

Welcome Back!

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

August 2014

www.delano.k12.mn.us



Welcome to the #1 School District in the country regarding high performing districts and affordable housing. This ranking was announced by both Forbes magazine and ZipRealty, a leading online residential real estate broker and provider of technology and marketing solutions. Delano Public Schools is a very special place that maintains educational excellence as its foremost goal. The tradition continues as we embark on Year Two of our five-year Strategic Plan journey! As you may recall, last school year I introduced the district Strategic Plan that maintains its focus on educational excellence in the four key areas of:

- Technology
- Curriculum
- Facilities
- Professional Development

With Year One of our 5-year journey complete, I would like to take an opportunity to update you on our progress thus far. In the area of **Technology**, we have completely rebuilt the infrastructure of our wireless solution in all our schools, including the Community Education building. This was a very big foundational step toward the vision of providing a mobile, digital learning environment that enhances curriculum, instruction, assessment and professional development. Having completed this segment, staff will begin Year Two this fall working with their students in an improved digital learning environment, specifically with Google School.

In the area of **Facilities**, we have completed an assessment of all our internal and external stakeholders regarding our facility needs. Year Two will begin with a comprehensive demographic study that will provide our facilities committee important information in order to make recommendations that will meet the needs of our school district for the next 10 years.

During the first year of our Strategic Plan, our teaching staff designed a **Curriculum Map** that allowed us to align Pre-K through 12th grade in preparing all of our learners to be college and career ready. This task is approximately 80% completed and will be finished during the first half of the 2014-15 school year. Subsequently, our professional dialogue will continue to ensure that our curriculum is aligned, both by grade and department, within each school.

Lastly, our **Professional Development** focus for Year Two is to continue to support the curriculum mapping process, as well as to provide professional development experiences in the areas of 21st century digital technology.

I am very excited to begin Year Two of our 5-year Strategic Plan that will culminate in further progress toward the vision of our school district, ***“systemic academic growth to promote educational excellence and continuous improvement for every learner in a digital society.”***

Additionally, as you venture across our school campus this fall you will notice that we have installed a safe walking trail that runs from Elm Avenue to the elementary school. This project was funded by a grant called *Safe Routes to Schools* from the Minnesota Department of Transportation. Tiger Trail will be utilized by students, parents, staff members, and our community-at-large to ensure safe walking and bike transportation to and from school and leisure activities. In addition, we have made some changes within the elementary school building to accommodate our all-day kindergarten program and the increasing enrollment of our school district.

I would like to personally welcome you to our school community and thank you for your interest and support of a world class school district.

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

Delano Public Schools Open House Schedule

Delano Elementary School

Kindergarten Orientation Tuesday, August 19, 8-10 a.m.
Grades 1-4 Wednesday, August 27, 4-6 p.m.

Delano Middle School

Grades 5-8 Wednesday, August 27, 4:30-6:30 p.m.

Delano High School

Grades 9-12 Wednesday, August 27, 4-6 p.m.

Tiger Kids Club

Wednesday, August 27, 5-7 p.m.



**First Day of School is
Tuesday, September 2!**

2014-2015 District Contact Information

Delano High/Middle School 763.972.3365
Delano Elementary School 763.972.6200

Matt Schoen, Superintendent, x2115
mschoen@delano.k12.mn.us

Mary Reeder, Business Manager, x2118
mreeder@delano.k12.mn.us

Darren Schuler, DES Principal, x2122
dschuler@delano.k12.mn.us

Renee Klinkner, DMS Principal, x2330
rklinkner@delano.k12.mn.us

Steve Heil, DHS Principal, x2220
mschoen@delano.k12.mn.us

Mike Lindquist, Activities Administrator, x2003
mlindquist@delano.k12.mn.us

Keely Swartzter, Special Education, x2034
kswartzter@delano.k12.mn.us

Jane Larter, District Nurse, x2022
jlarter@delano.k12.mn.us

Diane Johnson, Community Ed. Director
763.972.6210, press 6
djohnson@delano.k12.mn.us

Find More Information:
www.delano.k12.mn.us

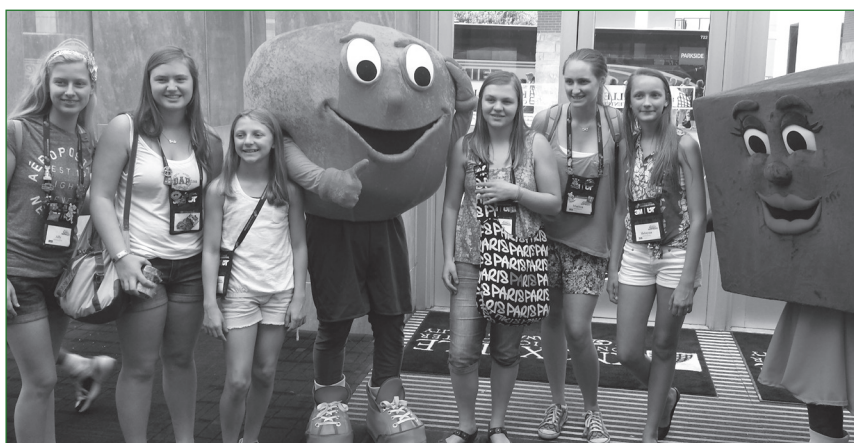
DELANO

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

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 Kindergarten 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 jshaffer@delano.k12.mn.us, 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, 2014.

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 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 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 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 Reeder, Business Manager, at 763.972.3365, ext. 2118.

Indoor Air Quality

The Delano School District is proud to be taking a leadership role in providing a safe, comfortable, and productive environment for our students and staff so that we achieve our core mission-educating students. Our school will follow the EPA guidelines to improve our indoor air quality (IAQ) by preventing as many IAQ problems as possible, and by quickly responding to any IAQ problems that may arise. Good indoor air quality requires an ongoing commitment by everyone in our school because each of us 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 Reeder, 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 320.255.3236, 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 Reeder 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.**

2014 – 2015 EXCESS STUDENT ACCIDENT INSURANCE COVERAGE

Notice: This document is for marketing purposes only. This is not a policy; please ask for a policy to verify coverage. Actual terms and conditions of coverage will vary by state. Also, the student accident medical insurance program does not provide coverage for sickness.

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 Senior High (participating with grades 10-12) interscholastic tackle football; 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 covered while at Home or away, any place, any time, anywhere subject to exclusions. Coverage is provided for participation in Interscholastic Sports, excluding Senior High (participating with grades 10-12) interscholastic tackle football.

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 and the Optional 24-Hour Accident 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 Accident only			
	Plan 4 (Gold)	Plan 4 (Silver)	Plan 4 (Bronze)
Maximum Benefit:			
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	Treatment must begin within 60 days from the date of Injury		
Benefit Period	1 Year	1 Year	1 Year
Coverage	Full Excess	Full Excess	Full Excess
Hospital/Facility Services - Inpatient			
Hospital Room and Board (Semi-Private Room Rate)	100% RE*	100% RE*	80% RE* / \$200 Maximum**
Hospital Intensive Care	100% RE*	100% RE*	80% RE* / \$200 Maximum**
Inpatient Hospital Miscellaneous	\$1,000 1 st day/ \$500 each thereafter / \$10,000 Maximum	\$750 1 st day/ \$375 each thereafter / \$7,500 Maximum	\$500 1 st day/ \$250 each thereafter / \$5,000 Maximum
Hospital/Facility Services - Outpatient			
Outpatient Hospital Miscellaneous	\$750 Maximum	80% to \$500 Maximum	\$250 Maximum
(Except physician services and x-rays paid as below)			
Free-standing Ambulatory Surgical Facility	\$2,000 Maximum	80% to \$1,000 Maximum	\$500 Maximum
Hospital Emergency Room Physician	\$75 Maximum	\$50 Maximum	\$25 Maximum
Hospital Emergency Room	\$500 Maximum	80% to \$350 Maximum	80% to \$150 Maximum
Physician's Services			
Surgical	80% RE* to \$3,000 Maximum	80% RE* to \$2,000 Maximum	80% RE* to \$1,000 Maximum
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/Visit	\$40/Visit / \$500 Maximum	\$25/Visit
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	\$75/Visit / 5 Visits Maximum	\$40/Visit / 5 Visits Maximum	\$25/Visit / 5 Visits Maximum
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 - outpatient	\$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	\$600/Tooth	\$400/Tooth	\$200/Tooth
*RE means Reasonable Expense **Per Day			981425 06/27/14
140-50 (FB)			

2014 – 2015 ENROLLMENT (please print or type)

Student's Last Name _____	Student's First Name _____	Student's Middle Initial _____	Grade _____
Address _____		City _____	State _____ Zip _____
Telephone Number _____		Birthdate _____	
School System _____		Name of School _____	

Check your selection:

Plan 4 (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
Plan 4 (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
Plan 4 (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 ☐ Gold - \$ 57.00 ☐ Silver - \$ 44.00 ☐ Bronze - \$27.00

Please make check payable to Sentry Life Insurance Company

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

EXCESS COVERAGE PROVISION Benefits will be paid only for such expense that is not recoverable from any Other Plan. We 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. The Student Accident plan is secondary to all other policies. This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services 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 treatment by a legally qualified Physician or surgeon (other than a member of the immediate family or person retained by the school) or is Hospital confined, and treatment begins within 60 days from the date of Injury, the Company will pay benefit as shown in the Schedule of Benefits, subject to the full 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 student, We will pay the benefit stated in the Schedule of Benefits. The Loss must be sustained within 365 days from date of Injury. The Maximum Benefit payable under this provision is stated in the Schedule of Benefits: 1) Life; 2) Both Hands or Both Feet or the Sight of Both Eyes; 3) One Hand and One Foot; 4) One Hand and the Sight of One Eye; or 5) One Foot and the Sight of One Eye.

Half of the Double Dismemberment benefit, in the schedule will be paid for the Loss of One Hand, One Foot or the Sight of one eye.

Loss of hand or foot means the actual and complete severance through or above the wrist or ankle. Loss of sight means irrecoverable loss of sight. These Losses will be considered total and irrecoverable if such loss cannot be restored or corrected by medical or surgical treatment. If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount We will pay is the Maximum Benefit.

DEFINITIONS **Injury** means bodily injury caused by an accident. Injury does not include conditions that are related to or caused by hereditary, functional or structural disease or disorder. 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 usual, reasonable and customary fee or charge for the services rendered and the supplies furnished in the area where and at the time such services are rendered or supplies furnished, as determined by Us. Such services and supplies must be recommended and approved by a Physician. The Policy may base its determination of Reasonable Expense on the 80th percentile of charges under the prevailing healthcare charge system.

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. Re-Injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the Policy Effective Date; 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.

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. If there is any conflict between this brochure and the Policy, the Policy will prevail. **IMPORTANT NOTICE –The Policy does not provide coverage for Sickness. This brochure has been designed to illustrate the highlights of this insurance. The benefits stated may vary by state and are subject to the Policy provisions underwritten by Sentry Life Insurance Company.**

HOW TO FILE A CLAIM

1) Obtain claim form from your school office or the marketing agent and answer all questions in detail (including all signatures on the front and back of the form). A claim form needs to be completed for each accident. 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 along with the corresponding **ITEMIZED BILLS** with diagnosis along with this fully completed claim form. **KEEP COPIES OF ALL CLAIM FORMS, BILLS AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.** 3) If you already paid the bill, include a paid receipt or a copy of your cancelled check. Otherwise payment will be made to the providers of service (Hospital, Physician or Others), unless a paid receipt statement accompanies the bill at the time the claim is submitted. 4) Mail all correspondence to Sentry Life Insurance Company, Policy Benefits, P.O. Box 8025, Stevens Point, WI 54481. The claim form must be sent within 90 days of the date you first received medical care. Any bills not filed with the claim form should be sent, within 90 days of the date you received medical care, to the Company identified with student's name, school district and date of Accident. 5) If you change your address, please notify Sentry Life Insurance Company by calling 1-800-426-7234 so that there is no delay in processing any claims. Please contact Sentry Life Insurance Company by calling 1-800-426-7234 if you would like to check the status of your claim or if you have any questions on how your claim was processed or the benefit paid.

UNDERWRITTEN BY:



1800 North Point Drive, Stevens Point, WI 54481

Individual life insurance, group and individual annuities and group products are issued and administered by Sentry Life Insurance Company, Stevens Point, WI. Policies, coverages, benefits and discounts are not available in New York and in select other states. See policy for complete coverage details. The information contained in this fact sheet is for illustrative purposes only and is not an indication of future composition or performance.

Notice: This document is for marketing purposes only. This is not a policy; please ask for a policy to verify coverage. Actual terms and conditions of coverage will vary by state. Also, the student accident medical insurance program does not provide coverage for sickness.

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 2014-2015

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 \$2.55; Middle School Lunch \$2.65; High School Lunch \$2.70; Breakfast (Grades 1-12) \$1.60.

Starting in the 2014-15 school year, students who qualify for reduced-price meals will 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 2014-15 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* (FPIR), or
- One or more children in the household are 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	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Additional	7,511	626	313	289	145

Children and Foster Status

- List all children in the household in Section 2. Check the box if a child is in foster care.
- Include any regular income, for example SSI, to children other than foster children. Do not list occasional earnings like babysitting.

Case Number Complete Section 3 if any household member currently participates in one of the programs listed in that section. If Section 3 is completed, skip Section 4 (adult names and incomes).

Adults / Incomes In section 4, 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 Section 4 if a case number was provided in Section 3, or if the application is for foster children only.

For each adult household member, list their gross incomes (not take-home pay) and how often each income is received. For example write in "W" for weekly income or "BW" for bi-weekly (every two weeks).

- List gross incomes before deductions.
- For farm/self-employment income only, list net income after subtracting business expenses.
- If an income varies, list the amount usually received. Include overtime if it is usually received.
- Examples of "other income" to include in the last column are farm/self-employment, Veterans benefits and disability benefits.
- Check the "No Income" column after a person's name if they have no income.

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.

Signature The form must be signed by an adult household member in section 6.

Last Four Digits of Social Security Number The person signing the application must provide the last four digits of their Social Security number in Section 6. The Social Security number is not needed if a qualifying case number is provided in Section 3, or all children in the household who need school meal benefits are foster children, or the person signing the application does not have a Social Security number and has indicated this in Section 6.

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 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 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 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 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 2014-15 • State and Federally Funded Programs

1. ☐ Check here if this is the first application at this school district or nonpublic school for any child listed below.
 2. **Names of all Children in Household including Foster Children.** Attach additional page if necessary.

Last Name	First Name	Date of Birth Month/Day/Year	Grade	School	✓ if Foster Child*	Any Regular Income to Child Example: SSI \$ ____ per ____
					<input type="checkbox"/>	\$ ____ per ____
					<input type="checkbox"/>	\$ ____ per ____
					<input type="checkbox"/>	\$ ____ per ____
					<input type="checkbox"/>	\$ ____ per ____
					<input type="checkbox"/>	\$ ____ per ____

3. Benefits (if applicable)
 If any household member receives benefits from a program listed below, write in the name of the person and case number, check the appropriate box, and skip Section 4.

Name _____	Case Number _____
<input type="checkbox"/> Minnesota Family Investment Program (MFIP)	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Food Distribution Program on Indian Reservations
- Medical Assistance and WIC do not qualify -	

* Child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip Sections 3 and 4.

4. Names of all Adults in Household (all household members not listed in Section 2) **and Incomes**

Include all adults living in your household, related or not. Write in each gross income and how often it is received: **weekly (W), bi-weekly (every other week) (BW), twice per month (TM), monthly (M). Do not write in hourly pay.** If income fluctuates, write in the amount normally received. Attach additional page if necessary.

Last Name	First Name	✓ if NO income	Gross Wages/ Salaries—all jobs (before deductions) \$ ____ per ____	Pension, SSI, Retirement, Social Security \$ ____ per ____	Public Assistance, Child Support, Alimony \$ ____ per ____	Unemployment, Worker's Comp, Strike Benefits \$ ____ per ____	Any Other Income, including net Farm/ Self-Employment \$ ____ per ____
		<input type="checkbox"/>	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____
		<input type="checkbox"/>	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____
		<input type="checkbox"/>	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____

5. 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.

6. I certify (promise) that all information furnished on this application is true and correct, that all household members and incomes are reported, that application is made for school meal benefits paid for with federal funds, that the school may receive state funds based on the information on the application, that school officials may verify the information on the application, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Adult Household Member (required) _____

Print Name: _____

Date: _____

Social Security number – last 4 digits (required if Section 4 is completed): * * * - * * - ____ OR ☐ I don't have a Social Security number

Address: _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____

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 ☐ Other: _____

Signature – Determining Official: _____ Date: _____

Change Status To: _____ Reason: _____ Withdrawn: _____

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: _____

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 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 is not required when you apply on behalf of a foster child, or you list a number for the Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) or when you indicate that the adult household member signing the application does not have a Social Security number.

We will use your information to determine if your child qualifies for free school meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your information with education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Children who qualify for free 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 Section 5 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 as required by state law. The Minnesota Department of Education 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.

Nondiscrimination Statement

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 [USDA Complaint Filing website](#), 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 may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Children's Ethnic and Racial Identity (Optional)

Please provide the following information, which is used to determine the school's compliance with civil rights laws. If the information is left blank, a representative of the school is required to identify the ethnic and racial identity of participants for civil rights reporting.

1. Choose one ethnicity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

2. Choose one or more races (regardless of ethnicity):

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White

Revised April 2014

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:

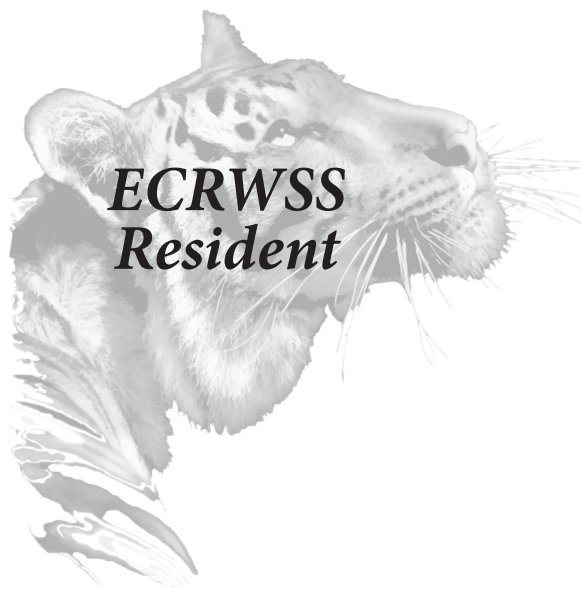
Family size	Monthly income	Yearly income
2	\$3,604	\$43,257
3	\$4,535	\$54,422
4	\$5,465	\$65,587
5	\$6,396	\$76,752

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, 2015. To get a Minnesota Health Care Programs (MHCP) application for health coverage and help paying costs:

- 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 Public Schools Mission

Delano Public Schools are committed to achieving academic excellence, responsible leadership, and consistent integrity.

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School Starts
Tuesday, September 2!

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 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 2014-2015

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 2014-15 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, 2014.**

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 telephone 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.