



Welcome Back!

Back-to-School Newsletter for District 879 Students, Parents and Community Members
 August 2017
www.delano.k12.mn.us



Construction, construction, construction! As all of you are aware, Delano Public Schools is under construction. I would like to take this opportunity to update our district community regarding the status of our construction projects. I am pleased to announce that we have completed the cafeteria expansion project at the elementary school, along with a secured entrance and the installation of an elevator at the community education building. Our turf/campus project, which included the installation of turf at the varsity stadium and the varsity soccer field by the elementary, was completed at the end of July. Both of these fields will be utilized in a multi-purpose fashion to support not only our activities in the area of athletics, but physical education space and community education youth programs as well. In addition to the turfed fields, we have constructed a new track with new visitor seating bleachers and two additional tennis courts.

Our new school being constructed in the northwestern portion of our campus is progressing on schedule. As I have stated before, the plan is that students in grades 4-6 will move into the new building by the beginning of the 2018-19 school year. Actual construction will be complete by the end of the 2017-18 school year allowing our staff to move into the new building over the summer of 2018. In addition to this building project, the new locker rooms east of the hockey arena will be complete by October of 2017. The high school/middle school renovation project has been in full swing since December of 2016. The newly designed front entrance of the building has been the main focus of the project and will open in the fall of 2017. Items to be completed in the summer of 2017 include:

- Redesign and construction of nine science classrooms for students in grades 7-12
- Reconstruction of the Family and Consumer Sciences classroom, along with special education spaces
- Several original bathrooms of the high school will be reconstructed
- Multiple boiler/heating and cooling system renovations
- Upgrades to the music suite, including both band and choir rooms with additional storage

In addition, there will be construction within the building during the 2017-18 school year. Phases of this project that will be completed during this school year include:

- Completion of the new high school offices adjacent to the secure entrance
- Relocation of district offices to accommodate a secured entrance
- Redesign of two art classrooms
- Reconstruction of the middle school media center to serve as the sole media center for the building
- Construction of the diving well along with new community/family changing areas
- Construction of the new performing arts center adjacent to the Tiger Activity Center
- Community circuit room and weight room addition to the south portion of the Tiger Activity Center

The final phase of this building project will be completed in the summer of 2018. Needless to say, there is a lot going on in our school district. Traffic patterns will once again change as the construction project progresses in the high school/middle school. Even though this may create some delays, our community members have demonstrated a tremendous amount of patience and flexibility upon entering our campus. I want to thank you for your past and future patience during this extensive construction project. In the end, we will have an incredible campus that will meet the 21st century needs of our students.

- Matthew W. Schoen, Superintendent

Delano Public Schools Open House/Orientation Schedule

Delano Elementary School Orientation Days - Grades K-4

Tuesday, September 5 8:00 a.m. - 3:30 p.m.
 Wednesday, September 6 8:00 a.m. - 3:30 p.m.

Delano Middle School Open House

Grade 5 Tuesday, August 29 5:30-7:30 p.m.
 Grades 6-8 Wednesday, August 30 5:30-7:30 p.m.

Delano High School Open House

Grades 9-12 Wednesday, August 30 4:00-6:00 p.m.



2017-2018 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

Mary Reeder, Business Manager, x2118
mary.reeder@delanoschools.org

Matt LaBeau, Building/Grounds Coordinator, x2022
matt.labeau@delanoschools.org

Darren Schuler, DES Principal, x2122
darren.schuler@delanoschools.org

Barry Voight, DMS Principal, x2330
barry.voight@delanoschools.org

Steve Heil, DHS Principal, x2220
steve.heil@delanoschools.org

Mike Lindquist, Activities Administrator, x2003
mike.lindquist@delanoschools.org

Shylla Webb, Special Education, x2034
shylla.webb@delanoschools.org

Samantha Tribble, District Nurse, x2128
samantha.tribble@delanoschools.org

Gwen Briesemeister, Gifted & Talented, x3031
gwen.briesemeister@delanoschools.org

Diane Johnson, Community Ed. Director
763.972.6210, press 6
diane.johnson@delanoschools.org

Early Childhood Intervention Services

Delano Public Schools is committed to doing what's best for our students. From the moment a child is born, early intervention services can be essential in helping a child grow and develop properly. In partnership with families and the community, Delano Public Schools provides early intervention services for children ages birth to beyond at no cost to families living within the district's resident boundaries.

We have a team of qualified professionals ready to respond and answer your questions about your child's development. The Early Intervention Services Team will help you determine if your child is on track or needs a comprehensive developmental assessment. For those children who meet the state of Minnesota Special Education eligibility requirements, we will offer services based on their developmental needs.

For more information on services provided by Delano Public School's Special Education Department contact Shylla Webb, 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

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.



School Census Information NEEDED

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.

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 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, 2017.

Your assistance ensures that you will receive important school information for your pre-school age child and Delano Public Schools will receive full program funding from the state!

The information that the school district collects will be used only for school business and will be handled in a confidential manner.

Volunteer Procedures 2017-2018

Delano Public Schools welcomes volunteers and appreciates the benefits community members bring to our students. To ensure the safety of our students, Delano School's risk management policy mandates that all volunteers must meet two criteria prior to participating in most school related activities, including field trips:

1. **MUST** have a secure background check on file with District 879. A background check can be completed through a link provided on the volunteer page of the district website. The cost of the check is \$12.00, payable by the volunteer.
2. **MUST** be registered each school year with the District Volunteer Office.

Registration includes:

- viewing the orientation video, which introduces policies that have been established for the safety of both students and volunteers.
- completing the registration form and volunteer opportunities form.
- returning completed forms to school.

For additional information contact Volunteer Coordinators, Shelley Hutchins or Peg Max at 763.972.3365, ext. 2333, or via email at volcoord@delanoschools.org.

Thank you for offering your time to our schools. We truly appreciate your contribution!

Delano Public School Policies and Notices

District Policies can be accessed at 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, 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 Matt LaBeau, Building & Grounds Coordinator, at 763.972.3365, ext. 2022.

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, Matt LaBeau, will follow up on any IAQ problems you may have. Matt LaBeau 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. Matt LaBeau may be contacted at 763.972.3365, ext. 2022.

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 Matt LaBeau, Building & Grounds Coordinator, at 763.972.3365, ext. 2022.

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!

2017 – 2018 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: Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option); 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.

Annual Premium: Gold: \$31.00 Silver: \$20.00 Bronze: \$10.00

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. Coverage is provided for participation in Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option).

Annual Premium: Gold: \$125.00 Silver: \$81.00 Bronze: \$41.00

OPTIONAL FOOTBALL COVERAGE - Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterrupted to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9th graders ONLY are not charged extra for football coverage. Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased.

Annual Premium: Gold: \$163.00 Silver: \$106.00 Bronze: \$53.00
Spring/Summer Weight and Conditioning Training Only Rates Gold: \$ 57.00 Silver: \$ 44.00 Bronze: \$27.00

(for new players who participate in spring training and not already insured under Optional Football Coverage)

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: \$ 7.00**

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**).

SCHEDULE OF BENEFITS			
Coverage for Injuries due to Accidents only			
Maximum Benefit:	Gold	Silver	Bronze
School-Time Option	\$100,000	\$75,000	\$50,000
24-Hour Option	\$100,000	\$75,000	\$50,000
Football Option	\$100,000	\$75,000	\$50,000
Injuries Involving Motor Vehicles	\$ 10,000	\$10,000	\$10,000
Death Benefit/Double Dismemberment	\$ 10,000	\$10,000	\$10,000
Single Dismemberment	\$ 5,000	\$ 5,000	\$ 5,000
Loss Period for Medical Benefits	Treatment must begin within 60 days from the date of Injury		
Benefit Period for Medical and AD&D/Loss of Sight Benefits	1 Year	1 Year	1 Year
Excess Coverage Applicability	Full Excess / \$100 Primary Excess in IL		
Hospital/Facility Services - Inpatient			
Hospital Room and Board (Semi-Private Room Rate)	100% RE*	100% RE*	80% RE* / \$200 Max.**
Hospital Intensive Care	100% RE*	100% RE*	80% RE* / \$200 Max.**
Inpatient Hospital Miscellaneous	10,000 Maximum	\$7,500 Maximum	\$5,000 Maximum
Hospital/Facility Services - Outpatient			
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	\$750 Maximum	80% RE* / \$500 Max.	\$250 Maximum
Free-standing Ambulatory Surgical Facility	\$2,000 Maximum	80% RE* / \$1,000 Max.	\$500 Maximum
Hospital Emergency Room Physician	\$75 Maximum	\$50 Maximum	\$50 Maximum
Hospital Emergency Room	\$500 Maximum	80% RE* / \$350 Max.	80% RE* / \$150 Max.
Physician's Services			
Surgical	80% RE* / \$3,000 Max.	80% RE* / \$2,000 Max.	80% RE* to \$1,000 Max.
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 Non-surgical Treatment (Except as below)	\$60 Per Day	\$500 Maximum	\$25 Per Day
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	\$75/Visit / 5 Visits Max.	\$40/Visit / 5 Visits Max. \$30/Visit / \$500 Maximum (KS only)	\$25/Visit / 5 Visits Max.
Other Services			
Registered Nurses' Services	100% RE*	100% RE*	80% RE*
Prescriptions - outpatient	100% RE*	100% RE*	80% RE*
X-rays, includes interpretation – Outpatient	\$300 Maximum	\$250 Maximum	\$200 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	\$1,000 Maximum	\$750 Maximum	\$300 Maximum
Ground Ambulance	\$500 Maximum	\$400 Maximum	\$200 Maximum
Air Ambulance	\$1,500 Maximum	\$1,000 Maximum	\$400 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	\$500 Maximum	\$300 Maximum	\$150 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	\$700 Maximum	\$500 Maximum	\$150 Maximum
Dental Treatment to sound, natural teeth due to covered injury	\$2,000 Maximum	\$1,500 Maximum	\$1,000 Maximum
*RE means Reasonable Expense		**Per Day	
GER_0515 EFTB(NTL GSB)			

2017 – 2018 ENROLLMENT APPLICATION (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: Gold School-Time \$31.00 24-Hour Accident \$125.00 Football \$163.00 24-Hour Dental \$7.00
 Silver School-Time \$20.00 24-Hour Accident \$ 81.00 Football \$ 106.00 24-Hour Dental \$7.00
 Bronze School-Time \$10.00 24-Hour Accident \$ 41.00 Football \$ 53.00 24-Hour Dental \$7.00
 Spring/Summer Weight and Conditioning Training Only Rates Gold - \$57.00 Silver - \$44.00 Bronze - \$27.00

Please make check payable to Gerber Life Insurance Company

Signature of Parent or Guardian _____ Date _____ Total Enclosed: _____ 1066

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 (in Missouri while sane); 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, 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:
Marsh & McLennan Agency, LLC
7225 Northland Drive North, Suite 300
Minneapolis, MN 55428
(763) 746-8000

To apply for coverage, please enroll on-line with a credit card at 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: K12Special Markets Plan Administrators
1265 Main Street, Suite 202
Stevens Point, WI 54481

SCHOOL LUNCH INFORMATION FOR 2017-2018

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 \$2.80; Middle School Lunch \$2.85; High School Lunch \$2.90; Breakfast (Grades 1-12) \$1.65.

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 2017-18 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	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Additional	7,733	645	323	298	149

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 4.

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 or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance 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 I don’t qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children’s racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

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 2017-18 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
						○					
						○					
						○					
						○					

* 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 currently participate in any of these programs – SNAP, MFIP or FDIPIR? (Medical Assistance and WIC do not qualify.) If No > Go to STEP 3
If Yes > Write in the CASE NUMBER here and check the program SNAP MFIP FDIPIR. 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 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.	Gross Pay from Work <i>Do not write in an hourly wage.</i>			Net income from Farm or Self-Employment after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony			All Other Incomes					
	Gross pay before deductions (not take-home pay).	Weekly	Bi-Weekly		Monthly	Payments received.	Weekly	Bi-Weekly	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Bi-Weekly	Monthly
		\$	○		○		○	\$	○		○	○	\$
	\$	○	○	○	\$	○	○	○	\$	○	○	○	
	\$	○	○	○	\$	○	○	○	\$	○	○	○	
	\$	○	○	○	\$	○	○	○	\$	○	○	○	
	\$	○	○	○	\$	○	○	○	\$	○	○	○	

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

TOTAL incomes to children, if any: \$ Weekly Bi-Weekly 2x Month Monthly Security number.

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: per Total Income: \$ 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, 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 discrimination complaint 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. This institution is an equal opportunity provider.

Office Use Only: Verification

Date Verification Sent: _____ Response Due: _____ 2nd 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:

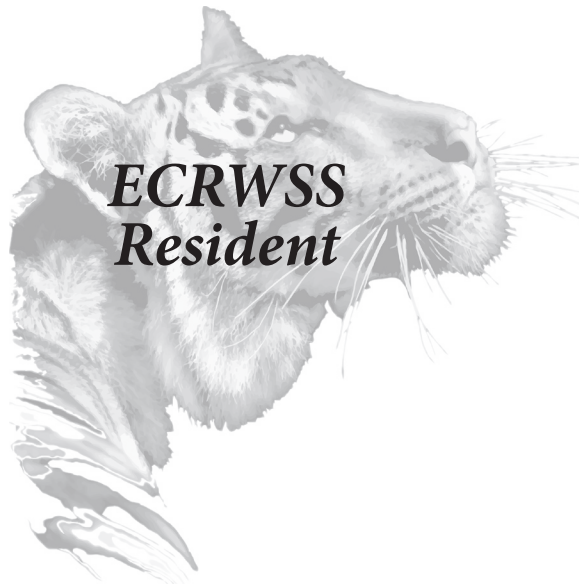
Family size	Monthly income	Yearly income
2	\$ 3,721	\$ 44,660
3	\$ 4,679	\$ 56,155
4	\$ 5,637	\$ 67,650
5	\$ 6,595	\$ 79,145

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. The income limits above are valid until June 30, 2018. To get a MNsure application for health coverage and help paying costs (DHS-6696):

- Print one from 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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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
Tuesday, September 5**

Find Us On

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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 2017-2018

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 2017-18 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, 2017.** 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.**