



Welcome Back!

Back-to-School Newsletter for District 879 Students, Parents and Community Members

August 2015

www.delano.k12.mn.us



Welcome back and Welcome to Year Three of the 5-year Strategic Plan of Delano Public Schools. Our district goal continues by facilitating successful educational programs that are aligned with our district vision, **“Systemic academic growth to promote educational excellence & continuous growth for every learner in a digital society.”** We have made great strides in the four major components of our strategic plan that include: Technology, Curriculum, Facilities and Professional Development.

This is a critical year for our facilities component of the strategic plan. As most of you know, the district has decided to facilitate a bond referendum on November 3, 2015. This bond referendum will ask our district community to support two questions that will meet our facility needs for the next 10 years. Last year, we established a Facilities Committee that met several times in late fall and early winter. At the end of the Facilities Committee process, a recommendation was made to the school board that included a total of 65 million dollars of facility needs. The school board decided to split the total dollar amount into two questions for the bond referendum. The first question asks our community to support 46 million dollars in facility needs for the betterment of school sites and facilities that includes the construction and equipping of a new grade 4-6 intermediate school building; the construction of improvements to existing facilities; the construction of a secure, controlled entry for the high school that includes security and safety improvements; and the construction of parking and traffic flow improvements for our campus. The second question asks for support in the amount of 19 million dollars that includes the improvement of physical education/athletic field space, the renovation of the swimming pool and related improvements; the construction of an addition to the Tiger Activity Center at the high school and related renovations; and the construction of a performing arts center addition to the high school.

Our facilities journey has been extensive and complete with regards to the review of all pertinent information and data regarding our needs. The decision to ask our district community to support these needs was the culmination of an extensive process over the first two years of the strategic plan. More detailed information will be forthcoming over the next two months regarding this all-important issue.

In the area of technology, the Delano School District is proud to partner with Google Apps for Education. Google Apps for Education is used by thousands of schools and universities worldwide to make collaboration tools available for students, which includes email. Google Apps collaboration tools will make it possible for students to work together virtually on documents, presentations, and projects via the web. Google Apps provide an online storage space for files, eliminating most needs for flash drives between home and school. Email accounts are required by many web-based educational tools, and also allow students and teachers to communicate and collaborate in a safe and structured manner with their class. Web-based learning tools also provide free access to storytelling, concept mapping, video editing and visual presentation tools.

We are excited to continue the systemic review of our curriculum district-wide, pre-K through grade 12. Over the past two years, we have established a curriculum map that will allow our educators to review, discuss, assess, and develop new curriculums that will prepare our students to be college and career ready post-graduation. This is an extensive process that will allow our staff to view curricula in all areas and at all grade levels.

The fourth and final component of our strategic plan is to continue to support our educators in the area of professional development. It is absolutely vital for our district to provide professional growth experiences that will enhance their teaching profession. The two major areas of professional development for the 2015-16 school year will be focused on our curriculum maps and the use of 21st century technology in providing a digital learning environment.

If questions arise regarding our facility plans and the upcoming bond referendum, I invite you to seek answers. Delano Public Schools prides itself on educational excellence. Providing the tools needed to enhance 21st century learning will enable students to compete in a global society. Come along with us as our facility journey continues!

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

2015-2016 District Contact Information

Delano High/Middle School 763.972.3365
Delano Elementary School 763.972.6200

Matt Schoen, Superintendent, x2115
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Mary Reeder, Business Manager, x2118
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Darren Schuler, DES Principal, x2122
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Mike Lindquist, Activities Administrator, x2003
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Keely Swartzter, Special Education, x2034
keely.swartzter@delanoschools.org

Jane Larter, District Nurse, x2022
jane.larter@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

For more information: www.delano.k12.mn.us

Delano Public Schools Open House Schedule

Delano Elementary School

Kindergarten Orientation Thursday, August 27, 8-10 a.m.
Grades 1-4 Wednesday, September 2, 4-6 p.m.

Delano Middle School

Grades 5-8 Wednesday, September 2, 4:30-6:30 p.m.

Delano High School

Grades 9-12 Wednesday, September 2, 4-6 p.m.

Tiger Kids Club

Wednesday, September 2, 5-7 p.m.



**First Day of School is
Tuesday, September 8!**

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.



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 Learner 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 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, 2015.

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

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 Non-discrimination 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 parent's 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. 2111.

Notification of Asbestos

Delano 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 safety and responsibility. The Delano School District has a list of locations and types of asbestos containing materials found in our buildings. Past response action activity includes 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 Reester, 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 daily makes 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 Reester, will follow up on any IAQ problems you may have. Resource Training & Solutions has agreed to administer the IAQ Management Plan, which includes taking a team leadership role, coordinating emergency response, and serv-

ing as our information resource on IAQ. Scott George may be contacted at 321.266.3236, ext. 325. The school newsletter will carry progress reports as we learn more about indoor air quality in our schools.

Use of Pesticides

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 Reester in the district office at 763.972.3365, ext. 2118.

Emergency School Closing Information

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 telephone system of emergency school closings.

The following news media outlets will be notified as soon as a decision is made:

- WCCO-TV (Channel 4) and WCCO Radio (830 AM)
- KSTP TV (Channel 5)
- KMSP TV (Channel 9)
- KARE TV (Channel 11)

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, parent emails and phone calls, district website and Facebook.

2015 – 2016 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 uninterruptedly 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)	

2015 – 2016 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 <input type="checkbox"/> School-Time \$31.00 <input type="checkbox"/> 24-Hour Accident \$125.00 <input type="checkbox"/> Football \$163.00 <input type="checkbox"/> 24-Hour Dental \$7.00			
Silver <input type="checkbox"/> School-Time \$20.00 <input type="checkbox"/> 24-Hour Accident \$ 81.00 <input type="checkbox"/> Football \$ 106.00 <input type="checkbox"/> 24-Hour Dental \$7.00			
Bronze <input type="checkbox"/> School-Time \$10.00 <input type="checkbox"/> 24-Hour Accident \$ 41.00 <input type="checkbox"/> Football \$ 53.00 <input type="checkbox"/> 24-Hour Dental \$7.00			
Spring/Summer Weight and Conditioning Training Only Rates <input type="checkbox"/> Gold - \$57.00 <input type="checkbox"/> Silver - \$44.00 <input type="checkbox"/> Bronze - \$27.00			
Please make check payable to Gerber Life Insurance Company			
Signature of Parent or Guardian _____			Total Enclosed: _____
			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 (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 2015-2016

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 \$2.65; Middle School Lunch \$2.75; High School Lunch \$2.80; 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. If your family lunch account falls below a negative \$5.00, your child(ren) will no longer be able to participate in the hot lunch program.

Instructions for Completing the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2015-16 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	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
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 Meal Benefits – School Year 2015-16 – State and Federally Funded Programs

Step 1 List All Children in the Household (infants through grade 12). Attach an additional page if necessary.

Last Name	First Name	Birth Date	Grade	School	Foster Child?*
					If yes, fill in the circle. <input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>

Step 2 Assistance Program Case Number (if applicable). If any household member receives benefits from one of the assistance programs listed below: **Write in the case number and check the program. Skip Step 3.**

Case Number _____

Minnesota Family Investment Program (MFIP)
 Supplemental Nutrition Assistance Program (SNAP)
 Food Distribution Program on Indian Reservations
 - Medical Assistance and WIC case numbers do *not* qualify -

* The child is the legal responsibility of a welfare agency or court. If all children who need meal benefits are foster children, skip Steps 2 and 3.

- Step 3 List All Adult Household Members and Household Incomes** Include all household members not listed in Step 1, related or not, including yourself.
- If any children in the household have regular income, such as a part-time job or SSI, write in the total regular income for all children. Do not include occasional earnings such as babysitting or lawn mowing. **Total regular income to children:** \$ _____ Weekly Bi-Weekly 2x month Monthly
 - Last 4 digits of the Social Security number (SSN)** of the person signing this application (required): **XX XX - XX -** _____ **OR** I don't have an SSN
 - Adult Household Members / Incomes** Write in the name of each adult household member, their *gross* incomes (*before deductions*) in whole dollars, and how often the income is received. Include a household member who is temporarily away, such as a college student. If income fluctuates, write in the amount normally received (before deductions). For self-employment income only, write in net income after business deductions. For adults with no income to report, enter '0' or leave the section blank – this is your certification (promise) that they have no income to report. Attach an additional page if necessary.

Adults - Full Name Include any college students.	Earnings from Work				Public Assistance, Child Support, Alimony	How often?			All Other Incomes for example pension, retirement, disability, Veterans benefits, unemployment	How often?					
	Gross wages or net self-employment	Weekly	Bi-Weekly	2x Month		Monthly	Annual	Weekly		Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4 If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information. Do *not* share information for this purpose.

Step 5 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 officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

Signature of Adult Household Member (required) _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____ Date: _____

Office Use Only Total Household Size: _____ Total Income: \$ _____ per _____
 Approved (check all that apply): Case Number – Free Foster – Free Income – Free Income – Reduced-Price **Denied:** Incomplete Income Too High
 Signature – Determining Official: _____ Date: _____ Change Status To: _____ Reason: _____ Withdrawn: _____

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 application (*Community Eligibility Provision, Provision 2 or Provision 3*). However, at public schools, your completion of this form also helps the school qualify for other education funds and discounts even if not needed for school meals.
- (2) You have been notified that your children have been directly certified for school meal benefits based on 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.

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, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Children who qualify for free or reduced-price school meals may qualify for Minnesota Health Care Programs. Your child's status for school meals may be shared with Minnesota Health Care Programs unless you tell us not to share your information by checking the box in Step 4 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

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.

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The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

Office Use Only

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 – Verifying Official: _____ Date: _____

Signature – Confirming 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:

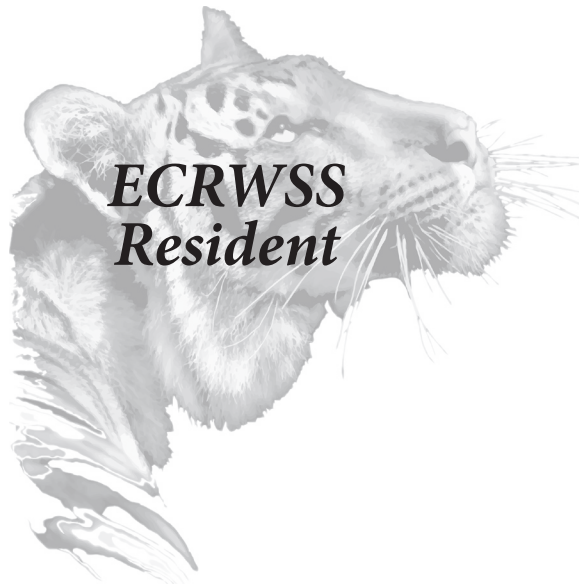
Family size	Monthly income	Yearly income
2	\$3,650	\$43,807
3	\$4,603	\$55,247
4	\$5,557	\$66,687
5	\$6,510	\$78,127

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, 2016. 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
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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 8!**

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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 by the end of August. 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. 2111.

Release of Student Data 2015-2016

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 2015-16 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 handbook, by October 1, 2015.**

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.**