Happy New Year! I hope everyone had a safe and enjoyable winter break. With the New Year upon us, we have many important and exciting events planned in the days, weeks and months ahead. However before we move forward too quickly, please note that all students will be taking end of semester exams during the last four days of the semester, and we ask that you please help your son or daughter prepare for these exams by reminding them to study, eat well and get plenty of rest. Exams will begin on Tuesday, January 20, and end on Friday, January 23. The exam schedule is included in this newsletter. Please note that our second semester will begin on Tuesday, January 27, with an “A” day.

Our outstanding parent organizations, WWABC, WWMA and WPTSO have been very busy recently coordinating a number of events here at school. Thank you to Susanne Kahler and Karina Chiesa of the WPTSO, and the rest of the many Woodgrove families for providing staff with delicious cookies during a Cookie Exchange on December 16 and 17. What a festive way to begin the winter holiday! We cannot thank our parent groups enough for the wonderful support they provide to our school. Please be sure to look for information on our website regarding meetings and upcoming events. Hopefully you can take some time and participate in these events and opportunities.

We expect 2015 to be an excellent year at Woodgrove! We wish everyone the best and look forward to your continued support.

Sincerely,

William S. Shipp
Principal

Exam Schedule:

- 1/20 – Exams 6, 5
- 1/21 – Exams 1, 2
- 1/22 – Exams 7, 8
- 1/23 – Exams 3, 4
- 1/26 – Teacher Workday / Student holiday
- 2/4 – Report Cards sent home
During the upcoming weeks, the School Counselors will be meeting with students individually to review their course selections for the 2015-2016 school year. Please have a conversation with your son or daughter regarding their classes. After you review their teacher recommendations, please contact their teacher if you have any questions regarding their suggestions. Please note the final date to make changes to course selections for next year will be June 1, 2015. Your change request must be provided in writing to your son or daughter’s counselor.

Click here if you would like to view any of the following:
• Course Selection Night Prezi presentation
• Grade Level Homeroom Prezi presentations (created & narrated by Mrs. Bell)
• Elective Videos by department

Thank you for your support and please let us know if you have any questions or need any assistance.

Upcoming Events

Monroe Technology Shadowing Day - Rescheduled
The field trip has been rescheduled for Tuesday, January 6, 2015.

Super Saturday – FAFSA Day at WHS
Saturday, January 17, 2015 10:00 am – 1:00 pm at Woodgrove High School. LVHS and WHS families are invited to join us for our annual financial aid assistance and informational session. Time will be allowed to complete FASFA Forms. Sponsored by NVCC.

College Night
Monday, January 26, 2015 join us for the annual WHS College Night from 7:00pm - 9:00pm here at Woodgrove High School. The information is geared toward 10th and 11th grade students and parents. However all students and parents are welcome. Local college representatives will be speaking on various college related topics.

Financial Aid Night
Wednesday, January 28, 2015 from 7:00pm – 9:00pm a representative from George Mason University will be presenting to seniors and parents on the financial aid process. Underclassmen and parents are welcome to attend if interested.

Counselor Cafes
We have scheduled an informative opportunity for parents of 12th grade students:

Counselor Café (Mondays 4:00-7:00pm) – The School Counseling Office will be open until 7:00pm on Monday nights (except on holidays and snow days). Counselors will be available to assist seniors and their families with any questions pertaining to the college application process. Please call for an appointment or just stop by.

Visit the Counseling webpage for more helpful resources.

Career Center Visits & Info
Visits this year will take place mainly during 6th Block Flex. Students must sign up for visits through Naviance. Those who are not on the list will not be permitted to attend. Attendees will receive a pass prior to the visit or can print their registration from Naviance to serve as a pass. Click here for a guide on how sign up for college visits through Naviance. Please visit Mrs. Sutphin in the Career Center with any questions.

1/9 at 12:00 pm  US National Guard Recruiter
1/13 at 10:45 am  US Marine Corps Recruiter
1/20 at 12:00 pm  US Army Recruiter

Summer Residential Virginia Governor’s School VPA (Visual and Performing Arts)
January 26-30, 2015 – Application readings at Admin

Academic Programs
January 26-30, 2015 – Application readings at Admin

For more information about the program click here.

Don't wait get connected! Learn more about this comprehensive program that will help navigate you and your student through the post-secondary process. Students’ username and password should both be their 6-digit student ID number. Parent's login should be their
email address that we have on record as the username and woodgrove (all lowercase) as the password. For more information, go to the WHS School Counseling page or contact Rachel Sutphin at rachel.sutphin@lcps.org

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It's Never Too Early to Start Thinking About Scholarships

Visit the LCPS School Counseling webpage for up-to-date county wide scholarship postings.

- **Karin Riley Porter Scholarship** - Deadline 1/1/15
- **GE-Regan Foundation Scholarship Program** – Deadline 1/8/15
- **Loudoun Times-Mirror 2015 Future Leaders Scholarship** – Deadline 1/9/15
- **Delta Sigma Theta Sorority Scholarship** – Deadline 1/13/15
- **Gates Millennium Scholars Program** – Deadline 1/14/15
- **US JCI Senate Foundation Scholarship** – Deadline 1/23/15
- **Lee-Jackson Educational Foundation Scholarship** – Deadline 2/6/15
- **VMDAEC Educational Scholarship Foundation** – Deadline 2/11/15
- **Joyce and Thomas Moorehead Foundation Scholarship** – Deadline 3/1/15
- **Gavin Rupp “I Promise” Scholarship** – Deadline 3/2/15
- **American Disposal Scholarship** – Deadline 3/6/15
- **Loudoun Credit Union Scholarship** – Deadline 3/6/15
- **VIP Women in Technology Scholarship** – Deadline 3/9/15
- **Virginia Mayflower Society Scholarship** – Deadline 3/15/15
- **Legacy of Life Essay & Video Scholarship** – Deadline 3/31/15
- **Naval Officers’ Spouses’ Club Scholarship** – Deadline 4/1/15
- **Dr. Juergen Reinhardt Scholarship** – Deadline 4/1/15
- **Loudoun Soccer Scholarship** – Deadline 4/13/15
- **Loudoun County Farm Bureau Scholarship** – Deadline 4/15/15
- **FIDM National Scholarship** – Deadline 4/30/15
- **Loudoun Valley Community Center Scholarship** – Deadline 5/1/15

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Interested in the Military?

Take the **ASVAB (Armed Services Vocational Aptitude Battery)** a comprehensive career exploration and planning program that includes multiple aptitude tests, an interest inventory, and various career planning tools designed to help students explore the world of work.

January 17, 2015 at 9:00 am – **Woodgrove High School**

March 7, 2015 at 9:00 am – **Loudoun Valley High School**

If interested, you can sign up [here](#).

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**Monthly Military Visit Schedule**

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<thead>
<tr>
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<th>1st Thursday</th>
<th>4th Tuesday</th>
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**2014-2015 SAT/ACT Test Dates**

**SAT**

www.collegeboard.com

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<tr>
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**ACT**

www.actstudent.org

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<tr>
<td>June 13</td>
<td>5/8</td>
<td>5/22</td>
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</tbody>
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Looking for SAT/ACT Prep Options?

The **Hunt Course** is offering small group and quick review classes in the Purcellville Baptist Church located...
at 601 Yaxley Drive. Seating will be limited. Early registration suggested. Visit www.huntprograms.com for more information today!

Free PSAT Cram sessions online: Kaplan Test Prep is providing free cram sessions for the PSAT. Students who attend will learn their 10 Top Score-Raising Strategies and review tips for time management during the test. For complete dates and times and to register, go to www.kaptest.com/psatcram.

Leadership, Volunteer & Job Opportunities
For all job, internship and volunteer opportunities check out the board in the Career Center.

Step Up Loudoun Youth Competition!
High school youth across the county are encouraged to identify an issue in their school, neighborhood or community, create a plan to address that issue, and implement the plan. The goal is to encourage, support and reward the youth of Loudoun County for making positive changes in their own lives and the lives of others. Cash prizes will be awarded including a $1000 grand prize to the top team! Step Up Loudoun Youth is a collaboration between Loudoun Youth Inc., Loudoun County PRCS, the Advisory Commission on Youth, Leadership Loudoun and Loudoun County Public Schools. For more information visit http://www.loudounyouth.org/programs-2/the-step-up-loudoun-youth-competition/

BLAST Summer Program for 9th Graders
The Building Leaders for Advancing Science and Technology (BLAST) program is designed to attract students who are motivated to learn, but have not yet shown interest in science, technology, engineering or math (STEM) coursework. This FREE program is open to 9th grade students and will take place the summer of 2015. It will allow them to spend three exciting days on the campus of the University of Virginia or Virginia Tech engaged in hands-on STEM activities and demonstrations led by experienced faculty members. Please visit their website for program information and an online application, http://blast.spacegrant.org/. The deadline for the application is February 2, 2015. The program is a partnership between the Virginia Space Grant Consortium, the University of Virginia Virginia Tech and the Commonwealth of Virginia.

Interested in Being a Mentor?
Check out the Mentor Program, a wonderful service club here at WHS. As a participant, students commit to helping an elementary student or a classroom teacher one morning a week prior to the beginning of the school day. Mentors may choose to be a classroom helper or work with an individual student as a tutor or role model. Many mentors choose to go to the school closest to their home or they enjoy volunteering in the elementary school they attended. Students may pick up an application in the Career Center from Mrs. Hayba. Once completed and signed by a parent, an interview is scheduled and then the student is placed and ready to begin. WHS students log their volunteer hours and enjoy this opportunity to give back, and some may even decide to become teachers!
What’s New in the WHS Library?

Non-Fiction

Read about transforming lives and creating opportunity…

Read about adventures at the extremes of human flight…

Biography

Read a memoir of war, exile, and return…

Read the story of a politician and her experience with how Washington works…or doesn’t…

Fiction

Read about Tiger Lily and the mythology of Neverland…

Read about the danger in dreaming or the danger in waking up…
Sadie Hawkins Dance

Ladies are encouraged to do the inviting!

THE GREAT GATSBY GALA

Saturday, Feb. 14
8:00—11:00pm
WHS Gym

Ticket sales start early February

WHS Students, please return dance forms by Jan 23, 2015.

Non-WHS Students, return forms by early February

1920’s attire encouraged
CLASS OF 2015
GRADUATION CELEBRATION
AV Symington Outdoor Aquatic Facility/Ida Lee Park
June 18th from 4-8 pm
SAVE THE DATE!!!
Dear Western Loudoun Businesses, Organizations, Partners and Parents:

As the end of 2014 approaches, Woodgrove High School is looking ahead six months to the graduation of our fourth senior class on June 18, 2015. With your help, we hope to attract an ever increasing number of our senior class population. This year’s event will take place at the Ida Lee /AV Symington outdoor aquatic facility in Leesburg.

The Woodgrove PTSO is dedicated to providing a safe and sane outlet for the Class of 2015 to spend one last time together as “Wolverines” before they embark on greater adventures.

Please consider making a tax-deductible contribution to our cause. We also welcome contributions in the form of services, gift certificates or prizes to give to our seniors for participating in this safe end of the year celebration. Please make your check payable to the “Woodgrove High School PTSO” and notate in the memo that funds should be earmarked for after-grad night. Our tax ID number is 27-2800768. We gladly give recognition to our sponsors via our e-newsletter, website and social media sites.

Sincerely,

Susanne Kahler
Woodgrove High School PTSO President
(540) 751-9025 WoodgrovePTSOPresident@gmail.com
36811 Allder School Road
Purcellville, VA 20132
Congratulations to Bob McMillen and Erin Barrett. The Loudoun Education Foundation (LEF) has given funding to our Astronomy teacher to help fund his Galilean Telescope project. Students will be building their own refracting telescopes to use in their astronomy studies. Ms. Barrett received a grant towards our FACEtime program.

**FACEtime** is the student advisory program of Woodgrove High School. It involves 125 mixed grade level groups, each led by a Woodgrove High School staff member. Each group meets on Wednesdays for thirty five minutes, two to three times a month. The purpose of the FACEtime meetings is to further develop student and staff relationships, increase school connectedness and help foster a positive school climate. The FACEtime program is based on four phases in relationship building,

(1) **Foundations**,
(2) **Awareness**,
(3) **Change**, and
(4) **Evolve**

Each phase consists of approximately three different lessons in which character development is discussed and various activities are explored.

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**WESTERN LOUDOUN HISTORY RESEARCH PROJECT**

This spring, all juniors will participate in an interdisciplinary unit focusing on local, western Loudoun history. This project will require them to apply a range of skills and concepts they have learned throughout the year in both English classes and US History courses. We are partnering with the Mosby Heritage Area Association and the Journey through Hallowed Ground organization to offer field trips to historic sites right in here in Wolverine territory in late May. During the last 2 weeks of school, students will work in small groups during both English and US History classes to do research and put together multimedia presentations that will count as their final exams for these courses. If you have a passion for local history (or know someone who does) and would be interested in helping us out with this project in anyway (even just as a chaperone), please contact Dr. Cuozzo, WHS English Department Chair, at [Christopher.Cuozzo@lcps.org](mailto:Christopher.Cuozzo@lcps.org).
Sports Injuries

Athlete’s Foot

No matter the sport, your feet are on the front line. But lately your feet haven’t been feeling so good. They’re itchy and burning, and the skin between your toes seems to be cracked and peeling. The bad news is that you may have athlete’s foot. The good news is it’s treatable with over-the-counter medications.

There are four major symptoms of athlete’s foot:

- Itchy, burning feet.
- Peeling and or cracked skin between toes.
- Redness, persistent dryness and thickening of the skin.
- Raised bumps or ridges on the bottom of the foot.

Athlete’s foot is a mold-like fungus from living germs growing on the dead tissue of hair, toenails and outer layers of skin. Moisture and trapped sweat are prime conditions for fungal infections. Add the fact that it’s a contagious condition spread through showers, clothing and towels, and boom! You’ve got it.

You can prevent getting athlete’s foot by:

- Taking a bath or shower every day.
- Dry completely between the toes.
- Wear cotton socks.
- Don’t wear the same pair of socks and/or shoes every day, if possible.

You can treat athlete’s foot with most of the over-the-counter anti-fungal creams and powders like (Tinactin or Lamisil).
Nutrition

Fish Oil Aids Exercise

In looking for a nutritional boost, many athletes find fish oil to be a helpful supplement. Now, new research shows additional benefits: enhanced exercise economy. In a study, 20 college aged males who were regularly active in recreational activities were equally divided into either a fish oil group or a control group. Those in the fish oil group ingested 3.6 grams of the supplement daily for eight weeks.

To test the subjects, researchers had the subjects pedal on a stationary cycle until exhaustion was reached. The subject’s oxygen consumption (VO2) was tested before and after the eight week period. After five minutes of cycling, the fish oil subjects showed significantly decreased VO2 levels compared to the control group. In addition, the fish oil group’s VO2 levels remained lower for the duration of the test.

The results also showed a 148% increase of eicosapentaenoic acid (EPA) and a 13% rise in docosahexaenoic acid (DHA) in the red blood cells of the fish oil subjects after eight weeks. Researchers concluded that these heightened levels contributed to the decreased VO2 in the fish oil group. The EPA-rich fish oil supplementation improves exercise economy and reduces perceived exertion in normal healthy subjects.
Happy New Year from the clinic!

The winter months are here and at this time of year the weather can keep us indoors and makes it hard to find time to stay physically active. Being physically active is important. It can help us feel better and improve our health. There are many fun things you can do to be active by yourself or with friends and family. The US Department of Health and Human Services, National Institute for Health, recommends children and adults should perform thirty minutes or more of moderate physical activity each day. You can do this all at once or three times a day, at ten minute intervals. If you are not routinely exercising you can start out slowly and build up to thirty minutes a day. You can increase activities for longer periods of time as you begin to feel more fit, or add some vigorous activity. If you have any health problems or concerns check with your health care provider before starting any exercise program.

IMPROVE YOUR OUTLOOK!

Physical activity can be a solution to feeling tired, bored and out of shape. With an increase in physical activity you may feel less stressed!

PHYSICAL ACTIVITY CAN ALSO:

- Increase your energy level.
- Help you lose weight and control your appetite.
- Improve your sleep.
- Decrease your chance for Diabetes, Stroke.
- Lower your blood pressure.
- Improve your cholesterol level.

MOVE YOUR BODY!

Change your habits by adding activity to your daily routine. ANY MOVEMENT you do BURNS CALORIES! The more you move the better! You can find many innovative ways to get you STARTED TODAY!

TO PERKUP:

- Get up 15 minutes earlier in the morning and stretch.
- Jog in place.
- Ride your stationary bike while watching TV.
- Workout along with an exercise video.

TO DO A QUICK WORKOUT:

- Take the stairs instead of the elevator.
- Walk to the bus or train stop.
- Walk the mall end to end when you shop.
- Park your car father away and walk.
TO HAVE FUN:
• Dance to the music.
• Hula Hoop.
• Jump rope or play tag with your friends, family or grandkids.
• Use hand-held arm weights during a phone conversation. (check with your Dr. if any concerns about lifting)
• Put up an indoor basketball hoop.
• Bowling, swimming, ice or roller skating, yoga.
• Try indoor sports such as soccer, ice hockey and gymnastics.
• Try Wii Fit Sports Resort, which requires you to be active.
• Create Treasure Hunts with your family inside your house.

Winter and indoor and outdoor activities should be fun for everyone in the family!

WHAT'S THE BEST TYPE OF PHYSICAL ACTIVITY FOR YOU?

It is the one or two activities that you WILL DO! Pick an activity that you will enjoy and will fit into your daily routine. Start with a moderate level and work your way up.

MODERATE ACTIVITIES: Walking, dancing, raking leaves, bowling, gardening, vacuuming, climbing stairs.

VIGOROUS ACTIVITIES: Bicycling, swimming, aerobics, jogging, running, marching in place, sports such as basketball, football, soccer and baseball.

MAKE STAYING PHYSICALLY ACTIVE A LIFELONG HABIT!

Make it a family thing. Team up with a partner keeps you motivated. Make it a routine daily habit. Make it a work/school thing! Keep a pair of walking shoes/sneakers at your workplace. Meet with a co-worker and use part of your lunch to be active. Challenge each other to better health!

ARE YOU READY TO GET ACTIVE AND CREATE A HEALTHIER YOU?

My goal is to do _______(activity) for at least _____(minutes) ______times a week.

Track your daily progress........start out slowly. Soon you will reach thirty minutes a day!

Have a happy, healthy and fun new year!

Mrs. Lovasz, RN
Drivers Ed Available – No Waiting

Attention Juniors and Seniors who have not taken behind-the-wheel . . . Why take it privately and pay more? We have immediate openings in the morning and afternoon.

See Mrs. Holland in Guidance to sign up . . . No Wait!!

* * * 10th graders will be eligible after completing Module 5 in the classroom. You must have an A-B average to sign up after complete Module 5.
HELP BUILD ON OUR SUCCESS...JOIN THE

WOODGROVE HIGH SCHOOL

PTSO

Parent Teacher Student Organization

JOIN ONLINE TODAY!! www.lcps.org/Page/69200

Woodgrove PTSO: How we contribute to our school and Community:
• Award academic scholarships to seniors and CAMPUS program graduates
• Fund teacher requests for equipment, curriculum, online instructional programs and support materials
• Fund extra-curricular club participation in regional competitions
• Sponsor staff appreciation functions
• Support our Parent Liaison to assist students in need and their families
• Provide volunteers for various WHS sponsored events

With your support, we will continue to:
• Help fulfill the needs of our WHS learning community by supporting projects not funded by the school budget.
• Recognize, publicize and celebrate our school’s successes in all avenues.
• Publish the Woodgrove Weekley newsletter to keep you informed all WHS happenings (please “like” us on Facebook too!)
• Ask for your help and assistance in areas of need—our volunteers are very important to our school’s success.

Dues are only $25 a family or $10 for individuals and $5 for students and faculty.

MEMBERS NAME(S): ________________________________________________________________

ADDRESS:___________________________________________________________________________

CITY: ___________________________ STATE ___________________________ ZIP ___________

EMAIL: __________________________________________________________ (REQUIRED FOR WOODGROVE WEEKLY SUBSCRIPTION, ALL ADDRESSES WILL REMAIN STRICTLY CONFIDENTIAL)

PHONE NBR: ___________________________ AMT ENCLOSED: ___________________________

(Please return to WHS front office)

(ADDITIONAL DONATIONS are WELCOME and are TAX FREE)
SUBSCRIBE TO THE
WOODGROVE WEEKLY

The Woodgrove Weekly is your best tool for staying informed about everything that takes place within the Woodgrove Community.

The Woodgrove PTSO's weekly newsletter, the Woodgrove Weekly, will keep you up to date about school news and events as well as PTSO activities. The newsletter goes out by email every Monday, and you can sign up in only a minute by putting this address into your web browser:

http://tinyurl.com/woodgroveweekly

You do not have to join the PTSO in order to get the newsletter. This is a PTSO service for our whole school community. We will never share your contact information, and you can easily unsubscribe at any time.

The newsletter will come to you from this e-mail address:

WoodgroveHighSchoolPTSO@gmail.com

Remember to add this to your address book or trusted contacts so it doesn't end up in your spam or junk folder.
Help Woodgrove earn money to supplement the school’s educational needs. The school is now registered with Giant’s A+ School Rewards Program. You can sign up online any time. (We are in the application process for Harris Teeter’s Together in Education Program.)

The earlier you register, the sooner Woodgrove can start earning credit toward purchasing needed equipment and supplies to benefit our students and teachers. Please follow the directions listed below to sign up for either one of both of the programs online. Please be sure to enter the school code when you sign up.

**Giant**

School ID 09152

Feel like you have already done this? Giant cards must be re-enrolled each year!

[https://www.giantfood.com/our_stores/bonus_bucks/designate_school.htm?execution=e1s1](https://www.giantfood.com/our_stores/bonus_bucks/designate_school.htm?execution=e1s1)

**Harris Teeter**

School code: 1613

[https://www.harristeeter.com/other/my_harris_teeter/login_page.aspx](https://www.harristeeter.com/other/my_harris_teeter/login_page.aspx)

**Target Reward Program**

School ID 152094

Target’s Take Charge of Education Program

Woodgrove High School is still participating in Target’s Take Charge of Education Program. Join now and help us raise money for our school.

Here’s how it works: visit [https://www-secure.target.com/redcard/tcoe/home](https://www-secure.target.com/redcard/tcoe/home) or call 1-800-316-6142 to designate our school. Woodgrove’s school ID is 152094. Use your REDcard (Target Visa Credit Card, Target Credit Card, or Target Check Card) whenever you shop and Target will donate up to 1% of your purchases back to Woodgrove. Don’t have a REDcard? It’s easy to apply. Get started in person at any Target store or go to Target.com/redcard. Relatives, friends & neighbors are all welcome to participate in this program. The more people involved the more money raise for our school. Check our school’s progress anytime at Target.com/tcoe.

Any questions please email woodgroveptsofundraising@gmail.com.

Thanks for your support!
***CHANGES IN THE GROVE CAFE***

Starting Monday November 10, 2014, the menu in the Woodgrove Cafe’ will be changing. The Loudoun County School Nutrition Services is implementing these changes county wide. We ask for your patience during this transition period. The new menu will be available soon on the lcps.org website. If you or your parents have any questions, please feel free to contact Ms. Bartling, the Woodgrove Cafe’ Manager.

LCPS MENUS ARE ONLINE AND CAN BE ACCESSED BY CLICKING HERE

http://www.lcps.org/Page/68454
Woodgrove High School  
2014 - 2015 Bell Schedules

REGULAR A/B DAY SCHEDULE - 4 Lunch Shifts

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REGULAR A/B DAY SCHEDULE – Open Lunch

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<tr>
<td>1st Period</td>
<td>5th Period</td>
</tr>
<tr>
<td>10:39-12:05</td>
<td>10:39-12:05</td>
</tr>
<tr>
<td>2nd Period</td>
<td>6th Period/Flex*</td>
</tr>
<tr>
<td>12:05-12:43</td>
<td>12:05-12:43</td>
</tr>
<tr>
<td>Open Lunch</td>
<td>Open Lunch</td>
</tr>
<tr>
<td>10,11,12 – release</td>
<td>10,11,12 – release</td>
</tr>
<tr>
<td>12:03</td>
<td>12:03</td>
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<tr>
<td>3rd Period</td>
<td>7th Period</td>
</tr>
<tr>
<td>12:48-2:12</td>
<td>12:48-2:12</td>
</tr>
<tr>
<td>4th Period</td>
<td>8th Period</td>
</tr>
<tr>
<td>2:17-3:43</td>
<td>2:17-3:43</td>
</tr>
</tbody>
</table>
Dress and Grooming

Students are expected to dress appropriately.

Clothing which distracts others from learning or which endangers safety is unacceptable.

Clothing which exposes cleavage, midriffs, private parts, or exposes undergarments is unacceptable. These include, but are not limited to: Sagging or low-cut pants or skirts, tube tops, halter tops, backless shirts or shirts with only ties in the back, see through shirts, extremely short shorts or skirts, muscle shirts, or low-cut necklines that show cleavage.

Clothing with inappropriate images, statements, or inferences related to profanity, alcohol, drugs, tobacco, weapons, or messages which are sexual, threatening, harassing, or inflammatory are not permitted.

Hats and headgear are not allowed unless approved by the administration for special occasions. It must be removed upon entering the building and placed in backpacks or lockers.

No towels, shirts, or other like items may be draped over the neck.

Chains and studded jewelry are not permitted as accessories.
ATTENTION: STUDENTS, PARENTS, FACULTY & STAFF
Loudoun County Public Schools’ Insurance Does Not Provide Coverage for Students’ and Employees’ Personal Property Brought to School.

Each year the LCPS Procurement/Risk Management Office receives claims where school students and employees have lost valuable personal property brought to school. Every type of personal property is subject to loss by accident, theft, or vandalism.

Examples of personal property include:

iPods, iPads, cell phones, cameras, tablets, lap top computers, etc.

The Worth Avenue Group has been providing insurance programs to thousands of students and staff across the country since 1971. Their personal property insurance plans have been utilized by many colleges and universities and have been made available to public school students, faculty, and staff nationwide.

Losses Covered: The plans cover loss or damage, occurring during the policy period, to personal property, which you own or have leased. See policy for items excluded from coverage. Coverage may be purchased on a “cash value or replacement cost” basis with a deductible as low as $50 per occurrence.

What about Coverage Under Your Homeowners Policy? If you have questions about your homeowner's policy, ask your agent to go to the Worth Avenue Group website for more information and then to give you advice. These plans are typically primary to the homeowner's coverage and can be used to cover high insurance deductibles.

For further information on this coverage please call 1-800-620-2885 or visit http://www.worthavegroup.com/ and read about the various available coverages.
Las Escuelas Públicas del Condado de Loudoun
Servicios de Negocios y Financieros
División de Administración de Riesgo
21000 Education Court, Suite 301
Ashburn, VA 20148
(571) 252-1280** (571) 252-1432 fax

ATENCIÓN: PADRES Y ESTUDIANTES
El Seguro de las Escuelas Públicas del Condado de Loudoun No Cubre la Propiedad Personal de los Estudiantes Llevada a las Escuelas.

Cada año, las oficinas de adquisiciones y manejo de riesgos de LCPS reciben reclamos de estudiantes y empleados que han perdido propiedad personal de mucho valor en las escuelas. Ejemplos de propiedad personal incluye iPods, iPads, teléfonos, cámaras de fotos, ordenadores portátiles. Cada tipo de propiedad personal está sujeta a pérdidas por accidente, robo ó vandalismo.

Worth Avenue Group está proporcionando programas de seguros a miles de estudiantes en este país desde 1971. El plan de seguro de propiedad personal ha sido utilizado por muchas escuelas y universidades. Recientemente ha sido disponible para los estudiantes de las escuelas públicas a nivel nacional.

Cobertura de pérdidas: El Plan cubre pérdidas o daños a su propiedad personal, de la cual usted es dueño o alquilo, incluyendo materiales de valor en su poder, estas pérdidas deben ser durante el periodo vigente de la póliza. Verifique los artículos excluidos en su cobertura. El seguro podría ser comprado en base de "dinero en efectivo" o "a costo de reemplazo" de la propiedad personal y con un deducible tan bajo como $50 por caso.

Propiedad No Cubierta: Algunos ejemplos de propiedad no cubierta por el plan son:

- Coches (incluyendo los equipos estereofónicos de los coches), motocicletas, barcos, motores, aviones o partes; billetes de transportes u otros billetes; Dinero en efectivo o monedas, evidencias de deudas, cartas de crédito, documentos de pasaportes, notas o valores; lentes de contacto, dientes artificiales o miembros.

Y Qué Sobre la Cobertura Dentro de la Póliza de Seguros del Hogar? Si usted tiene preguntas acerca de lo que cubre su seguro del hogar, enséñele el folleto a su agente de seguros y pídale su consejo. Worth Avenue Group, esta cobertura es siempre primaria a lo que cubre su póliza de hogar y puede ser usada para cubrir altos deducibles de los seguros.

Para mas información sobre esta cobertura, por favor visite la página web: http://www.worthavegroup.com/ 1-800-620-2885, y lea sobre el Plan de Propiedad Personal del Estudiante.
IMPORTANT INSURANCE NOTICE—READ CAREFULLY
Loudoun County Public Schools does not provide medical or accident insurance for students injured while participating in school activities.

Dear Parents and Students:

LCPS receives reports of students who are accidentally injured while participating in school activities, including some serious injuries that require costly medical attention. The Procurement/Risk Management Office routinely receives calls from parents whose children are accidentally injured while participating in school activities and have no insurance coverage or have bills over-and-above what their insurance will pay.

LCPS does not provide medical or accident insurance for students injured while participating in school activities. But we do provide voluntary purchase of student accident insurance through K&K Insurance.

The insurance provided by K&K Insurance offers optional plans of coverage provided on an “excess basis” for accidental injuries that may occur during school activities or even around the clock, depending on the benefit option you choose.

If you already have insurance coverage through another policy, the K&K Student Accident Plans pay benefits for those eligible expenses not paid by your primary insurance. If there is no other insurance available to you, the plans will provide coverage on a primary basis.

Your voluntary enrollment in one of these plans should be carefully considered. For further details and to enroll in the K&K Student Accident Insurance coverage please go online to this link: www.studentinsurance-kk.com or call 1-855-742-3135.
ACCIDENT ONLY COVERAGE: The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of $25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

SCHEDULE OF BENEFITS: Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.

### Compare and Choose

<table>
<thead>
<tr>
<th></th>
<th>Low Option Accident Only</th>
<th>High Option Accident Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Benefit:</td>
<td>$25,000 (For Each Injury)</td>
<td>$25,000 (For Each Injury)</td>
</tr>
<tr>
<td>Deductible:</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### Inpatient

<table>
<thead>
<tr>
<th></th>
<th>Low Option Accident Only</th>
<th>High Option Accident Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room &amp; Board:</td>
<td>Up to $150 per day/Semi-private room rate</td>
<td>80% of Reasonable Charges/Semi-private room rate</td>
</tr>
<tr>
<td>Hospital Miscellaneous:</td>
<td>$600 maximum per day</td>
<td>$1,200 maximum per day</td>
</tr>
<tr>
<td>Registered Nurse:</td>
<td>75% of Reasonable Charges</td>
<td>100% of Reasonable Charges</td>
</tr>
<tr>
<td>Physician’s Visits:</td>
<td>$40 first day/$25 each subsequent day</td>
<td>$60 first day/$40 each subsequent day</td>
</tr>
</tbody>
</table>

#### Outpatient

<table>
<thead>
<tr>
<th></th>
<th>Low Option Accident Only</th>
<th>High Option Accident Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Surgery Miscellaneous:</td>
<td>$1,000 maximum</td>
<td>$1,200 maximum</td>
</tr>
<tr>
<td>Physician’s Visits:</td>
<td>$40 first day/$25 each subsequent day</td>
<td>$60 first day/$40 each subsequent day</td>
</tr>
<tr>
<td>Outpatient Physical Therapy: (Benefits are limited to one visit per day)</td>
<td>$30 first day/$20 each subsequent day/5 days maximum</td>
<td>$60 first day/$40 each subsequent day/5 days maximum</td>
</tr>
<tr>
<td>Emergency Room Services: (Treatment must be rendered within 72 hours from the time of the injury)</td>
<td>$150 maximum</td>
<td>$300 maximum</td>
</tr>
<tr>
<td>X-Rays:</td>
<td>$200 maximum</td>
<td>$600 maximum</td>
</tr>
<tr>
<td>Diagnostic Imaging Services:</td>
<td>$300 maximum</td>
<td>$600 maximum</td>
</tr>
<tr>
<td>Laboratory:</td>
<td>$50 maximum</td>
<td>$300 maximum</td>
</tr>
<tr>
<td>Prescription Drugs:</td>
<td>$75 maximum</td>
<td>$200 maximum</td>
</tr>
<tr>
<td>Injections:</td>
<td>No Benefits</td>
<td>No Benefits</td>
</tr>
<tr>
<td>Orthopedic Braces &amp; Appliances:</td>
<td>$75 maximum</td>
<td>$140 maximum</td>
</tr>
</tbody>
</table>

#### Inpatient and/or Outpatient

<table>
<thead>
<tr>
<th></th>
<th>Low Option Accident Only</th>
<th>High Option Accident Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon’s Fees:</td>
<td>$1,000 maximum</td>
<td>$1,200 maximum</td>
</tr>
<tr>
<td>Anesthetist:</td>
<td>20% of Surgery Allowance</td>
<td>25% of Surgery Allowance</td>
</tr>
<tr>
<td>Assistant Surgeon:</td>
<td>20% of Surgery Allowance</td>
<td>25% of Surgery Allowance</td>
</tr>
<tr>
<td>Ambulance:</td>
<td>$300 maximum</td>
<td>$800 maximum</td>
</tr>
<tr>
<td>Consultant:</td>
<td>$200 maximum</td>
<td>$400 maximum</td>
</tr>
<tr>
<td>Dental Treatment due to Injury to Teeth: (For injury to sound, natural teeth only)</td>
<td>$10,000 maximum per policy term if extended dental option is purchased. $200 per tooth if extended dental option is not purchased.</td>
<td>$10,000 maximum per policy term if extended dental option is purchased. $500 per tooth if extended dental option is not purchased.</td>
</tr>
<tr>
<td>Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury:</td>
<td>100% of Reasonable Charges</td>
<td>100% of Reasonable Charges</td>
</tr>
<tr>
<td>Durable Medical Equipment:</td>
<td>No Benefits</td>
<td>No Benefits</td>
</tr>
<tr>
<td>Maternity:</td>
<td>No Benefits</td>
<td>No Benefits</td>
</tr>
<tr>
<td>Complication of Pregnancy:</td>
<td>No Benefits</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>

**Expenses for the following are not covered:** Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This policy contains an excess provision. Benefits will not be paid under the Basic Accident Medical Expense for Covered Expenses to the extent that they are collectible under another Health Care Plan.

Details of these benefits may be found in the Master Policy on file at the School District. **NOTE:** This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.
Choose Your Coverage Plan:  One-Time Payment For Accident Coverage

Facts about the Policy
1. WHO IS ELIGIBLE: students of the policyholder who make the required premium contribution for the coverage selected are eligible. Student status continues after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy on file with the school district is a non-renewable policy.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: A person’s coverage takes effect at the later of the date his or her application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
6. LATE ENROLLMENT: Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year.
7. CANCELLATION: Coverage under the Policy will not be cancelled, 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 a Covered Person enters the Military Service.
8. STUDENT TRANSFER: The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

Enroll online at: www.StudentInsurance-kk.com
or by mail using attached enrollment form.
1. Complete and detach the enrollment form.
2. Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child’s name on your check or money order.
4. Mail completed enrollment form with payment back to:
   K&K Insurance Group, P.O. Box 2338
   Fort Wayne, IN 46801-2338
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

Coverage Termination Date: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

With Extended Dental | Without Extended Dental

24-Hour Accident (Students & Employees)
Around-the-clock/anywhere in the world. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football

24-Hour Accident (Summer Only Coverage, Students Only)
Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.

At-School Accident (Students & Employees)
During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities or sports excluding High School Football. Travel to and from sponsored and supervised activities or sports while in a school furnished or approved vehicle.

Extended Dental (Accident Only)
Supplemental coverage extended to students with At-School, 24-Hour or Football Coverage – Limited to Covered Person’s policy effective dates and accident only coverage option selected. Replaces standard dental coverage with coverage of 80% of Reasonable Charges to a maximum limit of $10,000 per injury.

High School Football
Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.

High School Football (Spring Only)
For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.

High School Football and At-School Accident (Covers all athletics)

High School Football and 24-Hour Accident (Covers all athletics)

Privacy Policy
We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

Administered by:
K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

Underwritten by: Nationwide Life Insurance Company
Claims Questions: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917
Policy Exclusions and Limitations for Accident Only Coverages

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced. **We will not pay Benefits for:**

1. An Injury or Loss that is:
   a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
   b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
   c. caused by participating in a riot or violent disorder;
   d. the result of an Insured’s taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
   e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician’s instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being “under the influence.”;
   f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.

2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.

3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator’s license (except in a Driver’s Education Program).

4. An Accident that occurs while:
   a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
   b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV’s, snowmobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.

5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.

6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

**Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders:** **We will not pay Benefits for:**

1. Expenses incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
   a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
   b. the Insured, or the Insured’s Family Member.

2. Expenses incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.

3. Expenses incurred for charges which are in excess of Reasonable Charges.

4. That part of medical expenses payable by any automobile insurance Policy without regard to fault.

5. Expenses incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).

6. Expenses incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered injury.

7. Expenses incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.

8. Expenses incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.

9. Expenses incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.

**Accident Only Definitions:**

**Injury** A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and
2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and
3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

**Accidental Death & Specific Loss Benefits:**

The Aggregate Limit is $500,000 and is the maximum amount payable for claims incurred for all Insureds under the Policy which are caused by any one Incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to our total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.

<table>
<thead>
<tr>
<th>Injury</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$10,000</td>
</tr>
<tr>
<td>Both arms or both legs</td>
<td>$10,000</td>
</tr>
<tr>
<td>Both hands and both feet</td>
<td>$10,000</td>
</tr>
<tr>
<td>One arm and one leg</td>
<td>$10,000</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either both hands or both feet</td>
<td>$10,000</td>
</tr>
<tr>
<td>Speech and hearing in both ears</td>
<td>$10,000</td>
</tr>
<tr>
<td>The sight of both eyes</td>
<td>$10,000</td>
</tr>
<tr>
<td>The sight of one eye and either one hand or one foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either one arm or one leg</td>
<td>$7,500</td>
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<tr>
<td>Either one hand or one foot</td>
<td>$5,000</td>
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<tr>
<td>Speech or hearing in both ears</td>
<td>$5,000</td>
</tr>
<tr>
<td>Sight of one eye</td>
<td>$5,000</td>
</tr>
<tr>
<td>Hearing in one ear</td>
<td>$2,500</td>
</tr>
<tr>
<td>Both the thumb and index finger of one hand</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.
### Student Insurance Plan Options — Check Your Selection:

<table>
<thead>
<tr>
<th>Accident Only Coverage Plans</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-HOUR, with Extended Dental</td>
<td>$84.00</td>
<td>$124.00</td>
</tr>
<tr>
<td>24-HOUR, without Extended Dental</td>
<td>$75.00</td>
<td>$115.00</td>
</tr>
<tr>
<td>24-HOUR, Summer Only, with Extended Dental</td>
<td>$28.00</td>
<td>$40.00</td>
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<tr>
<td>24-HOUR, Summer Only, without Extended Dental</td>
<td>$19.00</td>
<td>$31.00</td>
</tr>
<tr>
<td>AT-SCHOOL, with Extended Dental</td>
<td>$27.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>AT-SCHOOL, without Extended Dental</td>
<td>$18.00</td>
<td>$26.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Full Year, with Extended Dental</td>
<td>$137.00</td>
<td>$209.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Full Year, without Extended Dental</td>
<td>$128.00</td>
<td>$200.00</td>
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<tr>
<td>HIGH SCHOOL FOOTBALL, Spring Only, with Extended Dental</td>
<td>$60.00</td>
<td>$89.00</td>
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<td>$51.00</td>
<td>$80.00</td>
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<td>HIGH SCHOOL FOOTBALL and AT SCHOOL, with Extended Dental</td>
<td>$164.00</td>
<td>$244.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and AT SCHOOL, without Extended Dental</td>
<td>$146.00</td>
<td>$226.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and 24-HOUR, with Extended Dental</td>
<td>$221.00</td>
<td>$333.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and 24-HOUR, without Extended Dental</td>
<td>$203.00</td>
<td>$315.00</td>
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</tbody>
</table>

Enclose check for total payment payable to: Nationwide Life Insurance Company. Checks, money orders, or credit cards accepted.

**DO NOT SEND CASH**

**TOTAL ENCLOSED:** $1846 (FL/KS/NE/VA_MB_ENG_03/14)

Mail this completed form with payment back to: K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

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### Complete this section only if you wish to pay with a Credit Card

- **Full name as it appears on card**
- **Billing Address (if different than above)**
- **Street #**
- **City:**
- **State:**
- **Zip:**
- **Card Number:**
- **Expiration Date:** Month:
- **Year:**
- **Cardholder signature:**

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Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)
!!NOTICIA IMPORTANTEN!!
Las Escuelas Públicas del Condado de Loudoun no disponen de seguro médico o de accidente para cubrir a los estudiantes cuando se accidentan en la escuela.

Estimados Padres/Guardianes Legales:

LCPS recibe reportes de estudiantes que accidentalmente se hieren cuando participan en actividades escolares, incluyendo algunas con heridas graves que requieren atención médica costosa. La oficina de adquisiciones y manejo de riesgos rutinariamente recibe llamadas de padres de quien sus hijos son accidentalmente heridos cuando participaban en actividades escolares y no tenían cobertura de seguro o tienen cobros por encima del valor de pago de su seguro.

LCPS no proporciona seguros de accidentes médicos para los estudiantes accidentados que han participated en actividades escolares. Pero, nosotros proveemos la opción de compra voluntaria de seguro para accidentes por medio de K&K seguros.

El seguro de accidentes por K&K ofrece planes opcionales de cobertura basado en “excesos” para heridas de accidente que puedan ocurrir durante actividades escolares o incluyendo a tiempo completo. Esto depende del plan elegido.

Si usted ya tiene seguro a través de otra poliza, estos planes de cobertura de accidente pagan beneficios no cubiertos por su otro seguro. Si no tiene ningún otro plan de seguro disponible, invertiendo una mínima cantidad de dinero ahora en uno de estos planes le podría ahorrar considerables gastos más tarde si tuviese un accidente que requiriese atención médica.

Su registro voluntario en uno de estos planes debe de ser cuidadosamente considerado. Gracias y por favor llame si tiene alguna pregunta o inquietud.

WEBSITE: www.studentinsurance-kk.com or call 1-855-742-3135
COBERTURA SOLO PARA ACCIDENTES: La Póliza ofrece beneficios por pérdida debido a una Lesión cubierta hasta un Beneficio máximo de $25,000 por cada Lesión. Siempre que el tratamiento a cargo de un Médico calificado y matriculado comience en el término de 60 días a partir de la fecha de la Lesión, se pagarán beneficios por los Gastos médicos cubiertos incurridos dentro de las 52 semanas a partir de la fecha de la Lesión, hasta el Beneficio máximo por servicio según se muestra a continuación.

PROGRAMA DE BENEFICIOS: Los Beneficios máximos se pagan según lo especificado a continuación. Los Cargos razonables y necesarios por razones médicas están basados en el percentil 75.

<table>
<thead>
<tr>
<th>Compare y elija</th>
<th>Opción baja de Solo accidentes</th>
<th>Opción alta de Solo accidentes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficio máximo:</td>
<td>$25,000 (por cada lesión)</td>
<td>$25,000 (por cada lesión)</td>
</tr>
<tr>
<td>Deducible:</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Paciente hospitalizado**

- **Habitación y comidas:** Hasta $150 por día/ tarifa de habitación semiprivada 80% de los cargos razonables/ tarifa de habitación semiprivada
- **Varios del hospital:** $600 como máximo por día $1,200 como máximo por día
- **Personal de enfermería registrado:** 75% de los cargos razonables 100% de los cargos razonables
- **Consultas médicas:** (Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía) $40 primer día/$25 cada día subsiguiente $60 primer día/$40 cada día subsiguiente

**Paciente ambulatorio**

- **Procedimientos quirúrgicos ambulatorios varios:** $1,000 como máximo $1,200 como máximo
- **Consultas médicas:** (Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía o fisioterapia) $40 primer día/$25 cada día subsiguiente $60 primer día/$40 cada día subsiguiente
- **Fisioterapia para pacientes ambulatorios:** (Los beneficios se limitan a una consulta por día) $30 primer día/$20 cada día subsiguiente/ máximo de 5 días $60 primer día/$40 cada día subsiguiente/ máximo de 5 días
- **Servicios en la sala de emergencias:** (El tratamiento se debe realizar en el término de 72 horas desde que se produce la lesión) $150 como máximo $300 como máximo
- **Radiografías:** $200 como máximo $600 como máximo
- **Servicios de diagnóstico por imágenes:** $300 como máximo $600 como máximo
- **Laboratorio:** $50 como máximo $300 como máximo
- **Medicamentos recetados:** $75 como máximo $200 como máximo
- **Inyecciones:** No hay beneficios No hay beneficios
- **Aparatos y dispositivos ortopédicos:** $75 como máximo $140 como máximo

**Paciente hospitalizado y/o paciente ambulatorio**

- **Honorarios del cirujano:** (Cirugía especializada según datos suministrados por Ingenix, Inc.) (No se pagará más de un procedimiento a través de la misma incisión) $1,000 como máximo $1,200 como máximo
- **Anestesista:** 20% de la prestación por cirugía 25% de la prestación por cirugía
- **Auxiliar quirúrgico:** 20% de la prestación por cirugía 25% de la prestación por cirugía
- **Ambulancia:** $300 como máximo $800 como máximo
- **Asesor:** $200 como máximo $400 como máximo
- **Tratamientos dentales debido a Lesiones en los dientes:** (Para Lesiones en dientes naturales y en buen estado) Máximo de $10,000 por período de póliza si se adquiere la opción de ampliación de la cobertura odontológica. $200 por diente si no se adquiere la opción de ampliación de la cobertura odontológica. Máximo de $10,000 por período de póliza si se adquiere la opción de ampliación de la cobertura odontológica. $500 por diente si no se adquiere la opción de ampliación de la cobertura odontológica.
- **Reemplazo de anteojos, lentes de contacto o audífonos que se rompen como consecuencia de una Lesión cubierta:** 100% de los cargos razonables 100% de los cargos razonables
- **Equipos médicos duraderos:** No hay beneficios No hay beneficios
- **Maternidad:** No hay beneficios No hay beneficios
- **Complicación del embarazo:** No hay beneficios No hay beneficios

**No se cubren los gastos de los siguientes rubros:** Dispositivos protésicos, trastornos mentales y nerviosos, atención de la salud en el hogar, inyecciones.

Esta póliza contiene una disposición de exceso. No se pagarán beneficios en virtud de los Gastos médicos básicos por accidente por gastos cubiertos en la medida en que sean pagaderos en virtud de otro Plan de atención médica.

Los detalles de estos beneficios se pueden encontrar en la Póliza maestra archivada en el distrito escolar. NOTA: Este es un breve resumen de los beneficios y no es un contrato. Se le ha entregado al distrito escolar una Póliza maestra que contiene todas las disposiciones, limitaciones, exclusiones y calificaciones de los beneficios del seguro. La Póliza maestra es el contrato que regirá y controlará el pago de los beneficios.
Esta es una póliza de beneficios limitados. sean de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior. OBSÉRVESE – PARA LOS PLANES DE COBERTURA ENUMERADOS A CONTINUACIÓN

Fecha de entrada en vigencia de la cobertura: La cobertura de una persona entra en vigencia cuando la compañía recibe la solicitud completada y la prima, o en la fecha de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior.

Fecha de vencimiento de la cobertura: La cobertura finaliza cuando se cumplen doce meses de vigencia de la cobertura o el primer día del año escolar siguiente, la fecha que sea anterior. Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.

Accidente las 24 horas (alumnos y empleados)
A toda hora/en cualquier parte del mundo. Antes, durante y después del horario escolar. Los fines de semana, vacaciones y todo el verano, incluidos los cursos de verano. Deportes patrocinados por la escuela y extracurriculares, queda excluido el fútbol americano de preparatoria.

Accidente las 24 horas (cobertura solo durante el verano, solo estudiantes)
El verano comienza el primer día después de que termina el año escolar. El verano termina el primer día del año escolar siguiente.

Accidente en la escuela (alumnos y empleados)
Durante el período lectivo regular, en las instalaciones de la escuela durante las horas de clase. Traslado directo e ininterrumpido desde y hacia el hogar y las clases programadas. Actividades y deportes patrocinados y supervisados por la escuela; queda excluido el fútbol americano de preparatoria. Traslados desde y hacia actividades y deportes patrocinados y supervisados por la escuela en un vehículo proporcionado aprobado por la escuela.

Ampliación de la cobertura odontológica (solo accidentes)
Cobertura complementaria ampliada para alumnos con Cobertura en la escuela, las 24 horas o de fútbol americano – Limitada a las fechas de vigencia de la póliza y la opción de cobertura de solo accidentes seleccionada de la Persona cubierta. Reemplaza la cobertura odontológica estándar con una cobertura del 80% de los Cargos razonables hasta un límite máximo de $10,000 por lesión.

Preparatoria Fútbol americano
Juego, práctica o partidos de fútbol americano regulares programados. Consulte con el Departamento de Deportes a fin de obtener las instrucciones para la inscripción.

Preparatoria Fútbol americano (solo primavera)
Para los jugadores nuevos que participan en el entrenamiento de primavera y todavía no están asegurados en virtud de la Cobertura de fútbol americano. La asociación de atletismo de las preparatorias de su estado define las temporadas de deportes.

Preparatoria Fútbol americano y Accidentes en la escuela (Cubre todas las disciplinas atléticas)
Ampliación de la cobertura odontológica (solo accidentes)
Cobertura complementaria ampliada para alumnos con Cobertura en la escuela, las 24 horas o de fútbol americano – Limitada a las fechas de vigencia de la póliza y la opción de cobertura de solo accidentes seleccionada de la Persona cubierta. Reemplaza la cobertura odontológica estándar con una cobertura del 80% de los Cargos razonables hasta un límite máximo de $10,000 por lesión.

Preparatoria Fútbol americano y Accidentes en la escuela (Cubre todas las disciplinas atléticas)

Datos sobre la Póliza
1. ¿QUIÉNES REÚNEN LOS REQUISITOS? Son elegibles los alumnos del titular de la póliza que efectúen el aporte requerido en concepto de prima para la cobertura seleccionada. La condición de alumno se mantiene después de la graduación y entre los años escolares, a menos que la persona se inscriba en otro distrito escolar.
2. La Póliza maestra archivada en el distrito escolar es una póliza no renovable.
3. Esta es una póliza de beneficios limitados.
4. FECHA DE ENTRADA EN VIGENCIA DE LA COBERTURA: La cobertura de una persona entra en vigencia cuando la compañía recibe la solicitud completada y la prima, o en la fecha de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior.
5. FECHA DE VENCIMIENTO DE LA COBERTURA: la cobertura finaliza cuando se cumplen doce meses de vigencia de la cobertura o el primer día del año escolar siguiente, la fecha que sea anterior.
Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.
6. INSCRIPCIÓN TARDÍA: La cobertura se puede comprar en cualquier momento durante el año escolar. No habrá ninguna reducción de prima para ninguna persona que se inscriba más avanzado el año.
7. CANCELACIÓN: La Cobertura en virtud de la Póliza no se cancelará y, por consiguiente, las primas no se podrán reembolsar después de la aceptación por parte de la Compañía. Sin embargo, se reembolsarán en forma prorrateada las primas en caso de que una Persona cubierta ingrese en el Servicio Militar.
8. TRASLADO DEL ALUMNO: La póliza continúa vigente en cualquier parte del mundo si la Persona cubierta se muda antes del vencimiento de la cobertura.

Inscríbase por Internet en: www.StudentInsurance-kk.com o por correo mediante el formulario de inscripción adjunto.
1. Complete y recorte el formulario de inscripción.
2. Emita el cheque o el giro postal pagadero a Nationwide Life Insurance Company. No envíe dinero en efectivo. La Compañía no se hace responsable de los pagos en efectivo.
3. Escriba el nombre de su hijo en el cheque o giro postal.
4. Envíe por correo el formulario completado con el pago a:

K&K Insurance Group, P.O. Box 2338
Fort Wayne, IN 46801-2338

5. El cheque cancelado, la facturación de la tarjeta de crédito o el talón del giro postal serán su comprobante y la confirmación del pago.
6. Consérve este folleto para consultar en el futuro. No se le enviarán pólizas individuales.

Con ampliación de la cobertura odontológica
<table>
<thead>
<tr>
<th>Plan de cobertura</th>
<th>Opción baja</th>
<th>Opción alta</th>
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Sin ampliación de la cobertura odontológica
<table>
<thead>
<tr>
<th>Plan de cobertura</th>
<th>Opción baja</th>
<th>Opción alta</th>
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<tbody>
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<td>$115.00</td>
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<td>$31.00</td>
</tr>
<tr>
<td>Preparatoria Fútbol americano y Accidentes en la escuela (Cubre todas las disciplinas atléticas)</td>
<td>$18.00</td>
<td>$26.00</td>
</tr>
</tbody>
</table>

Política de privacidad
Sabemos que su privacidad es importante para usted y nos esforzamos por proteger la confidencialidad de su información personal no pública. No revelamos ninguna información personal no pública sobre nuestros clientes o exclientes a nadie, excepto según lo permita la ley. Consideramos que mantenemos las salvaguardas físicas, electrónicas y procedimentales apropiadas para garantizar la seguridad de su información personal no pública.

Administrado por:
K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

Recorte la tarjeta y consérvela para sus registros

TARJETA DE SEGURO DEL ALUMNO

Nombre del alumno
Si se ha pagado la prima, el alumno, cuyo nombre aparece más arriba, ha sido asegurado en virtud de la Póliza emitida para:

Distribut: escolar:__________________________
Cobertura solo para accidentes: [ ] 24 HORAS [ ] 24 HORAS (cobertura solo durante el verano) [ ] EN LA ESCUELA [ ] FÚTBOL AMERICANO [ ] FÚTBOL AMERICANO (solo primavera) [ ] AMPLIACIÓN DE LA COBERTURA ODONTOLOGICA
Pagado con el cheque N.°________________ Cantidad pagada:________________ Fecha de pago:________________
N.° de póliza:________________________

Suscrierto por: Nationwide Life Insurance Company
Preguntas sobre las reclamaciones: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917
Exclusiones y limitaciones de la póliza para Coberturas de solo accidentes

Las siguientes exclusiones aplican a todos los Beneficios y todas las Cláusulas adicionales pertinentes, a menos que se mencione explícitamente lo contrario. No pagaremos Beneficios por:

1. Una Lesión o Pérdida que:
   a. sea causada por una guerra o cualquier acto de guerra, declarada o no declarada, sea civil o internacional, o cualquier conflicto armado importante entre fuerzas organizadas de naturaleza militar (lo que no incluye actos de terrorismo);
   b. sea causada mientras la Persona asegurada presta servicio activo a tiempo completo (más de 31 días) en cualquier rama de las Fuerzas Armadas;
   c. sea causada por la participación en una revuelta o disturbio violento;
   d. sea el resultado de la participación de la Persona asegurada en la persecución o intento de perpetraición de un delito grave, la intervención en cualquier acto ilícito u ocupación ilegal o la persecución o provocación de cualquier acto ilícito;
   e. se produzca porque la Persona asegurada está bajo la influencia de drogas, narcóticos, psicotrópicos o sustancia química (a menos que sea recetado por un Médico y se lo utilice de acuerdo con las indicaciones del Médico) según lo definan las leyes de la jurisdicción en la que se produjo la Lesión accidental. No es necesario una condena para determinar si se está “bajo la influencia de…”;
   f. se autoinflija intencionalmente, lo que incluye suicidio o intento de suicidio, en estado de sano juicio o no.
   2. Una Lesión o Pérdida que sea resultado de un viaje o vuelo (que incluye entrar, salir, subir o bajar) en cualquier aerovía comercial y en un vuelo contratado por el Titular de la póliza, siempre que dicha aerovía tenga un certificado de aeronavegabilidad válido y vigente y sea operada por un piloto autorizado o con la debida licencia, y mientras dicha aerovía sea utilizada exclusivamente con fines de transporte y dicho viaje se consigne como una Actividad cubierta en el Programa de beneficios.
   3. Todo Accidente donde la Persona asegurada sea el operator y no posea una licencia de operator de vehículo a motor válida y vigente (excepto en un Programa de formación de conductores).
   4. Un Accidente que se produzca durante:
      a. la participación en cualquier actividad peligrosa, incluidos los deportes de vehículos de nieve, vehículos todo terreno (vehículos todo terreno o vehículos con ruedas similares), embarcaciones personales, paracaidismo acrobático, buceo, submarinismo, vuelo en ala delta, exploración de cuevas, salto elástico (fungey), lanzamiento en paracaidas o alpinismo;
   b. el viaje en, la conducción o de la prueba de un vehículo a motor utilizado en una carrera o competencia de velocidad, deporte, trabajo de exhibición o prueba de manejo. Para los fines de esta disposición, Vehículo a motor significa todo medio de transporte o vehículo autopropulsado, que incluye, entre otros, automóviles, camiones, motocicletas, vehículos todo terreno, motos de nieve, tractores, carros de golf, motopatinés, cortadoras de césped, equipos pesados utilizados para excavar, barcos y embarcaciones personales. El concepto Vehículo a motor no incluye una silla de ruedas motorizada necesaria por razones médicas, a menos que dicha actividad esté explícitamente consignada como una Actividad cubierta en el Programa de beneficios.
   5. Tratamiento médico o quirúrgico, atención de diagnóstico o preventiva de cualquier Enfermedad, excepto el tratamiento de una infección pústula que sea consecuencia de una Lesión accidental o una infección bacteriana resultado de la ingestión accidental de sustancias contaminadas.
   6. Toda Insuficiencia cardíaca o circulatoria, sea conocida o no o esté diagnosticada o no, excepto según se cubra de otro modo en virtud de la Póliza o a menos que la causa inmediata de dicha insuficiencia sea un traumatismo externo.

Otras exclusiones para el Beneficio de gastos médicos por accidente y toda Cláusula adicional pertinente: No pagaremos Beneficios por:

1. Los Gastos por servicios o tratamientos prestados por un Médico, Enfermero o cualquier Proveedor que:
   a. sea empleado de o esté contratado por el Titular de la póliza o sus subsidiarias o filiales;
   b. sea la Persona asegurada o un Integrante de la familia de la Persona asegurada.
2. Los Gastos incurridos por cargos que la Persona asegurada no pagaría si no tuviera el seguro o servicios por los que no le cobre ningún cargo.
3. Los Gastos incurridos por cargos que superan los Cargos razonables.
4. La parte de los gastos médicos pagaderos por cualquier Póliza de seguro automotor sin tener en cuenta la culpa.
5. Los Gastos incurridos por cualquier tratamiento que la American Medical Association (AMA) o la American Dental Association (ADA) consideren experimental.
6. Los Gastos incurridos por la inspección, indicación, compra o ajuste de anteojos, lentes de contacto o audífonos, a menos que la Lesión haya causado el deterioro de la vista o la audición, o a menos que sea necesario reparar o reemplazar los anteojos, lentes de contacto o audífonos en uso como consecuencia de una Lesión cubierta.
7. Los Gastos incurridos por dentaduras postizas, puentes, implantes dentales, bandas u otros aparatos dentales, coronas, fundas, incrustaciones inlay u onlay y empastes nuevos, su reparación o reemplazo, o cualquier otro tratamiento de los dientes o las encías, excepto como resultado de una Lesión y hasta el Máximo de cobertura odontológica que figura en el Programa de beneficios, si corresponde.
8. Los Gastos incurridos por artículos para la comodidad o el confort personal, que incluyan, entre otros, cargos por llamadas telefónicas en el Hospital, alquiler de televisores o comidas para las personas de visita.
9. Los Gastos incurridos por o a propósito de Atención personal no médica, a menos que se especifique lo contrario en el Programa de beneficios.
10. Los Gastos incurridos por la supervisión de un anestesiasta.
11. Los Gastos incurridos por el alquiler de Equipos médicos duraderos que superen el precio de compra.
12. Los Gastos incurridos por la posterior reparación y reemplazo de dispositivos protésicos.
13. Los Gastos incurridos por cualquier afectación cubierta por alguna Ley de Compensación de los Trabajadores, Ley de Enfermedades Ocupacionales o ley similar.

Definiciones de Solo accidentes:

Lesión: Una lesión física que:
1. está directa o independientemente causada por un contacto accidental con otro cuerpo u objeto;
2. es una fuente de pérdida sufrida mientras la Persona asegurada está cubierta en virtud de la Póliza y mientras esa persona participa en una Actividad cubierta.

Para todos los Beneficios, Lesión incluye Insuficiencia cardíaca y circulatoria, con sujeción a las siguientes condiciones:
1. La Insuficiencia se debe presentar antes de los 65 años de edad mientras la Persona asegurada participa en una Actividad cubierta; y
2. Un médico trata el o los síntomas de dicha insuficiencia en primera instancia mientras la Póliza está vigente con respecto a la Persona asegurada en el momento de las 48 horas de haber participado en una Actividad cubierta; y
3. A dicha Persona asegurada, en el término de un año antes de la fecha de la participación en la Actividad cubierta, un médico no le ha diagnosticado, ni ha recibido medicamentos para, infarto de miocardio, angina de pecho, trombosis coronaria, hipertensión, ataque cardíaco o incidente cerebrovascular.

Para el Beneficio de gastos médicos por accidente, Lesión también incluye lesiones por movimientos repetitivos como consecuencia de la participación en una Actividad cubierta. Las lesiones por movimientos repetitivos incluyen, entre otras, esguinces, torceduras, hernias, codo de tenista, tendinitis, bursitis y desgarros musculares. La lesión por movimientos repetitivos debe ser diagnosticada por un Médico y se debe producir dentro de los 30 días de participar en una Actividad cubierta.

Todas las Lesiones sufridas en un Accidente, incluidas todas las afecciones relacionadas y los síntomas recurrentes de estas Lesiones, se considerarán una sola Lesión.

Beneficios por Muerte accidental y pérdida específica:

El Límite global es de $500,000 y es la cantidad máxima que se puede pagar por reclamaciones incurridas para todos los Asegurados en virtud de la Póliza que resultan de un Incidente cualquiera que se produce cuando la Póliza se encuentra vigente. Si este límite no fuera suficiente para pagar el total de todas dichas Reclamaciones, el Beneficio que se debe pagar a cualquier Asegurado se determinará proporcionalmente a nuestro Límite global total de responsabilidad. Este Límite global de responsabilidad aplica únicamente a los Beneficios por Muerte accidental y Pérdida específica.
Formulario de inscripción (Año escolar 2014-2015)

Apellido del alumno:__________________________________________________________
Nombre del alumno:________________________________________________________
Segundo nombre del alumno:________________________________ Fecha de nacimiento:______________________________
Dirección:____________________________________________________________________
Ciudad: __________________________ Estado: __________________________ Código postal: ______________________
Nombre del distrito escolar (obligatorio):________________________________________
Nombre de la escuela:________________________________________________________
Grado:  ☐ Prekinder/Preescolar  ☐ Kindergarten/Escuela primaria  ☐ Escuela secundaria  ☐ Preparatoria/Nivel más alto
Firma del padre/madre o tutor:________________________________________________
Fecha:________________________ Dirección de correo electrónico:____________________________________
Número de teléfono:_________________________________________________________

Opciones del Plan de seguro para estudiantes —  Marque su elección:

<table>
<thead>
<tr>
<th>Plans de cobertura solo para accidentes</th>
<th>Opción baja</th>
<th>Opción alta</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 HORAS, con ampliación de la cobertura odontológica</td>
<td>$84.00</td>
<td>$124.00</td>
</tr>
<tr>
<td>24 HORAS, sin ampliación de la cobertura odontológica</td>
<td>$75.00</td>
<td>$115.00</td>
</tr>
<tr>
<td>24 HORAS, Solo durante el verano, con ampliación de la cobertura odontológica</td>
<td>$28.00</td>
<td>$40.00</td>
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<tr>
<td>24 HORAS, Solo durante el verano, sin ampliación de la cobertura odontológica</td>
<td>$19.00</td>
<td>$31.00</td>
</tr>
<tr>
<td>EN LA ESCUELA, con ampliación de la cobertura odontológica</td>
<td>$27.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>EN LA ESCUELA, sin ampliación de la cobertura odontológica</td>
<td>$18.00</td>
<td>$26.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Todo el año, con ampliación de la cobertura odontológica</td>
<td>$137.00</td>
<td>$209.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Todo el año, sin ampliación de la cobertura odontológica</td>
<td>$128.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Solo durante la primavera, con ampliación de la cobertura odontológica  Para jugadores nuevos</td>
<td>$60.00</td>
<td>$89.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Solo durante la primavera, sin ampliación de la cobertura odontológica  Para jugadores nuevos</td>
<td>$51.00</td>
<td>$80.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA, con ampliación de la cobertura odontológica  Cubre todas las disciplinas atléticas</td>
<td>$164.00</td>
<td>$244.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA, sin ampliación de la cobertura odontológica  Cubre todas las disciplinas atléticas</td>
<td>$146.00</td>
<td>$226.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y 24 HORAS, con ampliación de la cobertura odontológica  Cubre todas las disciplinas atléticas</td>
<td>$221.00</td>
<td>$333.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y 24 HORAS, sin ampliación de la cobertura odontológica  Cubre todas las disciplinas atléticas</td>
<td>$203.00</td>
<td>$315.00</td>
</tr>
</tbody>
</table>

Adjuntar el cheque por el pago total pagadero a: Nationwide Life Insurance Company. Se aceptan cheques, giros postales o tarjetas de crédito. NO ENVÍE DINERO EN EFECTIVO
TOTAL ADJUNTO: $__________________________

Adjuntar el cheque por el pago total pagadero a: K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

Complete esta sección únicamente si desea pagar con tarjeta de crédito

Nombre completo según figura en la tarjeta:___________________________ Apellido:________________________
Dirección de facturación (si es distinta de la anterior)  N.° de calle:________________________ Dirección:________________________ N.° de apto:________________________
Ciudad:________________________ Estado:________________________ Código postal:________________________
N.° de la tarjeta:________________________ Fecha de vencimiento: Mes:____ Año:________
Firma del titular de la tarjeta:________________________

La compañía no emite reembolsos ni acepta responsabilidad por los pagos en efectivo. (Si el banco por cualquier motivo rechaza un cheque o una tarjeta de crédito, el seguro quedará invalidado.)