Believe it or not, February is already here! With regards to the weather, what an interesting January it has been. Our first semester is complete and now we are looking forward to an outstanding second semester and spring.

Before moving forward into February, I do want to take a moment and reflect on several notable milestones many of our students achieved this past month. Our ninth graders have completed their first semester of high school and have adapted very well to life at Woodgrove, while our seniors have but one more semester to go and the excitement for graduation grows daily as news of college acceptances and other post high school plans present themselves to our students daily. In addition, this first semester offered excellent athletic and academic competitions on our fields and in our classrooms, while on our stage, superb concerts and plays were performed by our students and they were, of course, fantastic. Overall, the first semester brought many exceptional and newsworthy events at Woodgrove. With the beginning of our second semester, we expect February to bring many more positive activities and opportunities - I do encourage you to attend these events and support our students in their endeavors.

Please note that Report Cards will be sent home on Wednesday, February 4.

Best wishes to everyone and I thank you again for your support!

Sincerely,

William S. Shipp
Principal

English 11 SOL Schedule:

Testing will take place with student’s English 11 class

- March 2 and 3 – Multiple Choice
- March 4 and 5 – Essay
WELCOME

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 Center Open House & Applications
Wednesday, February 4, 2015 at 6:30-8:30 PM at Monroe Technology Center in Leesburg, VA. Talk one-on-one with MTC faculty. Learn how MTC can prepare students for college and careers. Explore dual enrollment opportunities. Snow date is scheduled for 2/11. For more information visit their website.

The 2015-2016 Application for Admission to Monroe Technology Center (MTC) can now be found in the Career Center or download a hard copy here. Completed applications are due by March 27, 2015 to Kim Yeager at MTC. If you have any questions please reach out to your Counselor or stop by the Career Center.

ROTC Program at LCHS
The ROTC applications for the 2015-2016 school year are now available. LCHS will be accepting applications starting February 9th through March 13th. Click here to download the application forms.

Advanced Placement Exams
AP agreements were handed out to students on 1/20/15. Students and/or their parents/guardians pay the costs of the AP examinations. Each exam is $82.00, and this cost must be paid by February 27, 2015.

If a family needs to arrange for a payment plan or anticipates difficulty in paying for the exam, the family should speak confidentially with Mrs. Fiore in the Counseling Office.

An on-line payment system is available for electronic payments on the Loudoun County Public Schools' Web site. Checks or cash payments will also be accepted at our school.

Counselor Cafes

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

Counselor Café (Mondays 4:00-7:00p) – 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.

2/10 at 10:45 am  US Marine Corps Recruiter
2/13 at 12:00 pm  US National Guard Recruiter
2/17 at 12:00 pm  US Army Recruiter

Summer Residential Virginia Governor’s School
VPA (Visual and Performing Arts)
Early February, 2015 – Applications are ranked and nominees are submitted to VDOE

Academic Programs
Early February, 2015 – Applications are ranked and nominees are submitted to VDOE

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

It's Never Too Early to $tart Thinking About $cholarships

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

- **USDA/1890 National Scholars Program** – Deadline 2/1/15
- **ASMC Scholarship Washington Chapter** – Deadline 2/6/15
- **Lee-Jackson Educational Foundation Scholarship** – Deadline 2/6/15
- **Joyce-Gillespie-Harrington Jewel Scholarships** – Deadline 2/9/15
- **VMDAEC Educational Scholarship Foundation** – Deadline 2/11/15
- **AFCEA NOVA Scholarship** – Deadline 2/28/15
- **Alpha Kappa Alpha Sorority Community College Grant** – Deadline 2/28/15
- **Alpha Kappa Alpha Sorority Estelle Gaymon Memorial Grant** – Deadline 2/28/15
- **Alpha Kappa Alpha Sorority HBCU Book Grant** – Deadline 2/28/15
- **Alpha Kappa Alpha Sorority Stem College Grant** – Deadline 2/28/15
- **AFOSC Scholarship** – Deadline 3/2/15
- **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 Association of Soil and Water Conservation Districts Educational Foundation** – Deadline 3/13/15
- **Virginia Mayflower Society Scholarship** – Deadline 3/15/15
- **Booz Allen Hamilton Vision Scholarship** – Deadline 3/16/15
- **Friends and Family of Northern Virginia Deltas’ Scholarship** – Deadline 3/21/15
- **Army Officers’ Wives’ Club Scholarship** – Deadline 3/27/15
- **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
- **Ira Dorsey Scholarship** – Deadline 5/1/15
- **Loudoun Valley Community Center Scholarship** – Deadline 5/1/15

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.

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

If interested, you can sign up [here](#).
2014-2015 SAT/ACT Test Dates

<table>
<thead>
<tr>
<th>Test Date</th>
<th>Registration Deadline</th>
<th>Late Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 14</td>
<td>2/13</td>
<td>3/3</td>
</tr>
<tr>
<td>May 2</td>
<td>4/6</td>
<td>4/21</td>
</tr>
<tr>
<td>June 6</td>
<td>5/8</td>
<td>5/27</td>
</tr>
</tbody>
</table>

Looking for SAT/ACT Prep Options?
The Purcellville and Lovettsville Community Centers are offering SAT Prep Classes for juniors. There will be two six week sessions beginning February 2nd and 5th. The cost is $275. Those interested may call Mrs. Bergel at 703-298-9204 or Mrs. Cahan at 540-533-9740 to find out more information.

The Hunt Course is offering small group and quick review classes in the Purcellville Baptist Church located at 601 Yaxley Drive. The next session begins on Saturday, February 7th. Seating will be limited. Early registration suggested. Visit www.huntprograms.com for more information today!

Free PSAT Crams 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!
## 2014-2015 Counselor Assignments

<table>
<thead>
<tr>
<th>Underclassmen</th>
<th>Seniors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Astrid Willemsma</td>
<td>A-C</td>
</tr>
<tr>
<td>Mr. Steven Cohen</td>
<td>D-G</td>
</tr>
<tr>
<td>Mrs. Donna Kelly</td>
<td>H-Mc</td>
</tr>
<tr>
<td>Mrs. Barbara Bell</td>
<td>Me-Sa</td>
</tr>
<tr>
<td>Mrs. Katharine Warehime</td>
<td>Sc-Z</td>
</tr>
</tbody>
</table>

- Ms. Geri Fiore: Director of School Counseling
- Ms. Teresa Holland: Administrative Guidance Secretary
- Mrs. Stephanie Butler: Guidance Secretary
- Mrs. Rachel Sutphin: Career Center Assistant

Main Office: (540) 751-2600 · Guidance: (540) 751-2607 · Athletics: (540) 751-2610
SOL News:
The SOL English: Writing test will take place in March. The SOL English Writing, multiple choice component will take place on March 2 and 3, 2015. The essay portion of the SOL English Writing test will happen on March 4 and 5, 2015. Testing will take place with their English 11 class. Attendance is highly important. Any questions please contact, Justine Jarvis, School Test Coordinator.

Lady Wolverine Basketball News!
We would like to congratulate Brooke Basinger for reaching a career milestone of scoring her 1,000 point vs. Loudoun County High School. Brooke is the first female to accomplish this. Brooke scored her thousandth point on a free throw and then went on to score 26 points in the game. Great Job Brooke!

The Lady Wolverines would also like to thank everyone who came out to support them in their Play for a Cure game vs. Loudoun Valley High School on January 15th. The Lady wolverines were able to raise over $1300.00 in support of the Loudoun Breast Health Network. We will be presenting a check to them in the next couple weeks.

Save the Date: The Toga Run, a 5k, will be held on the Woodgrove cross country course on March 14, at 10:00 am to benefit the Woodgrove Latin Club. Look for more details coming soon or contact Mr. Dyke at benjamin.dyke@lcps.org.
To: Principals, Science Contact Teachers, and P.T.A./P.T.S.O. members at
Kenneth W. Culbert Elementary, Harmony Middle School, Hillsboro Elementary,
Lovettsville Elementary, Mountain View Elementary, Round Hill Elementary,
and Waterford Elementary in the Woodgrove High School cluster

From: Robert K. McMillen, Astronomy elective Instructor Woodgrove High School

Welcome to Astronomy with the

Digitalis Portable Planetarium System

That allows you to take the wonders of astronomy on the road to your school.

Dear Elementary School Teachers, Middle School Teachers, and Principals,
P.T.A./P.T.S.O. and Parents, and Central Office Staff,

You are invited to the Woodgrove High School Library on Tuesday, February 17, 2015 to view a planetarium show will be every bit as wonderful, and good as the big planetariums, like the Hayden, in New York, the Adler, in Chicago, the Buel, in Pittsburgh, and the Albert Einstein, in Washington, D.C.

2:00 P.M: Presentation to administrators, Parent Teacher Student Organizations, and interested stake holders.

4:30 P.M. Presentation to central office personnel, principals, assistant principals, P.T.S.O., Air and Space Museum educators in Ashburn, parents, and people that could not make the early show.

6:30 P.M. All interested parties that could not make it at any other time.

The first twenty attendees will receive a really nice free gift: a Galilean Telescope Kit with the same characteristics as the one he invented in 1609 to view the planets, and the Moon. It can be used also as a teaching tool for how telescopes work. Everyone will receive a gift. Refreshments will also be served.
If purchased, the digital portable planetarium can be shared by all schools in our Woodgrove cluster. Think of all the learning possibilities your own, easy to use, full-featured planetarium will offer at your great school. No need to have an off-site planetarium. One can use your planetarium as often as you need to cover your subject matter fully, and your school can tailor your lessons to your school.

This digital portable planetarium has a 7 meter diameter full dome, 180° field of view, with a resolution pixel diameter of 1,080. It can simulate the sky, planets, and satellites as it would be as seen from anywhere on Earth, any time of the day, any time of the year. Move forward or backward in time at varying speeds. Simulate the positions of the solar system over a two million year time range. Show the effects of annual motion, including retrograde planetary motion, precession of the equinoxes of the Earth, and proper star motion over time. Simulate transits, eclipses, and meteor showers in real time. Display the orbits of the planets, satellites of the solar system against the backdrop of stars. Show the ecliptic, celestial equator, meridian, equatorial, and azimuthal grids. Display atmospheric effects, such as sunrises, sunsets or a blur sky (or turn off the atmosphere to view the stars during the day). Zoom in on or label items of interest. View the astrophotos of more than 100 deep space objects. Show constellation outlines, names, and full color artwork all at time, a few at a time, or as a group of your choice. Show constellation images from multiple cultures such as (Western, Navajo, Inuit, Inca, and more). One can label the sky object in approximately 70 different languages. Play full dome video shows with the ability to script to create one’s own shows, or segments. One digital projector does it all. Use one remote control, with no need to hover over the projector to block the students, or audience views. It’s straightforward; one does not need to be an astronomer to run it. It comes with a 3 year warranty. All the features and view quality of the multimillion dollars planetariums for your students at a fraction of the cost.

The digital portable planetarium can be used to teach students all the skills such as identifying constellations, understanding the changing of the seasons, identifying planets in the nighttime sky, and learning the phases of the moon. It has been proven that astronomy can turn on students to science, or a science career like S.T.E.M. unlike any other way.

We here at Woodgrove High School, and our Parent Teacher Student Organization, have applied for a grant of $23,500 to acquire this planetarium. However, we may need your help. You and your students will be totally amazed, with what one can learn about the universe will be greatly augmented. You will see it is the absolute best in the country; you will likely want it too! We look forward to seeing you at this presentation, you will have a great time, learn a lot, and we will make you feel right at home. Astronomy is looking up!

Forever onward,

Bob McMillen
Science educator
Woodgrove High School

William S. Shipp
Principal
Woodgrove High School
Winter Door Decorating at Woodgrove High School

This past December, the Woodgrove Student Council hosted the annual Holiday Door Decorating contest. Every homeroom in the school was challenged to participate in the competition by decorating their homeroom door with a holiday or winter theme of their choice. Students and teachers worked together in their homerooms to bring together resources such as photos, ornaments, glitter, lights, and music to use in their door design. By the day before winter break, students were able to walk through the halls and admire many newly decorated classroom entrances.

The Student Council ad hoc committee for Door Decorating was led by Woodgrove sophomore Sara Hallam. Sara and her committee created the rules by which doors could be decorated, and the criteria that the doors would be judged by. The committee also put together a panel of teachers from various departments to judge the final homeroom doors. Theses teachers would choose one winning door from each grade, along with one overall winner.

The winning homerooms of the door decorating competition were announced during the winter concert. The overall winning door belonged to the Junior Class. Each winning team from each grade level received a certificate to display in their homeroom, and the homeroom with the overall best door won a homemade breakfast provided by the Student Council.
Student Council News

This February, the Woodgrove High School Student Council will celebrate the one-hundredth day of school. All students will be invited to the Student Council's monthly general assembly meeting the day after the one-hundredth day of school. Prizes will be raffled off to those in attendance at the meeting. All prizes will include a one hundredth day theme, including items such as one hundred pennies, one hundred pieces of chewing gum, one hundred bottles of ice tea, and one hundred cupcakes. The Student Council will also be celebrating the one-hundredth day of school by hosting a door decorating competition. Homerooms across the school are challenged to decorate their homeroom doors in accordance to the one-hundredth day theme by using one hundred of any item of their choice in their design.

The Woodgrove Student Council is also planning to host Woodgrove’s first ever winter dance this February. The dance will be Sadie Hawkins with a Great Gatsby theme. The dance is currently being organized by members of the Freshman and Sophomore Classes, along with help from the PTSO. The dance will be preceded by a Spirit Week, during which students will be asked to dress up to show their school spirit according to different themed days selected by the Student Council. Lastly, in order to celebrate the school year being half way over the Student Council plans to hand out free Rice Krispie treats before school sometime this month. Every student in the school will be able to take one treat, along with a sheet of information regarding the upcoming Spirit Week and Gatsby Winter Dance.
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
2014-15 Winter Dance Permission Form
Current Woodgrove HS Students
Saturday, February 14, 2015, 8-11pm, Woodgrove HS Gym
(inclement weather date: Saturday, March 14, 2015)

Student – please complete these three boxes:

<table>
<thead>
<tr>
<th>Grade of WHS student</th>
<th>First initial of last name of WHS student</th>
<th>WHS Student ID #</th>
</tr>
</thead>
</table>

✓ This signed form is due by **Friday, January 23, 2015** in order to purchase a dance ticket.
✓ Consider turning this form in **now** (to the Main Office) to avoid missing the deadline.
✓ By turning this form in early, you are not committing to attending the dance, you are only guaranteeing the opportunity to purchase a ticket when they go on sale Wednesday, February 4.

Dance rules and regulations:
1. All school rules apply for dances held both on and off school property.
2. Those attending dances are expected to wear appropriate attire.
3. Inappropriate dancing – including freak, rave, and provocative dancing – will not be allowed.
4. All students must arrive by 9:00 pm. Once you leave the dance, you may not re-enter.
5. The cost of the ticket may not be refunded.
6. The school administration reserves the right to deny entrance to the dance and/or ask any dance participant to leave.
7. Non-Woodgrove HS guests are required to provide additional information on a separate form:
   - the **blue** form is for a guest who currently attends another high school or is home-schooled
   - the **green** form is for a guest who has recently graduated from high school and is attending college or is employed
   - these additional forms are available on the school website and in the Main Office and are due by **Thursday, February 5, 2015**
8. Non-Woodgrove HS guests must provide a valid photo ID, may be subject to administrative approval, and must follow all LCPS rules and regulations.

---

*I have read and understand these rules and regulations, and agree to abide by them.*
*I also understand that I am responsible for the actions of my non-WHS guest, if applicable.*

______________________________ ____________________ __________
Printed student name   Student signature

---

*I have reviewed these rules and regulations with my son/daughter.*

______________________________ ____________________ __________
Printed parent/guardian name  Parent/Guardian signature
2014-15 Winter Dance Permission Form

Guests currently attending another high school or are home-schooled (blue form)
Saturday, February 14, 2015, 8-11pm, Woodgrove HS Gym
(inclement weather date: Saturday, March 14, 2015)

Student – please complete these three boxes:

Grade of WHS student
First initial of last name of WHS student
WHS Student ID#

WHS student

Printed name ____________________________________ Age _______ Phone __________________

I understand that my child is bringing the guest named below to the Woodgrove HS dance.

_________________________________________  ________ ____________________________
Parent / Guardian name     Signature

Guest

Printed name ____________________________________ Age _______ Phone __________________

I understand that my child will be attending the Woodgrove HS dance.

_________________________________________  ________ ____________________________
Parent / Guardian name     Signature

Grade ________  Printed high school name ________________________________________________

This student is currently in good standing and may attend the Woodgrove HS dance.

_________________________________________  ________ ____________________________
Principal / Home School provider name     Phone number     Signature

All guests attending the dance will:
1. Abide by the rules/regulations relative to appropriate dancing signed by WHS students. (Available online.)
2. Respond appropriately to requests made by adults who are supervising the dance.

If any difficulties arise, the student(s) will be asked to leave the dance and parents will be notified.

This form is due by Thursday, February 5, 2015...no exceptions.
Guests must bring a valid photo ID...no exceptions.
2014-15 Winter Dance Permission Form
Guests recently graduated from high school (green form)
Saturday, February 14, 2015, 8-11pm, Woodgrove HS Gym
(inclement weather date: Saturday, March 14, 2015)

Student – please complete these three boxes:

Grade of WHS student
First initial of last name of WHS student
WHS Student ID #

WHS student
Name _____________________________________ Age ______ Phone ________________
I understand that my child is bringing the guest named below to the Woodgrove HS dance.

Parent / Guardian name ___________________________________________ Signature

Guest
Printed name _______________________________________ Age* ______ Phone ________________

High school name ___________________________________________ Graduation Year ___________
I understand that my child will be attending the Woodgrove HS dance.

Parent / Guardian name ___________________________________________ Signature

or

College currently attending ___________________________________________
Authorized college representative – attach either your business card (including work phone number) or official stationary so that WHS may contact you.

Signature ________________________________

or

Current employer ___________________________________________
Authorized employer representative – attach your business card (including work phone number) so that WHS may contact you.

Signature ________________________________

All guests attending the dance will:
1. Abide by the rules and regulations relative to appropriate dancing signed by the WHS students. (Available online.)
2. Respond appropriately to requests made by adults who are supervising the dance.
* Not be older than 19 years of age.

If any difficulties arise, the student(s) will be asked to leave the dance and parents will be notified.

This form is due by Thursday, February 5, 2015...no exceptions.
Guests must bring a valid photo ID...no exceptions.
Osgood-Schlatter Disease

A common form of growing pain or overuse in early adolescence involves the tibia (shin bone) and knee. The tibia has a raised area just below the kneecap called the tibial tubercle. The tubercle has two important functions:

- It contributes to the growth of the leg.
- It is where the thigh muscle attaches to the shin bone through the kneecap tendon.

Symptoms of Osgood-Schlatter Disease include swelling, enlargement of the tubercle, tenderness and pain. This is especially common in adolescents with year round sports schedules. Those who participate in certain sports are at risk. These sports include soccer, gymnastics, basketball and distance running.

Once the diagnosis is made, treatment is aimed at diminishing the severity or intensity of pain and swelling. Treatment of symptoms include taking scheduled doses of Ibuprofen and wrapping the knee. This is recommended until the adolescent can enjoy sports activities without discomfort or significant pain afterwards. Weakness and pain that gets worse with activity may require rest for several months, followed by a conditioning program. In some susceptible teenagers, Osgood-Schlatter symptoms may last for 2-3 years. However, most symptoms will completely resolve with the completion of the growth spurt. This happens at around age 14 for girls and 16 for boys.
Nutrition

5 Great Foods for Athletes

Salmon- As an athlete you need between 50-75% more protein than your couch potato counterparts to recover from workouts and rebuild muscle. Some protein sources are better than others and salmon leaps to the top of that list thanks to Omega 3 Fatty Acids, which have been shown to boost brain and heart health while also fighting inflammation.

Bananas- An obvious choice when you want a quick energy boost, bananas are handy to have on the go and relatively light on your stomach. They're also rich in Vitamin B6 which helps maintain energy, support muscle activity and keep the immune system healthy.

Whole Wheat Pasta- Nutritionists typically advise athletes to get 60% of their daily calories from carbohydrates. Complex carbs, which release energy slowly are particularly supportive for sustained performance. Whole wheat pasta offers more fiber, vitamins and minerals than plain white pasta.

Kale- This excellent vegetable contains high levels of Vitamins A, B6, C and K, along with iron, calcium and lots of antioxidants. Even if you don't like the taste of Kale, you can always incorporate it into a juice or smoothie.

Berries- The Vitamin C and potassium in berries help the body repair itself. Berries are also high in fiber and many berries are also rich in flavonoids that help prevent a range of chronic conditions.
INFORMATION ABOUT NOROVIRUS FOR PARENTS

At this time of the year, families are seeing an increase in gastroenteritis which is an inflammation of the stomach, small intestine, and large intestines. Although it may have many causes, the most frequent one appears to be “Norovirus”. The following information from the Virginia Department of Health may prove helpful in understanding it.

WHAT ARE NOROVIRUSES?

Norovirus is a virus that causes the “stomach flu”, or vomiting and diarrhea, in people. This can sometimes be confusing because influenza (flu) symptoms include: headache, muscle aches and pains, cough, fever > 100.0, but influenza does not involve the gastrointestinal tract. The term “stomach flu” presumes a viral infection, even though there may be other causes of the infection. Viral infections are the most common cause of gastroenteritis but bacteria, parasites, and food–borne illnesses (such as shellfish) can also be the offending agents.

WHAT ARE THE SYMPTOMS OF ILLNESS CAUSED BY NOROVIRUSES?

Norovirus illness usually begins 24-48 hours after exposure, but can appear as early as 10 hours after exposure. Symptoms usually include nausea, vomiting, diarrhea, and stomach cramping. Sometimes there may be a low-grade fever, chills, headache, muscle aches, and a general sense of tiredness. The illness is usually brief, with symptoms lasting only 1-2 days.

HOW SERIOUS IS THE NOROVIRUS?

Norovirus disease is usually not serious, but people may feel very sick. Most people get better within 1-2 days, and have no long-term health effects from the illness. Sometimes individuals are unable to drink enough liquids to replace what they have lost through vomiting and diarrhea, and they can become dehydrated and need to see a doctor. This problem usually occurs only among the very young, the elderly, and persons with weakened immune systems.

HOW IS IT SPREAD?

Noroviruses are very contagious and spread from person to person. The virus is found in the stool, and vomit of infected people. One can become infected in several ways, including eating food or drinking liquids that are contaminated by infected food handlers, touching surfaces or objects contaminated with norovirus and then touching their mouth before handwashing, or having direct contact with another person who is infected and then touching their mouth before hand washing. Outbreaks also have occurred from eating undercooked oysters (shellfish) harvested from contaminated waters- cooking kills the virus. Drinking water contaminated by sewage can also be a source of these viruses. Persons working in day-care facilities or nursing homes should pay special attention to children or residents who have norovirus illnesses. This virus can spread quickly in these places.
HOW LONG ARE PEOPLE CONTAGIOUS?

Individuals infected with norovirus are contagious from the moment they begin feeling ill to at least 3 days after recovery. Some people may be contagious for as long as 2 weeks after recovery. Therefore, good handwashing is important. Persons infected with norovirus should not prepare food while they have symptoms and for 3 days after they recover. Infected people do not become long-term carriers of norovirus.

WHO GETS NOROVIRUS INFECTION?

Anyone can become infected with these viruses. Because there are many different strains of norovirus, norovirus infection and illness can re-occur throughout a person’s lifetime.

WHAT IS THE TREATMENT?

Currently, there is no specific medication or vaccine for norovirus. Norovirus infection cannot be treated with antibiotics. By drinking fluids, such as water or juice, individuals can reduce their chance of becoming dehydrated. Sports drinks do not replace the nutrients and minerals lost during this illness.

DO INFECTED INDIVIDUALS NEED TO BE EXCLUDED FROM SCHOOL, WORK OR DAYCARE?

Since the virus is passed in vomit and bowel movements, students should not go to school and children to daycare while they have diarrhea or vomiting. Once the illness ends, they can return, but handwashing is essential. Persons who work in nursing homes, take care of patients, or handle food should stay out of work until at least 3 days after symptoms end.

CAN NOROVIRUS INFECTIONS BE PREVENTED?

You can decrease your chance of coming in contact with noroviruses by:

* frequent hand washing with warm water and soap
* promptly disinfecting contaminated surfaces with household chlorine bleach-based cleaners
* washing soiled clothing and linens
* proper hand washing following a bowel movement or handling a soiled diaper
* avoiding food or water from sources that may be contaminated
* cooking oysters (shellfish) completely to kill the virus

As always, if you have any questions or would like to discuss a health concern of your child, please give me a call at 540-751-2606 (clinic).

Stephanie 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.
CLASS OF 2015
GRADUATION CELEBRATION
AV Symington Outdoor Aquatic Facility/Ida Lee Park
June 18th from 4-8 pm
SAVE THE DATE!!!
Dues are only $25 a family or $10 for individuals and $5 for students and faculty.

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 Weekly 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.

JOIN ONLINE TODAY!! www.lcps.org/Page/69200
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.
Giant, Harris Teeter & Target Reward Programs

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

**Harris Teeter**
School code: 1613

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 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

<table>
<thead>
<tr>
<th>A Day</th>
<th>B Day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Green Day</strong></td>
<td><strong>Blue Day</strong></td>
</tr>
<tr>
<td><strong>8:55-9:03</strong></td>
<td>Homeroom</td>
</tr>
<tr>
<td><strong>9:08-10:34</strong></td>
<td>1st Period</td>
</tr>
<tr>
<td><strong>10:39-12:05</strong></td>
<td>2nd Period</td>
</tr>
<tr>
<td></td>
<td>(10:39 – 11:20)</td>
</tr>
<tr>
<td></td>
<td>(11:25 – 12:05)</td>
</tr>
<tr>
<td><strong>12:10-12:12</strong></td>
<td>3rd Period</td>
</tr>
<tr>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td><strong>12:05-12:35</strong></td>
<td>Shift I</td>
</tr>
<tr>
<td><strong>12:37-1:07</strong></td>
<td>Shift II</td>
</tr>
<tr>
<td><strong>1:09-1:39</strong></td>
<td>Shift III</td>
</tr>
<tr>
<td><strong>1:41-2:12</strong></td>
<td>Shift IV</td>
</tr>
<tr>
<td><strong>2:17-3:43</strong></td>
<td>4th Period</td>
</tr>
</tbody>
</table>

#### REGULAR A/B DAY SCHEDULE – Open Lunch

<table>
<thead>
<tr>
<th>A Day</th>
<th>B Day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Green Day</strong></td>
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<td><strong>8:55 – 9:03</strong></td>
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</tr>
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<td></td>
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</tr>
<tr>
<td></td>
<td>(11:25 – 12:05)</td>
</tr>
<tr>
<td><strong>12:05-12:43</strong></td>
<td>Open Lunch</td>
</tr>
<tr>
<td></td>
<td>10,11,12 – release 12:03</td>
</tr>
<tr>
<td><strong>12:48-2:12</strong></td>
<td>3rd Period</td>
</tr>
<tr>
<td><strong>2:17-3:43</strong></td>
<td>4th Period</td>
</tr>
</tbody>
</table>

**Shifts**
- **Shift I**
- **Shift II**
- **Shift III**
- **Shift IV**
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 incluyen iPods, iPads, teléfonos, cámaras de fotos, ordenadores portátiles. Cada tipo de propiedad personal esta 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 período 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.*

<table>
<thead>
<tr>
<th>Compare and Choose</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**

| Room & Board:            | Up to $150 per day/     | 80% of Reasonable Charges/ |
|                         | Semi-private room rate  | Semi-private room rate     |
| Hospital Miscellaneous: | $600 maximum per day    | $1,200 maximum per day     |
| Registered Nurse:        | 75% of Reasonable Charges| 100% of Reasonable Charges |
| Physician’s Visits:      | $40 first day/$25 each subsequent day| $60 first day/$40 each subsequent day |

**Outpatient**

| Day Surgery Miscellaneous: | $1,000 maximum | $1,200 maximum |
| Physician’s Visits:        | $40 first day/$25 each subsequent day | $60 first day/$40 each subsequent day |
| Outpatient Physical Therapy: | $30 first day/$20 each subsequent day/ 5 days maximum | $60 first day/$40 each subsequent day/ 5 days maximum |
| Emergency Room Services:   | $150 maximum | $300 maximum |

| X-Rays:                   | $200 maximum | $600 maximum |
| Diagnostic Imaging Services: | $300 maximum | $600 maximum |
| Laboratory:               | $50 maximum  | $300 maximum  |
| Prescription Drugs:       | $75 maximum  | $200 maximum  |
| Injections:               | No Benefits  | No Benefits   |
| Orthopedic Braces & Appliances: | $75 maximum | $140 maximum |

**Inpatient and/or Outpatient**

| Surgeon’s Fees: (Specified surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid) | $1,000 maximum | $1,200 maximum |
| Anesthetist:                                                                 | 20% of Surgery Allowance | 25% of Surgery Allowance |
| Assistant Surgeon:                                                           | 20% of Surgery Allowance | 25% of Surgery Allowance |
| Ambulance:                                                                   | $300 maximum         | $800 maximum         |
| Consultant:                                                                  | $200 maximum         | $400 maximum         |
| Dental Treatment due to Injury to Teeth: (For Injury to sound, natural teeth only) | $10,000 maximum per policy term if extended dental option is purchased. $200 per tooth if extended dental option is not purchased. | $10,000 maximum per policy term if extended dental option is purchased. $500 per tooth if extended dental option is not purchased. |
| Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury: | 100% of Reasonable Charges | 100% of Reasonable Charges |
| Durable Medical Equipment:                                                   | No Benefits           | No Benefits           |
| Maternity:                                                                  | No Benefits           | No Benefits           |
| Complication of Pregnancy:                                                  | No Benefits           | No Benefits           |

**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**

**PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW**

**Coverage Effective Date:** A person’s coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.

**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.

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### 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.

<table>
<thead>
<tr>
<th>With Extended Dental</th>
<th>Without Extended Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Option $84.00</td>
<td>Low Option $75.00</td>
</tr>
<tr>
<td>High Option $124.00</td>
<td>High Option $115.00</td>
</tr>
</tbody>
</table>

### 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.

| Low Option $28.00 | Low Option $19.00 |
| High Option $40.00| High Option $31.00|

### 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 school sponsored and supervised activities or sports while in a school furnished or approved vehicle.

| Low Option $27.00 | Low Option $18.00 |
| High Option $35.00| High Option $26.00|

### 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.

| Low Option $137.00 | Low Option $128.00 |
| High Option $209.00| High Option $200.00|

**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.

| Low Option $60.00 | Low Option $51.00 |
| High Option $89.00| High Option $80.00|

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

| Low Option $164.00 | Low Option $146.00 |
| High Option $244.00| High Option $226.00|

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

| Low Option $221.00 | Low Option $203.00 |
| High Option $333.00| High Option $315.00|

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**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 completed 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 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.

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**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.

Individual policies will not be sent to you.

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**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.

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**Administered by:**

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

---

**Student Insurance Card**

Student’s Name: ____________________________________________

If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: ________________________

Accident Only Coverage: ☐ 24-HOUR ☐ 24-HOUR (Summer Only Coverage)

☐ AT-SCHOOL ☐ FOOTBALL ☐ FOOTBALL (Spring Only) ☐ EXTENDED DENTAL

Paid by Check #__________ Amount Paid: $__________ Date Paid: ________

Policy #: ________

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.”; or
   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’s own 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, snow mobiles, 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.

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, tendinitis, 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.

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>Life</th>
<th>$10,000</th>
</tr>
</thead>
<tbody>
<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 hand or one foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either one arm or one leg</td>
<td>$7,500</td>
</tr>
<tr>
<td>Either one hand or one foot</td>
<td>$5,000</td>
</tr>
<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>
Enrollment Form (School Year 2014-2015)

Student’s Last Name:__________________________
Student’s First Name:__________________________
Student’s Middle Name:__________________________ Date of Birth:__________________________
Street Address:________________________________
City:__________________________ State:__________________________ Zip:__________________________
Name of School District (required):________________________________
Name of School:________________________________
Grade Level: □ Pre-K/Headstart □ Kindergarten/Elementary □ Middle School □ High School/Above
Signature of Parent or Guardian:________________________________
Date:__________________________ Email Address:__________________________ Phone Number:__________________________

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>
</tr>
<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>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Spring Only, with Extended Dental</td>
<td>For New Players</td>
<td>$60.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Spring Only, without Extended Dental</td>
<td>For New Players</td>
<td>$51.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and AT SCHOOL, with Extended Dental</td>
<td>Covers all athletics</td>
<td>$164.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and AT SCHOOL, without Extended Dental</td>
<td>Covers all athletics</td>
<td>$146.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and 24-HOUR, with Extended Dental</td>
<td>Covers all athletics</td>
<td>$221.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and 24-HOUR, without Extended Dental</td>
<td>Covers all athletics</td>
<td>$203.00</td>
</tr>
</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: $__________________________

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

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

Full name as it appears on card
First Name:__________________________ Mi:__________________________ Last Name:__________________________
Billing Address (if different than above)
Street #__________________________ Address__________________________ Apt #__________________________
City:__________________________ State:__________________________ Zip:__________________________
Card Number:__________________________ Expiration Date: Month:__________________________ Year:__________________________
Cardholder signature:________________________________

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 IMPORTANTE!!
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 participado 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, invirtiendo 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 de accidentes para estudiantes 2014-2015**

Servicio prestado por: **K&K Insurance Group, Inc.**  Teléfono: 855-742-3135

Recuerde visitar nuestro sitio web para una inscripción más rápida: www.studentinsurance-kk.com

Inscripción por Internet — La Cobertura de accidentes garantizada se puede comprar en cualquier momento durante todo el año.

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**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 de tal manera que se cubran 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>Comparación y elija</th>
<th>Opción baja de Solo accidentes</th>
<th>Opción alta de Solo accidentes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficio máximo:</strong></td>
<td>$25,000 (por cada lesión)</td>
<td>$25,000 (por cada lesión)</td>
</tr>
<tr>
<td><strong>Deducible:</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

- **Paciente hospitalizado**
  - Habitación y comidas: Hasta $150 por día/tarifa de habitación semiprivada
  - Varios del hospital: $600 como máximo por día
  - Personal de enfermería registrado: 75% 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

- **Paciente ambulatorio**
  - Procedimientos quirúrgicos ambulatorios varios: $1,000 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
  - Fisioterapia para pacientes ambulatorios: (Los beneficios se limitan a una consulta por día)
    - $30 primer día/20 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
  - Radiografías: $200 como máximo
  - Servicios de diagnóstico por imágenes: $300 como máximo
  - Laboratorio: $50 como máximo
  - Medicamentos recetados: $75 como máximo
  - Inyecciones: No hay beneficios
  - Aparatos y dispositivos ortopédicos: $75 como máximo

- **Paciente hospitalizado y/o paciente ambulatorio**
  - Honorarios del cirujano: (Cirugía especializada según datos suministrados por Ingenix, Inc.)
    - $1,000 como máximo
  - Anestesista: 20% de la prestación por cirugía
  - Auxiliar quirúrgico: 20% de la prestación por cirugía
  - Ambulancia: $300 como máximo
  - Asesor: $200 como máximo
  - Tratamientos dentales debido a Lesiones en los dientes: (Para Lesiones en dientes naturales y en buen estado)
    - Máximo de $10,000 por periodo 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.
  - Reemplazo de anteojos, lentes de contacto o audífonos que se rompen como consecuencia de una Lesión cubierta: 100% de los cargos razonables
  - Equipos médicos duraderos: No hay beneficios
  - Maternidad: No hay beneficios
  - Complicación del embarazo: No hay beneficios

**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.

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**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.
Elija su plan de cobertura:  
Pago único para cobertura de accidente

Fecha de vencimiento de la cobertura: La cobertura finaliza cuando se cumplan 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 deje 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.

<table>
<thead>
<tr>
<th>Accidente las 24 horas (alumnos y empleados)</th>
<th>Con ampliación de la cobertura odontológica</th>
<th>Sin ampliación de la cobertura odontológica</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Opción baja $84.00 Opción alta $124.00</td>
<td>Opción baja $75.00 Opción alta $115.00</td>
</tr>
<tr>
<td>Accidente las 24 horas (cobertura solo durante el verano, solo estudiantes)</td>
<td>Opción baja $28.00 Opción alta $40.00</td>
<td>Opción baja $19.00 Opción alta $31.00</td>
</tr>
<tr>
<td>Accidente en la escuela (alumnos y empleados)</td>
<td>Opción baja $27.00 Opción alta $35.00</td>
<td>Opción baja $18.00 Opción alta $26.00</td>
</tr>
</tbody>
</table>

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.

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 completa y, 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 deje 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 TARDA: 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. TRÁSAL DEL ALUMNO: La póliza continúa vigente en cualquier parte del mundo si la Persona cubierta se muda antes del vencimiento de la cobertura.

Inscribese 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 completoado 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. Conserve este folleto para consultar en el futuro. No se le enviarán pólizas individuales.

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 ex clientes 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
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 perpetuación 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, narcótico, psicotrópico o sustancia química (a menos que se recetado por un Médico y se lo utilice de acuerdo con las indicaciones del Médico) según lo definen 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 autoinflja intencionalmente, lo que incluye suicidio o intento de suicidio, en estado de sano juicio o no.
   g. sea causada por una exaltación de la jactancia o jactancia de los poderes.

2. Una Lesión o Pérdida que sea resultado de un viaje o vuelo (que incluye entrar, salir, subir o bajar) en cualquier aeronave a excepción y exclusivamente como pasajero que paga su pasaje en una aeronave comercial, o como pasajero en una aeronave contratada por el Titular de la póliza, siempre que dicha aeronave tenga un certificado de aeronavegabilidad válido y vigente y sea operada por un piloto autorizado o con la debida licencia, y mientras dicha aeronave 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 operador y no posea una licencia de operador 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, saltar de bungee, lanzamiento en paracaidas o alpinismo;
   b. el viaje en, la conducción de o 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, motopatines, cortadoras de césped, equipos pesados utilizados para excavar, barcos y embarcaciones personales.
   c. un piloto autorizado o con la debida licencia, y mientras dicha aeronave sea utilizada exclusivamente con fines de transporte y dicho viaje se consigne 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 púrgica 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 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 se cobra 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) considere experimental.

6. Los Gastos incurridos por la inspectación, indicación, compra o ajuste de anteojos, lentes de contacto u 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 u audífonos en uso como consecuencia de una Lesión cubierta.

7. Los Gastos incurridos por dentaduras postizas, puentes, implantes dentales, bandas o frenos u otros aparatos dentales, coronas, fundas, incrustaciones inyuy ony 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 incluyen, entre otros, cargos por llamadas telefónicas en el Hospital, alquiler de televisores o comidas para las personas de visita.

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 y en el término de 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. El Límite global de responsabilidad aplica únicamente a los Beneficios por Muerte accidental y Pérdida específica.

<table>
<thead>
<tr>
<th>Vida</th>
<th>$10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambos brazos o ambas piernas</td>
<td>$10,000</td>
</tr>
<tr>
<td>Ambos manos y ambas piernas</td>
<td>$10,000</td>
</tr>
<tr>
<td>Un brazo y una pierna</td>
<td>$10,000</td>
</tr>
<tr>
<td>Una mano y un pie</td>
<td>$10,000</td>
</tr>
<tr>
<td>Ambos manos o ambas piernas</td>
<td>$10,000</td>
</tr>
<tr>
<td>El habla y la audición en ambos oídos</td>
<td>$10,000</td>
</tr>
<tr>
<td>La visión de ambos ojos</td>
<td>$10,000</td>
</tr>
<tr>
<td>La visión de un ojo y una mano o un pie</td>
<td>$10,000</td>
</tr>
<tr>
<td>Un brazo o una pierna</td>
<td>$7,500</td>
</tr>
<tr>
<td>Una mano o un pie</td>
<td>$5,000</td>
</tr>
<tr>
<td>El habla o la audición en ambos oídos</td>
<td>$5,000</td>
</tr>
<tr>
<td>La visión de un ojo</td>
<td>$5,000</td>
</tr>
<tr>
<td>La audición de un oído</td>
<td>$2,500</td>
</tr>
<tr>
<td>El dedo pulgar y el índice de una mano</td>
<td>$2,500</td>
</tr>
</tbody>
</table>
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>Planes 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>
</tr>
<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>
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<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>
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<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:
Inical del segundo nombre: Dirección de facturación (si es distinta de la anterior)
N.° de calle: Dirección: N.° de apto.:
Ciudad: Estado: Código postal:
Número 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.)