

SCHOOL DISTRICT OF GILMANTON

S889 Larson Road • P.O. Box 28 Gilmanton, WI 54743-0028

Phone: (715) 946-3158 • FAX: (715) 946-3474

www.ghs.k12.wi.us

Glen A. Denk, District Administrator ~ Kory A. Rud, Principal

August 5, 2020

Dear Parents/Guardians:

Our Fall 2020 Return to School Plan has been approved by the Buffalo County Health Department and the Gilmanton Board of Education. Please note that this is an ever-changing situation; therefore, the Administration will make changes to this plan as new guidance and circumstances arise.

There will be three options for parents: 1) in person face-to-face instruction at school 5 days per week, 2) remote instruction at home via live streaming, or 3) online virtual school.

The plan, in full detail, can be found on our website at this link:

https://www.ghs.k12.wi.us/cms_files/resources/Gilmanton%20School%20District%20Fall%202020%20Reopening%20Plan.pdf

The next step in preparing for the school year will be to have every parent fill out a very short survey form choosing which of the above options you will choose for your child(ren). I suggest that you review the Fall 2020 Return to School Plan at the link above before making your decision. A Google form will be shared with you in the same way that the previous parent survey was shared. Please complete the form as soon as possible after you receive it so that classroom, cafeteria, and bus seating charts can be made. It's a very short form and will take less than one minute to submit, but you must submit one form for each child.

The back-to-school packet of information and forms will be mailed to you mid-August.

We will hold an **OPEN HOUSE** at the elementary school for just the 4K and 5K (Kindergarten) and new elementary parents and students on **Thursday, August 27**. This will be by appointment only (due to COVID-19) between 2:00-6:30 p.m. 4K and 5K parents will be emailed a link from **signupgenius.com** to register for an appointment time. Appointments will be on a first come/first serve basis. Parents of new students will be contacted to set up an appointment time.

School will start on September 1, and that's just around the corner!

See you soon!

Kory Rud
Principal

School District of Gilmananton, WI

Presents

**Dolly Parton's
Imagination Library**



What Is It?

Dolly Parton's Imagination Library is a 60-volume set of books beginning with the children's classic *The Little Engine That Could*. Each month a new, carefully selected book will be mailed in your child's name directly to your home. Best of all it is a **FREE GIFT!** There is no cost or obligation to your family.

Who Is Eligible?

Any child age birth through four who resides in the School District of Gilmananton, WI.

What Are My Responsibilities?

1. Reside in the School District of Gilmananton.
2. Submit an official registration form, completely filled out by parent or guardian (form must be approved and on file with the School District of Gilmananton, WI).
3. Notify the School District of Gilmananton any time your address changes. Books are mailed to the address listed on the official registration form. *If the child's address changes, you must contact the person at the address on this form in order to continue receiving books.*
4. Read with your child.

When Will I Receive Books?

Eight to ten weeks after your registration form has been received, books will begin arriving at your home and will continue until your child turns five or moves out of the School District of Gilmananton, WI.

**Register your
child today!**
Simply fill out the above
form and mail to:

School District of Gilmananton
P.O. Box 28
Gilmananton, WI 54743



Dolly Parton's Imagination Library Official Registration Form (one form per child required)

Preschool Child's <u>FULL</u> Name _____	Sex: M F _____	Phone _____
Child's Date of Birth _____ / _____ / _____		
Parent/Guardian's Name _____		
Child's Home Address _____	ADDRESS	
	CITY	STATE
	ZIP CODE	
Mailing Address (if different) _____	ADDRESS	
	CITY	STATE
	ZIP CODE	
"This child resides in the School District of Gilmananton, WI."		
SIGNATURE OF PARENT OR GUARDIAN _____		
Group Code: _____		
Date Received: _____		

FOR OFFICIAL USE ONLY:

1-2-3 LET'S KEEP IN TOUCH



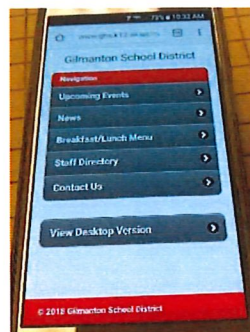
1. SHARE YOUR EMAIL ADDRESS WITH SCHOOL AND CHECK IT DAILY! With COVID-19 and all the updates we are using this as the MAIN way to send information to parents.

We seldom send information via US Mail as deliver times can be over one week.

2. BOOKMARK OUR WEBSITE

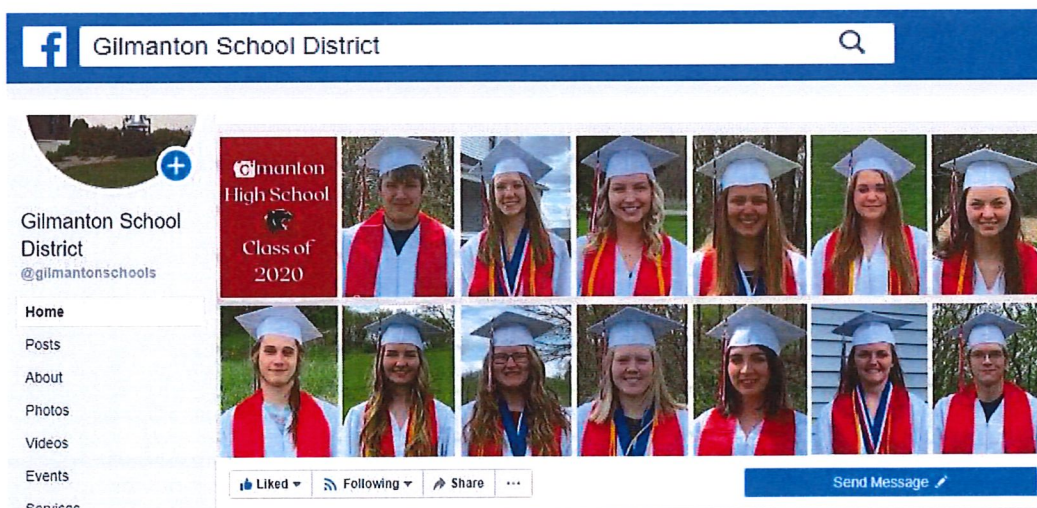


www.ghs.k12.wi.us



There is also a mobile friendly app.

3. FOLLOW US ON FACEBOOK



DID YOU KNOW?

School Attendance Overview (excerpts from Attendance Policy)

Excused Reasons

- Illness
- Medical, dental, chiropractic, or eye appointments
- A death in the family
- Religious holidays
- Court appearance or other legal procedure
- Family trips that cannot be taken over summer or during a school year break



Note: School trips for activities are recorded as an exempt absence

Absence Limits



Wisconsin law* allows parents to excuse their child

- 5 times during each semester, with a maximum of 10 days per year (the 5/10 rule)

Parents must either call the attendance line (715-946-3158, option 4), send an email or note for EACH absence. No text messages, please.

Unexcused Reasons

- Excused absences in excess of the law's limit may be determined as unexcused
- Any other reasons not covered in the excused reason list
- A student does not show up virtually for their scheduled class period
- No parental notice has been given (including those students who are doing at-home learning)



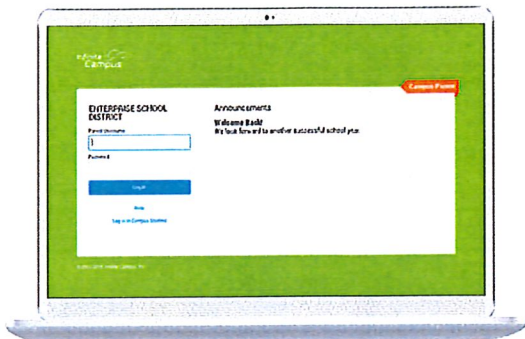
NO NOTICE FROM PARENT = UNEXCUSED

REMEMBER THE **5/10** RULE – IT'S THE LAW!

**Wisconsin Statute 118.16*



Parents & Students, information is at your fingertips.

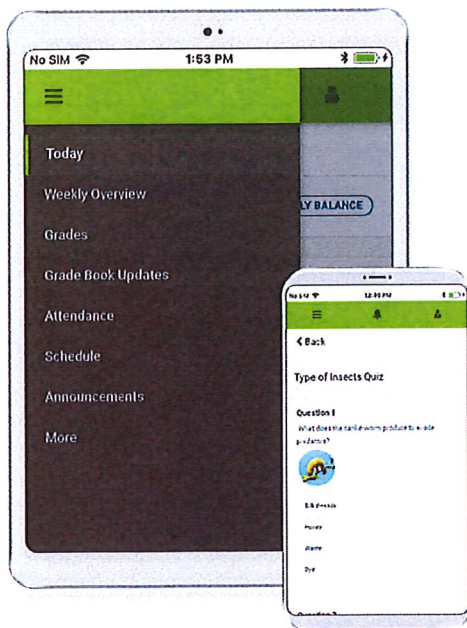


Access on the Web Campus Student and Campus Parent

Campus Student and Campus Parent are designed to provide real-time access to student information. The easy-to-use design displays what is currently happening in the classroom so you can understand, monitor, and participate in the educational process.

- » Announcements
- » Assignments
- » Attendance
- » Grades
- » Schedules

AND



Download the Mobile App Campus Student and Campus Parent

Announcements

Quickly see district announcements as they are posted.

Assignments

Browse assignments by specific class or due date.

Attendance

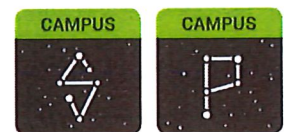
Review attendance events in summary and detail form.

Grades

Immediate access to grades as they are posted.

Schedule

Review schedule from anywhere, at any time.



Infinite Campus Mobile Apps can be downloaded through the Apple App Store or Google Play Store



Learn more at
infinitecampus.com/parents-students

ATTENDANCE

For All Attendance Notifications Call 715-946-3158

Select Option 4

Please also indicate the reason for your child's absence
(illness, appointment, etc.)

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# OFFICE

This extension should only be used if you need  
to speak to someone in person. Call 715-946-3158

## **Select Option 2**

Please do not use this option for attendance calls.

# STAFF PHONE EXTENSIONS

|     |                                             |
|-----|---------------------------------------------|
| 112 | Ann Steiner (Bookkeeper)                    |
| 111 | Becky Hallock (Accounts Payable/Purchasing) |
| 119 | Blake Seitz (Music)                         |
| 158 | Bob Keisler (School Psychologist)           |
| 114 | Brandon Burr (Athletic Director)            |
| 147 | Carol Van Dyke (Speech/Language)            |
| 154 | Connie Hovey (Custodial)                    |
| 118 | Courtney Shirer (Math)                      |
| 140 | Dawn Gehrke (Gr 4K)                         |
| 110 | Diane Pfund (Administrative Office)         |
| 120 | Elaine Rud (Nurse)                          |
| 133 | Glen Denk (Dist Admin)                      |
| 153 | Jamey Davis (Maintenance/Transportation)    |
| 127 | Jay Hebert (Soc St)                         |
| 142 | Jeanette Thompson (Gr 1-2)                  |
| 128 | Jennifer Paulson (English)                  |
| 116 | Jill Turner (Kitchen)                       |
| 143 | Jodi Brantner (Gr 2-3)                      |
| 135 | Judy Winsand (Library)                      |
| 124 | Julie Kacures (Bus Ed)                      |
| 145 | Kerri Johnson (Elem Kitchen)                |
| 141 | Kim Becker (Gr K)                           |
| 122 | Kory Rud (Principal)                        |
| 130 | Linda Seitz (MS)                            |
| 125 | Linda Zahn (Art)                            |
| 123 | Mathew Guenther (Science)                   |
| 144 | Michelle Hovey (Gr 3-4)                     |
| 132 | Sarah McCutcheon (School Counselor)         |
| 137 | Sarah Svoma (Special Education)             |
| 116 | Sue Lay (Kitchen)                           |
| 129 | Todd Lasher (MS Teacher)                    |
| 117 | Todd Pozarski (Phy Ed)                      |



## 2020-21 Gilmanton Elementary School Supply List

PARENTS CLUB WILL BE PROVIDING THE ITEMS LABELED PC FOR ALL STUDENTS

| <u>4K (4 Yr Kindergarten)</u> |                                                                                      | <u>Kindergarten (5K) - label everything with child's name!</u> |                                                                                                                             |
|-------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                               | Back pack or book bag labeled with child's name                                      |                                                                | Resting mat                                                                                                                 |
|                               | Art smock or old shirt labeled with child's name                                     |                                                                | Plastic bag to store mat in                                                                                                 |
|                               | Extra set of clothes in a zip-lock bag labeled with child's name                     |                                                                | 1 pair INSIDE SHOES to leave at school - can also be used for phy-ed.                                                       |
|                               | 1 pair INSIDE SHOES to leave at school                                               |                                                                | Back pack or book bag                                                                                                       |
| PC                            | 1- 2" 3-ring binder                                                                  |                                                                | Art smock or old shirt                                                                                                      |
| PC                            | 2- boxes facial tissues                                                              |                                                                | Extra set of clothes in a zip-lock bag                                                                                      |
| PC                            | 1- box of Ziploc bags (Boys: snack-size Girls: sandwich size)                        | PC                                                             | Pink Erasers                                                                                                                |
| PC                            | 2- 8 ct. boxes of wax crayons                                                        | PC                                                             | 1- highlighter                                                                                                              |
| PC                            | 2- large glue sticks                                                                 | PC                                                             | 4- 16 or 24 ct. boxes of wax crayons (also use for Art class)                                                               |
| PC                            | 2- bottle Elmer's school glue                                                        | PC                                                             | Crayon container (plastic box approx. 5 1/2" x 8 1/2" )                                                                     |
| PC                            | 1- pair blunt scissors                                                               | PC                                                             | #2 wooden pencils *for Art class                                                                                            |
| <u>Grades 1 &amp; 2</u>       |                                                                                      | PC                                                             | 4- large glue sticks                                                                                                        |
|                               | Art smock or old shirt                                                               | PC                                                             | 2- boxes facial tissues                                                                                                     |
|                               | Back pack or book bag                                                                |                                                                | 1 bottle of Elmer's School Glue (liquid or gel squeeze bottle) *also use for Art                                            |
|                               | 1 pair INSIDE SHOES to leave at school - can also be used for phy-ed.                | PC                                                             | 1- pair child-size scissors (round point, metal blades)                                                                     |
|                               | 1- pair of ear buds (if you don't have a pair from last year or are new to district) | PC                                                             | 2- two pocket folders                                                                                                       |
| PC                            | 1st Grade Only: 1/2 " or 1" hard-cover ring binder for Music                         | <u>Grades 3 &amp; 4</u>                                        |                                                                                                                             |
| PC                            | 2- 16 or 24 ct. boxes of Crayola brand crayons (also use for Art class)              |                                                                | 1 pair INSIDE SHOES which may be used for P.E.                                                                              |
| PC                            | Crayon container (plastic box approx. 5 1/2" x 8 1/2" )                              |                                                                | 1- pair of ear buds (if you don't have a pair from last year or are new to district)                                        |
| PC                            | 12- #2 lead pencils (also use for Art class)                                         |                                                                | 1/2 " or 1" hard-cover ring binder for Music (if you are new to the district: otherwise, yours from last year is AT school) |
| PC                            | 1 small handheld pencil sharpener (buy extra to use throughout the year)             | PC                                                             | #2 wooden lead pencils *also use for Art class                                                                              |
| PC                            | Zippered pencil pouch for colored pencils                                            | PC                                                             | Pens - red                                                                                                                  |
| PC                            | Pencil-top erasers                                                                   | PC                                                             | Crayons (wax) *also use for Art class                                                                                       |
| PC                            | 2- erasers (large pink)                                                              | PC                                                             | Zippered pencil pouches for crayons & colored pencils                                                                       |
| PC                            | Markers (washable OK)                                                                |                                                                | 2- boxes colored pencils, with at least 12 full-size pencils in each package                                                |
| PC                            | 2- pks Crayola brand colored pencils (8 or 12 is fine)                               | PC                                                             | 2- highlighters                                                                                                             |
| PC                            | 1 pair scissors (round point, metal blades)                                          | PC                                                             | 5- spiral notebooks (1-red, 1-blue, 1-green, 1-yellow, 1-black)                                                             |
| PC                            | 2- (or more) glue sticks – please buy extras                                         |                                                                | 7- folders with pockets (1-red, 1-blue, 1-green, 1-yellow, 3-any style)                                                     |
| PC                            | 1 bottle of Elmer's School Glue (liquid or gel squeeze bottle) *also use for Art     | PC                                                             | 12" ruler                                                                                                                   |
| PC                            | 1- 12 inch ruler (should have centimeters also)                                      | PC                                                             | Scissors (metal blades)                                                                                                     |
| PC                            | 5- two pocket folders (any style)                                                    |                                                                | 1 bottle of Elmer's School Glue (liquid or gel squeeze bottle) *also use for Art                                            |
| PC                            | Grade 1 ONLY: 1- wide lined spiral notebook                                          | PC                                                             | Glue sticks (buy extras)                                                                                                    |
| PC                            | Grade 2 ONLY: 2- wide lined spiral notebooks; 1 yellow, 1 blue                       | PC                                                             | Erasers (pencil-top and large pink)                                                                                         |
| PC                            | 2- boxes facial tissues                                                              | PC                                                             | 1 small handheld pencil sharpener                                                                                           |
| PC                            | 1- box sandwich size zip-lock bags                                                   | PC                                                             | 2 boxes facial tissue                                                                                                       |
| PC                            | 2- highlighters                                                                      | PC                                                             | 1- box sandwich size zip-lock bags                                                                                          |
| <u>5th &amp; 6th Grade</u>    |                                                                                      |                                                                |                                                                                                                             |
|                               | 1-pair of earbuds (if you don't have a pair from last year)                          | PC                                                             | Scissors                                                                                                                    |
|                               | 1- 3-ring binder; (prefer zippered w/pockets)                                        | PC                                                             | Glue                                                                                                                        |
|                               | to hold at least 4 spiral notebooks & 4 pocket folders                               | PC                                                             | 4- or more Glue sticks                                                                                                      |
|                               | Shoes for PE to leave at school, non-marking soles                                   | PC                                                             | 1- pkg 3x5 (50-100) index cards                                                                                             |
| PC                            | 6- pocket folders                                                                    | PC                                                             | Highlighters - assorted colors                                                                                              |
| PC                            | 6- spiral notebooks                                                                  | PC                                                             | Eraser                                                                                                                      |
| PC                            | Red pens, non-clicking                                                               | PC                                                             | Ruler                                                                                                                       |
| PC                            | Pencils (buy extra lead if mechanical)                                               | PC                                                             | Protractor                                                                                                                  |
| PC                            | 1- pkg #2 wooden pencils (not mechanical)                                            | PC                                                             | Compass                                                                                                                     |
| PC                            | Colored pencils                                                                      | PC                                                             | 2- boxes facial tissues                                                                                                     |
| PC                            | Markers                                                                              |                                                                |                                                                                                                             |



## 2020-21 Gilmanton MS/HS Supply List

### 7th GRADE

1-pair of earbuds (if you don't have a pair from last year)  
 7- pocket folders  
 9- spiral notebooks  
 Red pens, non-clicking  
 Pencils (buy extra lead if mechanical)  
 1- pkg #2 wooden pencils (not mechanical)  
 Colored pencils  
 Markers  
 Scissors  
 Glue  
 4- or more Glue sticks  
 4- pkg 3x5 (50-100) index cards  
 Highlighters - assorted colors  
 Eraser  
 Ruler  
 Protractor  
 Compass  
 3- 3-ring binders (2")  
 1- pkg loose leaf paper  
 Metric ruler  
 Texas Instruments TI-30xIIS scientific calculator  
 Shoes for PE to leave at school, non-marking soles  
 2- boxes facial tissues

### HS GRADES 9-12

All classes need: pencils, blue OR black pens, red pens, notebooks & pocket folders, ruler, metric ruler, markers, highlighters in assorted colors, scissors, glue sticks, paper textbook covers and earbuds

#### In addition, these classes need:

**ENGLISH:** 1-accordion folder (6+ files), 1- college rule notebook, 1 pack college-ruled loose-leaf

**MATH:** 3 spiral notebooks, ruler, scientific calculator REQUIRED: TI-83+ or TI-84+ graphing calculator PREFERRED but can use TI-30xIIS from MS, spare set of 4- AAA batteries (or have charging cord if TI-84 Plus CE)

**SCIENCE:** 1- 3 ring binder (2")

**SPANISH I/II:** notebook (not spiral), 1- pkg 3x5 (50-100) index cards, 3-prong folder OR 3-ring binder

### 8th GRADE

1- pair earbuds (if you don't have a pair from last year)  
 1- pkg #2 wooden pencils (not mechanical)  
 3- or more pocket folders  
 1- pkg Blue pens  
 1- pkg Black pens  
 1- pkg Red pens  
 Pencils  
 Colored Pencils  
 1- spiral notebook (College Rule)  
 6- or more spiral notebooks  
 Markers  
 Highlighters, assorted colors  
 Glue sticks  
 Scissors  
 4- pkgs 3x5 index cards  
 Ruler  
 Protractor  
 Compass  
 Metric Ruler  
 2- 3-ring binders (2")  
 Texas Instruments TI-30xIIS scientific calculator  
 Shoes for PE to leave at school, non-marking soles

**Note: all textbooks must be covered with paper covers!!**

## **SHOULD I SEND MY CHILD TO SCHOOL?**

Many parents are frequently concerned about when students should stay home or attend school. The following guidelines apply.

### **COVID-19 INFORMATION:**

**Centers For Disease Control (CDC)** does not currently recommend universal symptom screenings (screening all students grades K-12) be conducted by schools. Given the wide range of symptoms and the fact that some people with SARS-CoV-2 infection (the virus that causes COVID-19) are asymptomatic, there are limitations to symptom screening conducted by schools for the identification of COVID-19

**Parents or caregivers are asked to monitor their children for signs of infectious illness every day.**

**Students who are sick should not attend school in-person.** People with COVID-19 have had a wide range of reported symptoms – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to SARS-CoV-2. Symptoms can include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea



This list does not include all possible symptoms and children and youth with SARS-CoV-2 infection may experience any, all, or none of these symptoms. (See Symptoms of Coronavirus for more information.

### **Close Contact/Potential Exposure**

Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: **OR** Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to SARS-CoV-2; OR

Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework

Live in areas of high community transmission (as described in the Community Mitigation Framework) while the school remains open

### **Some students may develop symptoms of infectious illness while at school.**

- Students who develop any of the symptoms while at school should be placed in an isolation area separate from staff and other students:
  - School staff (e.g., workers, teacher aides, school health staff) who interact with a student who becomes ill while at school should use Standard and Transmission-Based Precautions when caring for sick people.
  - Students who are sick should go home or to a healthcare facility depending on how severe their symptoms are, and follow CDC guidance for caring for oneself and others who are sick.
- If a school needs to call an ambulance or bring a student to the hospital, they should first alert the healthcare staff that the student may have been exposed to someone with COVID-19.

After the student is placed in an isolation area, school staff who work in the isolation area should follow CDC's Considerations for Cleaning and Disinfecting your Building or Facility.

### **Return-to-School Policies.**

A negative test or doctor's note **should not** be required for return. Questions regarding return to school should be jointly decided in consultation with parents or caregivers, school personnel, and the student's healthcare provider.

Students who are excluded from school should be afforded the opportunity, as soon as feasible when they are well enough to participate in classwork, to make up any missed classwork without penalty in order to reduce mental or physical anxieties about missed academic opportunities.

### **OTHER ILLNESSES:**

**Fever** – a fever of 100° or more signals an illness, the student should stay home for 24 hours after the temperature returns to normal **without** the aid of fever-reducing medicine.

**Vomiting, diarrhea or severe nausea – sometimes called stomach flu or norovirus-** if a student has vomited or had diarrhea, the student should stay home until **24 hours** after the last episode and a normal diet is tolerated the night before and the morning of school. A diagnosis of norovirus requires staying at home until asymptomatic for **48 hours**.

**Contagious infectious diseases** – diseases such as impetigo, whooping cough, and strep throat require a doctor's examination and prescription for medication and doctor's approval for return to school.

**Rash** – if a student has any rash that may be disease-related or you do not know the cause, check with your family physician before sending the student to school.

**Coughing** – a persistent cough is commonly an upper or lower respiratory infection and if the cough is ongoing, coincides with fever or loss of appetite, or causes breathing problems, the ill student should stay home.

**Injuries** – if a student has an injury that causes continuous discomfort, the student should not attend school until the condition is checked by a doctor or it improves. Injuries that interfere with class participation need a medical evaluation and if participation in physical education class is not recommended, a doctor's excuse is required.

**Head Lice** – No child can attend school with live lice in their hair. If these are found, the child must go home. He/she can return when an approved treatment for lice has been completed.

### **MEDICATIONS:**

**Prescription Medications** – Students requiring a prescription medication at school must have signed physician orders on file and a parent request form. These forms are available in the high school office. Medications are given by designated school personnel. Inhalers can be carried and used by the student if stated on the physician order. Prescription medicine must come in the most current pharmacy container with the pharmacy label. Instructions for giving medication must match the physician's orders on file.

**Over-the-counter medications** - Must come in the original container with the student's name. The parent request to give medicine must state how much is to be



given, what time and what the medicine is for. Over-the-counter medications will be administered by designated school personnel if the parent/guardian request form is on file with the school.

### **IMMUNIZATIONS:**

**Immunizations** - By state law, must be up-to-date **or** a waiver must be signed and they must be on file at school.

The Centers for Disease Control and Prevention (CDC) has been reporting a dramatic increase in cases of acute flaccid myelitis since August 2014. To date, the CDC has confirmed at least 386 cases of acute flaccid myelitis across the U.S. At least six of those cases have been reported in Minnesota since September. As of July 31, 2020, there have been 16 confirmed cases in 2020

Acute flaccid myelitis is a polio like condition that causes weakness in a person's arms or legs, most often occurring in children

Since the cause of acute flaccid myelitis is still not understood, it's difficult to know how to prevent it. The CDC recommends staying up to date on all vaccinations and avoiding mosquito bites.

"The CDC [also] has recommended the types of normal hygiene stuff that we all should practice," Dr. Mack says. "So washing hands, cleaning surfaces, trying to stay home when you're sick or ill so you don't spread infection. And right now, that's probably the biggest impact we can make on this."

## STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

| Grade/Age                                 | Number of Doses                 |                      |                            |                            |                          |                          |
|-------------------------------------------|---------------------------------|----------------------|----------------------------|----------------------------|--------------------------|--------------------------|
| Pre-K (ages 2 through 4 yrs) <sup>1</sup> | 4 DTaP/DTP/DT <sup>2</sup>      | 3 Polio              | 3 Hepatitis B <sup>6</sup> | 1 MMR <sup>7</sup>         | 1 Varicella <sup>8</sup> |                          |
| Kindergarten through Grade 5              | 4 DTaP/DTP/DT/Td <sup>2,3</sup> | 4 Polio <sup>5</sup> | 3 Hepatitis B <sup>6</sup> | 2 MMR <sup>7</sup>         | 2 Varicella <sup>8</sup> |                          |
| Grades 6 through 12                       | 4 DTaP/DTP/DT/Td <sup>2</sup>   | 1 Tdap <sup>4</sup>  | 4 Polio <sup>5</sup>       | 3 Hepatitis B <sup>6</sup> | 2 MMR <sup>7</sup>       | 2 Varicella <sup>8</sup> |

- Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
- D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12; Four doses are required. However, if a student received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. **Note:** A dose four days or less before the 4<sup>th</sup> birthday is also acceptable.
- DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> dose) to be compliant. **Note:** a dose four days or less before the 4<sup>th</sup> birthday is also acceptable.
- Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
- Polio vaccine for students entering grades Kindergarten through 12; Four doses are required. However, if a student received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. **Note:** a dose four days or less before the 4<sup>th</sup> birthday is also acceptable.
- Laboratory evidence of immunity to hepatitis B is also acceptable.
- MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1<sup>st</sup> birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note:** A dose four days or less before the 1<sup>st</sup> birthday is also acceptable.
- Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.





# SCHOOL DISTRICT OF GILMANTON | 2020-2021 CALENDAR

| JULY 2020 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| S         | M  | T  | W  | Th | F  | S  |
|           |    |    | 1  | 2  | 3  | 4  |
| 5         | 6  | 7  | 8  | 9  | 10 | 11 |
| 12        | 13 | 14 | 15 | 16 | 17 | 18 |
| 19        | 20 | 21 | 22 | 23 | 24 | 25 |
| 26        | 27 | 28 | 29 | 30 | 31 |    |
|           |    |    |    |    |    |    |

 C  
E  
F  
G  
L  
T

**NO CLASS**  
Conferences  
Early Release  
First Day of Quarter  
Graduation  
Last Day  
Teacher Work Day:  
*No Class*

|    |                              |
|----|------------------------------|
| 1  | New Year's Break-NO<br>CLASS |
| 18 | Teacher Work Day             |
| 19 | First Day Sem 2/Q3           |

19 school days

| JANUARY 2021 |          |          |    |    |    |    |
|--------------|----------|----------|----|----|----|----|
| S            | M        | T        | W  | Th | F  | S  |
|              |          |          |    |    | 1  | 2  |
| 3            | 4        | 5        | 6  | 7  | 8  | 9  |
| 10           | 11       | 12       | 13 | 14 | 15 | 16 |
| 17           | <b>T</b> | <b>F</b> | 20 | 21 | 22 | 23 |
| 24           | 25       | 26       | 27 | 28 | 29 | 30 |
| 31           |          |          |    |    |    |    |

| AUGUST 2020 |          |          |          |          |    |    |
|-------------|----------|----------|----------|----------|----|----|
| S           | M        | T        | W        | Th       | F  | S  |
|             |          |          |          |          |    | 1  |
| 2           | 3        | 4        | 5        | 6        | 7  | 8  |
| 9           | 10       | 11       | 12       | 13       | 14 | 15 |
| 16          | 17       | 18       | 19       | 20       | 21 | 22 |
| 23          | <b>T</b> | <b>T</b> | <b>T</b> | <b>T</b> | 28 | 29 |
| 30          | 31       |          |          |          |    |    |

24-  
27  
27

Teacher Work Days

Elementary Open House

|    |                  |
|----|------------------|
| 12 | Teacher Work Day |
|----|------------------|

19 school days

| FEBRUARY 2021 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| S             | M  | T  | W  | Th | F  | S  |
|               | 1  | 2  | 3  | 4  | 5  | 6  |
| 7             | 8  | 9  | 10 | 11 | 12 | 13 |
| 14            | 15 | 16 | 17 | 18 | 19 | 20 |
| 21            | 22 | 23 | 24 | 25 | 26 | 27 |
| 28            |    |    |    |    |    |    |
|               |    |    |    |    |    |    |

| SEPTEMBER 2020 |                                                                                   |          |    |    |    |    |
|----------------|-----------------------------------------------------------------------------------|----------|----|----|----|----|
| S              | M                                                                                 | T        | W  | Th | F  | S  |
|                |                                                                                   | <b>F</b> | 2  | 3  | 4  | 5  |
| 6              |  | 8        | 9  | 10 | 11 | 12 |
| 13             | 14                                                                                | 15       | 16 | 17 | 18 | 19 |
| 20             | 21                                                                                | 22       | 23 | 24 | 25 | 26 |
| 27             | 28                                                                                | 29       | 30 |    |    |    |
|                |                                                                                   |          |    |    |    |    |

17

First Day of School  
Labor Day-NO CLASS

21 school days

|    |                                              |
|----|----------------------------------------------|
| 19 | Teacher Work Day                             |
| 25 | First Day Q4                                 |
| 30 | P-T Conf 12:45-8:00-<br><i>Dismiss 12:00</i> |
| 31 | Early Release- <i>Dismiss 12:00</i>          |
| 31 | Child Development Day<br><i>(3-6 pm)</i>     |

22 school days

| MARCH 2021 |    |          |          |          |          |    |
|------------|----|----------|----------|----------|----------|----|
| S          | M  | T        | W        | Th       | F        | S  |
|            | 1  | 2        | 3        | 4        | 5        | 6  |
| 7          | 8  | 9        | 10       | 11       | 12       | 13 |
| 14         | 15 | 16       | 17       | 18       | <b>T</b> | 20 |
| 21         | 22 | 23       | 24       | <b>F</b> | 26       | 27 |
| 28         | 29 | <b>C</b> | <b>E</b> |          |          |    |
|            |    |          |          |          |          |    |

| OCTOBER 2020 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| S            | M  | T  | W  | Th | F  | S  |
|              |    |    |    | 1  | 2  | 3  |
| 4            | 5  | 6  | 7  | 8  | 9  | 10 |
| 11           | 12 | 13 | 14 | 15 | 16 | 17 |
| 18           | 19 | 20 | 21 | 22 | 23 | 24 |
| 25           | 26 | 27 | 28 | 29 | 30 | 31 |
|              |    |    |    |    |    |    |

2

Early Release-Dismiss 12:00

22 school days

|   |                       |
|---|-----------------------|
| 1 | Spring Break-NO CLASS |
| 2 | Good Friday-NO CLASS  |
| 5 | Easter-No CLASS       |

19 school days

| APRIL 2021 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| S          | M  | T  | W  | Th | F  | S  |
|            |    |    |    | 1  | 2  | 3  |
| 4          | 5  | 6  | 7  | 8  | 9  | 10 |
| 11         | 12 | 13 | 14 | 15 | 16 | 17 |
| 18         | 19 | 20 | 21 | 22 | 23 | 24 |
| 25         | 26 | 27 | 28 | 29 | 30 |    |
|            |    |    |    |    |    |    |

| NOVEMBER 2020 |    |          |    |          |          |    |
|---------------|----|----------|----|----------|----------|----|
| S             | M  | T        | W  | Th       | F        | S  |
| 1             | 2  | <b>F</b> | 4  | <b>C</b> | <b>T</b> | 7  |
| 8             | 9  | 10       | 11 | 12       | 13       | 14 |
| 15            | 16 | 17       | 18 | 19       | 20       | 21 |
| 22            | 23 | 24       | 25 | 26       | 27       | 28 |
| 29            | 30 |          |    |          |          |    |

35

First Day Q2  
P-T Conf 12:45-8:00 -  
*Dismiss 12:00*  
Teacher Work Day  
Thanksgiving Break-NO  
CLASS

17 school days

|    |                             |
|----|-----------------------------|
| 7  | Early Release-Dismiss 12:00 |
| 29 | Graduation                  |
| 31 | Memorial Day-NO CLASS       |

20 school days

| MAY 2021 |    |    |    |    |          |          |
|----------|----|----|----|----|----------|----------|
| S        | M  | T  | W  | Th | F        | S        |
|          |    |    |    |    |          | 1        |
| 2        | 3  | 4  | 5  | 6  | <b>E</b> | 8        |
| 9        | 10 | 11 | 12 | 13 | 14       | 15       |
| 16       | 17 | 18 | 19 | 20 | 21       | 22       |
| 23       | 24 | 25 | 26 | 27 | 28       | <b>G</b> |
| 30       | 31 |    |    |    |          |          |

| DECEMBER 2020 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| S             | M  | T  | W  | Th | F  | S  |
|               |    | 1  | 2  | 3  | 4  | 5  |
| 6             | 7  | 8  | 9  | 10 | 11 | 12 |
| 13            | 14 | 15 | 16 | 17 | 18 | 19 |
| 20            | 21 | 22 | 23 | 24 | 25 | 26 |
| 27            | 28 | 29 | 30 | 31 |    |    |
|               |    |    |    |    |    |    |

23-  
31

Christmas Break-NO CLASS

16 school days

|   |                                     |
|---|-------------------------------------|
| 4 | Last Day of School-Dismiss<br>12:00 |
| 7 | Teacher Work Day                    |

4 school days

| JUNE 2021 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| S         | M  | T  | W  | Th | F  | S  |
|           |    | 1  | 2  | 3  | 4  | 5  |
| 6         | 7  | 8  | 9  | 10 | 11 | 12 |
| 13        | 14 | 15 | 16 | 17 | 18 | 19 |
| 20        | 21 | 22 | 23 | 24 | 25 | 26 |
| 27        | 28 | 29 | 30 |    |    |    |
|           |    |    |    |    |    |    |



# Western Dairyland Head Start Application

PO Box 125 Independence WI 54747

715-985-2391 x1251

APPLY ONLINE AT: [www.wdHeadStart.org](http://www.wdHeadStart.org)

Information  
for parents  
with young  
children.

Locations in Buffalo, Eau Claire, Jackson, and Trempealeau Counties

Yog koj muaj lus nug los yog xav tau nceg pab teb dñam ntawv no, hu rau Lesly Tong Ly - Western Dairyland Head Start, 715-577-6376  
Si usted quiere esta información en Español, favor de llamar a Mareni Pinero Ronda-Western Dairyland Head Start, 715-577-7563

## CHILD'S NAME & INFORMATION:

Nombre del niño e Información:

|                                      |                                                   |                                                                           |
|--------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------|
| <b>First Name:</b><br>Primer nombre: | <b>M.I.:</b><br>Segundo nombre:                   | <b>Last Name:</b><br>Apellido:                                            |
| <b>Gender:</b><br>Género:            | <input type="checkbox"/> <b>Male</b><br>Masculino | <input type="checkbox"/> <b>Female</b><br>Femenino                        |
|                                      |                                                   | <b>Date of Birth: (Mo/Day/Year)</b><br>Fecha de nacimiento: (Mes/Día/Año) |

## PARENT/GUARDIAN INFORMATION:

INFORMACION DE PADRES/GUARDIANES:

|                                                                                  |                                                                                                                        |                                              |                                                             |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| <b>Parent/Guardian Name:</b><br>Nombre de Padres/Guardianes:                     |                                                                                                                        |                                              |                                                             |
| <b>Primary Language:</b><br>Idioma Primario:                                     | <b>Is an Interpreter needed?</b> <input type="checkbox"/> Yes/Si <input type="checkbox"/> No<br>¿Necesitan Intérprete? |                                              |                                                             |
| <b>Street Address:</b><br>Dirección de la casa:                                  | <b>City:</b><br>Ciudad:                                                                                                | <b>Zip Code:</b><br>Código postal:           |                                                             |
| <b>Phone:</b><br>Teléfono:                                                       | <b>Message Phone:</b><br>Teléfono para mensajes:                                                                       | <b>Email Address:</b><br>Correo electrónico: |                                                             |
| <b>Preferred method of contact:</b><br>Método de contacto preferido:             | <input type="checkbox"/> <b>Phone</b><br>teléfono                                                                      | <input type="checkbox"/> <b>Text</b><br>Text | <input type="checkbox"/> <b>Email</b><br>correo electrónico |
| <b>School District child resides in:</b><br>Distrito Escolar infantil reside en: |                                                                                                                        |                                              |                                                             |

**Is your family currently homeless?** ☐ Yes/Si ☐ No  
¿Están sin hogar?

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Firma de los Padres Guardianes: \_\_\_\_\_ Fecha:

**Name of person completing this form if other than parent:** \_\_\_\_\_  
Nombre de la persona que completa este formulario si además de los padres:

**Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Agencia: \_\_\_\_\_ Telefono:

You may drop this application in the mail or at any of our Head Start / Early Head Start Centers. You may also bring it in person to either one of our office locations: Eau Claire Location - 418 Wisconsin St. or Independence Location - 23140 Whitehall Rd.

Once received we will contact you for additional information. Please call if you have any questions. 715-985-2391 x1251

Usted puede dejar esta solicitud en el correo o en cualquiera de nuestros Centros de Head Start / Early Head Start. Usted también puede traer en persona a cualquiera de nuestras oficinas: Eau Claire Ubicación - 418 Wisconsin St. o Independencia Ubicación - 23140 Whitehall Rd. Una vez recibido nos pondremos en contacto para obtener información adicional. Por favor llame si tiene alguna pregunta. 715-985-2391 x1251

## STAFF USE ONLY

**Program Year:** \_\_\_\_\_ ☐ HS ☐ EHS **Site:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Please fold this section first for mailing**

Por favor, pegue esta sección primero para enviar por correo

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Western Dairyland Head Start / Early Head Start  
Po Box 125  
Independence, WI 54747

**TAPE HERE**

use cinta

**TAPE HERE**

use cinta

**Fold This Section Last So Written Data Is Not Exposed During Mailing. This application may be dropped off at Western Dairyland Office or any Head Start/Early Head Start Center**

Doblar esta última sección así datos escritos no están expuestos durante el envío. Esta aplicación se puede dejar en la oficina Western Dairyland o cualquier centro de Head Start/Early Head Start

**TAPE SIDES ONLY**

**Please do not place tape on bottom**

**TAPE HERE**

Use cinta

CINTA lados sólo por favor, no Coloque cinta en la parte inferior

**TAPE HERE**

use cinta



# Eat Breakfast at School!

Mornings can be really crazy...the alarm doesn't go off...the kids don't want to get up...there's no time to eat breakfast before the bus comes...or they're just not ready to eat. Or maybe your teenager grabs a can of soda and a candy bar on the way to school. If this sounds like your house, we have good news for you.

Breakfast is served at school! School breakfast will energize your child's day and provide them with a healthy start. A nutritious breakfast helps students be more alert so they can learn more in class, and has plenty of vitamins and nutrients for a strong and healthy body.

Breakfast at school is affordable, too. If you qualify for free and reduced price meals, you also qualify for the breakfast program, with no additional paperwork. You can't find a healthy breakfast at such a low cost anywhere else.

So help your child start the day right with school breakfast!



# Gilmanton School District

## Breakfast and Hot Lunch Prices and Information for 2020-21



**Please send a minimum of \$25 per child to start the year, and then calculate how much you should send on a weekly or monthly basis to always keep a **POSITIVE BALANCE** in your family meal account!**

- Ala carte is blocked for all students until there is a \$10 or more positive balance in the family meal account.
- Parents can choose to “never allow” ala carte charges by their children.
- Parents and/or students are responsible for monitoring their meal account balances on the Infinite Campus portal on a regular basis.
- Email messages will be sent out each Tuesday to remind parents when funds should be deposited into the account .
- When the meal account balance is no longer positive, the school reserves the right to block ala carte charges without warning.
- Students may be denied breakfast or lunch if the family meal account balance is negative (you should send a sack lunch).

### BREAKFAST PRICES

K4 – Grade 4  
 Grades 5-12  
 Adults  
 Reduced Price Breakfast  
*(must apply in office)*

\$1.85  
 \$1.95  
 \$2.70

30¢

### LUNCH PRICES

K4 – Grade 4  
 Grades 5-12  
 Adults  
 Reduced Price Lunch  
*(must apply in office)*  
 Extra Main Entrée

\$2.60  
 \$2.75  
 \$3.85  
 40¢  
 \$1.00

One carton of milk (1/2 pint) is included in the price of the breakfast and lunch trays.

**Ala Carte Items** (Ala carte items ARE NOT included with the meal prices.) Available at high school cafeteria. Elementary students may purchase certain items\* when they are at MS/HS school cafeteria for breakfast. **Items offered and prices are subject to change.**

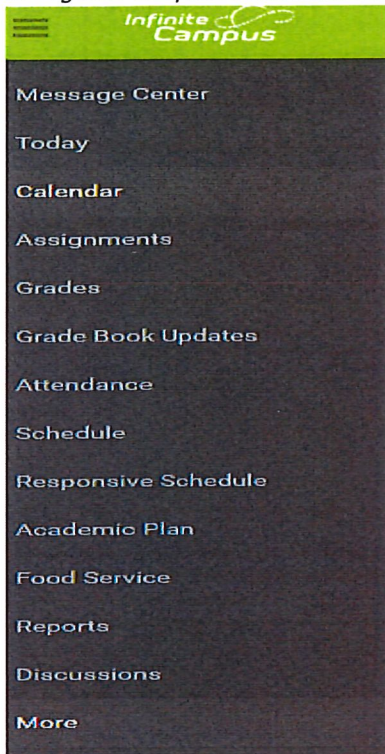
|                |     |           |        |
|----------------|-----|-----------|--------|
| *Milk          | 40¢ | Fudge Bar | 65¢    |
| *Juice         | 40¢ | Doritos   | 75¢    |
| *Cinnamon Roll | 40¢ | Cookie    | 90¢    |
| *Poptart       | 75¢ | Chips     | \$1.00 |
| *Oatmeal Bar   | 65¢ |           |        |

This institution is an equal opportunity provider.

# Apply Online!

You may now apply for free or reduced meal benefits online, from the privacy of your home, through the Infinite Campus Parent Portal.

1. Log into the portal and click on the More link on the left side of the page.



2. Then click the Meal Benefits link to start the application process.

More

Address Information

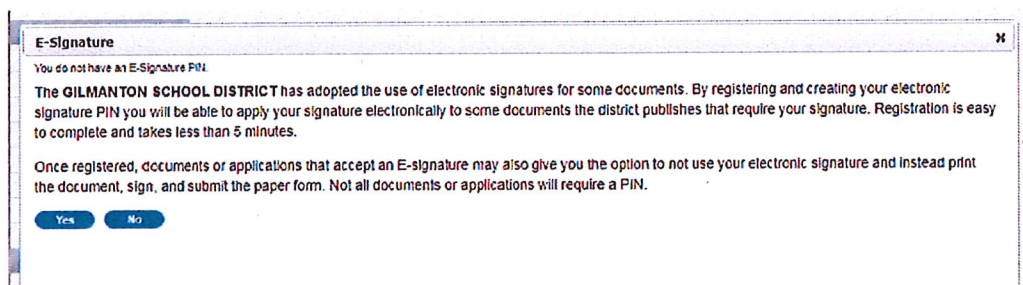
Demographics

Family Information

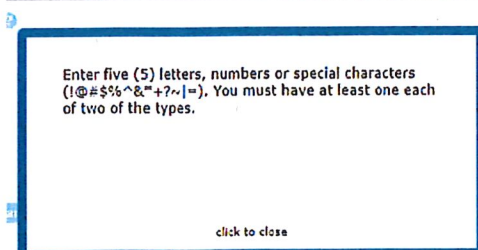
Important Dates

Meal Benefits

3. Say YES to e-signature.



4. You will need to create a PIN, consisting of 5 characters, (letters, numbers, special characters).



Note: to enter the application you will use your newly created PIN along with your Infinite Campus portal password.





# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS FOR SCHOOL YEAR 2020-21

Dear Parent/Guardian:

Children need healthy meals to learn. Gilman School District offers healthy meals every school day. Breakfast costs \$1.80 (ELEM), \$1.95 (MS/HS); lunch costs \$2.50 (ELEM), \$2.70 (MS/HS). Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR), or W-2 cash benefits are eligible for free meals, when listed on the application.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may qualify to receive free or reduced price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2020-2021

| Household size          | Yearly (\$) | Monthly (\$) | Weekly (\$) |
|-------------------------|-------------|--------------|-------------|
| 1                       | 23,606      | 1,968        | 454         |
| 2                       | 31,894      | 2,658        | 614         |
| 3                       | 40,182      | 3,349        | 773         |
| 4                       | 48,470      | 4,040        | 933         |
| 5                       | 56,758      | 4,730        | 1,092       |
| 6                       | 65,046      | 5,421        | 1,251       |
| 7                       | 73,334      | 6,112        | 1,411       |
| 8                       | 81,622      | 6,802        | 1,570       |
| Each additional person: | 8,288       | 691          | 160         |

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail **Kory Rud, Homeless Liaison, 715-946-3158, ext. 122, krud@ghs.k12.wi.us**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Diane Pfund, Gilman School District, PO Box 28, Gilman, WI 54743, 715-946-3158, ext. 110, dpfund@ghs.k12.wi.us**.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? Please read the letter you received carefully and follow the instructions. If your letter indicated you qualify for free meals, then no application is needed. If any children in your household were missing from your eligibility notification, contact **Diane Pfund, Gilman School District, PO Box 28, Gilman, WI 54743, 715-946-3158, ext. 110, dpfund@ghs.k12.wi.us** immediately. If your household was notified it qualified for reduced price meals, we encourage you to complete an application to potentially qualify for free meals based on household size and income.
5. DO I NEED TO FILL OUT AN APPLICATION IF MY CHILD ATTENDS A COMMUNITY ELIGIBILITY PROVISION SCHOOL (CEP)? If your child attends a school that participates in CEP, receipt of free breakfast and lunch meals does not depend on returning this application. However, this information is necessary for other programs and may be used to determine if your household is eligible for additional benefits.

6. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [www.ghs.k12.wi.us](http://www.ghs.k12.wi.us) to begin or to learn more about the online application process. Contact **Diane Pfund, Gilmanton Schools, PO Box 28, Gilmanton, WI 54743, 715-946-3158, ext. 110, [dpfund@ghs.k12.wi.us](mailto:dpfund@ghs.k12.wi.us)** if you have any questions about the application process.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **10/13/2020**, or when a new eligibility is determined. You must submit a new application unless the school told you that your child is eligible for the new school year. If you do not submit a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals, but it is based on income. Please submit an application.
9. MY CHILD(REN) QUALIFIES FOR BADGERCARE PLUS OR MEDICAID. CAN MY CHILD GET FREE MEALS? Children with BadgerCare Plus, Medicaid, or subsidized insurance may be eligible for free or reduced price meals, but it is based on household income and income size. Please submit an application to determine if your household qualifies.
10. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
11. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed or experience a financial hardship may become eligible for free and reduced price meals if the household income drops below the income limit.
12. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Glen Denk, Gilmanton Schools, PO Box 28, Gilmanton, WI 54743, 715-946-3158, ext. 133.**
13. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
16. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include any combat pay resulting from deployment as income.
17. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for FoodShare or other assistance benefits, contact your local assistance office or call 1-800-362-3002.

If you have other questions or need help, call 715-946-3158.

Sincerely,

Diane Pfund  
Determining Official



# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS for 2020-21 School Year

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Gilmanton School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order. If at any time you are not sure what to do next, please contact Diane Pfund, dpfund@ghs.k12.wi.us, 715-946-3158, ext. 110. *If your child attends a Community Eligibility Provision School (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.*

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children grades 12 or under AND are supported with the household's income; and
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth, or enrolled in a Head Start program.

|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children in household than lines on the application, attach a second piece of paper with all required information for the additional children. | <b>B) Enter the grade and the name of the school the child attends or mark n/a if not in school.</b> | <b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the children's names. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. | <b>D) Are any children homeless, migrant, runaway or enrolled in a Head Start program?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway or Head Start" box next to the child's name and complete all steps of the application. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FoodShare, W-2 Cash Benefits OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or FoodShare.
- Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits.
- The Food Distribution Program on Indian Reservations (FDPIR).

|                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A) If no one in your household participates in any of the above listed programs:</b> <ul style="list-style-type: none"><li>• Leave STEP 2 blank or check "No" and go to STEP 3.</li></ul> | <b>B) If anyone in your household participates in any of the above assistance programs:</b> <ul style="list-style-type: none"><li>• Write a case number and name of the assistance program you or any member of the household participates in for FoodShare, W-2 Cash Benefits, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your case worker. Medicaid and BadgerCare case numbers do NOT qualify for free or reduced price meals.</li><li>• Go to STEP 4.</li></ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**

- Use the charts titled "Sources of Income for Children" and "Sources of Income for Adults," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes. Many people think of income as the amount they "take home" (listed as "net pay" on paycheck stub) and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.



### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the boxes to the right of each field.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's personal income if you are applying for them together with the rest of your household.

**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

#### 3.B. REPORT INCOME EARNED BY ADULTS

List adult household members' names.

- Print the name of each household member in the boxes marked "Name of Adult Household Members (First and Last)." When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:**
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, children and students already listed in STEP 1.

| C) Report earnings from work.                                                                                                                                                                                                                                                                                                                                                                                                                                                | D) Report income from public assistance/child support/alimony/SSI/VA benefits.                                                                                                                                                                                                                                                                                                                                                                                        | E) Report income from pensions/retirement/all other income.                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Report all total gross income (before taxes) from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p><b>What if I am self-employed?</b> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p> | <p>Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>                                                                                | <p>Report all income that applies in the "Pensions/Retirement/Social Security/All Other Income" field on the application.</p>                                                                                                                                                                            |
| F) Fluctuating income.                                                                                                                                                                                                                                                                                                                                                                                                                                                       | G) Report total household size.                                                                                                                                                                                                                                                                                                                                                                                                                                       | H) Provide the last four digits of your Social Security Number (SSN).                                                                                                                                                                                                                                    |
| <p>For seasonal workers and others whose income fluctuates and usually earn more money in some months than others. In these situations, project the annual rate of income and report that. This includes workers with annual employment contracts but may choose to have salaries paid over a shorter period of time; for example, school employees.</p>                                                                                                                     | <p>Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p> | <p>An adult household member must enter the last four digits of their SSN in the space provided. You are eligible to apply for benefits even if you do not have a SSN. If no adult household members have a SSN, leave this space blank and mark the box to the right labeled "Check box if no SSN."</p> |

### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**An adult member of the household must sign the application. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A) Provide your contact information.</b> Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p> | <p><b>B) Print or sign your name.</b><br/>The adult filling out the application must print or sign their name in the signature box.</p> | <p><b>C) Return completed form to:</b> Diane Pfund, Gilmanton Schools, PO Box 28, Gilmanton, WI 54743</p> | <p><b>D) Share children's racial and ethnic identities (optional).</b> On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



# **PLEASE DO NOT REMOVE STAPLE**

Sign and return all forms stapled in this packet  
on or before the first day of school  
or sports practice (whichever comes first).

**SCHOOL DISTRICT OF GILMANTON**  
**Annual Student Contact Information Update**

Fill Out  
One Form  
Per Family

1. Please provide the name, grade and birthdates of each Gilmanton student in your household.

| Student First Name/Middle Initial/Last Name | Grade | Date of Birth | Student Mobile Phone (if have) |
|---------------------------------------------|-------|---------------|--------------------------------|
|                                             |       |               |                                |
|                                             |       |               |                                |
|                                             |       |               |                                |
|                                             |       |               |                                |
|                                             |       |               |                                |
|                                             |       |               |                                |

2. Student Lives With (circle one): Mother&Father   Mother only   Father only   Shared Custody   Mother&Stepfather  
Father&Stepmother   Other Guardian (List Relationship) \_\_\_\_\_

3. Please provide contact information for:

|              | Parent/Guardian to Contact First | Parent/Guardian to Contact Second |
|--------------|----------------------------------|-----------------------------------|
| Name         |                                  |                                   |
| Home Phone   |                                  |                                   |
| Mobile Phone |                                  |                                   |
| Work Phone   |                                  |                                   |

4. Household Address \_\_\_\_\_

5. Mailing Address (if different) \_\_\_\_\_

5. Email You Use For Lunch Account/Messages \_\_\_\_\_

6. Please provide at least one emergency contact in the event the school cannot reach either parent/guardian:

| <b>PARENTS - DO NOT LIST YOURSELF – LIST PEOPLE WHO CAN BE CONTACTED IF SCHOOL CANNOT REACH YOU</b> |            |              |            |
|-----------------------------------------------------------------------------------------------------|------------|--------------|------------|
| Name                                                                                                | Home Phone | Mobile Phone | Work Phone |
| 1.                                                                                                  |            |              |            |
| 2.                                                                                                  |            |              |            |

7. In case of emergency where parent/guardians cannot be reached, I give the School District of Gilmanton the authority to provide medical emergency services as they feel appropriate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Fill out one  
form per  
family.

# BLOCK ALA CARTE ITEMS

All ala carte is blocked until there is a \$10 or more positive family meal account balance. **Parents may choose to have ala carte blocked at all times.** Please indicate if your child(ren) may purchase ala carte items.

Grades 4K-4 are offered the following ala carte items in the breakfast line:

- Juice (when not included with meal)
- Cinnamon Roll
- Yogurt
- Poptart
- Oatmeal Bar

Grades 5-12 are offered the following ala carte items in the breakfast and/or lunch line:

- Milk (additional carton, or when not eating a meal)
- Juice (when not included with meal)
- Cinnamon Roll
- Poptart
- Oatmeal Bar (breakfast snack bar)
- Fudge Bar (ice cream treat)
- Chips
- Doritos
- Cookie

| STUDENT NAME | GRADE | MAY PURCHASE ALA CARTE       |                             |
|--------------|-------|------------------------------|-----------------------------|
|              |       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|              |       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|              |       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|              |       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|              |       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|              |       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**~ PARENTS AND STUDENTS: PLEASE SIGN, DATE AND RETURN THIS PAGE ~**

The Bus Ridership and Internet Acceptable Use Policies were mailed home in the Annual Notice Newsletter.

**BUS RIDERSHIP POLICY**

I have read and understand the School District of Gilmanton Bus Ridership Policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Student Signatures (everyone signs, even if you don't usually ride the bus as there are field trip buses, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERNET ACCEPTABLE USE POLICY**

I understand and will abide by the terms and conditions set forth in the Gilmanton Schools Acceptable Use Policy. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action may be taken as well as any appropriate legal action taken.

**Student Signatures**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a parent or legal guardian of the above named student, I grant permission for my child to access computer networked services including electronic mail and Internet. I have read the Gilmanton School District's Acceptable Use Policy. I understand that this access is for educational purposes. I also recognize that it is impossible for the Gilmanton Schools to eliminate all controversial material and I will not hold the Gilmanton School District responsible for materials acquired on the network. I hereby give permission for my child to access Internet services while at school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**USE OF PHOTOS AND/OR PUBLICATION OF STUDENT PROJECTS ONLINE OR IN SCHOOL NEWSLETTER**

\_\_\_\_\_ I grant permission for my child's photograph, audio, video and/or displays of individual school projects to be published online or in the school newsletter.

\_\_\_\_\_ I do not grant permission for my child's photograph, audio, video and/or displays of their individual school projects to be published online or in the school newsletter.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SCHOOL DISTRICT OF GILMANTON**  
**Annual Student Health Information Update**

Fill Out  
One Per  
Student

Information on this form should be filled out for each new school year. Please complete and return with back-to-school paperwork.

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M F Grade \_\_\_\_\_

**HEALTH CONDITIONS**

2. Check any of these conditions which your child has or has had:

|                                                                                      |                                              |                                                                  |                                                          |                                                               |
|--------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> ADD/ADHD                                                    | <input type="checkbox"/> Blood Disorder      | <input type="checkbox"/> Depression/Anxiety<br><i>Circle</i>     | <input type="checkbox"/> Heart Problems                  | <input type="checkbox"/> Serious Injury                       |
| <input type="checkbox"/> Allergies (seasonal)<br>mild/moderate<br><i>Circle One</i>  | <input type="checkbox"/> Bowel/bladder       | <input type="checkbox"/> Dental                                  | <input type="checkbox"/> Orthopedic/Bone                 | <input type="checkbox"/> Vision Concerns<br>Wears glasses Y/N |
| <input type="checkbox"/> Allergies<br>(food, latex, insects, drugs)<br><i>Circle</i> | <input type="checkbox"/> Cancer              | <input type="checkbox"/> Hearing                                 | <input type="checkbox"/> Social/Emotional/<br>Behavioral | <input type="checkbox"/> Speech<br>Concerns                   |
| <input type="checkbox"/> Asthma mild/moderate<br><i>Circle One</i>                   | <input type="checkbox"/> Bleeding<br>Problem | <input type="checkbox"/> Diabetes Type I/II<br><i>Circle One</i> | <input type="checkbox"/> Seizures                        | <input type="checkbox"/> Special Needs                        |
| <input type="checkbox"/> Migraines                                                   | <input type="checkbox"/> Cerebral Palsy      | <input type="checkbox"/> Head Injury/<br>Concussion              | <input type="checkbox"/> Other                           |                                                               |

3. If you have checked any of the above conditions, please explain: \_\_\_\_\_

4. If your child has **ASTHMA**, does he/she need to have/carry an inhaler at school? **YES/NO** (circle one)

*If YES, you must fill out a Medication Administration Form. Please label the inhaler with your child's name.*

**Contact the school nurse to discuss an Action Plan.**

5. If your child has **SEVERE ALLERGIES**, does your child have an Epi-Pen? **YES/NO** (circle one)

*If YES, you must fill out a Medication Administration Form for Emergency Medication. **Contact the school nurse to discuss an Allergy Action Plan.***

If YES, what is your child allergic to? \_\_\_\_\_

6. List any emergency medications: \_\_\_\_\_

7. If your child has **DIETARY RESTRICTIONS**, parent must provide dietary order from physician.

8. If your child has any other health concerns (such as migraines, seizures or diabetes) that require special instructions please speak with the nurse to discuss action plans.

9. \_\_\_\_\_ My child does **NOT** have any known health concerns.

10. My signature gives permission to share this health information with school staff as needed for safety at school, on field trips and other school activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Gilmanton School District Census

### ANNUAL UPDATE

#### Children 0-4 years of age (as of today) residing in your home

Full, legal names of children, please. List oldest to youngest.

| First Name | Middle Initial | Last Name | Date of Birth | Male | Female |
|------------|----------------|-----------|---------------|------|--------|
|            |                |           |               |      |        |
|            |                |           |               |      |        |
|            |                |           |               |      |        |
|            |                |           |               |      |        |

Parents or Guardians (list only those living in household)

Circle One:

Father's Name \_\_\_\_\_ Father Stepfather Guardian

Mother's Name \_\_\_\_\_ Mother Stepfather Guardian

Address \_\_\_\_\_

Phone \_\_\_\_\_

Will your children attend school at Gilmanton? [ ] Yes [ ] No

If no, where will they attend school? \_\_\_\_\_

#### Why do we do take a census?

Our school receives funding for our library based on how many children live in our district, even if they do not attend school at Gilmanton.

#### What will we do with information you provide?

We update our list of children that reside in the district and report this number on our census report to the Department of Public Instruction. No names are reported. We also update our mailing list so that you can receive any mailings related to the school district. For those parents who will send their children to school at Gilmanton, we use the information you provide to generate a list of upcoming preschool and kindergarten classes.

#### How should you participate?

Fill out this census form and return to the school.

## BUS DROP-OFF GUIDELINES

### I. DROP-OFF PROCEDURE FOR 4K STUDENTS

Bus drivers need to see that a parent, guardian, older sibling, or another responsible person is present at the residence when dropping off 4K students from school. For the safety of the child, if the bus driver has reason to believe no one is home, the bus driver will attempt to contact the parent or guardian. If no contact is made, the bus driver may opt to leave the child on the bus and continue with their route, to return to the residence later in the route to drop off the child. The school does not support this pattern of no parent, guardian, older sibling, or another responsible person at home and may be in contact with individual families if this becomes a frequent occurrence.

### II. DROP-OFF PROCEDURE FOR 5K-4TH GRADE STUDENTS

For elementary students in grades 5K-4, it is suggested that there be a parent, guardian, older sibling, or another responsible person at the residence when the child(ren) are dropped off. If it appears that no one is home and no contact is made with the parent/guardian, the bus driver may opt to leave the child on the bus and continue with their route, to return to the residence later in the route to drop off the child(ren). The school does not support this pattern of no parent, guardian, older sibling, or another responsible person at home and may be in contact with individual families if this becomes a frequent occurrence. *Note: Families can submit signed permission to the district office to always let their 5K-4th grade child(ren) off the bus at their home/destination.*

### III. DROP-OFF PROCEDURE FOR 5<sup>TH</sup> – 12<sup>TH</sup> GRADE STUDENTS

Students in grades 5-12 will be dropped off at home.

**5K-4<sup>th</sup> Grade Parents:** I give the school permission to drop off my student at home, even if no parent/guardian, older sibling, or another responsible person is present at the residence. [ ☐ ] Yes [ ☐ ] No

---

Parent/Guardian Signature

---

Date

**~ THIS PAGE FOR MS/HS STUDENTS ONLY ~**

The Student Activities Code was mailed home in the Annual Notice Newsletter.

**This form must be signed by the parent/guardian and student before participating in any extracurricular club or sport. An acknowledgement sheet must be signed every year while a student is enrolled at the Gilmanton MS/HS.**

### **Gilmanton School District - Student Activities Code**

I have read the Gilmanton MS/HS rules and activities code policy adopted by the Administration, Coaches, and Board of Education. I accept these rules and agree to abide by them and any or all rules set by the Dairyland Conference and the W.I.A.A.

**I fully understand and accept the responsibilities of participating in extracurricular activities and representing the School District of Gilmanton and will strive to uphold the required standards.**

| <b>Student Signature</b> | <b>Date</b> | <b>Parent/Guardian Signature</b> | <b>Date</b> |
|--------------------------|-------------|----------------------------------|-------------|
|                          |             |                                  |             |
|                          |             |                                  |             |
|                          |             |                                  |             |
|                          |             |                                  |             |



Apply online at: [https://www.ghs.k12.wi.us/district/food\\_service.cfm](https://www.ghs.k12.wi.us/district/food_service.cfm).

Complete one application per household. Use a pen (not a pencil).  
In Community Eligibility Schools (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.

If more spaces are required for additional names, attach another sheet of paper.

---

| Child's First Name | MI | Child's Last Name | Grade | School the child attends or NA if not in school | Check all that apply | Forfeiter, Migrant, Head Start |
|--------------------|----|-------------------|-------|-------------------------------------------------|----------------------|--------------------------------|
|                    |    |                   |       |                                                 |                      |                                |
|                    |    |                   |       |                                                 |                      |                                |
|                    |    |                   |       |                                                 |                      |                                |
|                    |    |                   |       |                                                 |                      |                                |

Receiving assistance programs: FoodShare, W-2 Cash Benefits, or FDPIR? ☐ Yes / ☐ No

| Case Number | Program Name Required |
|-------------|-----------------------|
|             |                       |

Flip the page and review the charts titled "Sources of Income" for more information.

ren, and students up to

\$

| Child income |  |  |  |
|--------------|--|--|--|
|              |  |  |  |

How often?

| Weekly                   | Bi-Weekly                | 2x Month                 | Monthly                  |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**F. Seasonal Workers, and**

| Name of Adult Household Members<br>(First and Last Name) |  | Earnings from Work |  | How often?               |                          |                          | Public Assistance/<br>Child Support/<br>Alimony/SSI/VA Benefit |        |           | How often? |         |                          | Pensions/Retirement/<br>Social Security,<br>Other Income |                          |                          | How often? |           |          | Income, project the<br>annual income and<br>report here. |                          |                          |                          |                          |
|----------------------------------------------------------|--|--------------------|--|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------|--------|-----------|------------|---------|--------------------------|----------------------------------------------------------|--------------------------|--------------------------|------------|-----------|----------|----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                          |  |                    |  | Weekly                   | Bk/Weekly                | 2x Month                 | Monthly                                                        | Weekly | Bk/Weekly | 2x Month   | Monthly | Weekly                   | Bk/Weekly                                                | 2x Month                 | Monthly                  | Weekly     | Bk/Weekly | 2x Month | Monthly                                                  | Weekly                   | Bk/Weekly                | 2x Month                 | Monthly                  |
|                                                          |  | \$                 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                       | \$     |           |            |         | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | \$         |           |          |                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                          |  | \$                 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                       | \$     |           |            |         | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | \$         |           |          |                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                          |  | \$                 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                       | \$     |           |            |         | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | \$         |           |          |                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                          |  | \$                 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                       | \$     |           |            |         | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | \$         |           |          |                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                          |  | \$                 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                       | \$     |           |            |         | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | \$         |           |          |                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Number (SSN) of Primary Wage<br>REQUIRED or Check box if no SSN | X | X | X | X | Check box, if no SSN     |
|-----------------------------------------------------------------|---|---|---|---|--------------------------|
|                                                                 | X | X | X | X | <input type="checkbox"/> |

Insert your school district mailing address here

---

Information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information under applicable state and federal laws."

|                               |  |                  |  |       |  |     |  |
|-------------------------------|--|------------------|--|-------|--|-----|--|
| Street Address (if available) |  | City             |  | State |  | Zip |  |
| Apt #                         |  |                  |  |       |  |     |  |
| Daytime Phone and             |  | Email (optional) |  |       |  |     |  |

Today's Date Mo./Day/Yr.



## INSTRUCTIONS

## Source of Income

## Sources of Income for Children

| Sources of Child Income                    | Example(s)                                                                                      |
|--------------------------------------------|-------------------------------------------------------------------------------------------------|
| – Gross earnings from work                 | – A child has a regular full or part-time job where they earn a salary or wages                 |
| – Social Security                          | – A child is blind or disabled and receives Social Security benefits                            |
| – Disability payments                      | – A parent is disabled, retired, or deceased, and their child receives Social Security benefits |
| – Survivor's benefits                      |                                                                                                 |
| – Income from person outside the household | – A friend or extended family member regularly gives a child spending money                     |
| – Income from any other source             | – A child receives regular income from a private pension fund, annuity, or trust                |

## OPTIONAL

## Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity *Check one*☐ Hispanic or Latino☐ Not Hispanic or LatinoRace *Check one or more*☐ American Indian or Alaskan Native☐ Asian☐ Black or African American☐ Native Hawaiian or Other Pacific Islander☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

## Sources of Income for Adults

| Earnings from Work                                                                                                                                                                                                                                                                                                                                                                                                                               | Public Assistance / Alimony / Child Support                                                                                                                                                                                                   | Pensions / Retirement / All Other Income                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| – Gross salary, wages, cash bonuses<br>– Net income from self-employment (farm or business); <b>FARM</b> —refer to line 18 of Schedule 1 or line 34 from Schedule F; <b>BUSINESS</b> —refer to line 12 of Schedule 1 or line 31 from Schedule C.<br>If you are in the U.S. Military:<br>– Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)<br>– Allowances for off-base housing, food and clothing | – Unemployment benefits<br>– Worker's compensation<br>– Supplemental Security Income (SSI)<br>– Cash assistance from State or local government<br>– Alimony payments<br>– Child support payments<br>– Veteran's benefits<br>– Strike benefits | – Social Security (including railroad retirement and black lung benefits)<br>– Private pensions or disability benefits<br>– Regular income from trusts or estates<br>– Annuities<br>– Investment income<br>– Earned interest<br>– Rental income<br>– Regular cash payments from outside household |

## Do not fill out

## For School Use Only

Annual Income Conversion: Weekly x 52, Bi-Weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12

How often?

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Weekly                   | Bi-Weekly                | 2x Month                 | Monthly                  | Yearly                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total Income

Categorical Eligibility

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Free                     | Reduced                  | Denied                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date Denied

Mo./Day/Yr.

Reason for Denial or Withdrawal

Determining Official's Signature

Date Mo./Day/Yr.

Confirming Official's Signature

Date Mo./Day/Yr.

Verifying Official's Signature

Date Mo./Day/Yr.

Required for Verification process only

Required for Verification process only

For schools participating in CEP only:

Are all students on this application from a CEP school? Yes ☐ No ☐

If YES, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Certification and Benefit Issuance portion of the Administrative Review.



# Student Accident Insurance

## Comprehensive Group - No Deductible Plan

### Policy GA-2200Ed.11-16

#### SUMMARY OF GROUP COVERAGE

The school purchased a group insurance policy that will provide benefits for accidental bodily injury incurred while the student is:

- |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>a. attending regular school sessions,</li> <li>b. participating in or attending school-sponsored and supervised extracurricular activities,</li> <li>c. practicing or competing in school-sponsored and supervised interscholastic sports, and</li> </ul> | <ul style="list-style-type: none"> <li>d. traveling directly to and from school for regular school session; and while traveling to and from school sponsored and supervised extracurricular activities or interscholastic sports in school-provided transportation.</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### OTHER COVERAGE OPTION TO PURCHASE

**PARENTS:** Now you may extend this valuable school-time protection by purchasing 24-Hour Accident coverage:

**24-HOUR ACCIDENT COVERAGE (FULL-TIME)** - Covers your student 24-hours a day, any time or anywhere, until school starts next year. Provides benefits for doctor, hospital and dental expenses arising from an accidental injury.

**HOW TO ENROLL:** Complete the attached enrollment form, enclose with your premium payment and mail to: (DO NOT SEND TO SCHOOL)

Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082

The Medical Benefits and Exclusions below apply to the summary and coverage option above

#### MEDICAL BENEFITS

When injury covered by the Policy results in treatment by a licensed physician within 60 days from the date of injury, the Company will pay the Usual and Customary (U&C) expenses incurred for covered services as listed below, for expenses actually incurred within one year from the date of injury up to a maximum benefit of **\$25,000 per injury**. Unless stated otherwise, all amounts listed below are per injury.

**This insurance plan is secondary to all other valid coverage. A claim must be filed with other valid coverage first! This plan does not cover penalties imposed for failure to use providers preferred or designated by the primary coverage.**

#### PHYSICIAN'S SERVICES

- a) **Surgical Care**
  - **Surgeon** - U&C; only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession
  - **Assistant Surgeon and Anesthesia Services** - 25% of the surgeon's allowance
- b) **Nonsurgical Care** (includes physiotherapy, 1 visit per day; other than concussion) - U&C, up to \$50 per visit, maximum 10 visits
- c) **Nonsurgical Care for Concussion** (treatment for concussion) - U&C, up to \$1,000

#### HOSPITAL CARE

- a) **Inpatient Care**
  - **Hospital Semi-private Room** - U&C
  - **Hospital Miscellaneous Services** (includes charges for registered nurse) - U&C
- b) **Outpatient Care**
  - **Facility Charges for Day Surgery and Emergency Room** (does not include physiotherapy) - U&C
  - **Physiotherapy** - U&C, up to \$1,000

**Note:** Benefits for hospital miscellaneous and outpatient care charges are limited to services not scheduled under Medical Benefits.

**RADIOLOGY SERVICES** (includes x-ray, MRI, CT Scan, bone scan, and charges for reading) - U&C

**DENTAL TREATMENT** (in lieu of all other medical benefits, for sound and natural teeth) - U&C, up to \$5,000

**AMBULANCE SERVICES** (benefit for ground ambulance only) - U&C

**ORTHOPEDIC APPLIANCES** (when prescribed by a physician for healing; includes charges for durable medical equipment) - U&C, up to \$300

**PRESCRIPTION DRUGS** (take home) - U&C, up to \$300

**REPLACEMENT EYEGLASSES, CONTACT LENSES, HEARING AIDS** (when medical treatment is required for covered injury) - U&C, up to \$300

**LABORATORY SERVICES** (Outpatient) - U&C, up to \$300

**SHOTS AND INJECTIONS** (Outpatient, in lieu of physician non-surgical care) - U&C, up to \$300

**MOTOR VEHICLE INJURY** - Same as any Injury, up to \$2,000

The policy contains a provision limiting coverage to usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

#### ACCIDENTAL DEATH AND DISMEMBERMENT

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

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

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(12)

**STUDENT ASSURANCE SERVICES, INC.**  
**P.O. BOX 196**  
**STILLWATER MN 55082-0196**



**IS YOUR CHILD PROTECTED?**



## EXCLUSIONS - No Benefits Will Be Allowed For:

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.

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

## CLAIM PROCEDURE

Filing of the claim is the parent's responsibility.

1. Parents notify the school and obtain a claim form immediately. The school completes Part A of the claim form if it's a school injury.
2. Parents complete Part B of the claim form. Answer all questions.
3. Parents submit copies of the student's itemized bills to the student's family medical or dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB).

4. Parents send the completed claim form, copies of the student's itemized bills and the EOB to:

STUDENT ASSURANCE SERVICES, INC.

PO BOX 196

STILLWATER MN 55082

5. The claim will be completed when all of the above documents have been provided. For claim questions, contact Student Assurance Services, Inc. at (800) 328-2739.

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

## EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective on the Master policy effective date; or the first day of authorized interscholastic sports practice; or the first day of the regular school session; or for Full-time coverage at 12:01 AM following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Postal Service. Interscholastic Sports coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time coverage will expire the first day of the regular school session next year.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GA-2200Ed.11-16 (and any state specific) and applicable endorsements. This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice may be obtained on the website [www.sas-mn.com](http://www.sas-mn.com).

Underwritten by



Ameritas Life Insurance Corp.  
Lincoln, Nebraska



Administered by

**STUDENT ASSURANCE SERVICES, INC.**

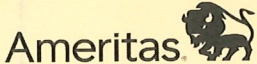
P.O. BOX 196

STILLWATER, MINNESOTA 55082

F-5676(2020)

(12)

## Enrollment Form for Student Accident Insurance



Ameritas Life Insurance Corp.  
Lincoln, Nebraska

☐ **24-HOUR COVERAGE \$85**

**One time policy year premium. Make your check payable to and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School \_\_\_\_\_ Name of District \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

GAA-2203Ed.11-16

**Attach Premium Check - NO REFUNDS - Premium cannot be prorated**

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