_

**PARA EL PROCESO DE VERIFICACIÓN SOLAMENTE:**

Firma del funcionario que confirma: \_\_\_\_\_ Fecha de confirmación: \_\_\_\_\_

Firma del funcionario que verifica: \_\_\_\_\_ Fecha de verificación: \_\_\_\_\_

Fecha de retiro de la escuela: \_\_\_\_\_

Es posible que sus hijos califiquen para recibir comidas gratuitas o a un precio reducido si su ingreso familiar se encuentra en el límite o debajo de los límites que se detallan en dicho cuadro.

CUADRO DE INGRESO FEDERAL para el año escolar 2023-24					
Cantidad de integrantes de la familia	Anual	Mensual	Dos veces por mes	Cada dos semanas	Semanal
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Cada persona adicional:	9,953	830	415	383	192

La **Ley Nacional de Almuerzo Escolar Richard B. Russell** exige la información que aparece en esta solicitud. No tiene que brindar la información, pero si no lo hace, no podemos autorizar que su hijo reciba comidas gratuitas o a un precio reducido. Debe incluir los últimos cuatro dígitos del número de Seguro Social del miembro adulto del hogar que firma la solicitud. Los últimos cuatro dígitos del número de Seguro Social no son necesarios si usted envía la solicitud en nombre de un niño en custodia, si indica el número de caso del Programa de Asistencia Nutricional Suplementaria (Supplemental Nutrition Assistance Program, SNAP), el Programa de Asistencia Temporal para Familias Necesitadas (Temporary Assistance for Needy Families, TANF) o el Programa de Distribución de Alimentos en Reservaciones Indígenas (Food Distribution Program on Indian Reservations, FDPIR) u otro identificador del FDPIR para su hijo, o si indica que el miembro adulto del hogar que firma la solicitud no tiene número de Seguro Social. Utilizaremos su información para determinar si su hijo es elegible para recibir comidas gratuitas o a un precio reducido, así como para la administración y el cumplimiento de los programas de almuerzo y desayuno. ES POSIBLE que compartamos su información de elegibilidad con programas de educación, salud y nutrición para ayudarlos a evaluar, financiar y determinar los beneficios de sus programas, con auditores para las revisiones del programa, y con personal de fuerzas de seguridad para ayudarles a investigar infracciones en los reglamentos del programa.

#### Declaración de no discriminación

De acuerdo con las leyes federales de derechos civiles y las normas y disposiciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA, por su sigla en inglés), se prohíbe a esta institución discriminar a causa de raza, color de piel, nacionalidad, sexo (lo que incluye identidad de género y orientación sexual), discapacidad, edad o como represalia por actividades previas relacionadas con los derechos civiles.

Es posible que la información sobre programas esté disponible en otros idiomas, además del inglés. Las personas con discapacidades que necesiten medios alternativos de comunicación para recibir información sobre el programa (p. ej.: sistema braille, letra grande, cinta de audio, lenguaje de señas estadounidense) deben comunicarse con el organismo estatal o local responsable que administre el programa o el Centro TARGET del USDA al 202-720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Trasmisión al 800-877-8339.

Para presentar una queja por discriminación en relación con el programa, el denunciante debe completar un formulario AD-3027, formulario de quejas por discriminación del programa del USDA, que puede obtenerse en línea, de cualquier oficina del USDA, llamando al 866-632-9992 o escribiendo una carta dirigida al USDA. La carta debe contener el nombre del denunciante, su dirección, número de teléfono y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por su sigla en inglés) sobre la naturaleza y la fecha de la supuesta violación de los derechos civiles. El formulario AD-3027 completo o la carta deben entregarse al USDA por:

1. correo postal: US. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; o
2. fax: (833) 256-1665 o (202) 690-7442; o
3. correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución es un proveedor que brinda igualdad de oportunidades.

## USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**Dorchester Public School**  
**Consent-To-Treat Authorization**

2024-2025

I (We) the undersigned parents or legal guardians of \_\_\_\_\_  
a minor, authorize treatment of my (our) child by a licensed medical physician on staff at any  
Hospital and/or any hospitalization that is necessary in case of an accident or illness.

This consent form will remain effective until **August 31, 2025**, unless revoked in writing by the  
undersigned.

CHILD'S NAME \_\_\_\_\_ SS # (Optional) \_\_\_\_\_

CHILD'S ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF LAST TETANUS VACCINE \_\_\_\_\_

ALLERGIES TO DRUGS OR FOOD \_\_\_\_\_

SPECIAL MEDICATIONS, BLOOD TYPE, SURGICAL HISTORY OR OTHER PERTINENT INFO:

\_\_\_\_\_  
\_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

I (We) understand that this consent authorization is given in advance of any specific diagnosis  
or hospital care being required in order to provide authority to any hospital to render any and  
all diagnosis, treatment or hospital care deemed advisable by the physician attending the child  
in case of an accident or injury.

AUTHORIZATION SIGNATURE(S)

Father \_\_\_\_\_

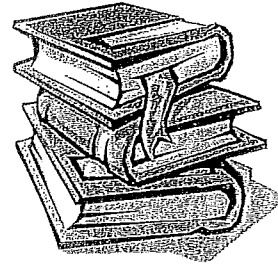
Date \_\_\_\_\_

Mother \_\_\_\_\_

Witness \_\_\_\_\_

Dorchester Public Schools

P.O. Box 7, 506 W 9<sup>th</sup> St  
Dorchester, NE 68343  
Phone: (402) 946-2781 Fax: (402) 946-6271  
Curt Cogswell, Superintendent  
Jake Wiese, Principal



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Saline County School District #0044  
a.k.a. Dorchester Public Schools  
506 W 9<sup>th</sup> St, P.O. Box 7  
Dorchester, NE 68343

Non-Prescription Medication(s)  
Permission Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason to Give: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to Be Given: \_\_\_\_\_

I request and authorize Dorchester Public Schools to give the above written medication to my student. I understand that unlicensed staff may be assigned to provide medication to my student and I accept ultimate responsibility for monitoring the effects of this medication.

Parent or Guardian Signature: \_\_\_\_\_

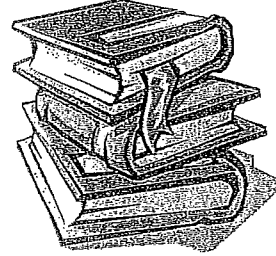
Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_



Escuela Publica de Dorchester

P.O. Box 7, 506 W 9<sup>th</sup> St  
Dorchester, NE 68343  
Phone: (402) 946-2781 Fax: (402) 946-6271  
Curt Cogswell, Superintendente Escolar  
Jake Wiese, Director



---

Saline County School District #0044  
a.k.a. Dorchester Public Schools  
506 W 9<sup>th</sup> St, P.O. Box 7  
Dorchester, NE 68343

Medicina de Venta Libre  
Forma de Permiso

Nombre del Estudiante: \_\_\_\_\_

Grado: \_\_\_\_\_

Nombre de medicamento (medicina):

\_\_\_\_\_

Razon que debe darse:

\_\_\_\_\_

Dosis: \_\_\_\_\_

Hora que debe dares: \_\_\_\_\_

Yo pido y autorizo la Escuela Publica de Dorchester dar el medicamento (medicina) indicada arriba a mi estudiante. Entiendo que empleados sin licencia podria ser asignado proveer medicina a mi estudiante y yo acepto responsabilidad final monitorizar los efectos de la medicina.

Firma del padre o Tutor: \_\_\_\_\_

Fecha: \_\_\_\_\_

Numero Telefonico:

\_\_\_\_\_

## Summary of the School Immunization Rules and Regulations

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	<p>4 doses of DTaP, DTP, or DT vaccine</p> <p>3 doses of Polio vaccine</p> <p>3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age</p> <p>3 doses of pediatric Hepatitis B vaccine</p> <p>1 dose of MMR or MMRV given on or after 12 months of age</p> <p>1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted.</p> <p>4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age</p>
Students entering school (Kindergarten or 1 <sup>st</sup> Grade depending on the school district's entering grade)	<p>3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4<sup>th</sup> birthday</p> <p>3 doses of Polio vaccine</p> <p>3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age</p> <p>2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month</p> <p>2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.</p>
Students entering 7 <sup>th</sup> grade	<p>Must be current with the above vaccinations</p> <p>AND receive</p> <p>1 dose of Tdap (contain Pertussis booster)</p>
Students transferring from outside the state at any grade	<p>Must be immunized appropriately according to the grade entered.</p>

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services. . For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: [http://dhs.ne.gov/Pages/reg\\_1173.aspx](http://dhs.ne.gov/Pages/reg_1173.aspx) (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)

Updated 01/26/2018

## Resumen del reglamento de vacunas requeridas para la escuela

Grupo de estudiantes por edades	Vacunas requeridas
<p>Niños de 2 a 5 años inscritos en un programa de escuela que no esté licenciado como proveedor de cuidado infantil.</p>	<p>4 dosis de una de las siguientes vacunas: DTaP, DTP o DT,                      3 dosis de la vacuna contra el Polio,                      3 dosis de la vacuna Hib o 1 dosis de la Hib colocada a los 15 meses o después,                      3 dosis de la vacuna para niños contra la Hepatitis B,                      1 dosis de la vacuna MMR o MMRV colocada a los 12 meses o después,                      1 dosis de la vacuna contra la varicela o de la vacuna MMRV colocada a los 12 meses o después. Se aceptará documentación escrita (incluyendo el año) de la enfermedad (varicela) de alguno de los padres del niño, guardián o proveedor de salud.</p> <p>4 dosis de la vacuna contra los neumococos o 1 dosis de la vacuna contra los neumococos colocada a los 15 meses o después.</p>
<p>Estudiantes que ingresan a la escuela (kindergarten o 1<sup>er</sup> grado, dependiendo del grado inicial en el distrito escolar)</p>	<p>3 dosis de una de las siguientes vacunas: DTaP, DTP, DT o Td, una de las cuales debe haber sido colocada a los 4 años o después.</p> <p>3 dosis de la vacuna contra el Polio,                      3 dosis de la vacuna para niños contra la Hepatitis B o 2 dosis de la vacuna para adolescentes si el estudiante tiene de 11 a 15 años de edad.</p> <p>2 dosis de la vacuna MMR o MMRV, colocada a los 12 meses o después y con diferencia de al menos un mes,</p> <p>2 dosis de la vacuna contra la varicela o de la vacuna MMRV colocada a los 12 meses o después. Se aceptará documentación escrita (incluyendo el año) de la enfermedad (varicela) de alguno de los padres del niño, guardián o proveedor de salud. Si el niño ya ha tenido la varicela, no necesita ninguna vacuna contra la varicela.</p>
<p>Estudiantes que ingresan a 7<sup>no</sup> grado</p>	<p>Debe estar al día con las vacunas indicadas arriba                      Y recibir                      1 dosis de Tdap (contiene refuerzo de tosferina)</p>
<p>Estudiantes que son transferidos de fuera                      Del estado de cualquier grado</p>	<p>Deben ser inmunizados adecuadamente de acuerdo con el grado al que ingresen</p>

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services. . For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: [http://dhs.ne.gov/Pages/reg\\_t173.aspx](http://dhs.ne.gov/Pages/reg_t173.aspx) (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)  
 Updated 01/26/2018

**ATTENTION!!!  
PARENTS AND GUARDIANS  
OF INCOMING KINDERGARTEN AND  
SEVENTH THRU TWELFTH GRADE  
STUDENTS:**

Physical and eye examinations are required for incoming kindergarten students, while just physical exams are required for ALL incoming 7<sup>th</sup> graders, ALL new students in the State of Nebraska, and ALL students in grades 7-12 participating in athletics at Dorchester Public School. The cost of these examinations is the responsibility of the parents or guardians. By law, you CANNOT attend school in Kindergarten and 7<sup>th</sup> grade without a physical.

It shall be the responsibility of the coach of each sport to see that physicals and parental permission forms are filed with the Activities Director. Physical examination and parental participation forms must be on file before the athlete is allowed to practice. Physical examination forms are available at the school office, from the coaches, the Activities Director, and local doctors' offices. A physical form and NSAA consent form can be found in this newsletter. If you have any questions, please contact Brent Zoubek, Activities Director, at 946-2781.



## NSAA Athletic and Activities Student and Parent Consent Form

School Year:  
Member High School:  
Name of Student:  
Date of Birth:                      Place of Birth:  
Name of Parent(s), Guardian(s), or Person(s) in Charge:  
Relationship to Student:  
Address(es) of Student and Parent(s)/Guardian(s)/or Person(s) in Charge\*\*:

*\*\*Note: If Student and all Parents/Guardians do not live in the same household, please include all addresses and inform the Member School as this may impact eligibility.\*\**

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege and understand and agree that (a) by this Consent Form the NSAA has provided notice of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type, including exposure to communicable diseases, and even catastrophic injury, paralyzation, and death; and (c) even the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(2) Consent and agree to participation of the Student in NSAA activities subject to (a) all NSAA Bylaws and rules interpretations, including limitations on transfers and limitations on the use of the Student's name, image, and likeness when wearing school uniforms or engaging in commercial activity tied to the Student's participation in NSAA activities; and (b) the athletic and activities rules of the Member School;

(3) Consent and agree to the disclosure by the Member School to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student contained in the Member School's directory information or other similar policies, and any other records or documentation needed to determine the Student's eligibility and compliance necessary to participate in NSAA activities;

(4) Understand that (a) prior to athletic participation, a pre-participation release form signed by a health care professional must be signed and submitted to the Member School; and (b) for purposes of determining fitness to participate, injury, injury status, or emergency response, Parents may be asked to consent to the disclosure of confidential medical records or information. Records and information shared for this purpose will not be redisclosed to any entities outside of the health care provider(s), Member School, or NSAA;

(5) Consent and agree (a) to authorize licensed or trained individuals, including certified sports injury personnel, to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary care, treatment, and rehabilitation for these injuries that is made available by the Member school and/or the NSAA, including transportation of the Student to a medical facility if necessary; and (b) that Parents are obligated to pay for professional medical and/or related services; the NSAA and the Member School shall not be liable for payment of such services even if made available by the Member School or NSAA.

(6) Understand that the Student or Student's likeness being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests and that any such recording may be used for broadcast, sale, or display.

We, Parent(s) and Student, acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities, and agree that Student may participate in NSAA activities.

Student Printed Name

Student Signature

Date of Signature

Parent(s) Printed Name(s)

Parent Signature(s)

Date of Signature(s)



**NSAA Athletic and Activities  
Student and Parent Consent Form  
NSAA Deportes y actividades:  
Formulario de consentimiento de padre/madre y estudiantes**

Año escolar:  
Escuela afiliada:  
Nombre del estudiante:  
Fecha de nacimiento:                      Lugar de nacimiento:  
Nombre del padre/madre, tutor, o persona en cargo:  
Relación con el estudiante:  
Dirección/es del estudiante y padre/madre, tutor, o persona en cargo\*\*:

*\*\*Nota: Si el estudiante y todos los padres/tutores no viven en el mismo hogar, incluya todas las direcciones e informe a la escuela afiliada, ya que esto puede afectar la elegibilidad. \**

Los abajo firmantes son el estudiante y el padre/madre, tutor/es o persona/s a cargo del estudiante mencionado anteriormente y que se denominan colectivamente "padres".

Padres y estudiante por la presente:

(1) Entienden y aceptan que la participación en actividades patrocinadas por la NSAA es voluntaria por parte del estudiante y es un privilegio y entienden y aceptan que (a) mediante este Formulario de consentimiento, la NSAA ha notificado la existencia de peligros potenciales asociados con la participación en deportes y actividades; (b) la participación en cualquier actividad puede implicar lesiones, enfermedades o afecciones de algún tipo, incluida la exposición a enfermedades transmisibles e incluso lesiones catastróficas, parálisis y muerte; y (c) incluso con la mejor supervisión, el uso del mejor equipo de protección y la estricta observancia de las reglas, las lesiones siguen siendo una posibilidad;

(2) Consienten y aceptan la participación del estudiante en actividades de la NSAA sujetas a (a) todos los estatutos de la NSAA y las interpretaciones de las reglas, incluidas las limitaciones en las transferencias y las limitaciones en el uso del nombre, la imagen y la semejanza del estudiante cuando use uniformes escolares o participe en actividades comerciales vinculadas a la participación del estudiante en actividades de la NSAA; y (b) las reglas de atletismo, deportes y actividades de la escuela afiliada;

(3) Consienten y aceptan la divulgación por parte de la escuela afiliada a la NSAA, y la posterior divulgación por parte de la NSAA, de la información sobre el estudiante contenida en el directorio de información de la escuela afiliada u otras políticas similares, y cualquier otro registro o documentación necesaria para determinar la elegibilidad del estudiante y el cumplimiento necesario para participar en las actividades de la NSAA;

(4) Entienden que (a) antes de la participación atlética, se debe firmar y enviar previamente a la escuela afiliada un formulario de autorización firmada por un profesional de la salud; y (b) con el fin de determinar la aptitud para participar, lesión, estado de lesión o respuesta de emergencia, se les puede pedir a los padres que den su consentimiento para la divulgación de información o registros médicos confidenciales. Los registros y la información compartidos para este propósito no se volverán a divulgar a ninguna entidad fuera de los proveedores de atención médica, la escuela afiliada o la NSAA;

(5) Consienten y aceptan (a) autorizar a personas capacitadas o con licencia, incluido el personal certificado en lesiones deportivas, para evaluar y tratar cualquier lesión, enfermedad o condición que ocurra durante la participación del estudiante en las actividades de la NSAA. Esto incluye toda la atención, el tratamiento y la rehabilitación razonables y necesarias para estas lesiones que la escuela afiliada y/o la NSAA ponen a disposición, incluido el transporte del estudiante a un centro médico si es necesario; y (b) que los padres/tutores están obligados a pagar los servicios médicos profesionales y/o relacionados; la NSAA y la escuela afiliada no serán responsables del pago de dichos servicios, incluso si la escuela afiliada o la NSAA los ponen a disposición.

(6) Comprenden que el estudiante o la imagen del estudiante se fotografíe, se grabe en video, se grabe en audio o se grabe por cualquier otro medio mientras participa en actividades y concursos de la NSAA y que dicha grabación puede usarse para transmisión, venta o exhibición.

Nosotros, padre/madre(s) y el estudiante, reconocemos que hemos leído los párrafos (1) a (6) anteriores, entendemos y aceptamos los términos de los mismos, incluida la advertencia del riesgo potencial de lesión inherente a la participación en deportes y actividades, y aceptamos que el estudiante pueda participar en las actividades de la NSAA.

Nombre impreso del estudiante

Firma del estudiante

Fecha de la firma

Nombre(s) impreso(s) del padre/madre

Firma(s) del padre/madre

Fecha de la(s) firma(s)

# Preparticipation Physical Evaluation

**PHYSICAL EXAMINATION  
FORM**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

**Follow-Up Questions on More Sensitive Issues**

	Yes	No
1. Do you feel stressed out or under a lot of pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel safe?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?	<input type="checkbox"/>	<input type="checkbox"/>
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past 30 days, have you had at least 1 drink of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever taken steroid pills or shots without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>
9. Questions from the Youth Risk Behavior Survey ( <a href="http://www.cdc.gov/HealthyYouth/yrbs/index.htm">http://www.cdc.gov/HealthyYouth/yrbs/index.htm</a> ) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary*			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only.

\*Having a third party present is recommended for the genitourinary examination.

Notes:

\_\_\_\_\_  
 \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# Preparticipation Physical Evaluation

**HISTORY FORM**

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Personal physician \_\_\_\_\_  
**In case of emergency, contact**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers below.  
 Circle questions you don't know the answers to.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply):<br><input type="checkbox"/> High blood pressure<br><input type="checkbox"/> High cholesterol<br><input type="checkbox"/> A heart murmur<br><input type="checkbox"/> A heart infection |                          |                          |
| 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game? If yes, circle affected area below:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:   | <input type="checkbox"/> | <input type="checkbox"/> |
- |            |            |          |           |       |           |              |           |
|------------|------------|----------|-----------|-------|-----------|--------------|-----------|
| Head       | Neck       | Shoulder | Upper arm | Elbow | Forearm   | Hand/fingers | Chest     |
| Upper back | Lower back | Hip      | Thigh     | Knee  | Calf/shin | Ankle        | Foot/toes |
- 
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 20. Have you ever had a stress fracture?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you regularly use a brace or assistive device?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has a doctor ever told you that you have asthma or allergies?                                  | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | Yes                      | No                       |
| 25. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

**FEMALES ONLY**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 47. Have you ever had a menstrual period?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? | _____                    |                          |
| 49. How many periods have you had in the last year?            | _____                    |                          |

Explain "Yes" answers here:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





# 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 an 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)**

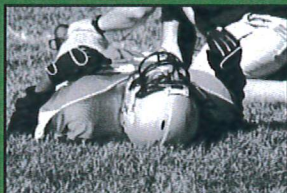
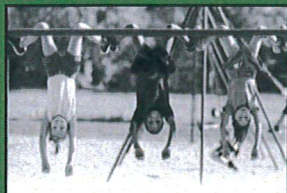
**or scan this QR code with your smart phone to be directed to our website**



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

## NOTIFICATION OF NON-DISCRIMINATION POLICY

Saline County School District #0044, a.k.a. Dorchester Public Schools does not discriminate on the basis of race, color, religion, national origin, gender, handicap, or age in its educational programs, activities, or employment practices. There is a grievance procedure for discrimination concerns. Inquiries concerning any of the above or Title IX and Rehabilitation Act Regulations (504) should be directed to the Superintendent of Schools, 506 W 9<sup>th</sup> St, P.O. Box 7, Dorchester, NE 68343, phone (402) 946-2781.

Dorchester Public Schools shall promote good human relations by removing any vestige of prejudice and discrimination in assignment, in location, and use of facilities, in educational offerings and instructional materials.

DORCHESTER PUBLIC SCHOOL  
P.O. BOX 7  
DORCHESTER, NE 68343

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DORCHESTER, NE 68343  
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