

NORTHEAST SCHOOL CORPORATION INFORMATION SHEET

Student _____
Last First Middle Preferred Name email

Birth date _____ Grade/Teacher _____

Phone # _____
home student cell mother cell father cell

Mailing Address _____ 911 Address _____

City _____ Zip _____ Bus Driver _____

County _____ School Corporation of Legal Settlement _____

Brother/Sister in School _____ Last School Attended _____

Custodial Status (check one) Both Parents Mother Father Other (specify) _____

Race: White Native Hawaiian/Pacific Islander Asian American Indian/Alaskan Native Black/African American

Ethnicity: Hispanic/Latino Not Hispanic/Latino

FATHER/GUARDIAN INFORMATION

Name: _____
email: _____
Employer: _____
Work phone: _____

MOTHER/GUARDIAN INFORMATION

Name: _____
email: _____
Employer: _____
Work phone: _____

Primary Care Physician: _____ Physician # _____

Emergency Contacts (in cases when a Parent/Guardian cannot be reached)

1. Name _____ Relationship _____ Phone # _____

2. Name _____ Relationship _____ Phone # _____

Occasionally, an emergency situation makes it necessary to dismiss school early. We usually do not have enough time for students to call for special instructions. Please have an action plan for your child in case of early dismissal.

Early Dismissal Instructions: _____

Alert Number: Phone number you wish notification texts messages or calls be placed to _____

WE HAVE RECEIVED AND AGREE TO FOLLOW THE SCHOOL-FAMILY HANDBOOK WHICH INCLUDES, THE TITLE I SCHOOL-WIDE PARENT INVOLVEMENT POLICY, SCHOOL-PARENT COMPACT, PARENTS' RIGHT TO NOTIFICATION LETTER AND OTHER PERTINENT SCHOOL INFORMATION.

VERIFY THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE INFORMATION ON THIS FORM MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL, AS DEEMED NECESSARY.

PARENT/GUARDIAN SIGNATURE Last 4 of SS Number Student Signature DATE

NORTHEAST SCHOOL CORPORATION INFORMATION SHEET

Check any specialty services received:

Learning Disability Mildly Mentally Handicap Moderately Mentally Handicap
 Severe/Profound Mentally Handicap Emotionally Handicap Behavior Disorder ADD/ADHD Homebound
 Speech Therapy Physical Therapy Occupational Therapy Chapter I (math or reading) other _____

Does your child have any of the following medical conditions? If yes, please request special medical forms from the school office.

Asthma Seizures Severe Allergies requiring an EpiPen Diabetes Other _____

PLEASE LIST:

1. Medication taken regularly by student:

Note: Prescription medicines require physician's orders. Forms for medication are available in the school office.

2. Allergies (please note what type of reaction occurs if exposed to allergen)

Please check the medications you would like to be made available to your child:

Acetaminophen Throat Lozenges/Cough Drops Antacids Lotions, creams, ointments or sprays Benadryl

I hereby give permission for my child to receive any medication (or its generic equivalent) checked on this form, as deemed necessary by the school nurse or delegated staff person. I understand that any school employee who administers these medications according to proper dosages shall not be held liable for damages as a result of an adverse reaction to the medication administered.

Parent/Guardian Signature

Date

In the event that all efforts to reach me in case of illness or injury of my child should fail, I hereby give permission to the school principal and/or authorized school personnel to follow the most suitable procedure to secure the medical attention needed for my child and will assume responsibility for the expense involved. My permission is granted to school personnel to administer first aid/CPR and to transport my child to the home, to the doctor, or to the nearest hospital, whichever is deemed necessary in the best judgment of those concerned.

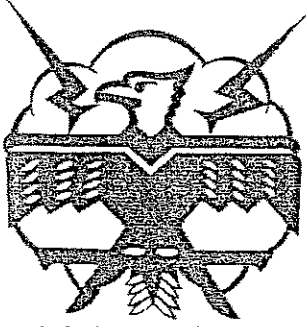
Signature of Parent/Guardian

Date

In order to best care for your child during school, we must obtain pertinent health information and immunization records, usually from your child's physician. The Indiana Department of Health has a state-wide immunization registry program known as Children and Hoosiers Immunization Registry Program (CHIRP). The registry may be used to verify that your child has received proper immunizations and share this information with local health departments, healthcare providers or school personnel. Your signature gives consent to INPUT and/or OBTAIN information from the CHIRP registry and contact appropriate healthcare providers regarding any health issue listed on this form.

Signature of Parent/Guardian

Date



Northeast School
Corporation
Sullivan County

620 N. Washington St.
Shelburn, IN 47879

Phone: 812-397-5390
noelt@nesc.k12.in.us

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Please see reverse side for more information. If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below.

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

NAME OF STUDENT(S): _____
FIRST MIDDLE LAST

NAME OF SCHOOL(S): _____ GRADE: _____ BIRTH DATE: _____ / _____ / _____ AGE: _____
MONTH DAY YEAR

GENDER: _____ Student is unaccompanied (not living with a parent or legal guardian)
 Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ DATE: _____
(Or unaccompanied youth)

**I declare under penalty of perjury under the laws of the State of Indiana that the information provided here is true and correct.*

IF APPLICABLE, PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL OFFICE. IT WILL BE FORWARDED TO:

District Homeless Liasion:	Phone Number:	Location:
Trina Noel	812-696-2176	Northeast North Elementary School 417 W. Main St., Farmersburg, IN 47850

For School Personnel Only: For data collection purposes and student information system coding

- (N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motels

NESC Wonder Lab 2019-20 Permission Form

To enrich our curriculum and provide an enhanced educational experience beyond the classroom setting, NESC has constructed a S.T.E.A.M. (Science-Technology-Engineering-Art/Agriculture-Math) lab that has been named the Wonder Lab at the former NEMS in Shelburn. The Wonder Lab is an extension of learning for all classes at NESC. Several excursions are being planned throughout the school year and students will be bussed from/to their primary school. In order for students to participate, they will be required to have advance written permission to attend. Please complete the following steps to confirm whether your student will be allowed to participate.

- Step 1: Complete the Student Information section in full.
- Step 2: Complete the Parent/Guardian Signature section in full.
- Step 3: Sign the Participation Permission for which you give your approval.
- Step 4: Return your completed form by **AUGUST 30th**

Student Information	
Full Name	
Emergency Contact 1 Name/Phone	
Emergency Contact 2 Name/Phone	
Medical Considerations	

Parent/Guardian Signature	
Full Name	
Signature	
Date	

Participation Permissions	Approval Signature
I do give permission for my student to participate and travel to the NESC Wonder Lab	
I do not give permission for my student to participate and travel to the NESC Wonder Lab	

Student Accident Insurance 2019-2020

Beginning July 1st

- Enroll online at

<http://markel.sevencorners.com>

or call **877-444-5014** for enrollment by phone. Seven Corners, Inc. is Markel's administrator for this program.

- Payment must be made by credit or debit card.

Choose your coverage plan

One-time premium for the 2019-2020 school year

School time coverage (accident only)

Low plan: \$15.00

Middle plan: \$36.00

High plan: \$66.00

The school time plan provides coverage while an insured student is in or on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. This also includes supplied and supervised travel directly to and from such sponsored activities; and school sponsored and supervised sports, **excluding ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.**

Around the clock coverage (accident only)

Low plan: \$68.00

Middle plan: \$144.00

High plan: \$266.00

Around the clock coverage applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date on the policy. This coverage includes school sponsored and supervised sports, excluding ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.

Interscholastic football coverage

Provides coverage for ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football only.

School time and around the clock coverage is not included with this plan option.

Annual

Low plan: \$109.00

Middle Plan: \$294.00

High plan: \$435.00

Spring only

Low plan: \$38.00

Middle plan: \$118.00

High plan: \$174.00

Summer day camp/Off season conditioning

Low plan: \$11.00

Provides coverage during school sponsored and supervised summer day camps that are conducted on school premises. Off season conditioning provides coverage when under the direct supervision of the coach or a trainer for conditioning and weight training for interscholastic sports which take place at a designated facility on the premises or in close proximity to the school. It does not provide coverage for play or practice involving bodily contact of any sport. This coverage ends the first day of official practice or the first day of school.

*Detailed brochure and claims reporting information can be found on the enrollment website.





Student accident insurance 2019-2020

Choose your coverage plan

One-time premium for the 2019-2020 school year.
Coverage availability varies by state.

School time coverage (accident only)

Low plan: \$15.00 Middle plan: \$36.00 High plan: \$66.00

The school time plan provides coverage while an insured student is in or on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. This also includes supplied and supervised travel directly to and from such sponsored activities; and school sponsored and supervised sports, **excluding ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.**

Around the clock coverage (accident only)

Low plan: \$68.00 Middle plan: \$144.00 High plan: \$266.00

Around the clock coverage applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date of the policy. This coverage includes school sponsored and supervised sports, **excluding ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.**

Summer day camp/Off season conditioning

Low plan only: \$11.00

Provides coverage during school sponsored and supervised summer day camps that are conducted on school premises. Off season conditioning provides coverage when under the direct supervision of the coach or a trainer for conditioning and weight training for interscholastic sports which takes place at a designated facility on the premises or in close proximity to the school. It does not provide coverage for play or practice involving bodily contact of any sport. This coverage ends the first day of official practice or the first day of school, whichever comes first.

Interscholastic football coverage

- Provides coverage for ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football only.
- **School time and around the clock coverage is not included with this plan option.**

Annual

Low plan: \$109.00 Middle plan: \$294.00 High plan: \$435.00

Spring only

Low plan: \$38.00 Middle plan: \$118.00 High plan: \$174.00

How to enroll

- **Enroll online at <http://market.sevencorners.com> or call 877-444-5014 for enrollment by phone.** Seven Corners, Inc. is Market's administrator for this program.
- **Payment must be made by credit or debit card.**

Review your benefits

Maximum benefits paid as specified

The policy provides benefits for loss due to a covered injury up to the maximum benefit as listed below for each injury. Benefits will be paid for covered medical expenses incurred within 52 weeks from the date of Accident up to the maximum benefit per service as scheduled.

Retain this description of coverage for your personal records

Individual policies will not be issued or sent to you. This brochure is for illustrative purposes only. It is not a contract of insurance. It is intended to provide a general overview of the insurance program.

This is only a partial description of the insurance plan. The benefits which are payable are determined in accordance with the terms, conditions, and exclusions of the policy which is on file with the policyholder (school or district office).

Description of benefits

Benefit	Low plan	Middle plan	High plan
Plan maximum	\$25,000	\$50,000	\$75,000
Hospital room and board	\$125 per day	\$200 per day	\$350 per day
Hospital miscellaneous	80% U&C to \$1,000 maximum	80% U&C to \$1,200 maximum	80% U&C to \$2,400 maximum
Room and board - Intensive care	\$250 per day/\$1,000 maximum	\$250 per day/\$1,000 maximum	\$500 per day/\$2,000 maximum
Licensed nurse	Usual and customary	Usual and customary	Usual and customary
Outpatient emergency room	\$200	\$200	\$350
Outpatient x-ray	\$200	\$250	\$400
Outpatient CT Scan/MRI	\$300	\$300	\$500
Ambulance	\$150	\$150	\$300
Surgery	50% U&C up to \$1,000	50% U&C up to \$1,250	80% U&C up to \$1,750
Anesthetist/assistant surgeon	\$250	\$315	\$440
Outpatient consultant	\$40	\$50	\$95
Outpatient physician	\$40 for the first visit/\$25 thereafter	\$40 for the first visit/\$25 thereafter	\$60 for the first visit/\$35 thereafter
Outpatient day surgery	\$350	\$350	\$600
Outpatient physical therapy	\$25 per visit, 10 visit max	\$25 per visit, 10 visit max	\$40 per visit, 10 visit max
Outpatient durable medical equipment & supplies	\$75	\$75	\$150
Dental Injury	\$150 per tooth	\$150 per tooth	\$300 per tooth
Outpatient prescription drugs	\$25	\$25	\$50
Replacement of eyeglasses, hearing aids	\$150	\$150	\$300
Motor vehicle accident limit	\$2,500	\$2,500	\$2,500
Accidental death	\$5,000	\$5,000	\$5,000
Accidental dismemberment	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000

Definitions

- Accident means a sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in injury to an insured student. Accident does not include a loss contributed to by disease or sickness.
- Injury means bodily harm caused solely by an Accident which occurs while this policy is in force and is the sole cause of the loss.
- Usual and customary expense (U&C) means an expense which (a) is charged for treatment, supplies or medical services medically necessary to treat the insured student's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the expense is incurred.

Additional facts about the policy

1. Student transfer: The policy continues in force anywhere in the world if the insured person should relocate prior to the expiration of coverage. Coverage will not exceed the limits shown in this brochure and must be in accordance with accepted standards of medical practice.
2. Cancellation: Coverage under the policy is non-cancelable, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event an insured enters the military service.
3. Initial enrollment: Coverage is effective on the day following online or phone enrollment, but in no event prior to the opening day of school or the first official day of interscholastic athletics or activities.
4. Late enrollment: There is no premium reduction for any individual who enrolls late in the year.
5. Enrollment: Deadline is 6/14/20.

Accidental death & dismemberment limitations

- The loss must result from an Accident, and must take place while the insured person is insured under the policy. We will not pay for a loss caused in any way by:
 - Bodily or mental infirmity or illness;
 - Medical or surgical treatment; except for surgery which results from an Accident;
 - Taking part in a riot or felony.

How to file a claim

1. Obtain a claim form from your school office or Seven Corners, Inc. (877-444-5014), and answer all questions in detail (including signatures) on the front of the form.
2. Attach all bills to the completed form and mail to Seven Corners, Inc. at the address provided on the claim form.
3. Any bills not filed with the claim form should be sent to the company, identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service.

Policy exclusions and limitations

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

- Sickness;
- Expense for treatment on or to the teeth, except for treatment resulting from injury to sound, natural teeth;
- Services normally provided without charge by the policyholder;
- Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof except as specifically provided herein;
- Suicide, attempted suicide, or intentionally self-inflicted injury;
- Injury due to participation in a riot or felony;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered Accident which results in trauma, infection, or other diseases of the involved part;
- Treatment of a deviated nasal septum, including submucous resection and/or other surgical corrections, unless the treatment is due to or arises from a covered injury;
- Air travel, except as a fare-paying passenger on a regularly scheduled flight operated by a commercial airline;
- Injury resulting from any declared or undeclared war;
- Injury while in the armed forces of any country. When an insured person enters such armed forces, we will refund the unearned pro-rata premium to the insured person;
- Injury covered by any workers' compensation or occupational disease law;
- Treatment provided in a governmental hospital unless the insured person is legally obligated to pay such charges;
- Infections except pyrogenic or bacterial infections caused by a covered injury;
- Hernia, unless it results from a covered injury;
- Injury occurring while the insured person is legally intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- Injury while parachuting or hang gliding; traveling in or on any two-, three-, or four-wheeled all-terrain motor vehicle; jet skiing, skydiving, glider flying, parasailing, sail planing, bungee jumping; operating or riding on any snowmobile; skiing, snowboarding; or participating in a rodeo;
- Injury resulting from fighting;
- Play, practice, or travel in connection with interscholastic football in which any ninth-, tenth-, eleventh- or twelfth-grade students participate, unless the applicable additional premium is paid;
- Blisters, insect bites, frostbite, vegetation poisoning and food poisoning;
- Motor vehicle accidents covered by medical benefits coverage in automobile "no fault" and traditional automobile "fault" type contracts.





Seguro estudiantil de accidente 2019-2020

Elija su plan de la cobertura

Solo una prima Para el año 2019-2020

Horario escolar (accidente solamente)

Plan bajo: \$ 15 Plan media: \$36.00 Plan alto: \$66.00

El plan de tiempo escolar provee cobertura al estudiante mientras se encuentra dentro de la escuela durante los días y meses en que la escuela se encuentra en sesión; ida y vuelta desde la residencia o desde la escuela en un vehículo proveído por la escuela; participando en/ o atendiendo a actividades patrocinadas exclusivamente por la escuela y supervisadas directa y continuamente por un empleado o representante oficial de la escuela. Esto incluye viajes proveídos y supervisados ida y vuelta de dichas actividades patrocinadas y deportes supervisados y patrocinados por la escuela **excepto el fútbol americano de los grados 9mo, 10mo, 11 mo y 12 mo.**

Las 24 horas al día (accidente solamente)

Plan bajo: \$68.00 Plan media: \$144.00 Plan alto: \$266.00

Cobertura de las 24 horas se aplica aunque la escuela no se encuentre en sesión. El seguro es proveído a partir de la fecha eficaz de la cobertura del estudiante hasta la fecha de terminación de la póliza. Esta cobertura incluye deportes supervisados y patrocinados por la escuela **excepto el fútbol americano de los grados 9mo, 10mo, 11mo y 12mo.**

Campamento de verano/Entrenamiento fuera de temporada

Plan bajo: \$11.00

Provee cobertura para campamentos de verano patrocinados y supervisados por la Escuela y que se llevan a cabo en la Escuela. El entrenamiento fuera de temporada provee cobertura cuando bajo la supervisión directa de un entrenador para acondicionamiento y entrenamiento con pesas para deportes interescolares que lleven a cabo en la escuela o en sus proximidades. No se provee cobertura para el juego o la práctica que implican contacto corporal de cualquier deporte. Esta cobertura termina el primer día de prácticas oficiales o el primer día de escuela, el que venga primero.

Fútbol americano

- Provee cobertura de fútbol americano para los grados, 10mo, 11mo, & 12mo solamente.
- Cobertura de tiempo escolar y de las 24 horas no están incluidos con la opción del fútbol americano.

Anual

Plan bajo: \$109.00 Plan media: \$294.00 Plan alto: \$435.00

Primavera

Plan bajo: \$38.00 Plan media: \$118.00 Plan alto: \$174.00

Instrucciones para enlistar

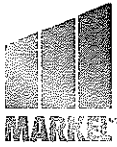
- Enlistar en La Red <http://markel.sevencorners.com> / o llamar por teléfono 877-444-5014. Seven Corners Inc. es el administrador de Markel para este programa.
- Pago se debe hacer con una tarjeta de crédito ó débito

Procedimiento de reclamo de beneficios

1. Obtenga una forma de reclamos en la escuela o en Seven Corners (877-444-5014), y conteste todas preguntas en detalle (incluyendo firmas) al frente de la forma de reclamo.
2. Atache todas las tarifas y la forma de reclamo completada totalmente y envíela a Seven Corners a la dirección proveída en la forma de reclamos.
3. Tarifas submetidas sin forma de reclamos deben ser enviadas a la compañía, identificadas con el nombre del estudiante, distrito escolar y día del accidente. Tarifas que no pueden ser atachadas a la forma de reclamo inicial deben ser sometidas dentro de 90 días desde el primer día de servicio.

Markel

4600 Cox Road, Glen Allen, VA 23060-9817 (800) 431-1270 (804) 527-2700
www.markelinsurance.com



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Solo una prima Para el año 2019-2020

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Las 24 horas al día (accidente solamente)

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Cobertura de las 24 horas se aplica aunque la escuela no se encuentre en sesión. El seguro es proveído a partir de la fecha eficaz de la cobertura del estudiante hasta la fecha de terminación de la póliza. Esta cobertura incluye deportes supervisados y patrocinados por la escuela **excepto el futbol americano de los grados 9mo, 10mo, 11mo y 12mo.**

Campamento de verano/Entrenamiento fuera de temporada

Plan bajo: \$11.00

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Futbol americano

- Provee cobertura de futbol americano para los grados, 10mo, 11mo, & 12mo solamente.
- **Cobertura de tiempo escolar y de las 24 horas no están incluidos con la opción del futbol americano.**

Otoño y primavera

Plan bajo: \$109.00 Plan media: \$294.00 Plan alto: \$435.00

Primavera

Plan bajo: \$38.00 Plan media: \$118.00 Plan alto: \$174.00

Instrucciones para enlistar

- **Enlistar en La Red <http://markelaz.sevencorners.com> / o llamar por teléfono 877-444-5014.**
Seven Corners Inc. es el administrador de Markel para este programa.
- **Pago se debe hacer con una tarjeta de credito ó debito.**

Revise sus beneficios

Beneficios máximos pagados como especificados

Esta póliza provee beneficios debido a una lesion que esté cubierta, hasta el beneficio máximo descrito abajo. Beneficios serán pagados por servicios médicos cubiertos incurridos dentro de 52 semanas empezando el día del accidente hasta el beneficio máximo por servicio como está en la descripción de beneficios.

Retenga esta descripción de cobertura en sus expedientes personales.

Pólizas individuales no serán enviadas. Este folleto es para propósitos ilustrales solamente. No es un contrato de seguros. Es con el propósito de proveer una descripción general del programa de aseguranza. Por favor recuerde solo una póliza de seguros puede dar términos actuales de cobertura.

Esto es solo una descripción parcial del plan de seguro. El pago de beneficios son determinados de acuerdo a los terminos, condiciones y exclusiones de la póliza los cuales están en archivo en la escuela o en el distrito escolar.

Descripción de los beneficios

Beneficios de accidente	Plan bajo	Plan media	Plan alto
Plan maximo	\$25,000	\$50,000	\$50,000
Cuarto/alojamiento de hospital	\$125 por día	\$200 por día	\$350 por día
Miscelaneas de hospital	80% U&C to \$1,000 máximo	80% U&C to \$1,200 máximo	80% U&C to \$2,400 máximo
Cuarto y alojamiento en cuidado Intensivo	\$250 por día/\$1,000 máximo	\$250 por día/\$1,000 máximo	\$500 por día/\$2,000 máximo
Enfermera	U&C	U&C	U&C
Sala de emergencia	\$200	\$200	\$350
Rayos x no internado	\$200	\$250	\$400
CT scan/MRI no internado	\$300	\$300	\$500
Ambulancia	\$150	\$150	\$300
Cirugia	50% U&C hasta \$1,000	50% U&C hasta \$1,250	80% U&C hasta \$1,750
Anestesia o cirujano auxiliar	\$250	\$315	\$440
Consultor	\$40	\$50	\$95
Medicos para pacientes no internados	\$40/\$25 primera visita/\$35 después	\$40 primera visita/\$35 después	\$60 primera visita/\$35 después
Cirugia para pacientes no internados	\$350	\$350	\$600
Terapia fisica	\$25 por visita - 10 visitas máximo	\$25 por visita - 10 visitas máximo	\$40 por visita - 10 visitas máximo
Equipo durable medico y de fuentes medicas y suplementos	\$75	\$75	\$150
Accidente dental	\$150 por diente	\$150 por diente	\$300 por diente
Recetas medicas	\$25	\$25	\$50
Espeuelos/protesis de oido	\$150	\$150	\$300
Limite por accidente automovilistico	\$2,500	\$2,500	\$2,500
Muerte accidental	\$5,000	\$5,000	\$5,000
Desmembramiento accidental	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000

Cobertura disponible varia por estado.

Definiciones

- Accidente significa un acontecimiento repentino, inesperado e involuntario, que es identificable y causado solamente por una fuerza física extrema resultando en una lesión a un estudiante asegurado. Accidente no incluye una pérdida contribuida por una enfermedad o dolencia.
- Lesión significa el daño corporal causado solamente por un accidente ocurrido mientras esta póliza esta en vigor y es la única causa de la pérdida.
- Gasto usual y acostumbrado significa: Gasto que (a) se cobra para el tratamiento, servicios médicos y gastos de equipo que son médicamente necesarios para tratar el estudiante asegurado por su condición; y (b) no excede el nivel usual de cargos hechos por tratamientos similares, provisiones o servicios médicos similares en la localidad donde se contrae el gasto.

Hechos adicionales sobre esta póliza

1. Transferencia del estudiante: La póliza continúa en vigor en cualquier parte del mundo si el asegurado se muda antes de la fecha de expiración. La cobertura no excederá los límites demostrados en este folleto y deben estar de acuerdo con estándares aceptados en la práctica médica.
2. Cancelación: La cobertura bajo esta póliza es non-cancelable, y por consiguiente, las primas no se pueden devolver una vez son aceptadas por la compañía. Sin embargo, un reembolso pro rata de la prima será devuelta si la persona asegurada incorpora en el servicio militar.
3. Inscripción inicial: La cobertura es eficaz el día siguiente de inscripción por teléfono o por la red, pero de ninguna manera antes del primer día de escuela o el primer día oficial de actividades atléticas.
4. Inscripciones Tardes: No hay reducción de primas a ningún individuo que se inscribe tarde en el año.
5. Inscripción: Último día es 14/6/20.

Limitaciones accidentales de la muerte y desmembración

- La pérdida debe ser resultado de un accidente, y debe ocurrir mientras que la persona este asegurada por esta póliza. De ninguna manera pagaremos pérdidas por:
- Enfermedad física o mental;
- Tratamiento médico o quirúrgico; con excepción de la cirugía que resulta por un accidente;
- Participación en un alboroto o un crimen

Procedimiento de reclamo de beneficios

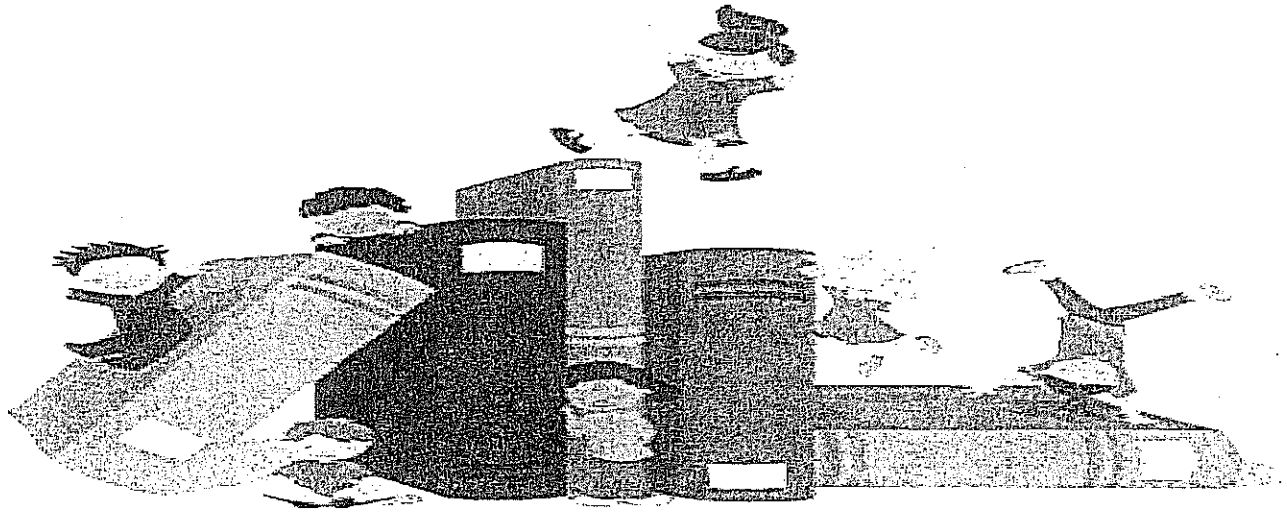
1. Obtenga una forma de reclamos en la escuela o en Seven Corners (877-444-5014), y conteste todas preguntas en detalle (incluyendo firmas) al frente de la forma de reclamo .
1. Atache todas las tarifas y la forma de reclamo completada totalmente y envíela a Seven Corners a la dirección proveída en la forma de reclamos.
1. Tarifas submetidas sin forma de reclamos deben ser enviadas a la compañía, identificadas con el nombre del estudiante, distrito escolar y día del accidente. Tarifas que no pueden ser atachadas a la forma de reclamo inicial deben ser sometidas dentro de 90 días desde el primer día de servicio.

Exclusiones y limitaciones

Beneficios no serán pagados por perdidas o gastos causados, contruibidos ó resultando de:

- Enfermedades
- Gastos de tratamientos de, o para dientes, excepto tratamientos ocasionados por una Lesión a los dientes naturales;
- Servicios normalmente proveídos sin cargos al asegurado;
- Anteojos, audífonos y exámenes para la receta o ajuste de los mismos;
- Suicidio, intento de suicidio o una Lesión auto infligida;
- Lesión por participar en un disturbio;
- Cirugía cosmética. La Cirugía cosmética no incluye cirugía reconstructiva que sea medicamente necesaria debido a un Accidente que ocasione un trama, infección u otra enfermedad de la parte afectada;
- Tratamiento de tabique nasal desviado Incluyendo La Reseccion Submucosa o otra corrección quirúrgica A menos que el tratamiento es Resultado de una Lesión cubierta;
- Viajes aéreos, excepto como pasajero pagando cuota en una aerolínea comercial;
- Lesión causada por cualquier Guerra declarada o no declarada;
- Lesión mientras esté en las fuerzas armadas en cualquier país. Cuando un Asegurado ingresa a dichas fuerzas armadas, nosotros reembolsaremos al Asegurado la prima no obtenida a la persona asegurada;
- Lesión cubierta por cualquier ley de compensación o por Lesiones en el trabajo o de enfermedad ocupacional;
- Tratamiento proveído en un hospital gubernamental a menos que la persona asegurada sea legalmente responsable por los cargos;
- Infecciones excepto infecciones piogénicas o bacteriales causadas completamente por una Lesión cubierta;
- Hernia, a menos que sea ocasionada por una Lesión cubierta;
- Lesión cuando está legalmente intoxicado o bajo la influencia de algún narcótico a menos que sea administrado bajo recomendación Médica;
- Reclamaciones que ocurran al andar en paracaídas o volar con a la delta o lesiones sufridas al viajar en cualquier vehículo de motor con dos o tres o cuarto ruedas, jetskiing, skydiving, vuelo del planeador, parasailing, sail planing, bungee jumping, operando o guiando un vehículo de nieve, esquiando, snowboarding, o participando en rodeo;
- Lesión resultando de una pelea;
- Lugar, practicar o viajar en conexión con el futbol americano en la cual los estudiantes de 10, 11 & 12 participan a menos que no se pague una prima adicional;
- Picaduras de insectos, congelación, envenenamiento de vegetación o envenenamiento de tomaña;
- Accidentes automovilísticos cubiertos por el beneficio "sin falta" y el contrato tradicional.





2019-2020

TEXTBOOK FEES

KINDERGARTEN	91.65
FIRST GRADE	103.30
SECOND GRADE	87.35
THIRD GRADE	104.06
FOURTH GRADE	128.89
FIFTH GRADE	159.62
SIXTH GRADE	163.23

Indiana Department of Education
Office of English Language Learning and Migrant Education
www.doe.state.in.us/englishlanguagelearning

HOME LANGUAGE SURVEY

School District _____

Student's Name _____ Date _____

Date of Birth _____ Grade _____ School Year _____

To be completed by parents upon student enrollment to determine student's status as language minority.

1. What is the native language of the student? _____
2. What is the predominant language of the student? _____
3. What language is most often spoken by the student at home? _____

The purpose of this form is to identify students in need of English language development services. Based on the results of this survey, students will be tested for their level of English proficiency and provided services as needed. If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once this determination has been made, the following must occur:

- English proficiency assessment, upon enrollment and annually thereafter, to assess level (1-5) of English proficiency and measure growth annually.

Note: Efforts should be made to translate this form into the predominant language of the parent.

Dear Parents/Guardians:

We are pleased to offer the Brown Bagger Program for the 2015-2016 school year. This program is designed to provide supplemental food to your child on the weekends and holidays when other resources aren't available. If you choose to allow your child to participate, he/she will receive a pack of nutritional food items every Friday during the school year. The food is provided at no cost to you, your child or the school corporation. This program is funded through the generous donations and sponsorships of area companies, churches, organizations, individuals and a few grants.

If you would like your child to be considered for this program please fill out this form and return it to the school. Selection will be based upon the children with greatest need. It is our hope to receive enough funding to provide for every child in need.

If you have any questions or concerns please feel free to contact the school principal, nurse or secretary.

- I want my child to participate in the Brown Bagger Program.
- I **do not** want my child to participate in the Brown Bagger Program.

Please list any food allergies your child/children have.

Please include your full address if you would like your child's food bag delivered to your home ONLY in the event of a weather-related emergency

Address _____ City _____ State _____

Parent/Guardian Signature _____ Date _____

Phone Number _____

For report purposes only:

Children must be a student from Sullivan County and/or from a minimum age 2 until their high school graduation. Thanks!

Ages of the children in the home _____

Please list the number of children in the school line they attend:

Northeast North (Farmersburg) _____ Northeast East (Hymera) _____

Northeast Middle School _____ NCHS _____

Dugger _____ RCA _____ Sullivan High School _____

Southwest: Carlisle _____ Sullivan Elementary _____ Sullivan Middle _____

Due to affiliation with Our Father's Arms and Catholic Charities, we are required to report on the number of and the ages of the children we are serving in Sullivan County. **Your personal information will always remain confidential.**

NORTHEAST SCHOOL CORPORATION
SCHOOL BREAKFAST PROGRAM
LETTER TO PARENTS



HAVE A HEALTHY BREAKFAST AT SCHOOL!

Mornings can be crazy....kids would like to sleep in....the alarm doesn't go off.....no time to eat before bus pick up.....or kids are just not ready to eat breakfast at home.

We would like to let you know that breakfast is offered to all students every morning when school is in session. Breakfast is a healthy way to start the day and our breakfast program meets all USDA guidelines. Breakfast provides 1/4 of your child's daily nutritional needs and helps maintain a strong mind and body.

HELP YOUR CHILD START THE DAY RIGHT WITH A SCHOOL BREAKFAST!

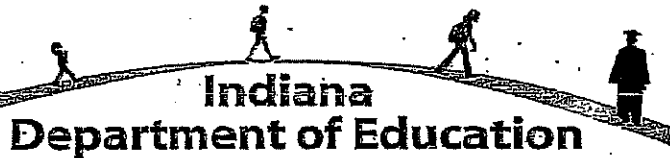
Jr/Sr High price: \$2.35 Full Pay
\$.30 Reduced*

Elementary price: \$2.10 Full Pay
\$.30 Reduced*

**Students who qualify for free lunch
also receive free breakfast

**Free and reduced lunch applications are available at every school and the school services office. You may apply at any time during the school year. Contact Nancy Woodard at 812.397.5390 or woodardne@nesc.k12.in.us for more information.





Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

El Programa de Educación Migrante (MEP) provee educación y servicios suplementarios a niños que califican a través de fondos nacionales. El propósito de MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED)

ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo(a) resulta elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es totalmente confidencial.

Nombre del Estudiante: _____ Nombres de los Padres: _____
 Dirección: _____ Ciudad: _____ Teléfono: (____) _____
 Fecha: _____ Firma de los Padres: _____

1. ¿Cuanto tiempo han vivido en esta ciudad/distrito escolar? _____
2. Durante los últimos tres años, ¿Se han mudado sus hijos o han cambiado de distrito escolar dentro de los Estados Unidos, solos, con un padre o pariente, para que esa persona pudiera buscar trabajo temporal o de temporada en algo relacionado con la agricultura?
 SI _____ NO _____ Si contestó NO, favor de parar aquí.

Si contestó SI, favor de continuar.

3. ¿Cuándo fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes _____ Año _____
4. Por favor marque en la parte abajo la actividad agrícola en la cual usted buscó trabajo o trabajó.

- | | |
|---|--|
| <input type="checkbox"/> Matadero de patos, pavos, pollos, cerdos o vacas | <input type="checkbox"/> Enlatar o congelar verduras o frutas en la bodega |
| <input type="checkbox"/> La espiga (maíz) | <input type="checkbox"/> Trabajar en la siembra o cosecha de césped |
| <input type="checkbox"/> Cultivar tabaco | <input type="checkbox"/> Plantar, emparejar o cortar árboles |
| <input type="checkbox"/> Pollería o granja de huevos | <input type="checkbox"/> Granja de vacas lecheras |
| <input type="checkbox"/> Plantar o cosechar verduras o frutas | <input type="checkbox"/> Cultivar y cosechar flores |
| <input type="checkbox"/> Trabajar en un criadero de peces | <input type="checkbox"/> Trabajar en la cría de plantas |

Por favor escribe los nombres de todos los niños, menos de 22 años de edad, que viven con usted.

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	

School: **NORTHEAST NORTH**

VOLUNTEER PARTICIPATION FORM

Guidelines for Volunteers

Northeast School Corporation

Thank you for volunteering at our school. We need to inform you of our policy in this matter. We appreciate your cooperation as we endeavor to make our schools a safe haven for all students and staff in the Northeast School Corporation.

Being a volunteer is a great responsibility and one that may require you to supervise students. The guidelines below must be followed when you are approved to supervise students. The teacher is the primary supervisor and the volunteer must operate under his/her direction.

1. **No alcohol, smoking or the use of tobacco products are allowed.** The use of these items while on a field trip will be cause to remove you from consideration for any future volunteer activity.
2. **Foul or abusive language** of any kind is not permitted and will be cause to remove you from consideration for any future volunteer activity. Reports of foul or abusive language may be cause to invoke the NESC Civility Policy that might prohibit your future contact with the school for a period of time.
3. The signature below allows the NESC to procure a **limited criminal history check** through law enforcement agencies and use the National Data Base for sexual offenders. You may attach a statement to explain any related information that might have resulted in a criminal conviction. Conviction of any felony and some misdemeanor offenses will disqualify you from being a volunteer.
4. For field trips: You are expected to supervise the group to which you have been assigned. You further agree to **bring no other person (adult or child)** without the permission of the school principal or designee.

I agree to the above conditions and guidelines and grant permission to the Northeast School Corporation to request the information needed (criminal history).

School Name: _____ Name of student: _____

Volunteers: Your full name _____ Male / Female

Birthdate _____ (required) Address _____

Signature _____ Date _____

Social Security Number _____ Phone _____

Optional: Race: Caucasian African/American Asian Hispanic Other

Revised 05/01/2019 Documents: volunteer

PLEASE ANSWER THE QUESTIONS BELOW:

Have you ever been convicted of a crime against children? _____

Have you ever been convicted of a felony? _____

Have you ever been convicted of a misdemeanor? _____

Please explain:

NOTE: Review and Challenge: any person may challenge the information contained in their criminal history data file by contacting the Indiana State Police. **Any untruth may result in automatic denial.**

RETURN TO HUMAN RESOURCES OFFICE: DO NOT WRITE BELOW THIS LINE

This individual is approved _____ Has limited participation with the school as a volunteer _____

Denied permission to participate with the school as a volunteer _____

Approved by: _____

Northeast School Corporation 2019-2020 Household Application for Free and Reduced Price School Meals

Prescribed by State Board of Accounts
School Form No. 52.1/2018

Complete one application per household. Please use a pen, (not a pencil).

STEP 1: Print All Eligible Children and Their Parents' or Guardians' Full Name(s) and Birthdate (include special circumstances if applicable for special requests) (please use the back of this form if more space is needed)

1	Child's First Name	MM	Child's Last Name	Birthday?		Only Students	Name of School Building	Only Students	Only Students	Only Students	Long with parent or guardian?	Homeless, Field, Runaway Child
				Yes	No							

If NO -> Go to STEP 3. If YES -> Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: 1111111111

STEP 2: Do Any Household Members (Including You) Currently Participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF?

STEP 3: Report Income for All Household Members (Spouses, Ex-Spouse, and All Children) (STEP 4)

Write only one case number in this space.

A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in household listed in STEP 1 here. Child Income \$

B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total (gross) income before any taxes or deductions for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

1	Name of Adult Household Member (First and Last)	Earnings from Work	How often?		Public Assistance/Child Support/Alimony	How often?		Partners/Retirement/All Other Income	How often?	
			Weekly	Every 2 Wks		2x-Month	Monthly		Weekly	Every 2 Wks

STEP 4: Contact Information for Child/Adult Signatures. Mail Completed Form to: (Northeast School Corporation, 620 N Washington Street, Shelby, IN 47879)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

Total Household Members (Children and Adults) [] [] Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member [] [] [] [] Check if no SSN []

Printed name of adult completing the form [] Signature of adult completing the form [] Today's date [] Street Address (if available) [] Apt # [] City [] State [] Zip [] Daytime Phone and Email (optional) []

STEPS

Other Benefits - This section does not need to be completed to receive free or reduced price meal benefits.

Do you want to receive Textbook Assistance?

Yes No
 If yes, sign for the right →

I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration pursuant to IC 20-33-3-2 and IC 12-14-28-2, solely for purposes of complying with 48 C.F.R. Parts 250 and 255.

School Use Only
 Approved
 Denied
 Not Applicable

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

Today's date

Signature of adult completing the form

Today's date

OPTIONAL - Children's Racial and Ethnic Identifiers

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 Latino
 American Indian or Alaskan Native
 Asian
 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, 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 FDPIR 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 in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.asc.usda.gov/complaint_filing_cust.html, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 692-9992. Submit your completed form of letter to USDA by:

U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 (202) 680-7442, or
 fax: program.hlnr@usda.gov

This institution is an equal opportunity provider.

FOR SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

WEEKLY X 52 EVERY 2 WEEKS X 26 INCOME CONVERSION TO YEARLY: TWICE A MONTH X 24 MONTHLY X 12

ELIGIBILITY DETERMINATION

Total Income's: p.p. Weekly Every 2 Weeks Monthly Twice a Month Yearly

Migrant Homestead Runaway Foster
 Approved Denied
 Incomplete Application Other

Type of Eligibility Notification Provided (if denied, notification must be written): Verbal Written

Signature of Determining Official: _____ Date: _____

VERIFICATION

Confirmation Review Official: _____ Application Direct Verifier? Yes No

Date Verification Notice Sent: _____ Approval Based On: Food Stamps / TANF Case Number

Date Response Due from Households: _____ No Change Free to Reduced Free to Paid Reduced to Paid Other

Date Second Notice Sent for NAY: _____ Household Size and Income Other

Reason for Change: Income Household Size Change in Food Stamps / TANF Did not respond Other

Request for Appeal: _____ Date Hearing Requested: _____ Verifying Official's Signature: _____ Date: _____

Hearing Decision: _____

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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 Northeast School Corporation. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Mrs. Nancy Woodard, 812.397.5390 or woodardne@nesck12.in.us.

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

STEP 1: LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 IN THE HOUSEHOLD

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 age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending any school, regardless of location and, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Northeast School Corp? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend which school. If you marked 'Yes,' write the name of the school building, birthdate, and grade level of the student in the 'Grade' column to the right. Is the child living with parent or caretaker relative? Mark 'Yes' or 'No' next to each child.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. 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.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

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).
- Temporary Assistance for Needy Families (TANF).

A) If no one in your household participates in any of the above listed programs:
 • Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:
 • Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-800-403-0854.
 • Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," located below to determine if your household has income to report.

Sources of Income for Children	Examples
Sources of Child Income	
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 - A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from person outside the household	- A friend or extended family member regularly gives a child spending money - A child receives regular income from a private pension fund, annuity, or trust.
Income from any other source	

Sources of Income for Adults	R
Earnings from Work	- Salary, wages, cash bonuses - Net income from self-employment (farm or business) - If you are in the U.S. Military: INCL - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing
Public Assistance / Alimony / Child Support	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits
Pensions / Retirement / All Other Income	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

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" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced for pay for taxes, insurance premiums, or any other amounts taken from your pay.
- 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 check 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 child(ren)'s 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

Who should I list here?

- 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

Dear Parent/Guardian:

Children need healthy meals to learn. Northeast School Corporation offers healthy meals every school day. Breakfast costs \$2.10 for grades PK-6 and \$2.35 for grades 7-12; lunch costs \$2.75 for grades PK-6 and \$3.05 for grades 7-12. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.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 SNAP (Food Stamps) or TANF, are eligible for free meals.
- 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 receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2019-20			
Household size	Yearly	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each additional	+8,177	+682	+158

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 haven't been told your children will get free meals, please call or e-mail Northeast School Corporation at 812.397.5390 or woodardne@nesc.k12.in.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: your child's school or NESCC.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Mrs. Nancy Woodard, NESCC, 620 N Washington Street, Shelburne, IN 47879 or woodardne@nesc.k12.in.us immediately.
5. 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 nesc.k12.in.us to begin or to learn more about the online application process. Contact any school if you have any questions about the online application.

5. 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 Sept. 19, 2019. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in 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 of meals.
 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
 9. 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 may become eligible for free and reduced price meals if the household income drops below the income limit.
 10. 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: Mrs. Nancy Woodard, 812.397.5390 or woodardne@nesck12.in.us
 11. 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.
 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? Use 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.
 13. 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.
 14. 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. Any additional combat pay resulting from deployment is also excluded from income.
 15. WHAT IF THERE ISN'T 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. Contact Mrs. Nancy Woodard, 812.397.5390 or any school to receive a second application.
 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP (Food Stamp) or other assistance benefits, contact your local assistance office or call 1-800-403-0864.
- If you have other questions or need help, call 812.397.5390.

Sincerely,

Mrs. Nancy Woodard

even if they do not receive income of their own.

Do NOT include:

- o People who live with you but are not supported by your household's income AND do not contribute income to your household.
- o Infants, Children and students already listed in STEP 1.

<p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income 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. <i>What if I am self-employed?</i> 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>D) Report income from public assistance/child support/alimony. 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>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>	<p>F) Report total household size. 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>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. 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>A) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>B) Provide your contact information. 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>C) Mail Completed Form to: Mrs. Nancy Woodard, Northeast School Corporation, 620 N Washington Street, Shelburn, IN 47879</p>	<p>D) Share children's racial and ethnic identities (optional). 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>
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STEP 5: OTHER BENEFITS - OPTIONAL

The following sections are optional and do not affect your children's eligibility for free or reduced price school meals.

<p>A) Textbook Assistance If you want to receive textbook assistance, check 'Yes' and then read, sign, and date the section to the right. If you do not want to receive textbook assistance, check 'No'.</p>	<p>B) Hoosier Healthwise Disclosure If you want to share your child's free/reduced eligibility in order to qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise, sign and date this section.</p>
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