



# Welcome Back!

Back-to-School Newsletter for District 879 Students, Parents and Community Members  
 August 2016  
[www.delano.k12.mn.us](http://www.delano.k12.mn.us)



Due to construction projects that will be facilitated during the summer of 2017, the 2016-2017 school year will start before Labor Day. **Students in grades 5-12 will begin school on Monday, August 29. Students in grades K-4 will be attending scheduled orientation days both Monday and Tuesday, August 29 and 30.** Families of students in grades K-4 should have and will receive additional information regarding these two orientation days in the near future.

As you all know, last fall the Delano School District community supported a bond referendum that will provide 65 million dollars for our facility needs. This past summer we started three small projects that are supported by bond referendum dollars. The elementary school cafeteria will be expanded to meet enrollment needs, especially during lunch times. The second project includes installing an elevator in the community education building and designing a secure vestibule for the front entrance of the building. The third project will be relocating utilities in the front of the high school and middle school in preparation for the expansion of the front office and performing arts center. All of these projects are slated to be completed by the end of 2016.

The location of the new intermediate school building has been decided to be in the northwest corner of the campus across from the elementary school. This was the original location for the school that was discussed back in 2007-08. The district took additional time to study all possible locations for the purpose of improving traffic flow on campus. An option to locate the school east of the football stadium was considered, but in the final analysis it became apparent that the southeastern location would not improve traffic flow to a degree to warrant further investment of an additional road project. It is likely that the beginning of this project will now commence in the spring of 2017, with a projected move in date at the beginning of the 2018-19 school year. Some additional building projects that will begin in the late fall of 2016 include the turfing of the soccer field and football stadium with a newly constructed track.

The high school redesign project will begin in the late fall of 2016 with a completion date during the summer of 2019. This is an extremely complex redesign project that will be implemented in phases over the next three years. This project is designed to create flexible learning environments for all students in grades 7-12 that will optimize academic opportunities for our secondary students.

Over the next three years, our school campus will be involved in multiple building projects that will require patience and flexibility during the school years. In the final analysis, our goal is to build and redesign facilities for our students that will provide *systemic academic growth to promote educational excellence for every learner in a digital society*. In addition, our goal is to provide outdoor campus facilities that will meet the needs of all our community members pre-K through adult. Let us begin our building journey!

- **Matthew W. Schoen, Ed.S.**  
 Superintendent

## Delano Public Schools Open House/Orientation Schedule

### WEE Tiger Preschool Orientation Days

Monday, August 29 8:00 a.m. - 3:00 p.m.  
 Tuesday, August 30 8:00 a.m. - 3:00 p.m.

### Delano Elementary School Orientation Days - Grades K-4

Monday, August 29 8:00 a.m. - 3:30 p.m.  
 Tuesday, August 30 8:00 a.m. - 3:30 p.m.

### Delano Middle School Open House

Grade 5 Wednesday, August 17 4:30 - 7:30 p.m.  
 Grades 6-8 Wednesday, August 24 4:30 - 7:30 p.m.

### Delano High School Open House

Grades 9-12 Wednesday, August 24 4:00 - 6:00 p.m.



## 2016-2017 District Contact Information

Delano High School 763.972.3365  
Delano Middle School 763.972.7602  
Delano Elementary School 763.972.6200

**Matt Schoen, Superintendent, x2115**  
[matt.schoen@delanoschools.org](mailto:matt.schoen@delanoschools.org)

**Mary Reeder, Business Manager, x2118**  
[mary.reeder@delanoschools.org](mailto:mary.reeder@delanoschools.org)

**Darren Schuler, DES Principal, x2122**  
[darren.schuler@delanoschools.org](mailto:darren.schuler@delanoschools.org)

**Barry Voight, DMS Principal, x2330**  
[barry.voight@delanoschools.org](mailto:barry.voight@delanoschools.org)

**Steve Heil, DHS Principal, x2220**  
[steve.heil@delanoschools.org](mailto:steve.heil@delanoschools.org)

**Mike Lindquist, Activities Administrator, x2003**  
[mike.lindquist@delanoschools.org](mailto:mike.lindquist@delanoschools.org)

**Keely Swartzter, Special Education, x2034**  
[keely.swartzter@delanoschools.org](mailto:keely.swartzter@delanoschools.org)

**District Nurse, x2022**

**Gwen Briesemeister, Gifted & Talented, x3031**  
[gwen.briesemeister@delanoschools.org](mailto:gwen.briesemeister@delanoschools.org)

**Diane Johnson, Community Ed. Director**  
763.972.6210, press 6  
[diane.johnson@delanoschools.org](mailto:diane.johnson@delanoschools.org)

For more information [www.delano.k12.mn.us](http://www.delano.k12.mn.us)

## Early Childhood Intervention Services

In partnership with families and community, Delano Schools provide early intervention services at no cost to children in the Delano School District ages birth through five years of age or age of school entry.

Licensed educators, speech pathologists, occupational therapists, and physical therapists respond to referrals to answer questions parents have in regards to their child's development. Early Intervention Services provide developmental assessments as needed and offer services to children who meet Minnesota special education entrance criteria.

Birth to age five services are provided by Delano Public Schools' Early Childhood Special Education Program. For information or to make a referral contact: Keely Swartzter, Special Education Coordinator at 763.972.3365, ext. 2034.

## DELANO Community Education

Delano Community Education provides comprehensive life-long learning opportunities for area residents of all ages. General information and online registration is available at [www.delano.communityed.com](http://www.delano.communityed.com)

or call 763.972.6210. The Tiger Activity Center, located in the Delano High School, is Delano's premier family recreation facility for all ages. We offer different memberships to choose from, along with daily passes. Many insurance fitness reimbursement programs are also honored at the TAC. You can contact the Tiger Activity Center front desk at 763.972.3365, ext. 2129, for more information.



## Don't Miss the Bus! Everybody Counts on the School Census

### Annual School Census: Birth Age to 4

Each year, school districts throughout Minnesota are required by state law to conduct a census of the students who live within the district. The census information allows our school district to:

- Project future enrollment numbers.
- Have on file the names of preschool age children for Early Childhood Health and Developmental Screening (Preschool Screening).
- Have on file the names of upcoming Kindergarteners for Kindergarten Round-Up and other pertinent enrollment and program information.
- Help determine the funding for Early Childhood Family Education.
- Help determine the funding for School Readiness, as well as other school programs.

**Parents are asked to report their family census information either by calling the Early Childhood Family Education office at 763.972.6210, press 4, email your information to [jane.shaffer@delanoschools.org](mailto:jane.shaffer@delanoschools.org) or mail your census information to Census Information, Community Education Center, 140 Elm Avenue E., Delano, MN, 55328. The census information requested includes: parent/guardian name(s), county of residence, home address, home telephone number, name and birthdates of all children. We need to receive this information by September 30, 2016.**

Rather than conducting a time consuming and costly door-to-door or telephone census, the School District is asking parents to help in this endeavor. The information that the school district collects will be used only for school business and will be handled in a confidential manner.

**PLEASE HELP BY SENDING US YOUR FAMILY'S CENSUS INFORMATION. YOUR ASSISTANCE ENSURES THAT YOU WILL RECEIVE IMPORTANT SCHOOL INFORMATION FOR YOUR PRE-SCHOOL AGE CHILD AND THAT DELANO PUBLIC SCHOOLS RECEIVES FULL PROGRAM FUNDING FROM THE STATE!**  
Your assistance will be greatly appreciated.

# Delano Public School Policies and Notices

District Policies can be accessed at [www.delano.k12.mn.us](http://www.delano.k12.mn.us)

## **Equal Employment Opportunity**

It is the school district's policy to provide equal employment opportunity for all applicants and employees. The school district does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, age, family care leave status, or veteran status.

## **Disability Nondiscrimination Policy**

The school district shall not discriminate against qualified individuals with disabilities, because of the disabilities of such individuals, in regard to job application procedures, hiring, advancement, discharge, compensation, job training and other terms, conditions, and privileges of employment.

## **Background Check Information**

This new provision requires that at the beginning of each school year or when a student enrolls in a new school, the school hiring authority must notify the parents and/or guardians of the student about the school hiring authority's policy requiring a criminal history background check on employees and other individuals who provide services to the school, and identify those positions subject to a background check and the extent of the hiring authority's discretion in requiring a background check.

## **Weapons Policy**

No student or non-student, including adults and visitors, shall possess, use or distribute a weapon when in a school location except as provided in policy. The school district will act to enforce this policy and to discipline or take appropriate action against any student, teacher, administrator, school employee, volunteer, or member of the public who violates this policy. Licensed police officers are exempt from this policy.

## **Enrollment of Non-resident Students**

The deadline to apply for open enrollment is January 15 of the year prior to the start of school. The school board may limit open enrollment. For further information, please contact the superintendent's office at 763.972.3365, ext. 2111.

## **Student Records**

The school district recognizes its responsibility in regard to the collection, maintenance, and dissemination of pupil records and protection of the privacy rights of students as provided in state and federal law. Detailed information can be found at [www.delano.k12.mn.us](http://www.delano.k12.mn.us), click on district, superintendent's office, and then school board policies.

## **Facility Usage**

The school board recognizes that all school facilities, both indoor and outdoor, belong to school district residents and encourages the responsible use of school district facilities by individuals and groups. The Delano Community Education program has been designated to manage the use of school facilities during non-school hours. Scheduling arrangements can be made by calling 763.972.3365, ext. 2110.

## **Notification of Asbestos**

Delano Public Schools has a stringent inspection and management program for all asbestos containing building materials. As a matter of policy, the district will maintain a safe and healthful environment for our community's youth and employees. Every three years, all buildings owned and leased by the district are re-inspected by an EPA accredited inspector for asbestos content. Every six months, all materials containing asbestos are surveyed. Any materials needing repair or removal are done so under our asbestos operation and maintenance program safely and responsibly. The Delano School District has a list of locations and types of asbestos containing materials found in our buildings. Past response action activity include removal of asbestos tile and pipe wrap. Planned asbestos activities include removal of additional asbestos-containing pipe wrap and asbestos tile. A copy of the asbestos management plan is available for review in the district office. The district will charge reasonable costs to make copies of the management plan. Questions related to the plan should be directed to Mary Reeder, Business Manager, at 763.972.3365, ext. 2118.

## **Indoor Air Quality**

The Delano School District is proud to be taking a leadership role in providing a safe, comfortable, and productive environment for our students and staff so that we achieve our core mission - educating students. Our school will follow the EPA guidelines to improve our indoor air quality (IAQ) by preventing as many IAQ problems as possible, and by quickly responding to any IAQ problems that may arise. Good indoor air quality requires an ongoing commitment by everyone in our school because each of us makes daily decisions and performs activities that affect the quality of the air we breathe. Each room in every building will be evaluated for indoor air quality. Teachers, building engineers and administrators will be trained on IAQ factors. Our IAQ Coordinator, Mary Reeder, will follow up on any IAQ problems you may have. Mary Reeder has agreed to administer the IAQ Management Plan, which includes

taking a team leadership role, coordinating emergency response, and serving as our information resource on IAQ. Mary Reeder may be contacted at 763.972.3365, ext. 2118.

## **Use of Pest Control Materials**

A Minnesota state law requires that schools inform parents and guardians if they apply certain pesticides on school property. State law also requires that you be told that the long-term health effects on children from the application of such pesticides or the class of chemicals to which they belong may not be fully understood. The Delano School District does not apply pesticides on school property unless all other measures have failed to control the problem. In the event that insect control sprays and dusts need to be applied, it will only be done when students are absent from the area, and will be out of the area until any spray and any odor has dissipated. If you would like to be notified prior to a chemical application, please contact Mary Reeder, Business Manager, in the district office at 763.972.3365, ext. 2118.

## **Allergy Alert**

Based on studies in the United States, approximately 1 out of 125 children have a peanut allergy. Allergies to peanuts, shellfish, and eggs, along with other allergies have increased in the last decade. Therefore, it seems that it is likely that we will have students with food allergies in our school system. Beginning this fall we are implementing a PEANUT-FREE ZONE in our cafeteria. A table will be set aside for students with peanut and other food allergies. Students may sit at this table with friends if their breakfast or lunches do not include peanuts, peanut oil, or other known food allergies. Our goal is to keep all students safe!

## 2016 - 2017 STUDENT ACCIDENT INSURANCE COVERAGE

**OPTIONAL SCHOOL TIME ACCIDENT COVERAGE** - Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Includes participation in: Summer Recreation Activities sponsored by the school; One-Day School Field Trips (no Overnight) and School Sponsored Religious Activities. Coverage is provided for traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from their home premises and the school or the site of a covered activity. No coverage is provided while participating in Interscholastic Sports.

**Annual Premium: Plan "Low" – \$10.00 Plan "Medium" – \$16.00 Plan "High" – \$25.00**

**OPTIONAL 24-HOUR ACCIDENT COVERAGE** - Insurance coverage is provided around the clock, 24 Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away, any place, any time, anywhere. No coverage is provided while participating in Interscholastic Sports.

**Annual Premium: Plan "Low" – \$48.00 Plan "Medium" – \$65.00 Plan "High" – \$125.00**

**OPTIONAL 24-HOUR DENTAL COVERAGE (Can be purchased separately or with other coverage)** – Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$25,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of \$1,000. The Student must be treated by a legally qualified dentist who is not a member of the student's Immediate Family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth.

**Annual Premium: \$8.00**

**COVERAGE PERIOD** – Coverage under the Optional School-Time Accident Coverage, the Optional 24-Hour Accident Coverage and the Optional 24-Hour Dental Coverage starts on the date of premium receipt but not before the start of the school year. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term, except while the student is attending academic classroom sessions exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year. Coverage is available under the plan throughout the school year at the premiums quoted (**no pro rata premiums available**).

<b>SCHEDULE OF BENEFITS</b>			
Coverage for Injuries due to Accidents only			
<b>Maximum Benefit:</b>	<b>Plan "Low"</b>	<b>Plan "Medium"</b>	<b>Plan "High"</b>
School-Time Option	\$25,000	\$50,000	\$100,000
24-Hour Option	\$25,000	\$50,000	\$100,000
Injuries Involving Motor Vehicles	\$10,000	\$10,000	\$ 10,000
Death Benefit/Double Dismemberment	\$10,000	\$20,000	\$ 20,000
Single Dismemberment	\$ 5,000	\$10,000	\$ 10,000
<b>Loss Period for Medical Benefits</b>	Treatment must begin within 60 days from the date of Injury		
<b>Benefit Period for Medical and AD&amp;D/Loss of Sight Benefits</b>	1 Year	1 Year	1 Year
<b>Excess Coverage Applicability</b>	Full Excess	Full Excess	Full Excess
<b>Hospital/Facility Services - Inpatient</b>			
Hospital Room and Board (Semi-Private Room Rate)	65% RE*	75% RE*	80% RE*
Inpatient Hospital Miscellaneous	65% RE*	75% RE*	80% RE*
<b>Hospital/Facility Services - Outpatient</b>			
Free-Standing Ambulatory Surgical Facility	65% RE* to \$500 Maximum	75% RE* to \$800 Maximum	80% RE* to \$1,500 Maximum
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	65% RE* to \$500 Maximum	75% RE* to \$800 Maximum	80% RE* to \$1,500 Maximum
Hospital Emergency Room	65% RE* to \$500 Maximum	75% RE* to \$800 Maximum	80% RE* to \$1,500 Maximum
<b>Physician's Services</b>			
Surgical	65% RE*	75% RE*	80% RE*
Assistant Surgeon	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	65% RE* / \$25 Visit/5 Visit Max.	75% RE* / \$30 Visit/7 Visit Max.	80% RE* / \$40 Visit/8 Visit Max.
Physician's Non-surgical Treatment (Except as above)	65% RE*	75% RE*	80% RE*
<b>Other Services</b>			
Registered Nurses' Services	65% RE*	75% RE*	80% RE*
Prescriptions - outpatient	65% RE*	75% RE*	80% RE*
Laboratory Tests – Outpatient	65% RE*	75% RE*	80% RE*
X-rays, includes interpretation – Outpatient	65% RE*	75% RE*	80% RE*
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	65% RE*	75% RE*	80% RE*
Ground Ambulance	65% RE*	75% RE*	80% RE*
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	65% RE*	75% RE*	80% RE*
Dental Treatment to sound, natural teeth due to covered injury	65% RE* to \$500 Maximum	75% RE* to \$800 Maximum	80% RE* to \$1,500 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$150 Maximum	\$500 Maximum	\$700 Maximum
<b>*RE means Reasonable Expense</b>			<b>GER_0514 ENOSPORTS(0009)</b>

<b>2016 – 2017 ENROLLMENT APPLICATION</b> (please print or type)			
Student's Last Name _____	Student's First Name _____	Student's Middle Initial _____	Grade _____
Address _____		City _____	State _____ Zip _____
Telephone Number _____		Birthdate _____	
School System _____		Name of School _____	
Check your selection:	Plan "Low" <input type="checkbox"/> School-Time \$10.00	<input type="checkbox"/> 24-Hour Accident \$ 48.00	<input type="checkbox"/> 24-Hour Dental \$8.00
	Plan "Medium" <input type="checkbox"/> School-Time \$16.00	<input type="checkbox"/> 24-Hour Accident \$ 65.00	<input type="checkbox"/> 24-Hour Dental \$8.00
	Plan "High" <input type="checkbox"/> School-Time \$25.00	<input type="checkbox"/> 24-Hour Accident \$125.00	<input type="checkbox"/> 24-Hour Dental \$8.00
<b>Please make check payable to Gerber Life Insurance Company</b>			
			Total Enclosed: _____
Signature of Parent or Guardian _____		Date _____	

**EXCESS COVERAGE PROVISION** The Company will pay Reasonable Expenses that are not recoverable from any Other Plan. The Company will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or similar provisions. The amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Student Accident Insurance is secondary to all other policies. This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services Benefits are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

**MEDICAL BENEFITS** When a covered Injury to a student results in 1) treatment by a legally qualified Physician or surgeon (other than a member of the immediate family or person retained by the school) or 2) Hospital confinement, and treatment begins within 60 days from the date of Injury, the Company will pay the benefit as shown in the Schedule of Benefits, subject to the Excess Coverage Provision above. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the Accident are covered. Benefits for any one Accident shall not exceed in the aggregate the maximum stated in the Medical Benefit plan purchased. Expenses incurred after one year from the date of Injury are not covered, even though the service is a continuing one, or one that is necessarily delayed beyond one year from the date of Injury.

**ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT** When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Accidental Death, Dismemberment, or Loss of Sight then the Company will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within 365 days after the date of the Accident.

The maximum benefit payable under this provision is stated in the Schedule of Benefits under Maximums and Benefit Period: 1) Life 2) Both Hands or Both Feet or Sight of Both Eyes; 3) Loss of One Hand and One Foot; 4) Loss of One Hand and Entire Sight of One Eye; 5) Loss of One Foot and Entire Sight of One Eye; 6) Loss of One Hand or Foot; 7) Loss of Sight in One Eye; 8) Loss of Thumb and Index Finger of the Same Hand. Half of the maximum benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye. Loss of Hand or Foot means the complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight in One Eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body. If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount the Company will pay is the maximum benefit. Benefits paid under this provision will be paid in addition to any other benefits provided by the Policy. Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

**DEFINITIONS** **Injury** means bodily injury caused by an Accident. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. The Injury must be sustained as stated on the face page of the Policy, except where specifically stated otherwise in the Policy. **Accident** means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under the Policy. **Reasonable Expense** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician.

**EXCLUSIONS** No Benefits are payable for Hospital and Professional Services for the following: 1) Injuries which are not caused by an Accident; 2) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; 3) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; 4) Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured suffered before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured's Physician; 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid; 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; 7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School; 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane; violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician; 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain; and 11) Expenses incurred for experimental or investigational treatment or procedures.

**RETAIN THIS DESCRIPTION FOR YOUR RECORDS**

This is not a Policy, rather a brief description of the benefits provided under the master policy issued to the school. Please refer to the master policy for further details. **IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form COL-11(CA), underwritten by Gerber Life Insurance Company (the Company). If there is any conflict between this brochure and the Policy, the Policy will prevail. Please see the Master Policy for individual state details.**

**HOW TO FILE A CLAIM**

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss.

In the event of an Accident, students should: 1) Secure treatment at the nearest medical facility of their choice; 2) If you have other insurance, submit your claim to your other insurer. When you receive the explanation of benefits notice from your primary carrier, send it to us; 3) Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills and the fully completed and signed accident claim form to the claims office – mail all correspondence to WEB-TPA, P.O. Box 2415, Grapevine, TX 76099-2415; and 3) **Call 1-866-975-9468** with any Claims questions.

**UNDERWRITTEN BY:**  
Gerber Life Insurance Company  
White Plains, NY 10605

**MARKETING AGENT:**  
Student Insurance  
10801 National Blvd., Suite 603  
Los Angeles, CA 90064  
(310) 826-5688

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**To apply for coverage, please enroll on-line with a credit card at [www.k12specialmarkets.com](http://www.k12specialmarkets.com) or cut along the dotted line, complete the form and mail it, along with your check or money order, to the Please Return To: address shown below.**

Please Return To: Student Insurance  
10801 National Blvd., Suite 603  
Los Angeles, CA 90064

## SCHOOL LUNCH INFORMATION FOR 2016-2017

To apply for free or reduced-price school meals and/or help our school qualify for additional education funds and discounts, complete the enclosed Application for Educational Benefits and return to: Delano Public Schools, Attn: Tracie Erickson, Food Service Account Supervisor, 700 Elm Avenue East, Delano, MN, 55328.

Children need nutritious meals to learn. Delano Public Schools serve nutritious meals every school day.

**Elementary School (Grades K-4): Lunch \$2.70; Middle School Lunch \$2.80; High School Lunch \$2.85; Breakfast (Grades 1-12) \$1.60.**

**Starting in the 2014-15 school year, students who qualify for reduced-price meals receive school lunches at no charge. In addition, all participating kindergarten students will receive breakfast at no charge. Milk with a cold lunch is not part of the free and reduced program. Milk is 50 cents when purchased separately.** All meals served meet nutritional standards established by the U.S. Department of Agriculture. If a child has been determined by a physician to have a disability and the disability prevents the child from eating the regular meal, we will make modifications or substitutions prescribed by the physician at no additional charge.

The rules established by the Federal/State Lunch Program require the District to charge a higher rate for a second lunch. Students may purchase a second lunch for \$3.50 (grades 5-12). Milk is available free-of-charge for all children who want to participate in kindergarten milk break.

### Instructions for Completing the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2016-17 if any of the following apply to your household:

- Any household member currently participates in the *Minnesota Family Investment Program* (MFIP), or the *Supplemental Nutrition Assistance Program* (SNAP), or the *Food Distribution Program on Indian Reservations* (FDPIR), or
- The household includes foster children (a welfare agency or court has legal responsibility for the child), or
- Total household income (gross earnings, not take-home pay) is within these guidelines:

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,979	1,833	917	847	424
2	29,638	2,471	1,236	1,141	571
3	37,297	3,109	1,555	1,436	719
4	44,956	3,748	1,875	1,731	866
5	52,615	4,386	2,194	2,025	1,013
6	60,274	5,024	2,513	2,320	1,161
7	67,952	5,664	2,833	2,615	1,308
8	75,648	6,305	3,153	2,911	1,456
Additional	7,696	642	321	296	148

**Children and Foster Status** List all children in the household in Step 1. Fill in the circle if a child is in foster care.

**Case Number** Complete Step 2 if any household member currently participates in one of the programs listed in that section. If Step 2 is completed, skip Step 3 (adult names and incomes).

**Adults / Household Incomes** In Step 3, list all adult household members, whether related or not (such as grandparents, other relatives, or friends). Include an adult who is temporarily away, such as a student away at college. Do not complete Step 3 if a case number was provided in Step 2, or if the application is for foster children only.

- If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular income to children. Do not include occasional earnings like babysitting or lawn mowing.
- For each adult household member, list their gross incomes (not take-home pay). For each income, fill in a circle to show how often the income is received.
- For farm/self-employment income only, list net income after subtracting business expenses.
- If an adult has no income to report, enter a '0' or leave the section blank. This is your certification that there is no income to report.

- Examples of “other income” to include in the last column are unemployment, pension, retirement, disability and veterans benefits.

Do *not* include as income: foster care payments, federal education benefits, MFIP payments, combat pay, or value of assistance received from SNAP, WIC, FDPIR or Military Privatized Housing Initiative.

**Last Four Digits of Social Security Number** The person signing the application must provide the last four digits of their Social Security number in Step 3 or check the box if they do not have a Social Security number.

If you do not want information to be shared with health care assistance programs, check the box in Step 4.

**Signature** The form must be signed by an adult household member in Step 5.

## **Frequently Asked Questions**

**Who can get free school meals?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Also, children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

**Do foster children qualify for free meals?** Yes, foster children who are the legal responsibility of a foster care agency or court are eligible for free meals regardless of household income. Complete an application identifying the children who are in foster care.

**I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free school meals. Please fill out an application.

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced-price school meals.

**Who should I include as household members?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes.

**How will the information I provide be kept?** Information you provide on the form, and your child’s approval status for school meal benefits, will be protected as private data. See the back page of the Application for Educational Benefits for more information about how the information is used.

**Will the information I give be checked?** Yes, and we may also ask you to send written proof.

***If you have additional questions or need help, please contact Tracie Erickson, Food Service Account Supervisor, at 763.972.3365, ext. 2136. We will notify you when your application is approved or denied.***

## Application for Educational Benefits – School Year 2016-17 School Meals • State and Federally Funded Programs

**Step 1** List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	School	Grade	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	Optional - Racial Identity * Fill in one or more circles for each child.							
							American Indian	Asian	African American	Pacific Islander	White			
						<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander and White.

**Step 2** Do any Household Members, including yourself, currently participate in any of the following assistance programs: SNAP, MFIP or FDPIR? Circle one: **Yes** **No**  
 Medical Assistance and WIC do not qualify. If No > Go to STEP 3. If Yes > Write in the. **CASE NUMBER** \_\_\_\_\_ here: then go to STEP 4.

**Step 3 A. List ALL Adult Household Members including yourself and report all incomes.** (Skip STEP 3 if you answered "yes" to STEP 2 or if all participants are foster children.)

Adults - Full Name <small>For the purpose of school meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.</small>	Gross Pay from Work <small>Do not write in an hourly wage.</small>			Farm or Self-Employment	Public Assistance, Child Support, Alimony			All Other Incomes						
	Gross pay before deductions (not take-home pay).	Weekly	Bi-Weekly	Monthly	Net Income after business expenses. State if annual or monthly.	Payments received.	Weekly	Bi-Weekly	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Bi-Weekly	2x Month	Monthly
	\$	<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"/>
	\$	<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"/>
	\$	<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"/>
	\$	<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"/>

**B. Last four digits of signer's Social Security Number (SSN) or no SSN (required):** C. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages?

– or  I don't have a Social Security Number.  
 regular incomes of children, if any:

\$	Weekly	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>	2x Month	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
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**Step 4** I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal and state funds and that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws. The information I provide may be shared with Minnesota Health Care Programs as allowed by state law, unless I have checked this box:  Do not share my information with Minnesota Health Care Programs.

**Signature of Adult Household Member (required)** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Office Use Only** Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per \_\_\_\_\_ Approved:  Case Number – Free  Foster – Free  Income – Free  
 Income – Reduced-Price  Denied:  Incomplete  Income Too High  Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_



**Is this form required?**

This form must be completed to apply for free or reduced-price school meals, unless:

- (1) Your school provides free school meals to all students without applications from households (*Community Eligibility Provision, Provision 2 or Provision 3*) or
- (2) You were notified that your children have been directly certified for school meal benefits based on foster care status or participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR).

**Privacy Act Statement / How Information Is Used**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information, but if you do not we cannot approve your child for free or reduced-price school 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 provide an MFIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information that you provide on this form. We will use your information to determine if your child qualifies for free school meals, and for administration and enforcement of the school meal programs. We *may* share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to the Minnesota Department of Education (MDE) as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Information provided on this form may be shared with Minnesota Health Care Programs, unless the person completing this form has checked the box in Step 4 to not share information for that purpose.

**Nondiscrimination Statement**

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, audiotape, 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](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 to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or (2) fax to (202) 690-7442; or (3) email to [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**Office Use Only: Verification**

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> Notice: \_\_\_\_\_

Result:  No Change     Free to Reduced-Price     Free to Paid     Reduced-Price to Free     Reduced-Price to Paid

Reason for Change:  Income     Case number not verified     Foster not verified     Refused Cooperation     Other: \_\_\_\_\_

Signature of Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

# Does Your Child Have Health Insurance?

*If not, help may be available.*

Minnesota Health Care Programs have free and low-cost health insurance for children and families who qualify. Your child may qualify if your household income is below:

Family size	Monthly income	Yearly income
2	\$3,675	\$44,110
3	\$4,629	\$55,550
4	\$5,582	\$66,990
5	\$6,535	\$78,430

Income is one factor in qualifying. Other rules and limits apply. For more information, call your county office or visit [www.dhs.state.mn.us/healthcare](http://www.dhs.state.mn.us/healthcare). The income limits above are valid until June 30, 2016. To get a MNsure application for health coverage and help paying costs (DHS-6696):

- Print one from [www.dhs.state.mn.us/healthcare](http://www.dhs.state.mn.us/healthcare)
- Call 877-KIDS-NOW toll free
- Call Wright County Human Services at 763.682.7400 or Hennepin County Human Services at 612.596.1300

*Delano School District  
700 Elm Avenue East  
Delano, MN 55328*

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*ECRWSS  
Resident*

**Delano Public Schools Mission**

*"Systemic academic growth to promote educational excellence & continuous growth for every learner in a digital society."*

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**School Starts  
Monday, August 29!**

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## *Educational Excellence is Our Foremost Goal*

### **Transportation**

A School Bus Rider's Handbook has been developed to inform students and parents of expected behavior when utilizing school transportation services. Students will be given the handbook the first week of school and training will take place in the classroom and on a school bus. You, as a parent/guardian, are responsible for your student's comprehension of the contents of the handbook. Transportation to and from school can be safe and efficient when riders cooperate with the bus driver, teachers, and other passengers.

**The School Bus Safety Legislation states: Sec. 6 (123.801) BUS TRANSPORTATION - A PRIVILEGE NOT A RIGHT.** Transportation by school bus is a privilege not a right for an eligible student. A student's eligibility to ride a school bus may be revoked for a violation of school bus safety or conduct policies, or for violation of any other law governing student conduct on a school bus, pursuant to a written school district discipline policy.

**A postcard from Stahlke Bus Company containing your student's bus route and pick-up time will be mailed to your home.** If you have any questions or need information regarding this, or transportation in general, please contact Stahlke Bus Company at 763.972.3991 or the district office at 763.972.3365, ext. 2118.

### **Release of Student Data 2016-2017**

According to the Minnesota Data Practices Act, student directory information is public unless a parent requests that the information not be released. **Parents who DO NOT want their child's data released for the 2016-17 school year, must notify their child's school, in writing, or via the Release of Student Data Form which is located in each school's parent/student handbook, by October 1, 2016.** If you have any questions, please direct them to your student's school.

### **Emergency School Closings**

School may be closed for the day, started late or dismissed early due to weather conditions, emergencies, utility outages or other conditions that threaten the health and/or safety of our students and staff.

Families will be notified by the school district's instant parent contact communication system of emergency school closings. The following news media outlets will also be notified: WCCO 4 TV, WCCO Radio, KSTP 5 TV, KMSP 9 TV and KARE 11 TV.

Families are encouraged to have a plan in place for their students when emergency closings, late starts or early dismissals occur. **Watch for calendar changes, including make-up days due to school closings in school publications, Skylert parent emails and phone calls, district website and Facebook.**