Happy New Year! I hope everyone had a safe and enjoyable holiday. With the New Year upon us, we have many important and exciting events planned in the days, weeks, and months ahead. As our first semester ends on Friday, January 26, please note that our second semester will begin on Tuesday, January 30, with an “A” day. Monday, January 29, is a planning day for teachers.

Our marvelously supportive parent organizations, WWABC, WMAA, and PTSO have been very busy recently coordinating a number of events here at school. Thank you to Adrienne Lyne, Deana Czban, and Wendy Murray of the PTSO, and the rest of the many Woodgrove families, for providing staff with delicious cookies on December 13 and 14. What a wonderfully festive way to begin the winter holiday! We cannot thank our parent groups enough for the exceptional support they provide to our school. Please be sure to look for information on our website regarding meetings and upcoming events. Hopefully you can take some time and participate in these events and opportunities.

We expect 2018 to be a remarkable year at Woodgrove! We wish everyone the best and look forward to your continued support.
Woodgrove High School Mission Statement

The mission of Woodgrove High School is to enable all members of the school community to think critically and act responsibly, while preparing students for their futures.

Beliefs:
• We believe that critical thinking means using knowledge to make informed decisions and to solve problems, both independently and collaboratively.
• We believe that we must be responsible for achieving our own goals, for contributing to society, and for being effective global citizens.
• In order to be successful, we all must work, honor, and strive.

WHS School Counselors

• Mrs. Geri Fiore - Director of School Counseling
• Ms. Astrid Willemsma - School Counselor  9th - 11th A to Co, 12th A to C
• Mr. Steven Cohen - School Counselor  9th – 11th Cr to Gr, 12th D to Ha
• Ms. Amy Scott – School Counselor  9th – 11th Gre to Ko
• Mrs. Donna Kelly - School Counselor  9th – 11th Kr to Mz, 12th He to Mc
• Mrs. Barbara Bell - School Counselor  9th – 11th Na to Sch, 12th Me to Sa
• Mrs. Katherine Warehime - School Counselor  9th – 11th Se to Z, 12th Sc to Z

New Early Dismissal and Front Office Policies

In order to minimize interruptions to classes and disruption to the school routine the following have been implemented:

• EARLY DISMISSEALS – Early Dismissals are to be arranged in advance, in writing by note with a parent/guardian signature. The note must include the students name, time of dismissal and reason for dismissal. Notes are to be submitted to the Attendance Office no later than 9:15am. If a dismissal note is not provided, the student will not be dismissed from class until the parent/guardian arrives to sign out the student. Unless for an emergency, phone calls will not be permitted for Early Dismissals.
• When dropping off lunch or other items for your child, please leave them on the table in the main office. This drop off is intended to be for your child only. We do not accept food or other items intended for a group of students. Communicate with your child to pick up the item between classes only – students will not be allowed to leave a class to pick up items left at the table.
• The school does not permit restaurant food deliveries at any time.
• Visitors are not permitted unless arranged in advance, in writing with teachers and administration. All visitors are required to supply a government issued ID when entering the building and signing in the Main Office.
Student Dress Code

All students who attend Loudoun County Public Schools are expected to dress appropriately for a K-12 educational environment. A student’s attire should facilitate the participation in learning as well as the health and safety of students. This policy is intended to provide guidance for students, staff, and parents.

A. Appropriate Student Attire. Students must wear clothing that is appropriate to a K-12 educational environment and that does not or is not likely to cause a substantial disruption that includes the following attire:

1. Clothing must cover the midriff.
2. Tops with straps greater than one inch wide.
3. Clothing that covers private areas should be opaque and appropriate undergarments must be worn.
4. Clothing that does not reveal undergarments and/or private areas.
5. Clothing should be suitable for all scheduled classroom activities where unique hazards exist.
6. Clothing that is required in specialized courses, such as sports uniforms or safety gear.
7. Clothing that includes head covering if worn for religious purposes, as a matter of safety, medical condition, or in connection with a school-sponsored program, activity, or event.
8. Faces should be clearly visible by other students and staff, as a reasonable measure of safety and security.
9. Clothing free from language that is profane or images that depict, advertise or advocate illegal, violent or lewd conduct, the unlawful possession or use of weapons, drugs, drug paraphernalia, alcohol, tobacco, marijuana or other controlled substances or are discriminatory.
10. Clothing and/or head coverings free from gang related or associated symbols, such as words or drawings that could pose a reasonable threat to the health or safety of any other student or staff.

POLICY: 8270

B. Responsibilities

1. Student Responsibility. Students are responsible for complying with the division dress code during school hours and school sponsored activities.
2. Staff Responsibility. Staff are responsible for communicating and equitably enforcing the division dress code during school hours and school-sponsored activities.
3. Parent Responsibility. Parents or guardians are responsible for ensuring student compliance with the division dress code. Parents or guardians of students requiring accommodation for religious beliefs, disabilities, or other good causes should contact the principal or principal’s designee.

C. Enforcement

1. Enforcement of this policy is the responsibility of the school administration.
2. Enforcement must be reasonably discreet, equitable, and gender neutral in implementation.
3. Enforcement should include options for reasonable remediation of the infraction that demonstrates respect and where possible, minimizes loss of instructional time.
4. Enforcement may include disciplinary actions that are consistent with other discipline policies and sufficiently escalatory to encourage compliance.

D. Appeals. In accordance with policy §8-26 parents or guardians may appeal a disciplinary action by notifying the office of the appropriate person to whom the appeal is made.

[Former Policy 8-33]

Adopted: 8/11/71
Revised: 6/22/93, 12/13/11, 6/27/17
Current Revision: 8/8/17
The 2018 WHS Scholarship Handbook is officially complete. Most, if not all scholarship deadlines from the handbook, fall on or after April 4, 2018. You can find an electronic copy and fillable application forms on the Career Center website here.

As for the LCPS County-Wide Scholarship & Financial Aid Handbook, you can access the most up to date opportunities by visiting their website here. As soon as the electronic copy is available it will be updated on our website.

Seniors, as a reminder if you are planning on applying early action, early decision or regular decision to a college many of those deadlines are fast approaching. All requests for an official transcript and secondary school report/counselor statement must be submitted at least 3 weeks prior to the deadline. Please remember you must submit a completed and signed BLUE form for each mailed transcript request.

<table>
<thead>
<tr>
<th>COLLEGE DEADLINE</th>
<th>REQUEST FOR TRANSCRIPT &amp; MATERIALS DUE TO COUNSELOR AND/OR TEACHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 1</td>
<td>January 11</td>
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<tr>
<td>February 15</td>
<td>January 25</td>
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<tr>
<td>March 1 and Beyond</td>
<td>February 8</td>
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</tbody>
</table>

**Upcoming Events**

**College Night**
Tuesday, January 16, 2018 join us for the annual College Night from 7:00pm - 9:00pm here at Woodgrove High School. The information is geared toward 10th and 11th grade students and parents. However, all students and parents are welcome. Local college representatives will be speaking on various college related topics. Please complete this survey to let us know what topics you are interested in learning more about. Note: We may not be able to cover all requested topics at this particular event.

**ASVAB Test**
Wednesday, January 24, 2018 9:30am at Woodgrove High School. Students can register here.

**Course Selection Night**
Tuesday, February 6, 2018 students and parents are invited to make curriculum selections for the 2018-2019 school year. We welcome 8th graders at 6:00pm and 9th-

11th graders at 7:00pm. Contact the School Counseling Office if you have any questions.

**Career Center Visits & Info**

Visits this year will take place mainly during the first and last block of each day. Students must register for visits through Naviance / Family Connection. Those who are not on the list will not be permitted to attend. Attendees must print their registration from Naviance to serve as their pass. Please visit Mrs. Sutphin in the Career Center with any questions.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>1/5 at 10:00 am</td>
<td></td>
<td>On-Site Admissions – Shenandoah University</td>
</tr>
<tr>
<td>1/8 at 10:15 am</td>
<td></td>
<td>Jefferson College of Health Sciences</td>
</tr>
<tr>
<td>1/9 at 10:15 am</td>
<td></td>
<td>US Marine Corps</td>
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<tr>
<td>1/12 at 10:15 am</td>
<td></td>
<td>US Army National Guard</td>
</tr>
<tr>
<td>1/18 at 12:00 pm</td>
<td></td>
<td>US Air Force</td>
</tr>
</tbody>
</table>

**Summer Residential Virginia Governor’s School**
VPA (Visual and Performing Arts)
*nothing at this time

Academic Programs
*nothing at this time

For more information about the program click here. For application forms stop by the School Counseling Office.

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 can now access this program via LCPSGO at http://go.lcps.org using their lead username and password. 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, visit the Naviance FAQ page at http://www.lcps.org/Page/37870 located on the WHS website or contact Rachel Sutphin at rachel.sutphin@lcps.org

**Naviance Family Connection**

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 can now access this program via LCPSGO at http://go.lcps.org using their lead username and password. 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, visit the Naviance FAQ page at http://www.lcps.org/Page/37870 located on the WHS website or contact Rachel Sutphin at rachel.sutphin@lcps.org

**It's Never Too Early to Start Thinking About Scholarships**
Visit the LCPS School Counseling webpage for up-to-date county wide scholarship postings.

- **GE-Reagan Foundation Scholarship Program** – Due 1/4/18
- **Virginia Junior Chamber International Senate Foundation Scholarship** – Due 1/5/18
- **Joyner, Tom Foundation - Full Ride Scholarship Program** – Due 1/19/18
- **Healthcare Leaders Scholarship** – Due 1/29/18
- **InspirASIAN Scholarship** – Due 1/31/18
- **Bell, Gloria Wille and Carolos R. Scholarship** – Due 2/1/18
- **Lee-Jackson Educational Foundation Scholarship Program** – Due 2/2/18
- **Apple Federal Credit Union Education Foundation – Apple Scholars Scholarship** – Due 2/15/18
- **Loudoun Credit Union Scholarships** – Due 3/9/18
- **Virginia Mayflower Society - Mildred Ramos Scholarship Fund** – Due 3/19/18
- **Jeffrey C. Fowler Memorial Scholarship** – Due 3/29/18
- **Scott, Janice M. Memorial Scholarship** – Due 3/31/18
- **Women in STEM Study.com Scholarship** – Due 4/1/18
- **American Massage and Bodywork Institute** – Due 4/15/18
- **Indispensability of Virtue Scholarship** – Due 5/1/18
- **Tronfeld West & Durrett Scholarships** – Due 5/1/18

**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. Tests will take place throughout Loudoun County.

Woodgrove High School will be offering the test on January 24th at 9:30 am.

If interested, you can register or get more information here.

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**Monthly Military Visit Schedule**

<table>
<thead>
<tr>
<th></th>
<th>10:30 AM</th>
<th>11:00 AM</th>
<th>11:30 AM</th>
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<tr>
<td><strong>U.S. Army</strong></td>
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<tr>
<td><strong>U.S. Air Force</strong></td>
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<tr>
<td><strong>Marines</strong></td>
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<tr>
<td><strong>V.A. Medical Center</strong></td>
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*Check Naviance/Family Connection for scheduled visits

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**2017-2018 SAT/ACT Test Dates**

**SAT**

<table>
<thead>
<tr>
<th>Test Date</th>
<th>Registration Deadline</th>
<th>Late Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 10</td>
<td>2/9</td>
<td>2/23</td>
</tr>
<tr>
<td>May 5</td>
<td>4/6</td>
<td>4/20</td>
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<tr>
<td>June 2</td>
<td>5/4</td>
<td>5/18</td>
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</tbody>
</table>

**ACT**

<table>
<thead>
<tr>
<th>Test Date</th>
<th>Registration Deadline</th>
<th>Late Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 10</td>
<td>1/12</td>
<td>1/19</td>
</tr>
<tr>
<td>April 14</td>
<td>3/9</td>
<td>3/23</td>
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<tr>
<td>June 9</td>
<td>5/4</td>
<td>5/18</td>
</tr>
<tr>
<td>July 14</td>
<td>6/15</td>
<td>6/22</td>
</tr>
</tbody>
</table>

**Looking for SAT/ACT Prep Options?**

SAT Prep Classes at LVCC from 6:30 to 8:30 pm on Mondays starting January 29th and Wednesdays starting January 31st. The sessions run for six weeks. Tuition is $350. Contact Jennifer Bergel at 703-298-9204 or Lina Cahan at 540-533-9740 if interested in more information.

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

**Leadership, Volunteer & Job Opportunities**

For all job, internship and volunteer opportunities check out the board in the Career Center.
Atomic Trampoline
Is seeking responsible Juniors and Seniors to work at their Leesburg location. Apply online at www.atomictrampoline.com today!

Continental Pools
We are hiring students at least 15 years old to become pool managers and lifeguards at our facilities. As a guard with Continental, students will become certified lifeguards and are trained in CPR, First Aid, and AED certification. If interested contact Reem Badwey at lrice@continentalpools.com or 703-321-7040.

Aristotle Peer Tutors
Aristotle Peers is hiring Sophomores, Juniors, and Seniors to tutor in all subjects for K-12 students!
Job Benefits:
• Starting pay at $12 per hour, with increase to $15 after 30th hour worked
• Then, earn up to $17 per hour with promotions in high school!
• Get a college recommendation
• Augment your own academic skills
Job Responsibilities:
• Tutor students in the academic subjects you choose either locally or via Skype
• Work on a consistent weekly schedule based on your availability and student need
• Serve as a positive role model for students with whom you tutor
Qualifications:
• A- cumulative unweighted GPA
• Excellent communication skills
• Comfortable speaking and working with adults
• Access to transportation
• Available 3 hours per week, plus limited travel time
Apply at http://aristotlecircle.com/join-us

UPS Seasonal Jobs
For details stop by the Career Center job board across from the School Counseling Office.

Vocelli Pizza
Have a car? Like cruisin' around Purcellville? Wanna earn money while cruisin' but Uber isn’t your thing….Come work for Vocelli. We are looking for drivers with a car and a can-do attitude. Fun job, great pay and the best pizza in town. Training provided. Stop by the store at: 721 E Main St, ask for David

Volunteer Opportunities at Ken Culbert Elementary
Are you in need of volunteer hours? Then check out the opportunities at Kenneth Culbert Elementary School:

KWC Movie
http://www.signupgenius.com/go/10c0f4aa4aa2f85-movie1

KENNY GRAM
SALES http://www.signupgenius.com/go/10c0f4aa4aa2f85-kenny

Help bring KENNY to life!! http://www.signupgenius.com/go/10c0949aeae2f85-kenny

i9 Sports
We are a youth sports league here in Loudoun County focusing on recreational development. We have such sports as flag football, basketball, t-ball, volleyball, soccer, and others to come. We are looking for more Referees and Site Support team members. Stop by the Career Center or the “Now Hiring” job posting board for Job Descriptions and more information on the positions. The main traits we are looking for are being over the age of 16, being able to work with children, being comfortable with refereeing or answering parent questions, and available Saturdays.

Gruto’s Soft Serve Hiring Seasonal Jobs
Must be available March – October, at least 16 years old, and have reliable transportation. Apply in person or email us @ grutos@hotmail.com. We are located at 141 W. Main Street, Purcellville, VA 20132. Open Monday – Saturday 12 p.m. – 9ish and Sundays 2p.m. – 9ish.

2017-2018 Counselor Assignments

<table>
<thead>
<tr>
<th>Students</th>
<th>9th – 11th</th>
<th>12th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Astrid Willemsma</td>
<td>A - Co</td>
<td>A - C</td>
</tr>
<tr>
<td>Mr. Steven Cohen</td>
<td>Cr - Gr</td>
<td>D - Ha</td>
</tr>
<tr>
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<td>Gre - Ko</td>
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<tr>
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<td>He - Mc</td>
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<tr>
<td>Mrs. Barbara Bell</td>
<td>Na - Sch</td>
<td>Me - Sa</td>
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<tr>
<td>Mrs. Katharine</td>
<td>Se - Z</td>
<td>Sc - Z</td>
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<tr>
<td>Warehime</td>
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</tbody>
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| | |
| Mrs. Geri Fiore | Director of School Counseling |
| Mrs. Bernadette | Administrative School |
| Ishmael | Counseling Secretary |
| Mrs. Stephanie Butler | School Counseling Secretary |
| Mrs. Rachel Sutphin | Career Center Assistant |

Visit the Counseling webpage for more helpful resources.
Mr. Greening's Global Social Issues class visited the AFL-CIO and World Bank in Washington, DC on November 13th, 2017 to learn about efforts to improve working conditions and quality of life around the world. Cathy Feingold, the International Director of the AFL-CIO, with help from Julie Farb, the Director of Growth Strategies, Organizing Department, discussed the impacts of globalization on working conditions around the world and outlined the efforts of the AFL-CIO to organize collective efforts to advocate for workers' rights and improve working conditions. Students also experienced an interactive display of the many projects the World Bank supports around the world to end poverty, including a virtual reality world tour and a tablet-based interactive world map illustrating the investment initiatives established by money provided by international donor nations.

The Art Department and Woodgrove High School would like to recognize Nick Kalok for submission of a sculpture called “The Grass is Greener” to the “Windows and Doors” art exhibit at Franklin Park Art Center. Nick’s sculpture work will be on display, with other local artist, from December 1st till January 7th. Support our talented Artist by getting out to view the show.

Congratulations to the Woodgrove High School Volleyball players that earned honors for the achievements this season.

First Team All-District: Meghan Cleary and Maddie Erb
Second Team All-District: Kailey Ryan

Second Team All-Region: Meghan Cleary and Maddie Erb
Thank you from the bottom of my heart!!

As we close out the Giving Tree and start on Winter Break I just want to take some time to say THANK YOU to each of you for your helping hands and giving hearts! The Giving Tree truly is a display of the faith, love and hope that lies in our Wolverine community! Thank you for it is through each of you that holds the magic, the magic that brings the true spirit of the Holiday season to life, the magic that touches the hearts and lives of others! Thank you for helping me spread joy this season!

I had 3 of my FaceTime students help me this week at Round Hill ES with my Care Bears Service Team! They worked with the kids helping me sort gifts, make cards, and pack

~ Somphane Jones
Enter in Woodgrove's First Ever Chili Cook Off!!!!!!

3 categories: Classic, Best Vegetarian, and Best Beanless

One winner per category

Must Register by January 25th

Forms can be found in the Woodgrove main office, or on the Junior Class Council page

For more information contact Mr. Acquino or Mrs. Leslie

Limited Space Available! Register Early!

Sponsored by Woodgrove’s Junior Class Council
WHS 1st Annual Chili cook off
Registration Form

Cook’s Name: _______________________________________________________

Name of your Chili: ___________________________________________________

Phone Number: ______________________________________________________

Email Address: ______________________________________________________

Select the category you would like to be entered in below:

☐ Classic  ☐ Beanless  ☐ Vegetarian

Rules and Regulations:
1. Registration must be completed and turned into Jessica Leslie or Thomas Acquino NO LATER THAN FRIDAY, JANUARY 25TH.
2. You can register for only one category.
3. Each cook may enter only ONE chili recipe.
4. Cooks must provide their own toppings and serving utensils. The school will provide spoons, bowls, napkins, complementary chips and water.
5. Competition will run from 11:00 AM - 1:00 PM. You can arrive no earlier than 10:00 AM.
6. The cost of entry to compete will be $20. You can submit payment by cash or check. Please make check payable to “WOODGROVE HIGH SCHOOL”. Payment is due with registration form.
7. Judging will take place by ballot vote from all of the paid entrants to the event.

*If you have any questions about the event, please feel free to contact Jessica Leslie or Thomas Acquino. You can contact us by phone at 540-751-2600 or by email, jessica.leslie@lcps.org or thomas.acquino@lcps.org.*

We look forward to having you at our 1st annual Chili Cook Off!
Drivers Ed Available

Attention Sophomores, 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.

Sophomores must complete Module 5 with an A average to sign up for BTW.

Go to Guidance to sign up
Happy New Year from the clinic!

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

IMPROVE YOUR OUTLOOK!

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

PHYSICAL ACTIVITY CAN ALSO:

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

MOVE YOUR BODY!

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

TO PERK UP:

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

TO DO A QUICK WORKOUT:

- Take the stairs instead of the elevator.
- Walk to the bus or train stop.
• Walk the mall end to end when you shop.
• Park your car farther away and walk.

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

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

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

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

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

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

MAKE STAYING PHYSICALLY ACTIVE A LIFELONG HABIT!

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

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

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

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

Have a happy, healthy and fun new year!

Mrs. Lovasz, RN
Sports Injuries

Torn Cartilage

Knee cartilage tears are among the most common injuries in athletics, mainly because the knee joint is subject to such constant pounding and torque in so many sports. The knee joint contains two types of cartilage: meniscus and articular. This article will focus on meniscus cartilage, which is located between the thighbone (femur) and shinbone (tibia). The meniscus serves to cushion, lubricate, decrease friction and distribute the shock of running for the knee joint.

A meniscus tear most commonly occurs while the knee is bending or twisting. The athlete will usually feel something tear. The knee may give way and there may be acute pain, swelling, difficulty walking and possibly a clicking sound when the knee bends. Most meniscus tears are diagnosed through a medical history and physical exam. If the physician still has any questions X-rays, MRI’s and possible arthroscopic surgery may be used to confirm the diagnosis.

The first line of treatment for a meniscus tear is to rest and immobilize the knee to let the symptoms calm down. Next, you have the choice of playing through the injury or having the meniscus treated surgically. The most common procedure is called a menisectomy, which means the physician takes out the portion of the meniscus that’s torn. This procedure can be performed through an arthroscope, which saves a lot of recovery time, many times in as little as three weeks.

You can’t prevent all meniscus tears but athletes can reduce their chances by keeping the muscles around the knee strong and flexible. Also, for every pound gained in excess of normal body weight, translates into three to four additional pounds across the knee. Therefore, by keeping your weight down and keeping your legs strong, you can help protect the joint surfaces of your knee.
Fitness

Prehabilitation

Prehabilitation (Prehab) is based on the idea that improving strength, flexibility and motor control in the areas most vulnerable to injuries can keep you from getting hurt, minimize time on the sidelines and prevent the pain of recovery. Studies show this proactive approach works. A study published in the American Journal of Sports Medicine found that participating in a prehab program that included stretching, strengthening and agility drills reduced ACL injuries among female soccer players by 88%.

Prehab focuses on the biomechanical issues that predispose athletes to injuries. An athletic trainer or physical therapist will evaluate your biomechanics, looking for weaknesses that make you vulnerable to injuries and suggest a program to correct the issues. ACL tears, for example, are most common when the quadriceps muscles are stronger than the hamstrings and glutes. Exercises to build the weak muscles and balance strength between the front and back of the legs can protect the ACL.

Prehab is especially important if you’ve had past injuries because it can help reduce the likelihood of recurrence. While some injuries necessitate focusing on rehab and recovery, prehab is suggested as a pre-surgical intervention for athletes who must undergo operations for existing injuries. Researchers found that following a prescribed set of exercises in the six weeks before ACL surgery helped speed recovery, allowing participants to return to exercise an average of eight weeks sooner than those who did not do prehab.

There is no one-size-fits all prehab program. The recommendations are based on your body and your sport. Prehab is also not a one-and-done. Your body is always going to require maintenance work to perform at a high level so prehab should be seen as a long-term modification to your training program.
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 Weekley newsletter to keep you informed all WHS happenings (please “like” us on Facebook too!)
- Ask for your help and assistance in areas of need—our volunteers are very important to our school’s success.

---

<table>
<thead>
<tr>
<th>MEMBERS NAME(S):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE</td>
</tr>
<tr>
<td>EMAIL:</td>
<td></td>
</tr>
<tr>
<td>PHONE NBR:</td>
<td>AMT ENCLOSED:</td>
</tr>
<tr>
<td></td>
<td>(Please return to WHS front office)</td>
</tr>
<tr>
<td></td>
<td>(ADDITIONAL DONATIONS are WELCOME and are TAX FREE)</td>
</tr>
</tbody>
</table>

JOIN ONLINE TODAY!! www.lcps.org/Page/69200
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.
**Grocery & Shopping Reward Programs**

Help Woodgrove earn money to supplement the school’s educational needs.

Woodgrove High School is registered with Giant’s A+ School Rewards Program, Harris Teeter’s Together in Education Program, and AmazonSmile. Woodgrove has earned thousands of dollars through these free programs, so please enroll or confirm this year's participation today!

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 online.

**Giant A+ School Rewards** (School ID 09152)

https://giantfood.com/savings-and-rewards/rewards-program/aplus/

Select Register Your Card to sign up or Confirm Your Schools to check which schools you support.

**Harris Teeter Together In Education** (School Code 1613)


Click Link Your School Today to register or re-link your VIC card.

**AmazonSmile**

https://smile.amazon.com

Choose Woodgrove High School PTSO as your charitable organization. Every eligible purchase you make through smile.amazon.com will result in a donation to the PTSO.

Please contact WoodgrovePTSOFundraising@gmail.com with any questions.
## Woodgrove High School Bell Schedules 2017-2018 School Year  v2

<table>
<thead>
<tr>
<th>Period</th>
<th>Normal Day</th>
<th>FACETIME/CLUBS Schedule</th>
<th>One-Hour Delay Day</th>
<th>Two-Hour Delay Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular Schedule</td>
<td></td>
<td>Time</td>
<td>Min.</td>
</tr>
<tr>
<td>1 or 5</td>
<td>Time: 9:10 - 10:44</td>
<td>94</td>
<td>9:10</td>
<td>10:35</td>
</tr>
<tr>
<td></td>
<td>Open Lunch</td>
<td></td>
<td>11:31</td>
<td>12:04</td>
</tr>
<tr>
<td>2 or 6</td>
<td>Time: 10:49 - 12:48</td>
<td>89</td>
<td>10:40</td>
<td>12:00</td>
</tr>
<tr>
<td></td>
<td>Open Lunch</td>
<td></td>
<td>12:05</td>
<td>12:35</td>
</tr>
<tr>
<td></td>
<td>FACE TIME/CLUBS</td>
<td></td>
<td>12:35</td>
<td>1:08</td>
</tr>
<tr>
<td></td>
<td>Lunch Shift 1</td>
<td>10:44 - 11:14</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunch Shift 2</td>
<td>11:15 - 11:45</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunch Shift 3</td>
<td>11:47 - 12:17</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunch Shift 4</td>
<td>12:18 - 12:48</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>3 or 7</td>
<td>Time: 12:53 - 2:23</td>
<td>90</td>
<td>1:13</td>
<td>2:33</td>
</tr>
</tbody>
</table>

**Notes concerning a Delay Day:**
1. If a Delay occurs (or if school is cancelled) on a day that is planned as FACE TIME or Clubs, the FACE TIME/Clubs will be postponed one day, unless that rescheduled day already has an event planned. In this case, the FACE TIME/Clubs meeting will be cancelled for the week.
2. If the rescheduled day also has a Delay (or if school is cancelled), the FACE TIME/Clubs meeting will be cancelled for the week.

**Notes concerning a Fundraiser Day:**
1. These will be scheduled on B days, during Period 8.
2. Tickets will be sold at the start of DEN time, and then students released to the appropriate location.
3. Silent Reading and quiet study are expected for those not attending.

**Notes concerning a Pep Rally Day:**
1. These will be scheduled on B days, during Period 8, when possible.
2. Silent Reading (2:28 - 2:48) and quiet study (2:48 - 3:08) are expected until students are released to the gym.
UPSTAIRS lockers have a 3-digit # and a letter (A, B, C, E).
  
ex: 368A

DOWNSTAIRS lockers have an “L,” a 3-digit #, and a letter (A, B, C, E).
  
ex: L368A
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, smart 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.
Worth Ave. Group is offering a special discount to students and faculty of Loudoun County Public Schools (Ashburn, VA) to insure the devices purchased for use as part of the school's BYOD technology program. Insurance with Worth Ave. Group will protect the device against: Accidental Damage, Theft, Fire, Flood, Natural Disasters, Power Surge and Vandalism. This insurance policy will provide full replacement cost coverage and will protect the item worldwide (on and off school grounds). The policy is also transferable to a replacement unit.

### K-12 Student Rates Examples

<table>
<thead>
<tr>
<th>Model</th>
<th>Coverage</th>
<th>Term</th>
<th>Deductible</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acer Chromebook</td>
<td>$250</td>
<td>1 Year</td>
<td>$0</td>
<td>$40.70</td>
</tr>
<tr>
<td>32GB Apple iPad</td>
<td>$329</td>
<td>1 Year</td>
<td>$0</td>
<td>$44.10</td>
</tr>
<tr>
<td>Lenovo Yoga Thinkpad 11e</td>
<td>$500</td>
<td>1 Year</td>
<td>$0</td>
<td>$57.80</td>
</tr>
<tr>
<td>13&quot; MacBook Pro</td>
<td>$1,300</td>
<td>1 Year</td>
<td>$0</td>
<td>$111.80</td>
</tr>
</tbody>
</table>

* Coverage is based on the replacement cost which can vary depending on device and features. When selecting coverage, please select the actual cost of the device you purchased.

Additional coverage options available online.

---

**To Purchase**

- **Buy Online:**  
  [https://my.worthavegroup.com/lcps](https://my.worthavegroup.com/lcps)  
  *Note: Initial quote online will not include processing fees.*

- **Call:**  
  1 (800) 620-2885  
  *use promo code LCPS*
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) 252-1270** (571) 252-1432 fax

ATENCIÓN: PADRES Y ESTUDIANTES

El Seguro de las Escuelas Públicas del Condado de Loudoun No Cubre la Propiedad Personal de los Estudiantes Llevada a las Escuelas.

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

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

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

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

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

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

Para mas información sobre esta cobertura, por favor visite la página web:  
http://www.worthavegroup.com/ 1-800-620-2885, y lea sobre el Plan de Propiedad Personal del Estudiante.
Worth Ave. Group está ofreciendo un descuento especial para estudiantes y profesores de Loudoun County Public Schools (Ashburn, VA) para asegurar los dispositivos comprados para su uso como parte del programa de tecnología BYOD de la escuela. Este seguro protegerá el dispositivo contra: daños accidentales, robo, incendio, inundación, desastres naturales, sobrecarga de energía (causada por relámpago) y vandalismo. Esta póliza de seguro proporcionará cobertura total de los costos de reemplazo y protegerá su dispositivo en todo el mundo (dentro y fuera de la escuela). La póliza también puede ser transferida a una unidad de reemplazo.

<table>
<thead>
<tr>
<th>Opción</th>
<th>Modelo</th>
<th>Cobertura*</th>
<th>Plazo</th>
<th>Deducible</th>
<th>Prima</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acer Chromebook</td>
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<td></td>
<td>$0</td>
<td>$111.80</td>
</tr>
</tbody>
</table>

Opciones de cobertura adicionales disponibles en línea

* La cobertura se basa en el costo de reemplazo que puede variar dependiendo del dispositivo y las características. Al seleccionar la cobertura, seleccione el costo real del dispositivo que compró.

Opciones de Pago

https://my.worthavegroup.com/lcps

Nota: Cotización inicial en línea no incluye tarifas de procesamiento.

Compra en línea: 1 (800) 620-2885

Llamada: 1 (800) 620-2885 Utilizar el código promocional LCPS
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.

8/11/17
Protect your child with student accident insurance. If you don’t have other insurance, this student accident insurance is vital. If you have other insurance, student accident insurance can help with deductibles and copays.

**K-12 Accident Plans available through your school:**
- At-School Accident Only
- 24-Hour Accident Only
- Extended Dental
- Football

**How to Enroll Online**
Enrolling online is easy and should take only a few minutes.
Go to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) and click the “Enroll Now” button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We’ll request each student’s name and grade level.
3. You’ll see the available plans and their rates. Select your coverage and continue to the next step.
4. We’ll request information about you, like your name and email address.
5. Next, you’ll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

Proteja a su hijo con el seguro de accidentes para estudiantes. Si usted no tiene otro seguro, este seguro de accidentes para estudiantes es fundamental. Si tiene otro seguro, el seguro de accidentes para estudiantes puede ayudarle a pagar los deducibles y copagos.

**Planes de accidentes para K-12 disponibles a través de su escuela:**
- Sólo accidentes en la escuela
- Solo accidentes, 24 horas
- Dental extendido
- Fútbol

**Cómo inscribirse en línea**
Inscribirse en línea es fácil y sólo le tomará unos pocos minutos.

1. Comience por decírnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles, incluso costos, beneficios, exclusiones, y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.
2017-2018 Student Accident Coverage
Serviced by: K&K Insurance Group, Inc.  Phone: 855-742-3135

Remember to visit our website for faster enrollment: www.studentinsurance-kk.com
Online Enrollment—Reserved Accident Coverage can be purchased any time throughout the year.

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/ Semi-private room rate | 80% of Reasonable Charges/ 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: (Benefits are limited to one visit per day and do not apply when related to surgery) | $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: (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy) | $40 first day/$25 each subsequent day | $60 first day/$40 each subsequent day |
| Outpatient Physical Therapy: (Benefits are limited to one visit per day) | $30 first day/$20 each subsequent day/ 5 days maximum | $60 first day/$40 each subsequent day/ 5 days maximum |
| Emergency Room Services: (Treatment must be rendered within 72 hours from the time of the injury) | $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: (Limited to primary procedure per injury) | $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.

<table>
<thead>
<tr>
<th>Coverage Plan</th>
<th>With Extended Dental</th>
<th>Without Extended Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24-Hour Accident (Students &amp; Employees)</strong></td>
<td>Low Option $86.00</td>
<td>Low Option $77.00</td>
</tr>
<tr>
<td>Around-the-clock/anywhere in the world. Before, during and after school.</td>
<td>High Option $127.00</td>
<td>High Option $118.00</td>
</tr>
<tr>
<td>Weekends, vacation and all summer including summer school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School sponsored and extracurricular sports excluding High School Football.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>24-Hour Accident (Summer Only Coverage, Students Only)</strong></td>
<td>Low Option $29.00</td>
<td>Low Option $20.00</td>
</tr>
<tr>
<td>Summer begins on the first day after the school year ends.</td>
<td>High Option $41.00</td>
<td>High Option $32.00</td>
</tr>
<tr>
<td>Summer ends the first day of the next school year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>At-School Accident (Students &amp; Employees)</strong></td>
<td>Low Option $28.00</td>
<td>Low Option $19.00</td>
</tr>
<tr>
<td>During the regular school term, on school premises while school is in session.</td>
<td>High Option $36.00</td>
<td>High Option $27.00</td>
</tr>
<tr>
<td>Direct and uninterrupted travel to and from home and scheduled classes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Sponsored and supervised activities or sports excluding High School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Football. Travel to and from school sponsored and supervised activities or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sports while in a school furnished or approved vehicle.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Extended Dental (Accident Only)</strong></td>
<td>Low Option $33.00</td>
<td>Low Option $24.00</td>
</tr>
<tr>
<td>Supplemental coverage extended to students with At-School, 24-Hour or Football</td>
<td>High Option $45.00</td>
<td>High Option $35.00</td>
</tr>
<tr>
<td>Coverage – Limited to Covered Person’s policy effective dates and accident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>only coverage option selected. Replaces standard dental coverage with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>coverage of 80% of Reasonable Charges to a maximum limit of $10,000 per</td>
<td></td>
<td></td>
</tr>
<tr>
<td>injury.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High School Football</strong></td>
<td>Low Option $141.00</td>
<td>Low Option $132.00</td>
</tr>
<tr>
<td>Play or practice of regularly scheduled football. Consult your Athletic</td>
<td>High Option $215.00</td>
<td>High Option $206.00</td>
</tr>
<tr>
<td>Department for enrollment instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High School Football (Spring Only)</strong></td>
<td>Low Option $62.00</td>
<td>Low Option $53.00</td>
</tr>
<tr>
<td>For new players who participate in spring training and not already insured</td>
<td>High Option $91.00</td>
<td>High Option $82.00</td>
</tr>
<tr>
<td>under Football Coverage. Sports seasons are defined by your state high school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>athletic association.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High School Football and At-School Accident (Covers all athletics)</strong></td>
<td>Low Option $169.00</td>
<td>Low Option $151.00</td>
</tr>
<tr>
<td></td>
<td>High Option $251.00</td>
<td>High Option $233.00</td>
</tr>
<tr>
<td><strong>High School Football and 24-Hour Accident (Covers all athletics)</strong></td>
<td>Low Option $227.00</td>
<td>Low Option $209.00</td>
</tr>
<tr>
<td></td>
<td>High Option $342.00</td>
<td>High Option $324.00</td>
</tr>
</tbody>
</table>

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.

Enroll online at: www.StudentInsurance-kk.com or by mail using attached enrollment form.

1. Complete and detach the enrollment form.
2. Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child’s name on your check or money order.
4. Mail completed enrollment form with payment back to:
   K&K Insurance Group,
   P.O. Box 2338
   Fort Wayne, IN 46801-2338

5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

Privacy Policy

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

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

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1846/FL/NS/IA/MB_ENG_0417

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** CUT OUT CARD AND RETAIN FOR YOUR RECORDS **

**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 actual 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, or on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.

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

4. An Accident that occurs while:
   a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
   b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV's, 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, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

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 one 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>
### 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>$86.00</td>
<td>$127.00</td>
</tr>
<tr>
<td>24-HOUR, without Extended Dental</td>
<td>$77.00</td>
<td>$118.00</td>
</tr>
<tr>
<td>24-HOUR, Summer Only, with Extended Dental</td>
<td>$29.00</td>
<td>$41.00</td>
</tr>
<tr>
<td>24-HOUR, Summer Only, without Extended Dental</td>
<td>$20.00</td>
<td>$32.00</td>
</tr>
<tr>
<td>AT-SCHOOL, with Extended Dental</td>
<td>$28.00</td>
<td>$36.00</td>
</tr>
<tr>
<td>AT-SCHOOL, without Extended Dental</td>
<td>$19.00</td>
<td>$27.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Full Year, with Extended Dental</td>
<td>$141.00</td>
<td>$215.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Full Year, without Extended Dental</td>
<td>$132.00</td>
<td>$206.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Spring Only, with Extended Dental</td>
<td>$62.00</td>
<td>$91.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Spring Only, without Extended Dental</td>
<td>$53.00</td>
<td>$82.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and AT SCHOOL, with Extended Dental</td>
<td>$169.00</td>
<td>$251.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and AT SCHOOL, without Extended Dental</td>
<td>$151.00</td>
<td>$233.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and 24-HOUR, with Extended Dental</td>
<td>$227.00</td>
<td>$342.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and 24-HOUR, without Extended Dental</td>
<td>$209.00</td>
<td>$324.00</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: $1846 (FL/KS/NE/VA_MB_ENG_04/17)

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, invertiendo una mínima cantidad de dinero ahora en uno de estos planes le podría ahorrar considerables gastos más tarde si tuviese un accidente que requiriese atención médica.

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

WEBSITE:  www.studentinsurance-kk.com or call 1-855-742-3135
Protect your child with student accident insurance. If you don’t have other insurance, this student accident insurance is vital. If you have other insurance, student accident insurance can help with deductibles and copays.

K-12 Accident Plans available through your school:
- At-School Accident Only
- 24-Hour Accident Only
- Extended Dental
- Football

How to Enroll Online
Enrolling online is easy and should take only a few minutes.
Go to www.studentinsurance-kk.com and click the “Enroll Now” button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We’ll request each student’s name and grade level.
3. You’ll see the available plans and their rates. Select your coverage and continue to the next step.
4. We’ll request information about you, like your name and email address.
5. Next, you’ll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

Proteja a su hijo con el seguro de accidentes para estudiantes. Si usted no tiene otro seguro, este seguro de accidentes para estudiantes es fundamental. Si tiene otro seguro, el seguro de accidentes para estudiantes puede ayudarle a pagar los deducibles y copagos.

Planes de accidentes para K-12 disponibles a través de su escuela:
- Sólo accidentes en la escuela
- Solo accidentes, 24 horas
- Dental extendido
- Fútbol

Cómo inscribirse en línea
Inscribirse en línea es fácil y sólo le tomará unos pocos minutos.

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles, incluso costos, beneficios, exclusiones, y reductions o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.
COBERTURA SOLO PARA ACCIDENTES: La Póliza ofrece beneficios por pérdida debido a una Lesión cubierta hasta un Beneficio máximo de $25,000 por cada Lesión. Siempre que el tratamiento a cargo de un Médico calificado y matriculado comience en el término de 60 días a partir de la fecha de la Lesión, se pagarán beneficios por los Gastos médicos cubiertos incurridos dentro de las 52 semanas a partir de la fecha de la Lesión, hasta el Beneficio máximo por servicio según se muestra a continuación.

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

<table>
<thead>
<tr>
<th>Compare y elija</th>
<th>Opción baja de Solo accidentes</th>
<th>Opción alta de Solo accidentes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficio máximo:</td>
<td>$25,000 (por cada lesión)</td>
<td>$25,000 (por cada lesión)</td>
</tr>
<tr>
<td>Deductible:</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:** $40 primer día/$25 cada día subsiguiente

**Paciente ambulatorio**

- **Procedimientos quirúrgicos ambulatorios varios:** $1,000 como máximo
- **Consultas médicas:** $40 primer día/ $25 cada día subsiguiente
- **Fisioterapia para pacientes ambulatorios:** $30 primer día/$20 cada día subsiguiente/ máximo de 5 días
- **Servicios en la sala de emergencias:** $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:** $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:** Máximo de $10,000 por período de póliza si se adquiere la opción de ampliación de la cobertura odontológica. $200 por diente si no se adquiere la opción de ampliación de la cobertura odontológica.
- **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

**Pacientes hospitalizados o pacientes ambulatorios**

- **Honorarios del cirujano:** $1,200 como máximo
- **Anestesista:** 25% de la prestación por cirugía
- **Auxiliar quirúrgico:** 25% de la prestación por cirugía
- **Ambulancia:** $800 como máximo
- **Asesor:** $400 como máximo
- **Tratamientos dentales debido a Lesiones en los dientes:** Máximo de $10,000 por período de póliza si se adquiere la opción de ampliación de la cobertura odontológica. $500 por diente si no se adquiere la opción de ampliación de la cobertura odontológica.
- **Reemplazo de anteojos, lentes de contacto o audífonos que se rompen como consecuencia de una Lesión cubierta:** 100% de los cargos razonables
- **Equipos médicos duraderos:** No hay beneficios
- **Maternidad:** No hay beneficios
- **Complicación del embarazo:** No hay beneficios

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

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

Los detalles de estos beneficios se pueden encontrar en la Póliza maestra archivada en el distrito escolar. **NOTA:** Este es un breve resumen de los beneficios y no es un contrato. Se le ha entregado al distrito escolar una Póliza maestra que contiene todas las disposiciones, limitaciones, exclusiones y calificaciones de los beneficios del seguro. La Póliza maestra es el contrato que regirá y controlará el pago de los beneficios.
Eligí su plan de cobertura:  

**Pago único para cobertura de accidente**

<table>
<thead>
<tr>
<th>Opción baja</th>
<th>Opción alta</th>
</tr>
</thead>
<tbody>
<tr>
<td>$169.00</td>
<td>$342.00</td>
</tr>
<tr>
<td>$227.00</td>
<td>$450.00</td>
</tr>
<tr>
<td>$251.00</td>
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<tr>
<td>$36.00</td>
<td>$72.00</td>
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<tr>
<td>$141.00</td>
<td>$282.00</td>
</tr>
<tr>
<td>$209.00</td>
<td>$418.00</td>
</tr>
</tbody>
</table>

**Fecha de vencimiento de la cobertura:** La cobertura finaliza cuando se cumplen doce meses de vigencia de la cobertura o el primer día del año escolar siguiente, la fecha que sea anterior.

Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.

**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 a que se solicite la póliza 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 la prima, o en la fecha de entrada en vigencia cuando 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 cumplan doce meses de vigencia de la cobertura o el primer día del año escolar siguiente, la fecha que sea anterior.

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. **TRASLADO DEL ALUMNO:** La póliza continúa vigente en cualquier parte del mundo si la Persona cubierta se muda antes del vencimiento de la cobertura.

**Inscribase 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. Emite 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 completo 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 exclentes a nadie, excepto según lo permita o exija la ley. Consideramos que mantenemos las salvaguardias 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

---

**Datos para la Inscripción:**  

**Nombre del alumno:**  

**Distributo escolar:**

**Cobertura solo para accidentes:**  

**Fútbol americano (solo primavera)**  

**Fútbol americano (solo primavera)**

**Fecha de pago:**

---

**TARJETA DE SEGURO DEL ALUMNO**

Nombre del alumno:  

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

Distributo escolar:

Cobertura solo para accidentes:  

En la escuela:  

Fútbol americano (solo primavera)

AMPLIACIÓN DE LA COBERTURA ODONTOLÓGICA

Pagado con el cheque N.  

Cantidad pagada:  

Fecha de pago:  

N.° de póliza:  

Suscriptor: Nationwide Life Insurance Company  

Preguntas sobre las reclamaciones: K&K Insurance Group, Inc.  

1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917
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 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 lo se 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 autonflía intencionalmente, lo que incluye suicidio o intento de suicidio, en estado de sano juicio o no.

2. Una Lesión o Pérdida que sea resultado de un viaje o vuelo (que incluye entrar, salir, subir o bajar) en cualquier avión aéreo excepto y exclusivamente como pasajero que paga su pasaje en una aerovía comercial, o como pasajero en una aeronave contratada por el Titular de la póliza, siempre que dicha aeronave tenga un certificado de aeronevagibilidad 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, salto elástico (bungee), lanzamiento en paracaidas o alpinismo;
   b. la participación en cualquier actividad peligrosa, incluidos los deportes de vehículos de nieve, vehículos todo terreno, embarcaciones personales, paracaidismo acrobático, buceo, submarinismo, vuelo en ala delta, exploración de cuevas, salto elástico (bungee), lanzamiento en paracaidas o alpinismo;
   c. 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);
   d. sea causada mientras la Persona asegurada presta servicio activo a tiempo completo (más de 31 días) en cualquier rama de las Fuerzas Armadas;
   e. sea causada por la participación en una revuelta o disturbio violento;
   f. 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 provocación de cualquier acto ilícito;
   g. 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 lo se 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…”;
   h. se autonflía intencionalmente, lo que incluye suicidio o intento de suicidio, en estado de sano juicio o no.

**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) consideren experimental.

6. Los Gastos incurridos por la supervisión de un anestesista.

7. Los Gastos incurridos por la posterior reparación y reemplazo de dispositivos protésicos.

8. Los Gastos incurridos por cualquier fachada cubierta por alguna Ley de Compensación de los Trabajadores, Ley de Enfermedades Ocupacionales o ley similar.

**Definiciones de Solo accidentes:**

**Lesión** Una lesión física que:
1. está directa o independientemente causada por un contacto accidental con otro cuerpo u objeto; y
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 esté 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, anemia de pecho, trombosis coronaria, hipertensión, ataque cardíaco o incidente cerebrovascular.

**Beneficios por Muerte accidental y pérdida específica:**

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<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>Ambas manos y ambos pies</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>Ambas manos o ambos pies</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>
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</tr>
<tr>
<td>El dedo pulgar y el índice de una mano</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

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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.
Inscríbase por Internet para un servicio más rápido en www.StudentInsurance-kk.com  

Formulario de inscripción (Año escolar 2017-2018)

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>$86.00</td>
<td>$127.00</td>
</tr>
<tr>
<td>24 HORAS, sin ampliación de la cobertura odontológica</td>
<td>$77.00</td>
<td>$118.00</td>
</tr>
<tr>
<td>24 HORAS, Solo durante el verano, con ampliación de la cobertura odontológica</td>
<td>$29.00</td>
<td>$41.00</td>
</tr>
<tr>
<td>24 HORAS, Solo durante el verano, sin ampliación de la cobertura odontológica</td>
<td>$20.00</td>
<td>$32.00</td>
</tr>
<tr>
<td>EN LA ESCUELA, con ampliación de la cobertura odontológica</td>
<td>$28.00</td>
<td>$36.00</td>
</tr>
<tr>
<td>EN LA ESCUELA, sin ampliación de la cobertura odontológica</td>
<td>$19.00</td>
<td>$27.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Todo el año, con ampliación de la cobertura odontológica</td>
<td>$141.00</td>
<td>$215.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Todo el año, sin ampliación de la cobertura odontológica</td>
<td>$132.00</td>
<td>$206.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Solo durante la primavera, con ampliación de la cobertura odontológica  Para jugadores nuevos</td>
<td>$62.00</td>
<td>$91.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Solo durante la primavera, sin ampliación de la cobertura odontológica  Para jugadores nuevos</td>
<td>$53.00</td>
<td>$82.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA, con ampliación de la cobertura odontológica  Cubre todas las disciplinas atléticas</td>
<td>$169.00</td>
<td>$251.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA, sin ampliación de la cobertura odontológica  Cubre todas las disciplinas atléticas</td>
<td>$151.00</td>
<td>$233.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y 24 HORAS, con ampliación de la cobertura odontológica  Cubre todas las disciplinas atléticas</td>
<td>$227.00</td>
<td>$342.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y 24 HORAS, sin ampliación de la cobertura odontológica  Cubre todas las disciplinas atléticas</td>
<td>$209.00</td>
<td>$324.00</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: $ ___________________________ 1857 (FL/SKNEVA_MBESPA_04/17)

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: ___________________________ Inicial del segundo nombre: ___________________________ Apellido: ___________________________

Dirección de facturación (si es distinta de la anterior): ______________________________________

N.° de calle: ___________________________ Dirección: ___________________________________________ N.° de apto: ___________________________

Ciudad: ___________________________ Estado: ___________________________ Código postal: ___________________________

N.° de la tarjeta: ___________________________ Fecha de vencimiento: Mes: __________ Año: __________

Firma del titular de la tarjeta: ________________________________________________

La compañía no emite reembolsos ni acepta responsabilidad por los pagos en efectivo. (Si el banco por cualquier motivo rechaza un cheque o una tarjeta de crédito, el seguro quedará inválido.)
Students are prohibited from possessing, distributing, selling, using, or being under the influence of drugs on school property or while under the control or supervision of school personnel.

Students who violate the Drug Policy may be expelled (removed from school for a minimum of one year – possibly permanently) and will be reported to law enforcement.

Students who need to take medication (prescription or non-prescription) must comply with the provisions of Policy §8-53, which is available on the LCPS Website (www.lcps.org).

Possession, sale, or distribution of drug paraphernalia or look-like/imitation drugs is also prohibited and punishable under the Drug Policy.

The LCPS Drug Policy is printed below and on the reverse side of this form. Please read the policy and discuss it with your child. If you have any questions, contact your school’s principal.

Students – 2017-2018

STUDENT CONDUCT

§8-36 Drugs

A. School Responsibilities

Schools are responsible for maintaining an atmosphere conducive to learning and for protecting students from illegal and harmful influences. Students have a responsibility to obey the laws and school rules and to be free from the influence of drugs while in school. All members of the school community are subject to the laws, and school personnel have the obligation to report suspected violations of laws to proper authorities.

B. Student Responsibilities

Students are strictly prohibited from possessing, distributing, selling, using, or being under the influence of any drug (including anabolic steroids), any chemical substance that affects the brain or nervous system, or any substance represented to be or believed to be a drug or chemical substance that affects the brain or nervous system or from possession of any drug-related paraphernalia while on school property, under school authority, or at a school sponsored activity.
Any student who brings, possesses, distributes, sells or uses:

a) any drug (including anabolic steroid);
b) a controlled substance or any imitation or look-alike drug or controlled substance;
c) marijuana or imitation or look-alike marijuana;
d) any chemical or other substance that affects the brain or nervous system; or
e) any chemical or other substance represented to be or believed to be capable of affecting the brain or nervous system shall be expelled from school in accordance with Policy §8-28.

Notwithstanding the foregoing, given the facts of a particular case, special circumstances may exist indicating that other disciplinary action may be appropriate and may be recommended by the principal. The Superintendent or the Superintendent’s designee shall conduct a preliminary review of all cases under this policy to determine if disciplinary action other than expulsion is appropriate. If the Superintendent or the Superintendent’s designee determines that disciplinary action other than expulsion is appropriate, disciplinary action shall be taken in accordance with Policy §8-28 and the Administrative Regulations of this policy. If the Superintendent or the Superintendent’s designee determines that expulsion is appropriate, the School Board or a committee thereof shall review this determination and nonetheless may determine that based upon the facts of a particular case, special circumstances exist indicating that other disciplinary action is appropriate and may reverse or modify the determination of the Superintendent or the Superintendent’s designee. If the Superintendent or the Superintendent’s designee, or the School Board finds that special circumstances exist, recommended action shall include (1) a disciplinary assignment to the Substance Use Education Program as specified in the Administrative Regulations to this policy, and may also include (2) long-term suspension from school. This policy is applicable to students at all grade levels. Any suspension together with an assignment to the Substance Use Education Program under this policy may be appealed under Policy §2-27. A disciplinary assignment to the Substance Use Education Program under this policy is not a placement in an Alternative Education Program under Policy §8-40.

Students who are under the influence of drugs while under school authority, on a school bus, on school property, or at a school sponsored activity, and students who possess drug paraphernalia while under school authority, on a school bus, on school property, or at a school sponsored activity shall be subject to disciplinary action, which shall include (1) assignment to the Substance Use Education Program as specified in the Administrative Regulations to this policy, and may include (2) long-term suspension from school, or (3) referral to the School Board for expulsion in accordance with Policy §8-28.

All students who are required to attend the Substance Use Education Program as a result of a violation of Policy §8-28 shall be required to undergo evaluation for drug or alcohol Use by an appropriately licensed professional with expertise in substance Use treatment. If recommended by the evaluator and with the consent of the student’s parent/s, the student may be required to participate in a treatment program.

Students shall cooperate with school personnel who are investigating violations of the drug policy, including acceptance of school personnel's right to conduct reasonable searches of students’ personal belongings in accordance with Policy §8-2 of the policies. Failure of any student to permit such reasonable search will be considered in defiance of school authority and may result in involuntary transfer, long-term suspension, or expulsion from school.

Publications or other printed matter which advocate the use of illegal drugs or the Use of legal drugs, or which portray such use or abuse as socially acceptable behavior, or which advertise the sale of counterfeit or “look-alike” or “act-alike” drugs or drug-related paraphernalia are prohibited from sale or distribution on school property. Any student selling or distributing such matter on school property shall be subject to school discipline.

The provisions hereof which prohibit students from being under the influence of drugs shall not apply to any student who has taken medication (either prescription or non-prescription) in strict compliance with doctor’s orders or manufacturer’s recommended dosage and in accordance with Policy §8-53, where applicable.
La Política sobre Drogas de LCPS está impresa debajo y en el reverso de este formulario. Por favor léala y converse sobre ella con sus hijos. Si tiene alguna pregunta, comuníquese con el Director de su escuela.

Alumnos – 2017-2018

CONDUCTA DE LOS ALUMNOS

§8-36 Drogas

A. Responsabilidades de las escuelas

Las escuelas son responsables de mantener un entorno que estimule el aprendizaje y proteger a los alumnos de influencias ilegales y peligrosas. Los alumnos tienen la responsabilidad de obedecer las leyes y los reglamentos escolares y de estar libres de la influencia de drogas mientras se encuentren en la escuela. Todos los integrantes de la comunidad escolar deben cumplir las leyes, y el personal de la escuela tiene la obligación de informar a las autoridades apropiadas cuando sospeche que se ha cometido una infracción.

B. Responsabilidades de los alumnos

Está estrictamente prohibido que, mientras se encuentren bajo la autoridad de la escuela, en las instalaciones escolares, o en una actividad patrocinada por la escuela, los alumnos posean, distribuyan, vendan, usen o se encuentren bajo la influencia de cualquier droga (incluso esteroides anabólicos); cualquier sustancia química que afecte al cerebro o al sistema nervioso; o cualquier sustancia que se represente como, o se crea que es, una droga o sustancia química que afecta al cerebro o al sistema nervioso. Queda asimismo prohibida la posesión de toda parafernalia relacionada con drogas en esas situaciones.

Todo estudiante que traslade, posea, distribuya, venda o use:

a) cualquier droga (incluidos esteroides anabólicos);

b) sustancias controladas o imitaciones de sustancias controladas o semejantes a drogas;

–continúa en el reverso–

§8-36 Drogas (continuación)
c) marihuana, imitaciones o sustancias de aspecto similar a la marihuana;
d) cualquier producto químico u otra sustancia que afecte al cerebro o al sistema nervioso; o
e) cualquier producto químico u otra sustancia que represente o se crea que es capaz de afectar al cerebro o al sistema nervioso

será expulsado de la escuela según la Política §8-28.

No obstante, lo anterior, dados los hechos de un caso particular, pueden existir circunstancias especiales que indiquen otra acción disciplinaria como más apropiada por recomendación del director. El superintendente, o la persona designada por el superintendente, efectuará una revisión preliminar de todos los casos según esta Política, para determinar si es apropiada una acción disciplinaria alternativa a la expulsión. Si el superintendente, o la persona designada por el superintendente, determina que es apropiada una acción disciplinaria distinta de la expulsión, se llevará a cabo de acuerdo con la Política §8-28 y las Regulaciones Administrativas de esta Política. Si el superintendente, o la persona designada por el superintendente, determina que corresponde la expulsión, la Junta Escolar o un comité de la misma revisarán esa decisión y podrán dictar que, sobre la base de los hechos de un caso particular, existen circunstancias especiales que indican otra acción disciplinaria como más apropiada, y podrán revocar o modificar el veredicto del superintendente o de la persona designada por el superintendente. Si el superintendente, la persona designada por el superintendente, o la Junta Escolar encuentran que existen circunstancias especiales, la acción recomendada podrá incluir (1) la asignación como medida disciplinaria al Programa de Educación sobre Abuso de Sustancias Tóxicas (Substance Abuse Education Program) según se especifica en las Regulaciones Administrativas de esta política, e incluir (2) la suspensión por largo plazo de la escuela. Esta Política se aplica a los alumnos de todos los grados. Cualquier suspensión y asignación al Programa de Educación sobre Abuso de Sustancias Tóxicas como resultado de esta política podrá ser apelada según la Política §2-27. La asignación por sanción disciplinaria al Programa de Educación sobre Abuso de Sustancias Tóxicas según esta política no es una colocación en un Programa de Educación Alternativa según la Política 8-40.

Los alumnos que se encuentren bajo la influencia de drogas mientras estén bajo la autoridad de la escuela, en un autobús escolar, en las instalaciones de la escuela o en una actividad patrocinada por la escuela; y los alumnos que posean parafernalia relacionada con drogas mientras estén bajo la autoridad de la escuela, en un autobús escolar, en las instalaciones de la escuela o en una actividad patrocinada por la escuela, estarán sujetos a acción disciplinaria, que incluirá (1) la asignación al Programa de Educación sobre Abuso de Sustancias Tóxicas según se especifica en las Regulaciones Administrativas de esta política, y podrá incluir (2) la suspensión por largo plazo de la escuela, o (3) la derivación a la Junta Escolar para su expulsión de acuerdo con la Política §8-28.

Todos los alumnos que asistan al programa de educación sobre abuso de sustancias tóxicas por haber infringido esta política deberán someterse a una evaluación por uso de drogas o abuso de bebidas alcohólicas, administrada por un profesional matriculado con pericia en el tratamiento por abuso de sustancias. Si el evaluador lo recomienda, y con el consentimiento de sus padres, se podrá exigir al alumno que participe en un programa de tratamiento.

Los alumnos deberán cooperar con el personal de la escuela que esté investigando las infracciones de la política sobre drogas; esto incluye permitirle realizar inspecciones razonables de sus efectos personales, de acuerdo con la Política §8-2 de las políticas. Si un alumno se resiste a una inspección razonable, se lo considerará como un desafío a la autoridad de la escuela y podrá resultar en su transferencia involuntaria, su suspensión por largo plazo, o su expulsión de la escuela.

Se prohíbe la venta o distribución de publicaciones u otros materiales impresos que promuevan el uso de drogas ilegales o el abuso de drogas legales, o que promuevan esos usos o abusos como comportamientos socialmente aceptables, publiciten la venta de imitaciones de drogas, sustancias parecidas o que actúen en forma semejante a las drogas, o de parafernalia relacionada con drogas en las instalaciones de la escuela. Cualquier alumno que venda o distribuya ese tipo de material en las instalaciones de la escuela estará sujeto a sanciones disciplinarias.

Las disposiciones mencionadas que prohíben a los alumnos estar bajo la influencia de drogas no serán aplicables a quienes hayan tomado medicación (de venta libre o bajo receta) en estricto cumplimiento con las indicaciones de su médico o según las dosis recomendadas y de acuerdo con la Política §8-53 cuando resulte aplicable.
Students are prohibited from possessing any weapons, including fireworks, on school property or while under the authority or supervision of school personnel.

Students who possess weapons may be expelled (removed from school for a minimum of one year – possibly permanently) and will be reported to law enforcement.

The LCPS Weapons Policy is printed below and on the reverse side of this form. Please read the policy and discuss it with your child. If you have any questions, contact your school’s principal.

Students – 2017-2018

STUDENT CONDUCT

§8-32 Weapons

Possession or use of a weapon, loaded or unloaded, operable or inoperable, by a student while under the control or supervision of school system personnel, at a school-sponsored activity, or on school property is prohibited. This policy is applicable to students at all grade levels. The term "weapon" is intended to be construed broadly and includes any instrument or device which, by its design or use, is capable of causing injury, harm, or threat of injury or harm to the physical well-being of another person, as largely defined within both federal and state law. For the purposes of determining appropriate penalties for violations of this policy, “weapons” are classified as either Category A or Category B, except under specified circumstances.

A. Category A:

1. Firearms, starter guns or any weapon that is designed or can be readily converted to expel a projectile by action of an explosion. Examples of firearms would include any pistol, shotgun, rifle, or revolver;

2. Pneumatic guns, including a paintball gun, BB or pellet gun, or air rifle that use pneumatic pressure to expel a projectile; and

3. Explosive or incendiary devices, including those containing poison gas, acid or in the form of a grenade, rocket or bomb and any combination of parts either designed or intended for use in converting any device into any destructive device. “Destructive device” does not include any device that is not designed or redesigned for use as a weapon, or any device originally designed for use as a weapon and that is redesigned for use as a signaling, pyrotechnic, line-throwing, safety, or other similar device.

B. Category B:

1. Any knife or other instrument or device that has a blade designed to cut or a point designed to penetrate, including a dirk, Bowie knife, switchblade, folding knife, ballistic knife, or machete;

2. Any gun or device designed to expel a projectile by any non-pneumatic or non-explosive action, including those using trigger, battery power or tension action. Examples include slingshots, bows, nail guns and toy shooting devices;

- continued on back-
§8-32 Weapons (continued)

3. A stun weapon of any kind;

4. Any club, baton, stick, flailing or thrown instrument or other similar device designed for use as a weapon, such as a blackjack, spring stick, brass or metal knuckles, nunchahka (nun chuck or nunchaku), fighting chain, shurken, throwing star or oriental dart;

5. Any chemical or chemical compound, including pepper spray, that produces an adverse effect on the normal functions of the human body;

6. Any instrument or device that is actually used intentionally to injure, harm, endanger or induce fear in another person, including "toy" or "look-alike" weapons; and

7. Any instrument or device, not included in Category A, which has as one of its designed purposes to be used as a weapon to injure, harm, or endanger another person.

C. Exceptions to Weapons Classifications:

The following weapon or weapons may be exempted from those categorized above, depending on the appropriateness of their use and provided that such weapons are authorized by a school official:

1. Those that are specifically a part of the school’s curriculum or activities or any organization authorized by the school to conduct its programs;

2. Those tools, such as a knife, customarily used for food preparation or service and is being used for such purpose; or

3. Those used within the Junior Reserve Officers Training Corps (JROTC) program in conducting marksmanship training when such training is a normal element of such programs; such programs may include training in the use of pneumatic guns. Such marksmanship training shall occur only at a location or locations approved by the Division Superintendent.

D. Penalties for Violation:

1. Category A Weapons Violation: Any student who violates this policy with respect to a Category A weapon shall be automatically recommended for expulsion from Loudoun County Public Schools by the Principal and disciplined according to Policy §8-28. In accordance with that policy, however, the Principal may indicate special circumstances that may exist and therefore also recommend an alternative disciplinary action be considered. The Superintendent or the Superintendent’s designee shall determine if special circumstances exist and may determine that the recommended disciplinary action is appropriate, or if special circumstances are found not to exist, proceed with the expulsion recommendation in accordance with Policy §8-28.

2. Category B Weapons Violation: Any student who violates this policy with respect to a Category B weapon or any other terms of this policy may be subject to expulsion from Loudoun County Public Schools, or to such lesser disciplinary action, including long-term suspension, as may be deemed appropriate by the Superintendent or the Superintendent’s designee in accordance with Policy §8-28.

3. Safe Harbor Provision: The accidental or inadvertent possession of a weapon by a student, either brought onto or found on school property or at a school-sponsored activity shall not constitute a violation of this policy, provided the student immediately reports the same to a teacher or administrator upon discovery thereof by such student and before it is discovered or seen by a teacher, administrator or other school employee or by another student.

4. Reporting to Law Enforcement: Notwithstanding the foregoing, there may be a requirement to report such possession to law enforcement officials as provided in state law.

5. Right of Appeal: Certain disciplinary actions for violations of this policy are appealable to or must be formally determined by a Committee of the School Board as provided in Policy §8-28.

Legal Reference: Va. Code §§ 22.1-277.07, 18.2-308.1

Adopted: 5/10/83
Revised: 9/8/92, 10/12/93, 6/23/98, 9/14/99, 2/8/00, 10/14/03, 2/26/08, 5/25/10, 10/28/14
Current Revision: 07/01/16
Se prohíbe a los alumnos la posesión de cualquier tipo de armas en las instalaciones de la escuela o mientras estén bajo control o la supervisión del personal escolar.

Los alumnos con armas podrán ser expulsados (echados de la escuela por un mínimo de un año; y posiblemente, en forma definitiva) y se informará del hecho a las fuerzas del orden público.

La Política sobre Armas de LCPS está impresa debajo y en el reverso de este formulario. Por favor léala y converse sobre ella con sus hijos. Si tiene alguna pregunta, comuníquese con el director o el subdirector de su escuela.

Alumnos – 2017-2018

CONDUCTA DE LOS ALUMNOS

§8-32 Armas

Está prohibida la posesión o el uso de armas, cargadas o descargadas y en funcionamiento o no, por los alumnos mientras estén bajo el control o la supervisión del personal del sistema escolar, en una actividad patrocinada por la escuela o en las instalaciones escolares. Esta política se aplica a los alumnos de todos los grados. El término “arma” se interpreta en su sentido más amplio e incluye cualquier instrumento o dispositivo que, por su diseño o uso, sea capaz de causar lesión, daño o amenaza de lesión o daño al bienestar físico de otra persona, según se define en gran medida tanto en las leyes estatales como federales. A los efectos de determinar las sanciones adecuadas por infrigir esta política, las “armas” se clasifican en las Categorías A o B, excepto en algunas circunstancias específicas.

A. Categoría A:
1. Armas de fuego, pistolas de salva o cualquier arma diseñada para propulsar un proyectil mediante una explosión, o que pueda ser convertida fácilmente para ello. Entre los ejemplos de armas de fuego se encuentran las pistolas, escopetas, rifles y revólveres;
2. Armas neumáticas, incluidas las de bolas de pintura (paintballs), de aire comprimido BB o balines (pellets), o rifles que usen presión neumática para expulsar proyectiles; y
3. Dispositivos explosivos o incendiarios, incluidos los que contengan gas venenoso, ácido o funcionen como granadas, bombas o cohetes, y cualquier combinación de piezas diseñadas para, o con la intención de, convertir cualquier dispositivo en destructivo. El término “dispositivo destructivo” no incluye dispositivos que no hayan sido diseñados o rediseñados para su uso como armas, ni dispositivos diseñados originalmente para su uso como armas y rediseñados para señalización, pirotecnia, lanzamiento de líneas, seguridad o similares.

B. Categoría B:
1. Cualquier cuchillo u otro instrumento o dispositivo que tenga una hoja diseñada para cortar o una punta diseñada para penetrar, incluidos puñales, cuchillos Bowie, navajas de resorte, navajas plegables, cuchillos balísticos o machetes;
2. Cualquier arma o dispositivo diseñado para lanzar proyectiles con métodos no neumáticos o no explosivos, incluidos los que usan gatillos, los alimentados a batería o por tensión. Algunos ejemplos son tirachinas o gomeras, arcos, pistolas de clavos y dispositivos de juguete que disparan.

–continúa en el reverso–
§8-32 Armamento (continuación)

3. Cualquier arma para aturdir;
5. Cualquier producto o compuesto químico, incluido el gas pimienta, que produzca un efecto adverso en las funciones normales del cuerpo humano;
6. Cualquier instrumento o dispositivo usado intencionalmente para causar lesión, daño, poner en peligro o inducir miedo en otra persona, incluso las armas de “juguete” o “imitaciones”; y
7. Cualquier instrumento o dispositivo no incluido en la Categoría A que haya sido diseñado para, entre otras cosas, ser usado como arma para causar lesión, daño o poner en peligro a otra persona.

C. Excepciones a las clasificaciones de armas:

Las siguientes armas pueden quedar exentas de las categorías anteriores según lo apropiado de su uso y siempre que hayan sido autorizadas por un funcionario escolar:

1. Las que específicamente formen parte de las actividades o el plan de estudios de la escuela o de una organización autorizada por la escuela para implementar sus programas;
2. Armas como, por ejemplo, cuchillos utilizados habitualmente para la preparación de alimentos o servicios gastronómicos y que sean utilizados para esos propósitos; o
3. Las utilizadas por el Cuerpo de Entrenamiento de Oficiales de Reserva [Junior Reserve Officers Training Corps (JROTC)] para realizar ejercicios de tiro cuando sean parte normal de esos programas; los programas podrán incluir entrenamiento en el uso de armas de aire comprimido. Ese entrenamiento de tiro sólo podrá realizarse en ubicaciones aprobadas por el Superintendente de la División.

D. Sanciones por las infracciones:

1. Violación de la política sobre armas categoría A: Cualquier estudiante que violare esta política con respecto a un arma categoría A será recomendado automáticamente para que se lo expulse de las Escuelas Públicas del Condado de Loudoun por el Director y disciplinado de conformidad con la Política §8-28. No obstante, de conformidad con la política mencionada, el director puede indicar que pueden existir circunstancias especiales y por lo tanto recomendar asimismo que se considere una acción disciplinaria alternativa. El Superintendente o la persona designada por el Superintendente determinará si existen circunstancias especiales y puede determinar que la acción disciplinaria recomendada es apropiada, o si se considera que no existen circunstancias especiales, proceder con la recomendación de expulsión de conformidad con la Política §8-28.
2. Infracciones con armas de la Categoría B: todo alumno que cometa una infracción relacionada con las armas de la Categoría B o cualquier otro de los términos de esta política puede ser expulsado de las Escuelas Públicas del Condado de Loudoun o recibir una sanción menor, incluida su suspensión a largo plazo, según lo considere adecuado el Superintendente o la persona por él designada, según la Política §8-28.
3. Disposiciones de protección legal: la posesión accidental o inadvertida de un arma por el alumno si la llevó a las instalaciones escolares o a una actividad patrocinada por la escuela, o la encontró en ella, no constituye una infracción de esta política siempre que el alumno lo informe inmediatamente a un docente o administrador al darse cuenta, y antes de que sea descubierta o vista por un docente, administrador, otro empleado de la escuela u otro alumno.
4. Informe a las fuerzas del orden: sin perjuicio de lo anterior, es posible que se deba informar la posesión a los funcionarios de las fuerzas del orden público según lo estipula la ley estatal.
5. Derecho de apelación: ciertas acciones disciplinarias por infracciones a esta política son apelables o deben ser determinadas formalmente por un Comité de la Junta Escolar, según lo determina la Política §8-28.

Referencia legal: Código de Virginia §§22.1-277.07, §18.2-308.1

Vigencia desde: 5/10/83
Revisado: 9/8/92, 10/12/93, 6/23/98, 9/14/99, 2/8/00, 10/14/03, 2/26/08,5/25/10, 10/28/14
Revisión actual: 7/01/16