



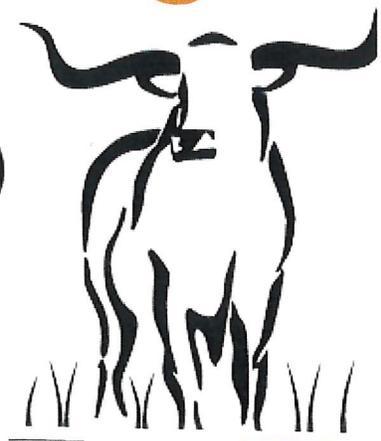
A
U
G
U
S
T

WELCOME



Back
to
School

2
0
2
5



Longhorns

Dorchester Public School

402-946-2781

506 W. 9th

Fax 402-946-6271

Dorchester NE 68343

dorchesterschool.org

Greetings Dorchester Community,

I am honored to serve as the next Superintendent of Dorchester Public Schools. We are excited to make our home in Dorchester and to be actively involved, not only in the school but also throughout the community. We look forward to volunteering, taking part in local events, and enjoying all that Dorchester offers as a vibrant small-town community. I grew up on a farm in southern Nebraska, and I am grateful for the opportunity to raise our son in a community much like the one that shaped me.

In my first few weeks on the job, I have already seen how special Dorchester is. Our school and community truly support one another, and I look forward to building on that strong foundation. Together, we will continue the successes already in place and create new opportunities for our students, staff, and families. In the weeks ahead, I plan to visit local businesses to introduce myself and further strengthen the relationship between our school and the broader community. If you have any questions or feedback, please don't hesitate to reach out. You can email me at nick.mumm@dorchesterschool.org, stop by the school, or call my cell at 402-768-3311. I would be happy to visit with you.

To our current families, I am excited to meet your students and partner with you this year. My door is always open, and I welcome your input on how we can become at least one percent better each day as a district.

A few small changes to note as we begin the year:

- **Afternoon Dismissal:** Preschool through 6th grade students will now be dismissed at 3:30 p.m. On Fridays they will be dismissed at 1:55 p.m. This will give our younger students time to reach their bus, walk home, or meet their ride before our 7th–12th grade students are dismissed.
- **Morning Arrival:** Elementary students will begin their day lining up outside on the sidewalks in front of the building. If they choose to eat breakfast, they may do so and then head outside until the 8:00 a.m. bell. On rainy or cold mornings, students will wait in the gym instead. Please remember that student drop-off should not occur before 7:45 a.m., as supervision and breakfast service will begin at that time.

If you have any questions about these updates or anything else, please feel free to contact me anytime. I hope you enjoy the rest of your summer. I cannot wait to get this school year started! I look forward to meeting each of you and seeing you at school events soon as we work together to support our students.

NM

--

Dr. Nick Mumm Ed.D

Superintendent Dorchester Public Schools

(402) 946-2781 School

(402) 768-3311 Cell

Back-To-School Routines Can Help Your Child Get Off To A Great Start

Establishing consistent routines right from the beginning of the school year sets your child up for success. Here are some simple, yet effective, strategies to implement:

- Prepare for school the night before. Many families find that evening organization prevents the morning “rush hour.” Set aside time each evening to review school papers, make lunches, pack backpacks, and choose outfits for the next day.
- Establish a regular bedtime that allows your child to get the nine to 12 hours of sleep recommended for elementary schoolers. Try to maintain this bedtime even on weekends. When a sleep schedule is consistent, it’s much easier for your child to fall asleep and wake up at the appropriate times during the school week.
- Develop a morning routine. When children follow the same steps in the same order each morning, they are less likely to forget important tasks.
- Designate a regular “work time” where your child can concentrate on schoolwork and studying. Pick a time when your child will have the most energy and motivation. Create a quiet study spot, complete with adequate lighting and necessary supplies.
- Stay organized with a calendar. Schedule important commitments such as schoolwork, family meals and free time. This visual tool will also show any unscheduled time available for additional activities.

Reprinted with permission from the September 2025 issue of *Parents make the difference!*[®] (Elementary School Edition) newsletter. Copyright © 2025 The Parent Institute[®], a division of PaperClip Media, Inc.

Las rutinas pueden ayudar a su niño a empezar la escuela con buen pie

Establecer rutinas fijas desde el inicio del año escolar prepara a su niño para alcanzar el éxito. Estas son algunas estrategias simples pero eficaces para implementar:

- Prepararse para la escuela la noche anterior. Para muchas familias, organizar todo la noche anterior evita las corridas por la mañana. Dedique tiempo cada noche a revisar la documentación escolar, preparar los almuerzos, preparar las mochilas y escoger la ropa para el día siguiente.
- Establecer un horario de acostarse fijo que le permita a su niño dormir las nueve a 12 horas recomendadas para los escolares de primaria. Intente mantener este horario de dormir incluso durante los fines de semana. Cuando el horario de sueño es fijo, es mucho más fácil que su niño se duerma y se despierte en el horario correspondiente durante la semana escolar.
- Desarrollar una rutina matutina. Cuando los niños siguen los mismos pasos en el mismo orden todas las semanas, es menos probable que olviden tareas importantes.
- Designar un “horario de trabajo” fijo en el que su niño pueda concentrarse en el trabajo escolar y en el estudio. Elija el horario en el que su niño tenga más energía y esté más motivado. Cree un espacio de estudio tranquilo que esté bien iluminado y tenga todos los útiles necesarios.
- Mantenerse organizado con un calendario. Programe los compromisos importantes, como las tareas escolares, las comidas familiares y el tiempo libre. Esta herramienta visual también mostrará el tiempo no programado disponible para actividades extra.

Reprinted with permission from the September 2025 issue of *Los Padres ¡hacen la diferencia!* (Escuela Primaria) newsletter. Copyright © 2025 The Parent Institute[®], a division of PaperClip Media, Inc.

Begin The School Year With A Commitment To Attendance

Your child's teachers will do their best to help your child learn and succeed in school. But there's one thing that only you can do—make sure your child attends every day. Children who are absent regularly fall behind and score lower on tests. They can also have a hard time making and keeping friends—especially in elementary school. Absences in elementary school set a pattern for absences in later school years. Lots of absences often lead to students dropping out of school.

To reinforce attendance:

- Discuss the value of education and let your child know that school attendance is not optional.
- Discuss some of the consequences of missing school, such as needing to do make-up work, missing friends, not understanding new concepts.
- Follow school policies for keeping students home due to illness. Don't allow your child to stay home simply to catch up on schoolwork or sleep.
- Promote frequent hand-washing to help keep your child healthy and in school.
- Schedule medical appointments during non-school hours when possible.
- Plan vacations for when school is not in session.
- Track your child's absences. Look for any patterns that need to be addressed.
- Talk to the teacher or the school counselor if your child regularly doesn't want to go to school.

Reprinted with permission from the September 2025 issue of Parents make the difference!® (Elementary School Edition) newsletter. Copyright © 2025 The Parent Institute®, a division of PaperClip Media, Inc. **Source:** A. Ansari and M.A. Gottfried, "The Grade-Level and Cumulative Outcomes of Absenteeism, Child Development, The Society for Research in Child Development.

Comience el nuevo año escolar enfocándose en la asistencia

El maestro de su niño hará todo lo posible para ayudar a su niño a aprender y obtener buenos resultados en la escuela. Pero hay algo que solo usted puede hacer: asegurarse de que su niño vaya a la escuela todos los días. Los niños que faltan a la escuela con frecuencia se atrasan y obtienen peores calificaciones en los exámenes. También podrían tener dificultades para hacer amigos y mantenerlos, especialmente en la escuela primaria. Las ausencias durante la primaria establecen un patrón de ausencias para los años escolares posteriores. Faltar mucho puede llevar a los estudiantes a abandonar la escuela.

Para reforzar la asistencia:

- Hable sobre el valor de la educación y hágale saber a su niño que la asistencia a la escuela no es opcional.
- Comente algunas de las consecuencias de faltar a la escuela, como la necesidad de hacer el trabajo de recuperación, extrañar a los amigos y no comprender los conceptos nuevos.
- Siga las normas escolares para mantener a los estudiantes en casa si están enfermos. No permita que su niño se quede en casa simplemente para ponerse al día con el trabajo escolar o dormir.
- Promueva el lavado frecuente de las manos para ayudar a su niño a mantenerse sano y no faltar a la escuela.
- Pida las citas médicas para horarios en los que su niño no esté en la escuela, de ser posible.
- Organice las vacaciones para los momentos de receso escolar.
- Lleve un registro de las ausencias de su niño. Busque patrones que sea necesario abordar.
- Hable con el maestro o con el consejero escolar si su niño suele no querer ir a la escuela.

Reprinted with permission from the September 2025 issue of *Los Padres ¡hacen la diferencia!* (Escuela Primaria) newsletter. Copyright © 2025 The Parent Institute®, a division of PaperClip Media, Inc. **Fuente:** A. Ansari y M.A. Gottfried, "The Grade-Level and Cumulative Outcomes of Absenteeism, Child Development, The Society for Research in Child Development.

Activity News
(Brent Zoubek, A.D.)

Booster Club Needs You

With the beginning of the 2025-2026 activity season just around the corner, I would like you to consider becoming a Longhorn Booster Club member. The Booster Club's intent is to make the participation of all activities for our students an enjoyable experience. Some examples of this include the purchase of new equipment, sponsorship of the annual Homecoming pep rally, paying Nebraska Coaches Association fees for Dorchester coaches, and paying for meals for those athletes and coaches that qualify for State competition. Money for these projects comes from annual dues of members, as well as, the sponsorship of the annual Booster Club Reserve Volleyball Tournament and Junior High Basketball Tournament. If you have any questions regarding Booster Club, please contact me at 402-946-2781.

CONGRATULATIONS!!

Congratulations to Baylor Behrens, Faith Elkins, and Bailey Theis for qualifying for the State Track Meet. Baylor qualified in the 300-meter hurdles and 100-meter hurdles. Faith qualified in the 100-meter dash and 100-meter hurdles. Bailey qualified in the shot put and discus. Bailey placed 3rd in the shot put. Baylor placed 7th in the 300-meter hurdles. We are extremely proud of all of them and thank them for representing Dorchester Public School in a positive manner.

THANK YOU!

On May 31st the 12th annual Dorchester Alumni Golf Tournament took place at the Friend Country Club. There were 62 alumni that participated in the event. The day was a huge success. Thank you to those who donated to the tournament. This event is a symbol of what small town pride is all about. The date for next year's tournament is May 30th, 2026.

FALL SPORTS PREVIEW

There will be a Fall Sports Preview in the school cafeteria on Thursday, August 21st at 5:30pm. We will introduce the volleyball and football teams and then enjoy a free will donation hot dog meal sponsored by the Dorchester Booster Club.

VOLLEYBALL SPORTS DRINK SCRIMMAGE

The volleyball team will hold an Orange/Black scrimmage on Thursday, August 21st at 6:15pm. Admission is a sports drink or drinks. The scrimmage is subject to change and depends on how many players we have out.

FOOTBALL SPORTS DRINK SCRIMMAGE

The football team will hold a Black/White scrimmage on Thursday, August 21st at 7:00pm on Nerud Field. Admission is a sports drink or drinks. This scrimmage is subject to change and depends on how many players we have out.

VOLLEYBALL JAMBOREE GAME

The volleyball team will play vs Wilber-Clatonia in an exhibition jamboree game on Tuesday, August 26th at 5:30pm. Admission will be charged for this game. Proceeds go towards the Nebraska High School Hall of Fame.

PHYSICALS NEEDED BEFORE SCHOOL/PRACTICES START!!

If your child will be in Kindergarten or 7th grade this year they are **required by law, to have a physical into the office prior to the first day of school.** If your child is in 8th-12th grade and chooses to participate in athletics, they need a physical prior to starting practice. If you have any questions, you can contact me at the school.

Title I and Nebraska Reading Improvement Act News (2025-2026)

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 Math during the last school year. Therefore, most students who were receiving math and/or reading interventions who will be in grades 1-6 at the beginning of the 2025-2026 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 on a signature sheet at the end of last school year about the transition program. If you have not already done so, 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 and qualification 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 programming. Please feel free to contact us at laura.barlow@dorchesterschool.org or 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 (2025-2026)****
(Translation - Chat GPT)

¡La temporada de regreso a la escuela está aquí! A medida que comenzamos a pensar en el nuevo año escolar, nos gustaría compartir con ustedes información sobre los Programas de Intervención de Lectura y Matemáticas de las Escuelas Públicas de Dorchester.

Estaremos ofreciendo un programa de transición para la mayoría de nuestros estudiantes que recibieron WIN Lectura o FOCUS Matemáticas durante el último año escolar. Por lo tanto, la mayoría de los estudiantes que recibieron intervenciones en matemáticas y/o lectura y estarán en los grados 1-6 al comienzo del año escolar 2025-2026 continuarán recibiendo esa asistencia como transición al nuevo año escolar. Cuando tengamos las calificaciones de MAP de Lectura y Matemáticas de los estudiantes de jardín de infancia hasta sexto grado, ajustaremos la asistencia adicional según sea necesario. Deben haber recibido información sobre una hoja de firma al final del último año escolar acerca del programa de transición. Si aún no lo ha hecho, por favor firme el permiso y devuélvalo en el sobre, llévelo a la oficina de la escuela o tráigalo a la Noche de Regreso a la Escuela.

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

*Para cualquier distrito escolar que reciba fondos de 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 solicitud, de manera oportuna, información sobre las calificaciones profesionales de los maestros del estudiante.

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

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

*Los padres tienen derecho a solicitar información sobre el proceso de solicitud y calificación de Título I.

Gracias por colaborar con nosotros en el viaje educativo de su hijo. A medida que hacemos la transición hacia nuestro nuevo año escolar y retomamos nuestra rutina, continuaremos compartiendo información con ustedes sobre los programas. No duden en ponerse en contacto con nosotros en laura.barlow@dorchesterschool.org o karma.ridpath@dorchesterschool.org si tienen alguna pregunta sobre los Programas de Intervención de Lectura y Matemáticas de las Escuelas Públicas de Dorchester o sobre la Ley de Mejora de la Lectura de Nebraska. ¡Esperamos verlos muy pronto!

Atentamente,
Sra. Barlow
Sra. Ridpath

WIN Reading and FOCUS Math Transition Program

At the end of last school year, we sent home information for students who will be in grades 1- 6 who continue to qualify for WIN Reading and FOCUS Math services based on the most current MAP assessments. We have received some of the signed permission sheets, however if you have not returned the sheet sent home, please mail it back in the provided envelope, leave it in the school office, or bring it back to the Back to School Night.

Our goal is to provide transition services in the areas of math and reading where needed until we have new fall MAP assessment scores. If necessary, we will create formal paperwork and continue with a formal plan after MAP assessments are given when school starts.

Please stop and see us in our classrooms during Back to School Night! We are looking forward to being back at school working with students. See you very soon!

Respectfully,
Mrs. Barlow
laura.barlow@dorchesterschool.org
Mrs. Ridpath
karma.ridpath@dorchesterschool.org

(Google Translate)

Programa de Transición WIN de Lectura y FOCUS de Matemáticas

Al final del año escolar pasado, enviamos a casa información para los estudiantes de 1.º a 6.º grado que siguen siendo elegibles para los servicios WIN de Lectura y FOCUS de Matemáticas según las evaluaciones MAP más recientes. Hemos recibido algunas de las hojas de permiso firmadas; sin embargo, si no ha devuelto la hoja enviada a casa, por favor, envíela por correo en el sobre proporcionado, déjela en la oficina de la escuela o tráigala a la Noche de Regreso a Clases.

Nuestro objetivo es brindar servicios de transición en las áreas de matemáticas y lectura donde sea necesario hasta que tengamos los nuevos resultados de la evaluación MAP de otoño. De ser necesario, elaboraremos la documentación formal y continuaremos con un plan formal después de que se administren las evaluaciones MAP al inicio de clases.

¡Visítenos en nuestras aulas durante la Noche de Regreso a Clases! Esperamos con ansias volver a la escuela y trabajar con los estudiantes. ¡Nos vemos muy pronto! Atentamente, Sra. Barlow

laura.barlow@dorchesterschool.org

Sra. Ridpath karma.ridpath@dorchesterschool.org

Counselor's Corner Mrs. Choyeski August 2025

High School/Junior High

- **High School Students** – 2025–26 class schedules were mailed the week of July 21st. 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 6th–8th and the 11th. You can also talk to her about your schedule on August 14th, 15th, and 18th. Schedule changes must be completed by August 18th with a signed drop/add form.

If you did not receive your schedule, please call the office or reach out to Mrs. Choyeski at 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 2025–26 school year:

2026 National Test Dates Schedule

Test Date	Regular Registration Deadline Late Fee Applies After This Date	Late Registration Deadline
September 6, 2025	August 1	August 19
October 18, 2025	September 12	September 30
December 13, 2025	November 7	November 24
February 14, 2026	January 9	January 23
April 11, 2026	March 6	March 24
June 13, 2026	May 8	May 29
July 11, 2026*	June 5	June 24

Elementary School

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

School Supplies Available at Open House

School supply lists were sent with schedules for junior high and high school students and emailed to parents of elementary students. The supply list is also available on the DPS website under "Dorchester Information". There will be a table set up at Open House with gently used school supplies. Feel free to help yourself to any supplies that your children may need.

Junior High Play Concessions and Raffle

The DPS Junior High Play Cast and Crew will run concessions at the volleyball game on Tuesday, September 30, 2025. 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 raffle 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 will also be talking to junior high students during the first days of school to determine interest so we know what type of play script we will need to find to accommodate interest. Please be thinking about trying out for the play!

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. Vyhnaek and Mrs. Ridpath

(Google Translate)

Concesiones y Rifa para la Obra de Teatro de Secundaria

El equipo de la obra de teatro de secundaria de DPS trabajará concesiones durante el partido de voleibol el martes 30 de septiembre de 2025. También organizaremos una rifa esa misma noche durante el partido.

Se anima a los estudiantes que participen en la obra a que vengan a ayudar con las concesiones. Habrá una hoja de inscripción para ayudar cerca de esa fecha. También les pedimos que traigan algún artículo para la rifa. No duden en traer artículos para la rifa, como artículos de manualidades, canastas para pasatiempos, canastas para arte, canastas para nachos, canastas temáticas, etc. Les daremos más información al regresar a clases.

También hablaremos con los estudiantes de secundaria durante los primeros días de clases para determinar su interés y así saber qué tipo de guion de obra necesitaremos para satisfacer sus necesidades. ¡Por favor, consideren participar en la audición para la obra!

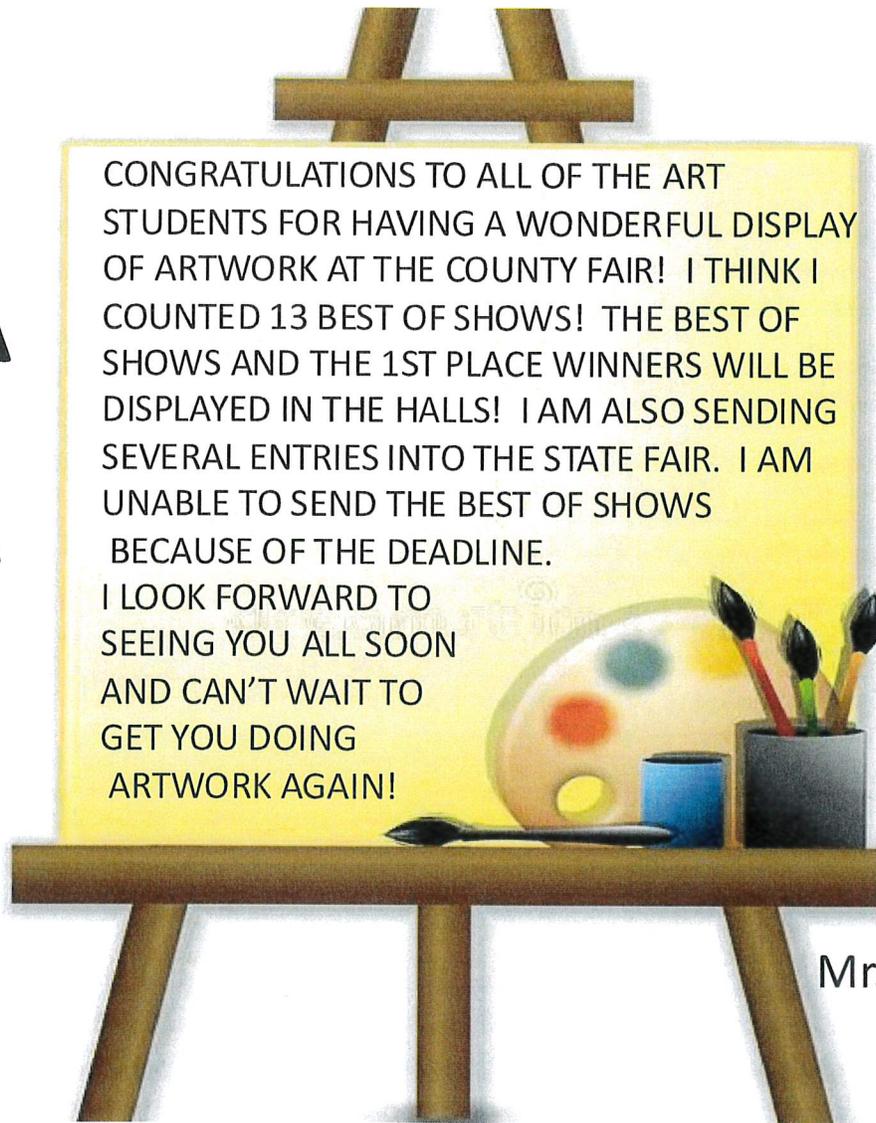
Queríamos avisarles con anticipación para que puedan comenzar a planificar. ¡Esperamos verlos muy pronto!

La señora Vyhnaek y la señora Ridpath

A
R
T

CONGRATULATIONS TO ALL OF THE ART STUDENTS FOR HAVING A WONDERFUL DISPLAY OF ARTWORK AT THE COUNTY FAIR! I THINK I COUNTED 13 BEST OF SHOWS! THE BEST OF SHOWS AND THE 1ST PLACE WINNERS WILL BE DISPLAYED IN THE HALLS! I AM ALSO SENDING SEVERAL ENTRIES INTO THE STATE FAIR. I AM UNABLE TO SEND THE BEST OF SHOWS BECAUSE OF THE DEADLINE. I LOOK FORWARD TO SEEING YOU ALL SOON AND CAN'T WAIT TO GET YOU DOING ARTWORK AGAIN!

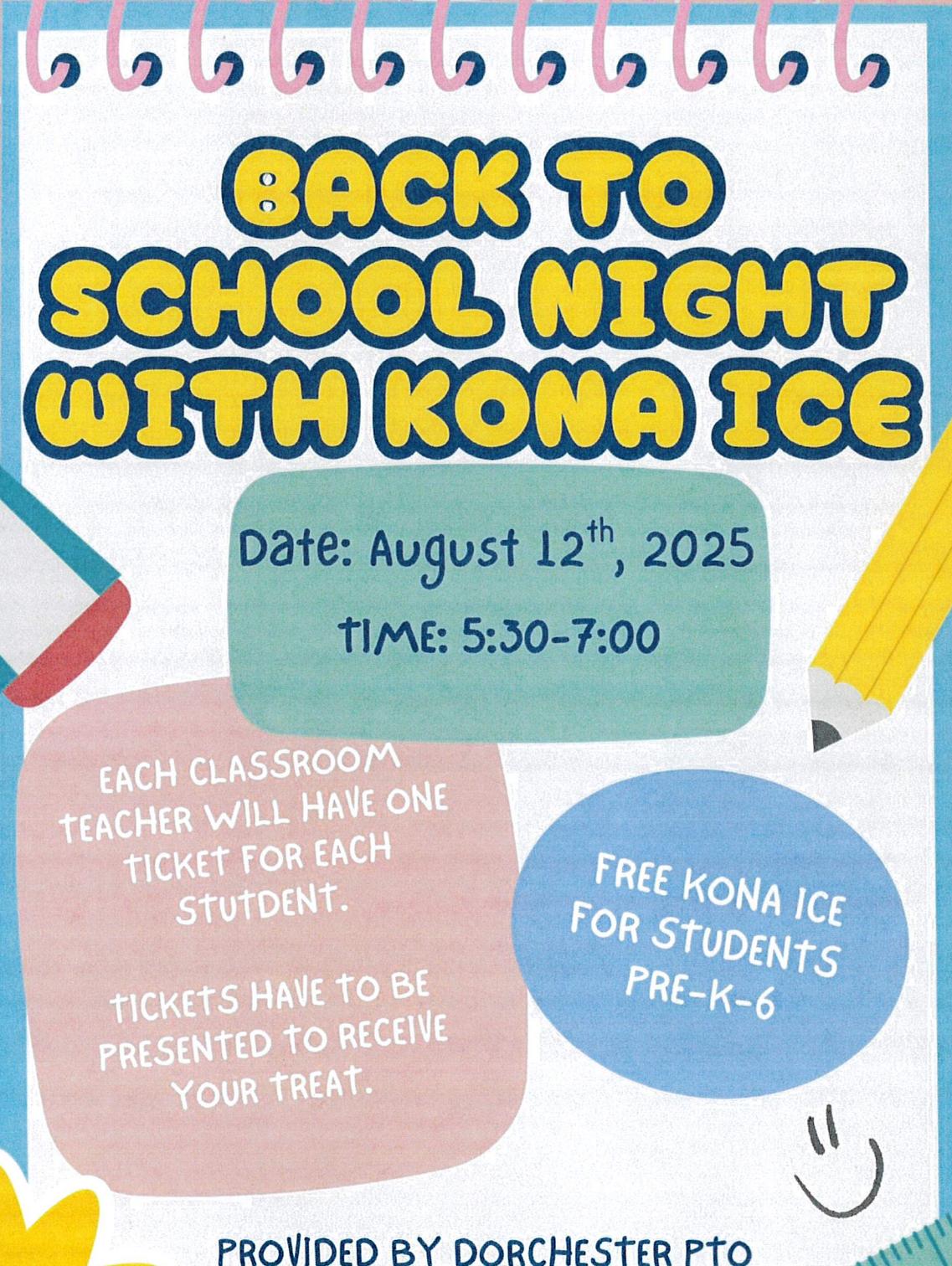
N
E
W
S



Mrs. Lutjemeyer

STUDENT COUNCIL NEWS

There should be a couple 7-12 rep openings this year on stu co. Seventh-9th grade stu co reps will be voted on during our class officer voting. Tenth-12th reps will remain the same unless they chose to be taken off. Also, let me know if you would like to be added to the 7-12 rep ballot! HAVE A GREAT START TO THE NEW YEAR AND PLEASE REMEMBER TO BE POSITIVE LEADERS!



BACK TO SCHOOL NIGHT WITH KONA ICE

Date: August 12th, 2025

TIME: 5:30-7:00

EACH CLASSROOM
TEACHER WILL HAVE ONE
TICKET FOR EACH
STUDENT.

TICKETS HAVE TO BE
PRESENTED TO RECEIVE
YOUR TREAT.

FREE KONA ICE
FOR STUDENTS
PRE-K-6

PROVIDED BY DORCHESTER PTO



August 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
3	4 FB Conditioning VB Conditioning	5 FB Conditioning VB Conditioning	6 FB Conditioning VB Conditioning	7 FB Conditioning VB Conditioning	8 FB Conditioning VB Conditioning	9 Boy's BB Music Bingo Fundraiser
10	11 School Board Meeting 8:00 pm	12 Teacher In-Service Open House 5:30 pm -7:00 pm	13 Teacher In-Service	14 First Day of School K-12 2:00 pm School Dismissal	15 2:00 pm School Dismissal	16
17	18 First Day of Preschool	19	20	21 Fall Sports Preview	22 2:00 pm Dismissal	23
24	25	26 Band at State Fair V VB @ Wilber- Clatonia 5:30 pm	27	28 JV VB @ East Butler High School 5:00 pm/ V VB 6:00 pm	29 2:00 pm Dismissal V FB @ Home vs Sterling 7:00 pm	30
31						

Dorchester Public School 2025-2026 Calendar = Adopted

2025

JULY							
S	M	T	W	T	F	S	
		1	2	3	4	5	
6	7	8	10	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			
AUGUST						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						1.00	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	29	30					
OCTOBER						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						1.00	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	
23/30	24	25	26	27	28	29	
DECEMBER						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	84.0

2026

JANUARY							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						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						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		
29	30	31						
APRIL						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	29	30				
MAY						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		
24/31	25	26	27	28	29	30		
JUNE								
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 8 New Teacher In-Service (Stipend Day)
- August 11 Start of FB & VB Practices
- August 12 & 13 Teacher In-Service (Open House August 12th)
- August 14 First Day of School for K-12; Dismiss @ 2:00 pm
- August 18 First Day of School for Preschool
- September 1 Labor Day - NO SCHOOL
- September 2 Cohort Day - NO SCHOOL
- October 8 PTC - 5:00-8:30 PM
- October 9 PTC - NO SCHOOL
- October 9 Staff may leave at 12:30 PM
- October 10 NO SCHOOL
- October 17 End of Quarter 1; Dismiss @ 2:00 pm
- November 3 NO SCHOOL PK-12
- November 17 Start of Winter Practice
- November 26-28 Thanksgiving Break
- December 19 End of S1- Dismiss at noon
- Dec. 22-Jan. 2 Holiday Break
- January 5 Classes Resume
- January 19 Cohort Day - NO SCHOOL
- February 12 PTC - NO SCHOOL
- February 13 NO SCHOOL
- March 2 Start of Spring Practice
- March 11 End of Quarter 3
- March 12 & 13 NO SCHOOL
- April 3-April 6 Easter Break - NO SCHOOL
- May 8 Last Day of School, Seniors
- May 9 Graduation
- May 20 Last Day of School, Preschool
- May 21 End of S2 - Dismiss K-11 at 11:30 am
- May 26-29 Make-up Days/School Improvement/Data Days TBD

*Flex Teacher Workday between July 28- August 11 or December 22 to January 2

STUDENT DAYS 176
TEACHER DAYS 9
TOTAL DAYS 185

PARENT-TEACHER CONFERENCES	
October 9	5:00-8:30PM & October 9 8:00AM-12:30PM
February 12	8:30AM-8:00PM
NO SCHOOL	
NO SCHOOL FOR PreK-12 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	
Make-up Days/School Improvement/Data Days TBD	
GYM CLOSED TO ALL PRACTICES AND ACTIVITIES	

2025 - 2026

DORCHESTER HIGH SCHOOL LONGHORNS



HOME GAMES IN BOLD

VARSITY FOOTBALL

Aug. 29	Sterling.....	7pm
Sept. 5	@ Pawnee City.....	7pm
Sept. 12	Heartland Lutheran (Homecoming)...	7pm
Sept. 19	Bye.....	
Sept. 26	@ Harvard.....	7pm
Oct. 3	Silver Lake (Youth Night).....	7pm
Oct. 10	@ Diller-Odell.....	7pm
Oct. 17	@ Red Cloud.....	7pm
Oct. 24	Meridian (Parents/Sr Night).....	7pm
Oct. 31	First Round Playoffs.....	TBD
Nov. 7	Quarterfinal Round.....	TBD
Nov. 14	Semifinal Round.....	TBD
Nov. 21	Finals @ UNK.....	TBD

JR. VARSITY FOOTBALL

Sept. 8	@ Pawnee City.....	4:30pm
Sept. 22	Sterling.....	6pm
Sept. 29	@ Meridian.....	6pm
Oct. 6	Parkview Christian.....	6pm

JR. HIGH FOOTBALL

Sept. 8	@ Pawnee City.....	3pm
Sept. 15	@ McCool Junction.....	4:30pm
Sept. 22	Sterling.....	4:30pm
Sept. 29	@ Meridian.....	4:30pm
Oct. 6	Parkview Christian.....	4:30pm
Oct. 10	@ Diller-Odell.....	4pm

VARSITY VOLLEYBALL

Aug. 26	@ Wilber-Clatonia (Jamboree)....	5:30pm
Aug. 28	@ East Butler.....	5/6pm
Sept. 4	@ Weeping Water.....	5/6pm
Sept. 5	@ Pawnee City.....	4/5pm
Sept. 11	Giltner/Harvard.....	5/7pm
Sept. 13	@ HTRS Invite @ Humboldt/Table Rock..	8am
Sept. 16	@ Nebraska Lutheran.....	6/7pm
Sept. 23	@ Osceola.....	6/7pm
Sept. 25	High Plains/Shelby-RC.....	5/7pm
Sept. 27	@ NE Lutheran/Omaha Christian..	10/11am
Sept. 30	Sterling (Parents/Senior Night)....	6/7pm
Oct. 2	@ Meridian/Diller-Odell.....	6/7pm
Oct. 3	Silver Lake.....	4/5pm
Oct. 9	@ Twin River/Cross County.....	5/6pm
Oct. 11	Booster Club JV Tourney.....	9am
Oct. 13	@ Parkview Christian.....	5/6pm
Oct. 14	@ BDS/McCoolJct.....	5/6pm
Oct. 18-21	CRC Tournament @ York.....	TBD
Oct. 25	JV Tourney @ EMF(Friend).....	9am
Oct. 27-28	Subdistricts.....	TBD
Nov. 1	District Finals.....	TBD
Nov. 5-8	State Tournament @ Lincoln.....	TBD

JR. HIGH VOLLEYBALL

Sept. 3	Meridian.....	1pm
Sept. 10	@ Giltner-Harvard.....	3pm
Sept. 18	Crete.....	4pm
Sept. 20	@ Friend Tournament.....	9am
Sept. 23	McCool Junction.....	1pm
Sept. 25	High Plains.....	2pm
Oct. 1	@ BDS.....	1pm
Oct. 4	D-Club Tournament.....	9am

Thanks TO ALL OF OUR FANS!

SCHEDULES COMPLIMENTS OF:
Tyser Auto Sales • Complete Ag
Schweitzer Farms and Sales
Spring Creek Repair & Farm Supply

VARSITY GIRLS BASKETBALL

Dec. 4	Deshler.....	6pm
Dec. 5	@ Meridian.....	6pm
Dec. 9	High Plains.....	6pm
Dec. 12	BDS.....	6pm
Dec. 16	Giltner-Harvard.....	6pm
Dec. 18	@ Osceola.....	6pm
Dec. 23	@ Elba.....	2pm
Dec. 30	@ Lewiston.....	4pm
Jan. 3	Cedar Bluffs.....	2pm
Jan. 6	@ Heartland Lutheran.....	6pm
Jan. 8	@ Sterling.....	6pm
Jan. 15	@ East Butler.....	6pm
Jan. 20	@ Cross County.....	6pm
Jan. 22	Shelby-Rising City.....	6pm
Jan. 24-30	CRC Tournament @ York.....	TBD
Feb. 3	College View Academy.....	5:30pm
Feb. 5	Nebraska Lutheran.....	6pm
Feb. 6	@ Twin River.....	6pm
Feb. 10	Parkview Christian.....	6pm
Feb. 13	McCool Jct (Parents/SrNight).....	6pm
Feb. 16-17, 19	Subdistricts.....	TBD
Feb. 27	Districts.....	TBD
Mar. 4-7	State @ Lincoln.....	TBD

JR. HIGH GIRLS BASKETBALL

Nov. 11	@ McCool Junction.....	2pm
Nov. 13	@ BDS.....	2pm
Nov. 17	Osceola.....	2pm
Nov. 20	Nebraska Lutheran.....	4pm
Dec. 3	@ Meridian.....	2pm
Dec. 6	Dorchester Booster Club Tourney..	9am
Dec. 9	East Butler.....	2pm
Dec. 11	High Plains.....	2pm
Dec. 17	@ Giltner-Harvard.....	3pm

VARSITY BOYS BASKETBALL

Dec. 4	Deshler.....	7:30pm
Dec. 5	@ Meridian.....	7:30pm
Dec. 9	High Plains.....	7:30pm
Dec. 12	BDS.....	7:30pm
Dec. 16	Giltner-Harvard.....	7:30pm
Dec. 18	@ Osceola.....	7:30pm
Dec. 23	@ Elba.....	3:30pm
Dec. 30	@ Lewiston.....	5:30pm
Jan. 3	Cedar Bluffs.....	3:30pm
Jan. 6	@ Heartland Lutheran.....	7:30pm
Jan. 8	@ Sterling.....	7:30pm
Jan. 15	@ East Butler.....	7:30pm
Jan. 20	@ Cross County.....	7:30pm
Jan. 22	Shelby-Rising City.....	7:30pm
Jan. 24-30	CRC Tournament @ York.....	TBD
Feb. 3	College View Academy.....	7pm
Feb. 5	Nebraska Lutheran.....	7:30pm
Feb. 6	@ Twin River.....	7:30pm
Feb. 10	Parkview Christian.....	7:30pm
Feb. 13	McCool Jct (Parents/SrNight)....	7:30pm
Feb. 23-24, 26	Subdistricts.....	TBD
Feb. 28	Districts.....	TBD
Mar. 11-14	State @ Lincoln.....	TBD

JR. HIGH BOYS BASKETBALL

Jan. 12	@ McCool Junction.....	2pm
Jan. 14	@ BDS.....	2pm
Jan. 19	Nebraska Lutheran.....	4pm
Jan. 21	@ Giltner-Harvard.....	3pm
Feb. 3	East Butler.....	2pm
Feb. 7	Dorchester Booster Club Tourney..	9am
Feb. 9	@ Meridian.....	2pm
Feb. 11	High Plains.....	2pm
Feb. 16	Osceola.....	2pm

VARSITY GIRLS WRESTLING

Dec. 4	Dual @ Meridian/EMF.....	6pm
Dec. 5	@ West Point-Beemer.....	3pm
Dec. 13	@ Crete.....	9am
Dec. 19	@ Wahoo.....	1pm
Jan. 2	@ Fillmore Central.....	9am
Jan. 9	@ Malcolm.....	3pm
Jan. 13	Dual vs Wahoo.....	5pm
Jan. 17	@ Nebraska City.....	10am
Jan. 22	@ Thayer Central.....	2pm
Jan. 30	@ Raymond Central.....	2pm
Jan. 31	@ Doniphan-Trumbull.....	9:30am
Feb. 6-7	District Tournament.....	TBD
Feb. 17-18	State Tournament @ Omaha.....	TBD

JR. HIGH GIRLS WRESTLING

Jan. 13	@ Sandy Creek.....	3pm
Jan. 17	@ Fairbury.....	10am
Jan. 27	@ Centennial.....	4pm
Feb. 2	@ Thayer Central.....	4pm
Feb. 9	@ Seward.....	4:30pm
Feb. 24	@ Crete.....	4:30pm

VARSITY BOYS WRESTLING

Dec. 4	Dual @ Meridian/EMF.....	6pm
Dec. 6	@ Friend.....	9am
Dec. 13	@ Osceola.....	8:30am
Dec. 19	@ Johnson County Central.....	9:30am
Jan. 3	@ Fillmore Central.....	9am
Jan. 10	@ Malcolm.....	9am
Jan. 17	@ Cross County.....	10am
Jan. 23	@ Thayer Central.....	2pm
Jan. 30	@ Freeman.....	3pm
Jan. 31	@ Doniphan-Trumbull.....	9:30am
Feb. 5	CRC Invite @ East Butler.....	2pm
Feb. 13-14	District Tournament.....	TBD
Feb. 19-21	State Tournament @ Omaha.....	TBD

JR. HIGH BOYS WRESTLING

Nov. 10	@ Friend.....	4pm
Nov. 18	Dorchester Invite.....	5pm
Nov. 25	@ Fillmore Central.....	4:30pm
Dec. 1	@ Wilber-Clatonia.....	6pm
Dec. 8	@ Tri County.....	4:30pm
Dec. 13	@ Centennial.....	9am

VARSITY TRACK

Mar. 19	Doane Invite @ Crete.....	10am
Mar. 24	@ Thayer Central Invite.....	11am
Mar. 31	Turkey Creek Relays @ Friend.....	10am
Apr. 8	Mustang Invite @ Friend.....	10am
Apr. 16	Del Wicks Invite @ Deshler.....	10am
Apr. 21	Friend Invite @ Friend.....	10am
Apr. 27	@ McCool Junction.....	9am
May 2	CRC Meet @ Osceola.....	9am
May 7	@ McCool Junction.....	9:30am
May 13	District Meet.....	TBD
May 22-23	State Meet @ Omaha.....	TBD

JR. HIGH TRACK

Apr. 1	Quad @ McCool Junction.....	12pm
Apr. 7	Meridian Invite @ McCool Jct.....	9am
Apr. 9	Millford Invite @ Millford.....	10am
Apr. 13	Dorchester Invite @ McCool Jct.....	9am
Apr. 16	Osceola Invite @ Osceola.....	9am
Apr. 23	Deshler Invite @ Deshler.....	9am
Apr. 27	Fairbury Invite @ Fairbury.....	11:30am
Apr. 30	CRC Meet @ Cross County.....	9am
May 7	Relays @ McCool Junction.....	9:30am
May 16	State @ Gothenburg.....	TBD



August 2025

Monday	Tuesday	Wednesday	Thursday	Friday
				1
4	5	6	7	8
11	12	13	14 Longhorn Burger w/cheese, BBQ, Onion Ring Peas & Carrots Fruit Fries Milk	15 Waking Taco Cucumbers Fruit Cookie Milk
18 Crispitos Corn Spanish Rice Peaches Milk	19 Pork Nacho Fries Baked Beans Pears Jell-O Milk	20 Chicken Alfredo Green Bean Mixed Fruit Bread Stick Milk	21 Cheesy Scrambled eggs and ham Tri-tater Toast Apple Sauce Milk	22 Italian Dunkers Broccoli Orange Slices Brownie Milk
25 Chicken Nuggets Loaded Mashed Potatoes Peaches Corn Milk	26 Hot Turkey & Cheese Sandwich Baked Beans Baked Lay's Chips Pears Milk	27 Spaghetti w/ meat sauce Green Beans Mixed Fruit Garlic Bread Milk	28 Orange Chicken Fried Rice Peas & Carrots Fortune Cookie Milk	29 Sausage Pizza Baby Carrots Strawberries Cake Milk

This institution is an equal opportunity provider.

Subject to change due to supplying issues.

Sub sandwiches or uncrustable sandwiches will be the cold option everyday.



August 2025

Monday	Tuesday	Wednesday	Thursday	Friday
				1
4	5	6	7	8
11	12	13	14 Biscuits & Gravy Fruit Milk	15 Egg, Ham & Potato Bake Toast Fruit Milk
18 Breakfast Burrito Fruit Milk	19 Strawberry Bagel Fruit Milk	20 Chocolate Chip Muffin Fruit Milk	21 Biscuits & Gravy Fruit Milk	22 Pancake & Tri-tater Fruit Milk
25 Sausage Griddler Fruit Milk	26 French Toast Stick Fruit Milk	27 Combo Bar Fruit Milk	28 Biscuits & Gravy Fruit Milk	29 Cheese Omelet Fruit Milk

This institution is an equal opportunity provider.
 Subject to change due to supplying issues.
 Everyday there will also be a choice for cold breakfast (all are whole grain): Dry Cereal,
 Poptart, and Granola Bar.

FALL PHOTO DAYS ARE COMING!

**WE WILL BE AT,
ESTAREMOS EN,**

Dorchester School

ORIGINAL PICTURE DAY

GET READY TO BE PHOTOGRAPHED ON
PREPÁRATE PARA SER FOTOGRAFIADO EN

September 4, 2025

MAKE-UP PICTURE DAY

GET READY TO BE PHOTOGRAPHED ON
PREPÁRATE PARA SER FOTOGRAFIADO EN

October 22, 2025



SMILE! IT'S YOUR BEST LOOK!



How to Order via website | cómo ordenar

- 1** Visit [DSSCHOOLS.COM/ORDER](https://www.dsschools.com/order)
Visite [dsschools.com/order](https://www.dsschools.com/order)
- 2** Select your School, then Select Fall Portraits
Seleccione su escuela y luego seleccione Retratos de otoño
- 3** Enter in your online code and start shopping!
Escriba su código en línea y comience a comprar

**Scan the QR code to order
photos one week after Picture Day!**

*¡Escanea el código QR para ordenar sus
fotos una semana después del Día de Fotos!*

**PHOTOS WILL BE READY TO ORDER 5-7 Business Days AFTER PICTURE DAY.
YOU WILL RECEIVE A PROOF FLYER WITH YOUR STUDENT'S PERSONALIZED GALLERY!**

**LAS FOTOS ESTARÁN LISTAS PARA PEDIR DE 5 A 7 DÍAS HÁBILES DESPUÉS DEL DÍA DE LA FOTO.
¡RECIBIRÁS UN FOLLETO DE PRUEBA CON LA GALERÍA PERSONALIZADA DE TU ESTUDIANTE!**

**DORCHESTER PUBLIC SCHOOL
JUNIOR HIGH & HIGH SCHOOL SUPPLY LIST
FOR THE 2025-2026 SCHOOL YEAR**

Spanish I & 2

Paper
Pencils
Pens
Index cards (200)

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

Pens & Pencils
Highlighter
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/ Loose Leaf
Paper
4x5 Note Cards
Pencils & Pens
Highlighter
Kleenex

Jr. High Guidance

Pen & Pencil
Highlighter
Pocket folder

DORCHESTER PUBLIC SCHOOL

ELEMENTARY SUPPLY LIST FOR THE 2025-2026 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 or DESIGNS
- 1 GLUE STICK
- COLORED PENCILS - 12 CT
- PENCIL BOX
- WATER BOTTLE (optional)

FOURTH GRADE

- BOOK BAG
- WATER BOTTLE (optional)
- 2 POCKET FOLDERS (different colors)
- COMPOSITION BOOK
- PENCILS & ERASERS (extra lead if mechanical)
- SOFT PENCIL BAG
- HIGHLIGHTERS
- 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!



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)



**Nebraska School Activities Association
School Sports Qualifying Screening Evaluation**
Please Complete in Ink

INSTRUCTIONS FOR COMPLETING THE PRE-PARTICIPATION FORM

REASONS FOR RECOMMENDED CHANGES IN PRE-PARTICIPATION PHYSICAL FORMS

The NSAA's Sports Medicine Advisory Committee has recommended that schools utilize a different form and different procedures than have previously been used for activities pre-participation physical examinations. Medical professionals on the NSAA Sports Medicine Advisory Committee expressed concerns that some of the processes of collection of and access to confidential student medical information for athletic participation purposes would likely constitute an infringement of privacy.

In the past, the two-part NSAA pre-participation physical form included (1) a page of student medical history, and (2) a page with the actual examination report. Once the physical examination was completed, both the medical history and examination report were filed with the student's high school, often by the physician or medical clinic—a practice that has been challenged as infringing on privacy.

The attached form is a product of and used with the approval of the 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.

This proposed three-part form includes (1) a History Form; (2) the actual Physical Examination Form; and (3) the Clearance Form. It is anticipated that the examining physician would retain on file the History Form and the Physical Examination Form, with only the Clearance Form being returned to the student to be placed on file in the school office.

SCHOOL ENTRY PHYSICAL EXAMINATIONS

This physical examination form and procedures is intended for pre-participation athletic physicals. In the past, some schools have utilized the NSAA physical form for school-entry physicals. This form could be used for that purpose, as well, but it is important to note that there may be important components of the school-entry physical examination requirements that are not included on this form (e.g., vision examination).

SIGNATURE(S)

For the form to be valid, it must be signed by a physician or medical person within the scope of his/her training and within the limits defined by state statutes as to services which can be legally performed by the field of practice to which the individual belongs.

PARENTAL CONSENT FORM

The Parental Consent Form is a form based on current language making sure parents and athletes understand completely there are risks with any athletic activity. This form is very "generic" and can be easily modified to fit the individual school. Since some schools may want to be very specific in their forms, this form may be modified. It is currently designed to refer to a school's specific sets of policies, rules and regulations for athletic participation. The Parental Consent Form should be placed on file for every student who participates in NSAA activities, athletic and non-athletic.

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):
<input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur
<input type="checkbox"/> High cholesterol <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"/> | | | | | |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 _____

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 (http://www.cdc.gov/HealthyYouth/yrbs/index.htm) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary*			
Skin			
MUSCULOSKELETAL			
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

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

Cleared without restriction

Cleared, with recommendations for further evaluation or treatment for: _____

Not cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

IMMUNIZATIONS (eg, tetanus/diphtheria, measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

Up to date (see attached documentation) Not up to date Specify _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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

Dorchester Public School

July 21st, 2025

Dear Parent/Guardian:

Children need healthy meals to learn. **Dorchester Public School** offers healthy meals every school day. Breakfast costs **Grade Pre-K-6 \$1.80, Grade 7-12 \$1.90**; lunch costs **Grade Pre-K-6 \$2.65, Grade 7-12 \$2.90**. **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 26th, 2025** 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. 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 **JJ Wagner, Dorchester Public School Principal, 402-946-2781 or jj.wagner@dorchesterschool.org**.

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, PO Box 7, Dorchester, NE. 68343.**

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 **JJ Wagner, Dorchester Public School, phone 402-946-2781 or email jj.wagner@dorchesterschool.org** immediately.

5. CAN I APPLY ONLINE? **No, this option is NOT available.**

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: **Nick Mumm, PO Box 7, Dorchester, NE. 68343.**
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, PO Box 7, Dorchester, NE. 68343. Phone 402-946-2781, or Email jj.wagner@dorchesterschool.org** 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 or call 1-800-383-4278.

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

Sincerely,

JJ Wagner, Principal

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, 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.

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.				Check all that apply: Homeless, Migrant, Runaway
	Grade	Name of School Child Attends	Foster Child	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"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:
 (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.

1. Household Members	2. Gross Income (before taxes) and How Often it was Received					
List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.	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

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: _____	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Income <input type="checkbox"/> Income Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Income too high <input type="checkbox"/> Foster Child <input type="checkbox"/> Incomplete application <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)			
Total Income: _____ per _____				
<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week				

Signature of Determining Official: _____ Date Approved: _____

FOR THE VERIFICATION PROCESS ONLY:			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 2025-26					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Each additional person:	10,175	848	424	392	196

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

This institution is an equal opportunity provider.

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 **Grados PK-6 \$1.80 and Grados 7-12 \$1.90**; el costo del almuerzo es de **Grados PK-6 \$2.65 & Grados 7-12 \$2.90**. **Es posible que sus hijos califiquen para aprovechar comidas gratuitas o a un precio reducido**. El precio reducido del desayuno es de **\$0.30** y el del almuerzo es de **\$0.40**. 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 **26 de septiembre** 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. 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, FDIPIR) 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 **JJ Wagner, Dorchester Public School, Principa, 402-946-2781 o Darlene Rodriguez, Migrant Education Recruiter, 402-564-5753 o drodriguez@esu7.org**.

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, PO Box 7, Dorchester, NE. 68343**.

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 **JJ Wagner, Dorchester Public School, teléfono 402-946-2781 o correo electrónico jj.wagner@dorchesterschool.org** de inmediato.

5. ¿PUEDO REALIZAR LA SOLICITUD POR INTERNET? **No, esta opción no esta disponible.**

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: **Nick Mumm, PO Box 7, Dorchester NE. 68343 telefono 402-946-2781 o correco electrónico Nick.mumm@dorchesterschool.org.**
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, PO Box 7, Dorchester, NE. 68343, teléfono 402-946-2781, o correo electrónico jj.wagner@dorchesterschool.org** 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 o llame al 1-800-383-4278.

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

Atentamente,

JJ Wagner, Principal

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:** Omítala 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:** Omítala esta parte.
- Parte 3:** Omítala 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), omítala 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 (marque si sí)	
			Niño de acogida	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, FDIPIR)

Indique el NÚMERO DE CASO MAESTRO (Master Case Number) en caso de que la familia califique para los programas SNAP, TANF o FDIPIR:
 (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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Ganancias de trabajo antes de las deducciones</th> <th colspan="2">Asistencia pública, manutención de menores, pensión alimenticia</th> <th colspan="2">Pensiones, jubilación y demás ingresos</th> </tr> <tr> <th>Ingreso</th> <th>Frecuencia</th> <th>Ingreso</th> <th>Frecuencia</th> <th>Ingreso</th> <th>Frecuencia</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						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																																																
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 _____ <input type="checkbox"/> Año <input type="checkbox"/> Mes <input type="checkbox"/> Dos veces al mes <input type="checkbox"/> Cada dos semanas <input type="checkbox"/> Semana	<input type="checkbox"/> Gratuitas <input type="checkbox"/> Reducidas <input type="checkbox"/> Ingreso <input type="checkbox"/> Ingreso <input type="checkbox"/> Elegible según categoría: <input type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Niño en custodia <input type="checkbox"/> Sin hogar/Migrantes/Refugiados:			<input type="checkbox"/> Rechazado Motivo del rechazo: <input type="checkbox"/> Ingreso demasiado elevado <input type="checkbox"/> Solicitud incompleta	

(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 2025-26					
Cantidad de integrantes de la familia	Anual	Mensual	Dos veces por mes	Cada dos semanas	Semanal
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,228	1,114
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Cada persona adicional:	10,175	848	424	383	196

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, FDIPIR) u otro identificador del FDIPIR 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.

Esta institución es un proveedor que brinda igualdad de oportunidades.



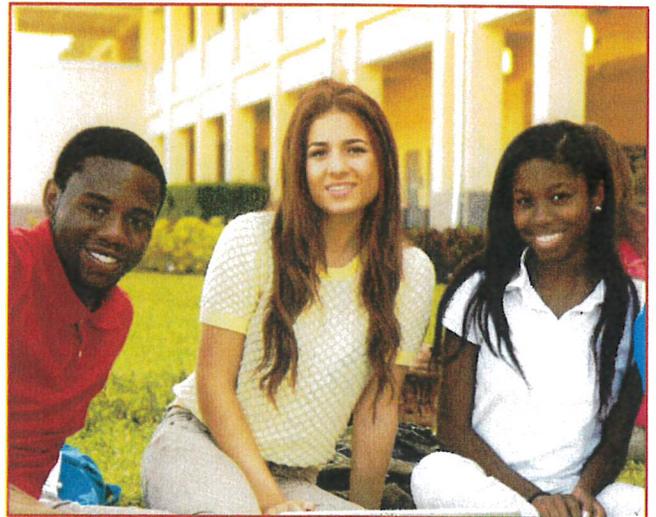
Step-by-Step Guide for Parents

Getting started with e~Funds for Schools Mobile Website



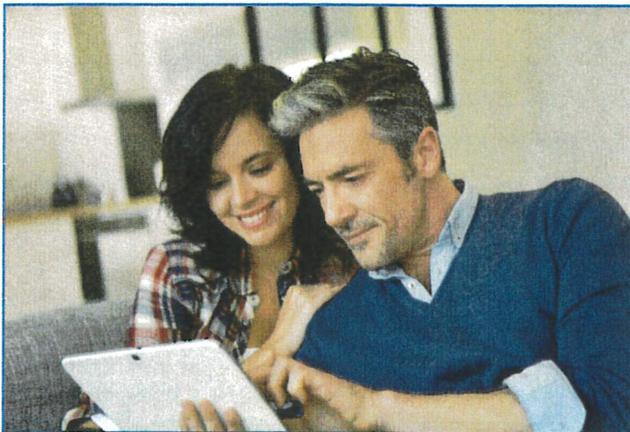
CREATING A NEW ACCOUNT

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.

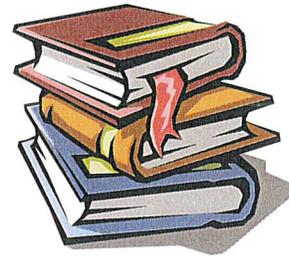
MAKE A PAYMENT

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**.



Dorchester Public Schools

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



Saline County School District #0044
a.k.a. Dorchester Public Schools
506 W 9th 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.

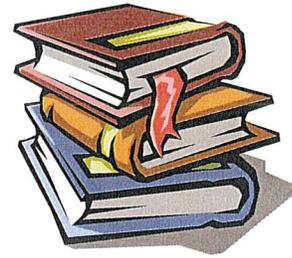
Parent or Guardian Signature: _____

Date: _____

Phone Number: _____

Escuela Publica de Dorchester

P.O. Box 7, 506 W 9th 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 9th 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:

**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 7th 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 7th 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.

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 st 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 4th 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 th 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://dhhs.ne.gov/Pages/reg_t173.aspx (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)

Updated 01/26/2018

MEDICAL EXEMPTION FROM VACCINATION REQUIRED FOR SCHOOL ATTENDANCE IN NEBRASKA

As the Physician, Physician Assistant or Advanced Practice Registered Nurse – Nurse Practitioner of:

<i>Child's Last Name</i>	<i>First Name</i>	<i>Age</i>
/ /		
<i>Birth Date (mm/dd/yyyy)</i>	<i>School</i>	<i>Grade</i>

I have elected to not immunize this student against the following disease(s):

Each disease for which a vaccine has not been administered must be checked. Parent/guardian must submit dates of immunizations for all other diseases.

- Diphtheria/Tetanus/and or Pertussis (DTaP, Tdap)
- Polio (IPV)
- Haemophilus Influenzae Type B (Hib)
- Hepatitis B
- Measles/Mumps/and or Rubella (MMR)
- Varicella
- Pneumococcal (PCV13)

In my opinion, this immunization would be injurious to the health and well-being of:

- The student
- A member of the student's household or family

Comments: _____

Signature of Physician, Physician Assistant, or Advanced Practice

Date

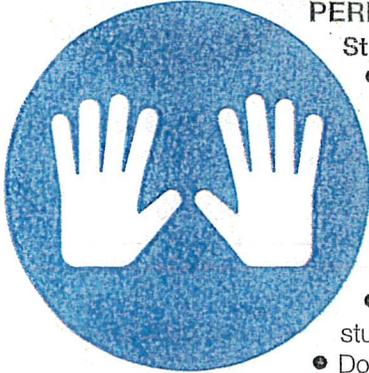
Registered Nurse – Nurse Practitioner

SRP IN A NUTSHELL

4 ACTIONS

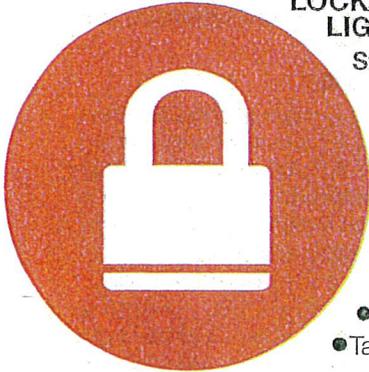
Each protocol has specific staff and student actions that are unique to the action. In the event student or staff identifies the initial threat, calling 911 and administration is advised.

LOCKOUT - "SECURE THE PERIMETER"



- Students** are trained to:
- Return to inside of building
 - Do business as usual
- Teachers** are trained to:
- Recover students and staff from outside building
 - Increased situational awareness
 - Take roll, account for students
 - Do business as usual

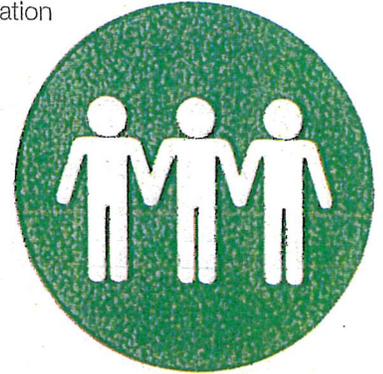
LOCKDOWN - "LOCKS, LIGHTS, OUT OF SIGHT"



- Students** are trained to:
- Move away from sight
 - Maintain silence
- Teachers** are trained to:
- Lock classroom door
 - Lights out
 - Move away from sight
 - Maintain silence
 - Do not open the door
 - Take roll, account for students

EVACUATE - "TO A LOCATION"

- Students** are trained to:
- Leave stuff behind
 - Bring their phone
 - Form a single file line
- Teachers** are trained to:
- Grab roll sheet if possible
 - Lead students to Evacuation location
 - Take roll, account for students



SHELTER - "FOR HAZARD USING A SAFETY STRATEGY"

- Hazards** might include:
- Tornado
 - Hazmat
 - Earthquake
 - Tsunami
- Safety Strategies** might include:
- Evacuate to shelter area
 - Seal the room
 - Drop, cover and hold
 - Get to high ground

- Students** are trained in:
- Appropriate Hazards and Safety Strategies

- Teachers** are trained in:
- Appropriate Hazards and Safety Strategies
 - Take roll, account for students
 - Report injuries or problems, at the Evacuation Assembly, to first responders using Red Card/Green Card method.



1 DEMAND

The protocol also carries an obligation. Kids are smart. An implicit part of the SRP is that authorities and teachers tell them what's going on. Certainly, tempered at the elementary school. But middle school and above needs accurate information for the greatest survivability, to minimize panic and to mitigate recovery.

* Note: Student training includes preparation for some alternative methods during a tactical response but reinforces deference to local law enforcement.

IN AN EMERGENCY WHEN YOU HEAR IT. DO IT.

LOCKDOWN! LOCKS, LIGHTS, OUT OF SIGHT.

STUDENTS

Move away from sight
Maintain silence
Do not open the door

TEACHER

Lock interior doors
Turn out the lights
Move away from sight
Do not open the door
Maintain silence
Take attendance



LOCKOUT! SECURE THE PERIMETER.

STUDENTS

Return inside
Business as usual

TEACHER

Bring everyone indoors
Lock perimeter doors
Increase situational awareness
Business as usual
Take attendance



EVACUATE! TO ANNOUNCED LOCATION.

STUDENTS

Bring your phone
Leave your stuff behind
Follow instructions

TEACHER

Lead evacuation to location
Take attendance
Notify if missing, extra or injured students



SHELTER! HAZARD AND SAFETY STRATEGY.

STUDENTS

Hazard	Safety Strategy
Tornado	Evacuate to shelter area
Hazmat	Seal the room
Earthquake	Drop, cover and hold
Tsunami	Get to high ground

TEACHER

Lead safety strategy
Take attendance

