

The Leigh Legend

August/September 2016

The Legend is a Newsletter for the patrons of the Leigh Community School District #39. The Legend is printed by the Educational Service Unit #7. Submit article suggestions to Monica Hake at Leigh High School at 487-2228 or mhake@esu7.org.



This is a Special Edition of the Leigh Legend for the preparation of the 2016-2017 school year.

In this special edition you will find various forms needed for the upcoming school year. It is our hope that this mailing will include everything needed for the start of school.

If there are any questions regarding any of the information, you may contact Dr. Montgomery or April at the Elementary School 402-487-3301 or Mr. Holmberg or Monica at the Jr./Sr. High School 402-487-2228.

Leigh Community School
Board of Education
Regular Meeting
June 15, 2016

President Jason Mullenhoff called the meeting to order at 8:24 p.m. Secretary Brabec read the roll call. Members present during the meeting were Wendt, Becher, Held H, Held K, Hoffman, McMullin, Mullenhoff, Osten, Urban. None were absent.

Also present were Superintendent Montgomery, Secretary Brabec.

Verification of Notice by Dr. Montgomery.

Recognition of Open Meetings Law by Dr. Montgomery.

Minutes approved.

Treasurer's/Financial Report accepted.

Bills Allowed.

Review and Approval of Agenda.

Principal's Report: Mr. Holmberg, principal for the '16-'17 school year, talked about what he has been working on for this fall. He had attended a Student Handbook session on updates and changes for handbooks.

Superintendent's Report: Dr. Montgomery gave an update on the progress of the Elementary School roof project. The roof materials are here with the roofers coming possibly next week. The High School had to purchase 2 new window air conditioners as previous ones were not able to be repaired. Dr. Montgomery had received notification from the State of Nebraska that Leigh is accredited. State reporting has been being worked on and is now complete. Dr. Montgomery wants to look into other software in thoughts of replacing our current Schoolmaster software.

Motions passed: Approved to table the purchase of a Pre-K van; Approved entering into closed executive session at 9:11 p.m.; Approved exiting closed executive session at 9:24 p.m.

Approved a 3.5% increase for 2016-2017 non-certified wages; Approved policy updates resulting from recent legislative action; Approved policy 5054 Student Bullying.

Motions failed: Denied approval for FRY to install the FRY Pre-K playground equipment.

Discussion items: Dr. Montgomery talked about the budget. He explained that he would like to be able to put more money into the Activity Fund. Dr. Montgomery mentioned negotiations. NASB calendar has a November 1st start date. Dr. Montgomery talked about Year End Assessments & Curriculum Review. He is still waiting for some results from NeSA testing. He would like to see some future upgrades for the English & Social Studies curriculum. School Improvement has a goal to focus on vocabulary. Still need to continue with reading goals but now will also focus on vocabulary goals. Board goals were reviewed. It needs to be advertised again for bus drivers as they are still needed. The 4000 series of the policies are finished and need to be reviewed. Dr. Montgomery will make changes and send out to the Board to look over and approve. For Board Self Assessment/Goal Planning, it was thought that Board goals were achieved. It was discussed whether or not to bring Marsha back to talk to new board members at our July meeting. Joint meeting with Clarkson School Board was discussed to be held in conjunction with our July meeting.

Moved by Becher, seconded by Urban to adjourn at 10:34 p.m. All present voting "aye". Motion carried.

Next regularly scheduled meeting will be on Monday, July 11th, 2016 at 6:00 p.m. with place to be determined. Meeting with Clarkson School Board will be at approximately 7:30 pm that night after the regularly scheduled meeting.

April R. Brabec
Board Secretary

Leigh Community School
Board of Education
Regular Meeting
July 11, 2016

President Jason Mullenhoff called the meeting to order at 6:08 p.m. Secretary Brabec read the roll call. Present were McMullin, Mullenhoff, Osten, Urban, Becher, Held H, Hoffman. Absent Held K, Wendt.

Also present were Superintendent Montgomery, Principal Holmberg, Secretary Brabec.

Verification of Notice by Dr. Montgomery

Recognition of Open Meetings Law by Dr. Montgomery

Excuse absences of Held K, Wendt.

Minutes approved.

Treasurer's/Financial Report accepted.

Bills allowed.

Review and Approval of Agenda.

Principal's Report: No report given.

Superintendent's Report: Dr. Montgomery discussed the purchase of a new school van. He explained that according to Rule 91 and the NDE, schools cannot purchase a 15 passenger van. On June 29, Dr. Montgomery and April Brabec attended the Department of Ed Budget Webinar in Columbus. In future years, there will be changes in LC-2. CDC & NSSRS reports are all complete. Elementary roof project is still in progress. Pre-K items have been ordered. Dr. Montgomery recommended looking at replacing the desktop computers as they are getting outdated.

Motions passed: Approved the Superintendent as school representative for all State and Federal programs; Approved Leigh World as the district newspaper for 16-17 school year; Approved Citizens State Bank as the district financial institution for the 16-17 school year; Approved the Parental Involvement Policy; Approved the Student Fees Policy; Approved the purchase of a new school van.

Discussion items: Goal setting, new Board members and previous Board goals were discussed. Discussion to have an Open House/2016-2017 Kick Off gathering at the Elementary before school starts.

Moved by Hoffman seconded by Becher to adjourn at 7:23 p.m. All present voting "aye". Motion carried.

Next regularly scheduled meeting will be at 7:30 pm on Monday, August 8th, 2016 following a Board Goals Retreat at 6:00 pm at the High School Cafeteria.

April R. Brabec
Board Secretary

Leigh Elementary Supply Lists:

PRE—Kindergarten:

bookbag (large enough to hold a regular sized notebook/folder)
 1 pkg. colored pencils
 1 pkg. jumbo crayons
 1 pkg. pencils
 1 pencil box
 1 glue bottle
 1 pair scissors (MUST be blunt tip)
 1 box tissues
 1 oversized paint shirt
 1 full set of extra clothes

Kindergarten:

1 large backpack
 1 pencil box
 2 boxes of tissues
 1 large box of crayons or 2 small boxes
 1 sturdy folder
 2 squeeze bottles of glue
 8 glue sticks
 1 pair of scissors
 1 big pink eraser
 4 Expo markers (put child's name on each marker) (NO Expo bottle spray)

First Grade:

2 boxes of Kleenex
 crayons
 scissors
 pencil box
 big pink eraser
 1 bottle elmer's glue
 8 glue sticks
 expo markers (NO Expo bottle spray)
 Optional-head phones to use with iPads
 No rulers or pencil sharpeners

1 notebook
 markers
 book bag
 pencils
 pencil top erasers
 3-bottom pocket folders
 2 black sharpie markers

Third Grade:

2 folders
 pencil box or pouch
 scissors
 colors
 4 red pens
 2 book covers
 washable markers and/or colored pencils

2 wide ruled notebooks
 pencils
 4 erasers
 4 dry erase markers
 4 glue sticks
 dry eraser or an old sock

Second Grade:

pencil box
 scissors
 #2 pencils
 big pink eraser
 markers
 2 notebooks
 4 Expo markers
 2 black Sharpie markers
 marker board eraser (can use a sock/glove)
 No rulers or pencil sharpeners will be needed. Please label all items with initials before coming to school.

6 glue sticks
 3 pocket folders
 bookbag
 crayons (no larger than 48)
 2 boxes Kleenex
 pencil top erasers
 1 bottle white Elmer's glue

Fifth Grade:

2 packs of pencils
 1 pack red pens
 erasers
 6 glue sticks
 2 composition notebooks
 1 pack loose leaf paper
 1 box of pencil colors
 1 pack of dry erase markers
 (dry eraser-if possible)
 pocket folders (1 for each subject)
 spiral notebooks (1 for each subject)
 1 pencil pouch (zipper bag recommended)
 1 book cover if possible

1 pack blue pens
 highlighters
 1 pair of scissors
 ruler
 1 box crayons
 1 box markers
 3 boxes tissues

Fourth Grade:

pencils
 erasers
 2-1" binders with pockets
 4 glue sticks
 1 bottle of Glue
 2 highlighters
 2 composition notebooks
 4 single subject spiral notebooks
 4 folders
 pack of Expo markers
 colored pencils
 markers
 crayons
 scissors
 zippered pencil pouch
 3 boxes of tissues
 1-Clorox wipes or 1-hand sanitizer
 ziploc Baggies

Sixth Grade:

pencils
 pens
 ruler
 scissors
 eraser for dry erase board
 pocket folders
 zippered pencil pouch
 large size book covers
 calculator (optional)
 No trapper keepers

erasers
 4 glue sticks
 highlighters
 dry erase markers
 2 composition books
 3 boxes of tissues
 pencil colors or thin line markers
 1-1" binder
 spiral notebooks or loose leaf paper

For the 2016 -2017 School Year —

Secondary School (grades 7-12) classes will begin at **8:05 a.m.** and will dismiss at 3:39 p.m. each day.

Elementary (grades K-6) classes will begin at **8:15 a.m.** and will dismiss each day at 3:25 p.m.

All students will begin classes on Tuesday, August 16th, this will be a full day of school.

Pre-K classes will begin on Tuesday, August 30th. The Prekindergarten program will be available four days a week. The morning session (8:00 a.m.—11:15 a.m.) will be for the 3-year-olds, and the 4-year-olds will attend the afternoon session (12:00 p.m.—3:30 p.m.)

Jr./Sr. High School:

Students in grades 7-12 may pick up their schedules, locker assignments, bring in physical forms, and purchase breakfast &/or lunch tickets at the school on Friday, August 12th from 8:00 a.m.—4:00 p.m.

COMMUNITY NIGHT OPEN HOUSE:

Leigh Community Schools would like to invite students, parents, members of the community, and prospective future students and their families to an open house at the Leigh Elementary School on Monday, August 15th from 6 -8 p.m. The Board of Education will be grilling burgers and will be available to answer questions and guide tours of the school. Elementary students can bring their supplies and meet their teachers. Patrons will be able to meet the staff and board members and place funds in lunch accounts. The Leigh Board of Education and Leigh Community Schools invite everyone to celebrate the start of another year of continued success at LCS!



Any students who did NOT ride the bus last year, but wish to ride the bus for the 2016-2017 school year should notify the High School Office at 402-487-2228.

(Kindergarteners and Pre K are already taken care of)

All bus riders will be contacted regarding pick up times, prior to school starting.



2016/17 School Calendar - Leigh Community Schools

August 2016						
Su	Mo	Tu	We	Th	Fr	Sa
	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			

Aug 11, 12, 15 Teacher Workdays
 Aug 16 First Day of School

September 2016						
Su	Mo	Tu	We	Th	Fr	Sa
				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	

Sep 5 NO SCHOOL Labor Day
 Sep 22 P/T conferences
 Sep 23 1:00 Dismissal

October 2016						
Su	Mo	Tu	We	Th	Fr	Sa
						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					

Oct 14 End 1st Qtr (42 days)
 Oct 28 NO SCHOOL Fall Break

November 2016						
Su	Mo	Tu	We	Th	Fr	Sa
		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			

Nov 23-25 NO SCHOOL - Thanksgiving

December 2016						
Su	Mo	Tu	We	Th	Fr	Sa
				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

Dec 21 End 2nd Qtr (44 days)
 & 1st Semester (86 days)
 Dec 22-31 NO SCHOOL - Winter Break

January 2017						
Su	Mo	Tu	We	Th	Fr	Sa
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				

Jan 1-2 NO SCHOOL Winter Break
 Jan 3 - NO SCHOOL - Teacher In-Service
 Jan 4 First Day of 2nd Semester

February 2017						
Su	Mo	Tu	We	Th	Fr	Sa
			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				

Feb 10- NO SCHOOL Teacher In-Service
 Feb 27 P/T conferences

March 2017						
Su	Mo	Tu	We	Th	Fr	Sa
			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	

Mar 2 - 1:00 Dismissal
 Mar 3, 6 NO SCHOOL Spring Break
 Mar 10 End 3rd Qtr (45 days)

April 2017						
Su	Mo	Tu	We	Th	Fr	Sa
						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						

Apr 14, 17 NO SCHOOL Easter Break

May 2017						
Su	Mo	Tu	We	Th	Fr	Sa
	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			

May 18 Last Day of School
 End of 4th Qtr (47 days) & 2nd Sem.
 May 19 Teacher Workday

June 2017						
Su	Mo	Tu	We	Th	Fr	Sa
				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	

1st Semester - 86 days
 2nd Semester - 92 days
 Teacher Days - 185 days

July 2017						
Su	Mo	Tu	We	Th	Fr	Sa
						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					

Federal holidays 2016/17

Sep 5, 2016	Labor Day	Nov 24, 2016	Thanksgiving Day	Jan 1, 2017	New Year's Day	Feb 20, 2017	President's Day
Oct 10, 2016	Columbus Day	Dec 25, 2016	Christmas Day	Jan 2, 2017	New Year's Day (obs.)	May 29, 2017	Memorial Day
Nov 11, 2016	Veterans Day	Dec 26, 2016	Christmas Day (obs.)	Jan 16, 2017	Martin Luther King Day	Jul 4, 2017	Independence Day

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LEIGH JR. - SR. HIGH SCHOOL

2016-17

PERIODS	1	2	3	4	5	(LUNCH)	6	7	8
Instructors	8:05 - 8:56	8:59 - 9:50	9:52 - 10:43	10:45-11:36	11:38 - 12:29	12:29 / 12:31 12:33 / 12:58	1:02 - 1:53	1:55-2:46	2:48-3:39
Mr. Bailey	Cabinet Making (Clarkson) 9-12							Building Construction (Clarkson) 11-12	
Mr. Bachman	Media In Society MWF Media In Society TR	World History	American Govt	Social Studies 7	American History		Social Studies 8	Civics / Sports Psyc	Planning
Mr. Cash	Life Fitness MWF Strength Trng TR	PE & Health 3	Planning	PE & Health 1	PE & Health 2 MWF Planning TR		Elem	Elem	JH Coaching 7-8 Health
Mrs. Cerv	ART MWF ART TR	Adv Art	Planning	7/8 Art					
Mrs. Fischer	Library	Library	Basic Geometry	Library	Reading		Basic Algebra	Library / JH SH	Study Hall (11)
Mrs. Held	Planning	General Science	English 11	College English	DL College English		Spanish 2	English 9	JH Coaching
Mrs. M Hillen	Planning	Interior Design	Planning	Careers Relations	Reading		Culinary Arts	Child Dev Parenting	Int FCS Foods
Mrs. K Hillen	1-6 Guidance	7-12 Guidance	7-12 Guidance	7-12 Guidance	Study Hall (12)		Study Hall	Spanish 1	College Math
Mr. Knaak	Planning	Math 7	Geometry	Math 8	Study Hall (10)		Algebra 1	Algebra 2	Pre-Calc Trig
Mr. Schmidt	Earth Science 8	Chemistry	Planning	Study Hall (9)	Physical Sci 9		Life Science 7	Physics	Biology
Mr. Tyser	Ag Construct MWF Ag Construct TR	Nat Res / Metal Fab (Sophomores)	Ag Ed 7/8 Planning	Plant Sci / Plant Bio (Juniors)	Planning Nurs Land (9-12)		Ag Mgt / Ag Leader (Seniors)	Planning	Ag En / Ani Bio (Freshmen)
Mr. Van Buren	Planning	Bus Law Marketing	7-8 Com/ Cmp Ap 1	Entrepren Intr Bsn	Tech Aps 1 Tech Aps 2		Tech Integration	Business Math	Accounting 1
Mr. Volquardsen	English 7	English 8	Speech Planning	English 12	Reading		English 10	English 9	Planning
Mr. Welsch	9-12 Band MWF	Travel / Plan	Elem	Elem	Elem		Planning (9-12)	7-8 Band MWF	Middle School PE
Mr. Dusso	9-12 Chorus TR							7-8 Chorus TR	
Mrs. Wendt	Resource	Resource	Resource	Resource	Resource		Resource	Resource	Resource

DL Offering
Clarkson
DL Receiving
On-line Education---may not be available

7th Rotation = Computer Aps/FCS/Agr/Art
 8th Rotation = FCS/Computer Aps /Art/Agr
 Senior Work Release can only be used at the end of the day.
 Work Release jobs must be every day.
 Work release can be all year or just one semester.
 Work release may be two periods.

Teacher's Aide: Seniors only, only one period.

Leigh Community Schools

310 E Short Street

PO Box 98

Leigh NE 68643

Michael Montgomery, Superintendent

Troy Holmberg, Principal

402-487-3301

Fax 402-487-2607

402-287-2228

Dear Parents/Guardians:

The Leigh School District **does not** provide any type of health or accident insurance for injuries incurred by your child at school.

Since children are particularly susceptible to injuries, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate. If you do not feel your insurance is adequate because of a deductible or co-insurance clause, or if you do not have insurance, we encourage you to review the student insurance program. This plan will provide benefits for medical expenses incurred because of an accident. An explanation of the cost and benefits is explained on the premium envelope. (copy on next page)

Leigh Community Schools encourages all families to have accident coverage on their children, prior to participation in any sports or school sponsored activity. Please review the options on the next page to determine if this program is a needed supplement to your own primary health insurance. If you are interested in additional coverage through this program, please contact the school offices (Elem. 487-3301, High School 487-2228) for more information or to receive a brochure.

		<u>Annual Premium</u>
A. Full Time (24 hour) – with No Sports	Grds PK-12	\$ 99.00
Full Time (\$79.00) – with All Sports (except football, grades 9-12)	Grds PK-12	\$174.00
B. School-Time – with No Sports	Grds PK-12	\$ 16.00
School-Time – with All Sports (except football, grades 9-12)	Grds PK7-12	\$ 91.00
C. Extended Dental Coverage	Grds PK-12	\$ 9.00
D. Football Coverage (football, grades 7 & 8 are covered by the All Sports Coverage)	Grds 9-12	\$250.00

In making application for coverage, please read the envelope explaining the coverage carefully. The following instructions apply:

1. Print name, address and other information clearly on the enrollment form.
2. Please enclose a check or money order payable to **STUDENT ASSURANCE SERVICES, INC.** or complete the credit card payment form.
3. Print Student's name on the face of the check.
4. Detach and retain summary of coverage, and **send the envelope to: Student Assurance Services, Inc., PO Box 196 Stillwater MN 55082-0196**. Coverage will become effective at 12:01 a.m. following the date the envelope containing enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1st. **DO NOT SEND YOUR ENVELOPE BACK TO THE SCHOOL.**
5. All questions regarding the coverage should be directed to Student Assurance Services, Inc., Stillwater MN (651) 439-7098 or toll free 1-800-328-2739.

Thank you.

Sincerely,

Troy Holmberg, Principal

WHY SHOULD MY STUDENT BE COVERED BY THIS INSURANCE?

As a service to its students, your school is offering an opportunity to enroll in a student accident insurance plan administered by Student Assurance Services, Inc. Participation in this plan is voluntary. This brochure describes several coverage and premium options. Please review the entire brochure before making a decision to purchase this insurance or contact us directly with your questions.

WHY IS THE SCHOOL PARTICIPATING IN THIS OFFERING?

Students are particularly susceptible to accidental injury. Your school does not carry medical insurance to pay for x-rays, stitches, ambulances, or other medical expenses.

WHAT KIND OF INSURANCE IS THIS?

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

WHO SHOULD CONSIDER BUYING THIS INSURANCE?

1. All families with no other health coverage.
2. Families with other health coverage having deductibles, copays, or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. There is no deductible or copay in our policy.

WHEN AND HOW CAN I ENROLL?

You can purchase this insurance anytime between the Master Policy effective and expiration dates during the current school year. It is to your advantage to enroll early. The premium cannot be prorated. Make check payable to: Student Assurance Services or fill out the credit card information, and enclose in the attached envelope. Write the student's name on the check. Save this brochure for your records, you will not receive a Master policy or ID card!

EXCLUSIONS (What the Plan DOES NOT Pay)

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are paid under Workers' Compensation or Employer's Liability Laws.
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
4. Replacement of contact lenses, eyeglasses, hearing aids or prescriptions or examinations thereof.
5. The practice or play of interscholastic sports including travel to or from such activity, practice, or play for students in the 7th grade or above, unless such premium is paid.
6. In Kansas - No benefits are payable for accidental bodily Injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.

WHAT ARE THE EFFECTIVE AND EXPIRATION DATES OF COVERAGE?

Coverage becomes effective the later of: the Master Policy effective date; or 12:01AM following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service. Interscholastic sports coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year.

HOW DO I FILE A CLAIM?

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

NOTE: Student must be treated by a licensed physician within 60 days of the date of the injury. Proof of claim should be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or reasonable time thereafter not to exceed one year. We are responsible only for expenses incurred within one year.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GH-2200 (and any state specific), and any applicable endorsement(s); Extended Dental Coverage GHE-2201 (and any state specific). This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice and Certificate of Coverage (where applicable), may be obtained on the website www.sas-mn.com



Administered by
STUDENT ASSURANCE SERVICES, INC.
PO BOX 196, STILLWATER, MN 55082
(800) 328-2739 - (651) 439-7098

Underwritten by



INSURANCE COMPANY OF AMERICA
MINNETONKA, MINNESOTA

**HAVE QUESTIONS?
CALL US TOLL FREE AT
(800) 328-2739 OR (651) 439-7098
OR www.sas-mn.com**

NOTICE: THE POLICY CONTAINS A PROVISION LIMITING COVERAGE TO USUAL AND CUSTOMARY CHARGES. THIS LIMITATION MAY RESULT IN ADDITIONAL OUT-OF-POCKET EXPENSES FOR THE INSURED.

Premium & Coverage Options

POLICY FORMS GH-2200 (AR)(KS)(LA)(MN)(MT)(SD) One Time Annual Premiums



Full Time Coverage Grades PK-12
(Does Not Include Interscholastic Sports Coverage)

\$99

Covers the student 24 hours a day until school starts next year. Includes coverage while at home, at school, weekends and summer vacation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.



Full Time Coverage Grades PK-12
(Includes Interscholastic Sport Coverage Except Football Grades 7-12)

\$174

In addition to the Full-Time Coverage shown above, the All Interscholastic Sports Coverage protects the student while practicing or participating in school-sponsored and school-supervised interscholastic sports including travel in school-provided transportation for grades 7-12. It DOES NOT cover Football for grades 9-12.



School Time Coverage Grades PK-12
(Does Not Include Interscholastic Sports Coverage)

\$16

Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and supervised extra-curricular activities, c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised activities in school provided transportation. DOES NOT cover participation in interscholastic sports for students in grades 7-12. Coverage ends the first day of school next year.



School Time Coverage Grades PK-12
(Includes All Interscholastic Sports Coverage Except Football Grades 9-12)

\$91

In addition to School-Time Coverage shown above, the All Interscholastic Sports Coverage protects the student while practicing for or participating in school-sponsored and supervised interscholastic sports including travel in school provided transportation, for grades 7-12. It DOES NOT cover Football for grades 9-12.



Football Coverage Grades 9-12

\$250

Protects the student while practicing for or participating in school-sponsored and school-supervised interscholastic football including travel in school-provided transportation.



Accidental Dental Coverage Grades PK-12

\$9

Provides benefits up to a maximum of \$5,000 for any dental injury. Covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of the injury and must be performed within one year from the date of injury. However, if within the one year period following the date of injury the student's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. Benefits for prostheses are limited to \$500 per injury, including procedures performed to install them. Dental prostheses includes, but is not limited to: crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics, dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.

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

www.sas-mn.com

B-1540 (2016)

Medical Benefits (What the plan pays)

When injury covered by this policy results in treatment by a Licensed Physician within 60 days from the date of accident, the Company will pay the Usual and Customary Charges (U&C) incurred for necessary Services and Supplies as listed below, for charges actually incurred within one year of injury up to the specified Maximum Medical Benefit of \$50,000 per injury. Unless otherwise stated, all amounts listed below are per injury.

This policy will pay benefits regardless of Other Valid Coverage if the covered claim expense is less than \$200, if the covered claim expense exceeds \$200, benefits shall be paid first by Other Valid Coverage. (Coverage is excess in KS and primary in MT and SD)

PHYSICIAN'S SERVICES

- a) **Surgical Operations** (surgeon, assistant surgeon, anesthesia)..... 80% U&C, up to \$1,500
- b) **Nonsurgical Care** (including physiotherapy treatment performed other than in a hospital, 1 treatment per day)..... U&C, up to \$50 for each treatment, maximum 6 treatments

HOSPITAL CARE

- a) **Inpatient Care**
 - (1) **Hospital Semi-Private Room**..... U&C, up to \$500 per day
 - (2) **Hospital Miscellaneous**..... 80% U&C, up to \$1,000
- b) **Outpatient Care** (facility charges for outpatient day surgery)..... U&C, up to \$1,000
- c) **Emergency Room**..... 80% U&C for hospital miscellaneous charges incurred, up to \$500

Note: Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.

X-RAY SERVICES

(includes charges for reading)..... U&C, up to \$200

DIAGNOSTIC IMAGING (MRI, CT Scan, bone scan,

includes charges for reading)..... U&C, up to \$500

DENTAL TREATMENT

(in lieu of all other medical benefits)..... U&C, up to \$200 for repair and/or replacement of each sound and natural tooth. (Sound tooth in SD)

AMBULANCE SERVICES

..... U&C, up to \$500

ORTHOPEDIC APPLIANCES (when prescribed by a

physician for healing)..... U&C, up to \$200

PRESCRIPTION DRUGS (take home)

..... U&C, up to \$100

MOTOR VEHICLE INJURY

..... Same as any injury, up to \$1,000 (in KS \$1,000 limit does not apply)

ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

- Loss of Life.....\$2,000
- Loss of an Eye.....\$2,000
- Double Dismemberment..... \$10,000
- Single Dismemberment..... \$ 2,000

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

www.sas-mn.com

For the 2016 – 2017
School Year

ATTENTION ATHLETES:
**Physical forms MUST be turned in to
the High School Office PRIOR to you
beginning fall sports practices**

SCHOOL DISTRICT – Permission to Participate

Name _____ Birth Date _____ Phone _____
Parent's / Guardians Name _____ School _____
Address _____ City _____ Zip _____

STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not to the best of my knowledge violated any of the eligibility rules and regulations of the Nebraska School Activities Association (NSAA). I will adhere to the rules and regulations set forth by the Coaching Staff and the NSAA. Furthermore, I understand that I will be held responsible for athletic equipment checked out to me and will be ineligible for athletic participation during the season in progress if found with stolen equipment. I recognize that it is a privilege to compete in athletics and will strive to earn respect for myself, school and community. I fully understand that the school has primary training rules that apply to all athletic programs and I agree to abide by them.

Signature of Parent/Guardian

Signature of Student

PARENTS / GUARDIAN'S PERMISSION

I hereby give my consent for the above named student to: (1) represent his school in organized athletic activities, except those determined to be inappropriate on the basis of physical examination, realizing that such activity involves the potential for injury which can occur in all sports. I/We understand that even with the best coaching, the right protective equipment and abiding by the rules of the sport, injuries are still a possibility, (2) Go with any school team of which he/she is a member on any local or out of town trips. I give permission for the school to obtain, through a physician of its own choice, any emergency medical care that may be needed for the student because of the athletic event or travel. I/We agree not to hold the school or anyone acting in its behalf responsible for an injury occurring to the above named student in the course of the activity or travel.

WARNING

The purpose of the warning is to bring to your attention that there are dangers associated with athletic participation. Participation in any athletic activity may involve injury of some type. The severity of such injury can range from minor injuries (cuts, scrapes, bruises, strains and sprains) to more serious injuries to bones joints, ligaments, tendons, muscles or internal organs, to catastrophic injuries to the head, neck and spinal cord. These injuries can result in permanent disability, paralysis or death.

I/We have read and understand the warning and the rules of eligibility as established by this school and know the purpose and content of this information.

Signature of Parent or Guardian

Date

ATHLETIC INSURANCE COVERAGE

Your school makes available an Athletic Injury Benefit Plan. The total premium is paid by the student or parent. The purpose of such coverage is to assist in the cost treatment of accidental injury. Payments are in addition to any payment by another company for the same injury.

CHECK THE STATEMENT WHICH APPLIES:

_____ I shall participate in the Athletic Benefit Injury Plan. Information brochures are available from the school office upon request.

_____ I have accident injury coverage with the _____ Insurance Company.

Signature of Parent _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, 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 <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

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 _____

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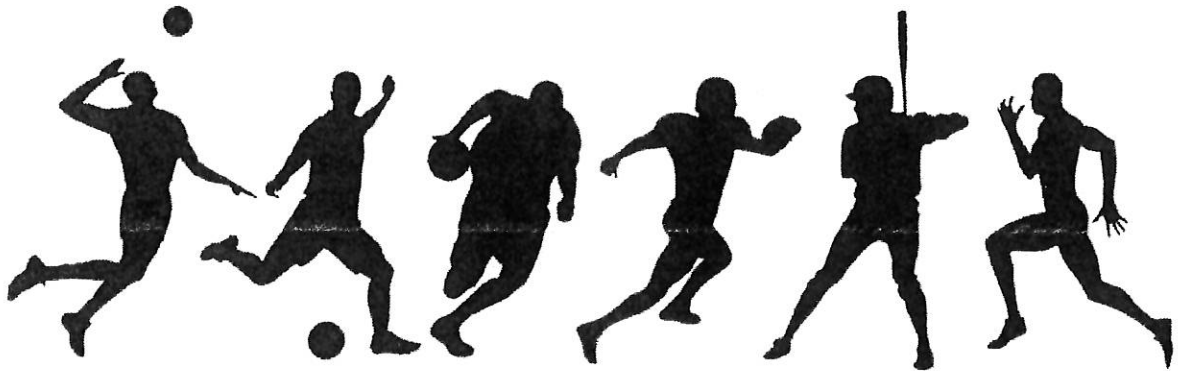
I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.

Parent or Legal Guardian Signature _____ Date _____

Sports Physical Clinic

\$25 per student, due at time of service (will accept cash, credit/debit card, check)

Will not submit to insurance.



August 3, 2016 8:00 am – 1:00 pm
at Clarkson High School

Please bring your completed and signed Physical Evaluation History Form along with payment.

Please dress in shorts and tank top or loose fitting shirt.

We would be glad to offer immunizations for students needing updates at a separate date in our Norfolk office.



Dr. Wende Heckert, DNP, APRN
109 N. 29th Street – Norfolk, NE 68701
Northwest Specialty Clinic – Lower Level
Ph: 402-371-0263 * Fax: 402-379-2281
heckerthealth@telebeep.com
www.heckerthealth.com

Leigh Community Schools

July 25, 2016

Dear Parent/Guardian:

Children need healthy meals to learn. **Leigh Community Schools** offers healthy meals every school day. Breakfast costs **\$1.75** for grades K-12; lunch costs **\$2.60 for grades K-6 and \$2.85 for grades 7-12.** **Your children may qualify for free or reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **September 27th** 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 **Michael Montgomery 402-487-3301** or mmontgomery@leigh.esu7.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: **April Brabec, PO Box 98, Leigh NE 68643.**

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 **April Brabec, 402-487-3301** immediately.

5. 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.

6. 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.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. 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.
9. 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: **MICHAEL MONTGOMERY, PO BOX 98, LEIGH NE 68643; 402-487-3301.**
10. 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.
11. 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.
12. 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.
13. 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.
14. 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 **April Brabec, 402-487-3301** to receive a second application.
15. 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 **402-487-3301**.

Sincerely,

Troy Holmberg, 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.

For households with FOSTER 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 some of the children in the household are foster children:

- Part 1:** List all children, including foster children, the school they attend and their grade. Check the box if the child is a foster child.
- 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. If you do 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.

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.

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- 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.

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- 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. If you do 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.

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2016-17

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends	Grade
	<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 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.	2. Gross Income (before taxes) and How Often it was Received					
	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: _____

Total Income: _____ per _____

Year Month 2 X Mo Every 2 Wks Week

Free Reduced Denied

Income

Categorically eligible:

SNAP/TANF/FDPIR

Foster Child

Reason for denial:

Income too high

Incomplete application

Signature of Determining Official: _____ Date Approved: _____

FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official: _____ Date Confirmed: _____

Signature of Verifying Official: _____ Date Verified: _____

Date Withdrawn From School: _____

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 2016-17					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each additional person:	7,696	642	321	296	148

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals may use their 2015 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced price meal application. The income to be recorded is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses, such as interest on home mortgages, medical expenses and other similar non-business items are not allowed in reducing gross business income.

USDA announced that **losses** (negative numbers) on the lines listed below can be used to determine the **total** income for this attachment. If the total income is a negative number, it must then be recorded as zero on the application in the category labeled "All Other Income".

Zero income resulting from the use of Form 1040 does not require follow-up.

Please note: Line **7** cannot be reported as current income. Income from wages or salaries must be reported on the application for the most recent month.

Line **22** (total income) and line **37** (adjusted gross income) may not be used for purposes of applying for free and reduced-price meals.

The required information for determining the allowable income from self-employment is to be taken from the **2015 U.S. Individual Income Tax Return Form 1040**.

Line 12, Business Income (or loss)	_____
Line 13, Capital Gain (or loss)	_____
Line 14, Other Gains (or losses)	_____
Line 17, Rental Real Estate, etc.	_____
Line 18, Farm Income (or loss)	_____

NOTE: If any members of the household have income from wages or salary, the gross income from last month must be reported on the application form.

This attachment is used only to report income from self-employment and/or farming.

Total of above lines: _____ **equals annual self-employed income***

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the application.

* This figure can be reported on the application under "Earnings from Work."

Leigh Community Schools Calendar Events August 2016

Sun	Mon	Tue	Wed	Thur	Fri	Sat
	1 Softball Conditioning Week 6:30 a.m. - FB Conditioning @ Clarkson Youth FB Camp	2 6:30 a.m. FB Conditioning @ Leigh lake Youth FB Camp	3 6:30 a.m. - FB Conditioning @ Clarkson 5:00 p.m. FB Meeting 8:00 a.m. - 1:00 p.m. Sports Physical Clinic in Clarkson New Gym	4 6:30 a.m. FB Conditioning @ Leigh lake	5 FB fall athletic testing @ Columbus - leave Clarkson @ 3:50 p.m.	6 10:00 a.m. FB Scrimmage @ Leigh
7 Volleyball Conditioning Week Softball Practices Start 7:30 p.m. School Board Meeting 7-10:00 a.m. FB Practice @ Leigh	8 Volleyball Conditioning Week Softball Practices Start 7:30 p.m. School Board Meeting 7-10:00 a.m. FB Practice @ Leigh	9 7-10:00 a.m. FB Practice @ Leigh 6:30 p.m. FB Parent's meeting @ Clarkson	10 7-10:00 a.m. FB Practice @ Leigh 6:00 p.m. FB fundraiser blitz & team picture	11 Teacher Work Day 4-7:00 p.m. FB Practice @ Leigh	12 Teacher Work Day 4-7:00 p.m. FB Practice @ Leigh	13 10:00 a.m. FB Scrimmage @ Leigh
14 VB Practice Starts - 2-A-Days Teacher Work Day 6-8:00 p.m. Open House/Burger Cookout @ Elementary	15 VB Practice Starts - 2-A-Days Teacher Work Day 6-8:00 p.m. Open House/Burger Cookout @ Elementary	16 First Day of Classes	17	18 4:30 p.m. Var. SB Triangular @ Tekamah/Herman vs Tekamah/Herman & GACC	19 7:00 p.m. FB Civil War Scrimmage @ Leigh	20 10:00 a.m. Var. SB @ Wayne Tourney
21 5:00 p.m. JV/V SB vs Boone Central @ Leigh Handbook Forms Due in School Offices	22 5:00 p.m. JV/V SB vs Boone Central @ Leigh Handbook Forms Due in School Offices	23 5:00 p.m. JV/V SB vs Pierce @ Leigh	24	25 4:30 p.m. Var. SB Triangular @ Tekamah/Herman vs Tekamah/Herman & GACC	26 7:00 p.m. FB @ Pender	27 10:00 a.m. Var. SB @ Wisner Tourney
28	29	30 5:00 p.m. JV/V SB @ Wayne First Day of PreKindergarten Classes Josten's Meeting w/Srs & Soph	31 SCHOOL PICTURES			

NOTE: All dates and times are subject to change—please refer to the school web site at: sites.esu7.org/leigh/ or the Leigh Community School facebook page for further information or to see what's happening at Leigh Community Schools.

Leigh Community Schools

Calendar Events September 2016

Sun	Mon	Tue	Wed	Thur	Fri	Sat
4	5	6	7	8	9	10
FFA State Fair Events	NO SCHOOL FFA State Fair Events	4:00 p.m. JH FB @ Scribner/Snyder 5:30 p.m. C/JV/VB vs Bancroft/Rosalie-Lyons/Decatur @ Lyons 5:30 p.m. JV FB @ Scribner/Snyder 3:30 p.m. JH VB @ Cedar Bluffs 5:00 p.m. JV/VB vs S. Sioux City @ Dodge		5:30 p.m. Var. SB Triangular @ Leigh vs Twin River & West Point/Beemer	FB - Bye Week	9:00 a.m. JH VB - Patriot Tourney @ Clarkson 8:00 a.m. JV VB Tourney @ Wisner
11	12	13	14	15	16	17
	7:30 p.m. School Board Meeting 5:00 p.m. JH VB vs Humphrey/LHF @ Humphrey 6:00 p.m. JV FB vs E Butler @ Dwight Homcoming Week	4:30 p.m. JV SB Tourney @ Wisner 5:30 p.m. C/JV/VB vs Scribner/Snyder @ Clarkson Homcoming Week	FFA Husker Harvest Days Homcoming Week	5:00 p.m. JV/VB vs O'Neill @ Leigh 5:30 p.m. C/JV/VB Triangular vs Humphrey/LHF & High Plains @ Humphrey Homcoming Week	7:00 p.m. FB vs Omaha Nation @ Leigh - HOMECOMING Homcoming Week	10:00 a.m. Var. VB @ Stanton Tourney Homcoming Dance
18	19	20	21	22	23	24
	4:30 p.m. JH FB @ Cedar Bluffs 5:00 p.m. JV/VB vs North Bend Central @ Dodge 5:30 p.m. JH VB vs Scribner/Snyder @ Clarkson 6:00 p.m. JV FB @ Cedar Bluffs	5:30 p.m. C/JV/VB @ Twin River	School Picture Re-Takes	P/T Conferences 5:00 p.m. JV/VB @ Pierce 5:00 p.m. JH VB vs Twin River @ Silver Creek	1:00 p.m. EARLY DISMISSAL 7:00 p.m. FB vs E. Butler @ Dwight	9:00 a.m. EHC SB Tourney - TBD TBD - Var. VB Tourney @ Hampton
25	26	27	28	29	30	
	4:30 p.m. JH FB vs HSF @ Leigh 5:30 p.m. JH VB vs Stanton @ Clarkson 6:00 p.m. JV FB vs HSF @ Leigh 6:00 p.m. Var. SB Triangular @ Leigh vs Boone Central & GACC	5:30 p.m. C/JV/VB @ Logan View	NO SCHOOL Teacher In-Service FFA Greenhand Leadership Day @ CCC	5:00 p.m. JV/VB @ Madison	7:00 p.m. FB vs Neligh/Oakdale @ Leigh	

Breakfast/Lunch Menu

Calendar Events August 2016

Sun	Mon	Tue	Wed	Thur	Fri	Sat
14	15	15 Br: Honey Nut Bar, Cereal, Mand. Oranges, Pineapple Pizza, Lettuce, Green Beans, Peaches	17 Br: Strawberry Yogurt Bar, Cereal, Pears, Peaches Taco, Refried Beans, Mand. Oranges	18 Br: PB&J, Oranges, Grape Juice Hoagie, Fresh Veggies, Applesauce	19 Br: Cinn. Toast Bar, Cereal, Peaches, Apples Chicken Nuggets, French Fries, Bun, Pears	20
21	22 Br: Poptart, Bun, Kiwi, Pineapple Chicken Strips, French Fries, Green Beans, Peaches	23 Br: Cinn. Toast Bar, Cereal, Peaches, Grapes Hot Ham & Cheese, Sweet Potato Fries, Pineapple	24 Br: Cereal, Cheese Stick, Apple Juice, Orange, Bun Hot Dog, Lettuce, Cucumbers, Apples, Cookie	25 Br: Berry Rice Krispie Bar, Cereal, Mand. Oranges, Applesauce Fried Chicken, Mashed Potatoes/Gravy, Corn, Bun, Mand. Oranges	26 Br: Cinn. Roll, Cinn. Crisp, OJ, Apples Stromboli, Baked Beans, Fresh Veggies, Applesauce	27
28	29 Br: Honey Nut Bar, Cereal, Pears, Peaches Sloppy Joe, Baked Beans, Fruit	30 Br: Cinn. Toast Bar, Cereal, Mand. Oranges, Grapes Nachos, Refried Beans, Breaded Cheesestick, Peaches	31 Br: Cinn. Roll, Cinn. Crisp, OJ, Applesauce Popcorn Chicken, Carrots, Pears, Bun, Cookie			

Calendar Events September 2016

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 Br: Strawberry Yogurt Bar, Cereal, Orange, Pineapple Egg McMuffin, Tri Tater, OJ	2 Br: PB&J, Kiwi, Grape Juice Stromboli, Green Beans, Bun, Pineapple, Cookie	3
4	5 NO SCHOOL	6 Br: Cinn. Toast Bar, Cereal, Mand. Oranges, Pears Grilled Chicken Patty, Baked Beans, Applesauce, Cinn. Crisp, Bun	7 Br: PB&J, OJ, Kiwi Pork Steak, Mashed Potatoes/Gravy, Corn, Bun, Mand. Oranges	8 Br: Honey Nut Bar, Cereal, 1/2 Orange, Pineapple Hamburger Tater Tot Casserole, French Bread, Broccoli, Pears	9 Br: Muffin, Cereal, Grape Juice, Applesauce Pulled Chicken, Sweet Potato Fries, Green Beans, Peaches	10
11	12 Br: Poptart, Cereal, Peaches, Cantaloupe Mini Corn Dogs, Baked Beans, Cucumbers, Pineapple, Bun	13 Br: Strawberry Yogurt Bar, Cereal, Applesauce, Pineapple Pork Patty, Mashed Potatoes/Gravy, Corn, Pears, Bun	14 Br: PB&J, Orange, Grape Juice Taco, Refried Beans, Fresh Veggies, Apples, Cookie	15 Br: Cinn. Toast Bar, Cereal, Grapes, Apples Spaghetti, French Bread, Fresh Veggies, Applesauce	16 Br: Cinn. Roll, Applesauce, OJ Hamburger/Cheeseburger, Green Beans, Peaches	17
18	19 Br: Honey Nut Bar, Pears, Peaches Meatball Sub, Green Beans, Apples	20 Br: Cinn. Roll, Strawberry Cup, OJ Popcorn Chicken, Carrots, Pears, Bun, Cookie	21 Br: Strawberry Yogurt Bar, Cereal, Grapes, Pineapple Pulled Pork Sandwich, Sweet Potato Fries, Broccoli, Mand. Oranges	22 Br: Chocolate Muffin, Cereal, Orange, Pears Beef Patty, Mashed Potatoes/Gravy, Corn, Bun, Peaches	23 Br: Poptart, Cinn. Crisp, Mand. Oranges, OJ H/S: Chicken Fajita, Refried Beans, Pineapple	24
25	25 Br: Rice Krispie Bar, Cereal, Pineapple, Applesauce Pizza, Fresh Veggies, Pears	27 Br: Cereal, Cheese Stick, Pears, Watermelon, Bun Roasted Chicken, Mashed Potatoes/Gravy, Corn, Mand. Oranges, Bun	28 NO SCHOOL	29 Br: Cheerio Bar, Cereal, Mand. Orange, Apple Juice Spaghetti, French Bread, Green Beans, Applesauce, Cookie	30 Br: Strawberry Yogurt Bar, Peaches, Banana Breaded Chicken Patty, Sweet Potato Fries, Pineapple	

2016-17 Breakfast/Hot Lunch Prices: *NOTE PRICE CHANGES FROM LAST YEAR**

Clip & Save!

Milk / Grab N Go Breakfast / Hot Lunch Prices for 2016-2017

Milk (for breaks) \$.40 each; \$4.00 for 10 days & \$8.00 for 20 days

Grab N Go Breakfast (K-12) — \$1.75 each; \$17.50 for 10 days & \$35.00 for 20 days

Elementary Lunches (K-6) — \$2.60/meal; \$26.00 for 10 days & \$52.00 for 20 days

Jr/Sr High School Lunches (7-12) — \$2.85/meal; \$28.50 for 10 days & \$57.00 for 20 days

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Superintendent's Thoughts

By Dr. Michael Montgomery

We are getting ready to begin a new school year and I think it is important for us to remember that the education of a student is done by more than the school. Every student's first teacher is their parents and then the school begins with the more formal education process. With that in mind I want to share the following poem.

UNITY

I dreamed I stood in a studio
And watched two sculptors there.
The clay they used was a young child's mind
And they fashioned it with care.
One was a teacher, the tools he used
Were books and music and art,
One a parent with a guiding hand,
And a gentle loving heart.
Day after day, the teacher toiled,
With a touch that was deft and sure,
While the parent labored by his side
And polished and smoothed it o'er,
And when at last their task was done
They were proud of what they had wrought.
For the things they had molded into the child
Could neither be sold nor bought.
And each agreed he would have failed
If he had worked alone,
For behind the parent stood the school,
And behind the teacher, the home.
--- Author Unknown