



# **Scotten School**

**Grass Valley School District**

## **Parent Information**

**This packet contains the following information:**

- 1. Superintendent's Letter**
- 2. School Calendar for 2020/2021**
- 3. Administration of Medication Request Form**
- 4. Lunch Program**
  - Menu
  - Application For Free And Reduced Meals (*students who received free or reduced priced meals last year will continue for the first 30 days of school pending a new application and approval*).
- 5. Grass Valley After School Program Letter/Registration Form**
- 6. Internet Acceptable Use Agreement**
- 7. Technology Devices Acceptable Use Agreement (ChromeBook/iPod/iPad)**
- 8. Mobile Device Contract & Protection Plan (Chromebooks/iPads/iPods)**
- 9. Student/Parent School Agreement**
- 10. Student / Parent Handbook – Mandatory Signature Page**
- 11. “All In” Health Care For All Families - Flyer**
- 12. Mandatory Signature Page - Items listed below available online at <http://www.gvsd.us>**
- 13. Annual Parent/Guardian Notice of Rights and Responsibilities (EC 48980)**
  - Promotion/Retention – Board Policy #5210
  - Instruction/Parent Involvement – Board Policy #6054
  - Student Eligibility Certification (Indian Education Program)
  - Student Handbook
  - Sexual Harassment/Non Discrimination/Student Conduct – Board Policy #5100
  - Pesticide Notification and Registry
  - Uniform Complaint Procedures – Board Policy #1175
  - Student Acceptable Use Agreement (Terms and Conditions)
  - Request to Deny Access To Directory Information
  - Request for Non-Participation in Health, Family Life or Sex Education Instruction (5th – 8th Grade)
- 14. Indian Education Program – Student Eligibility Certification**
- 15. Pesticide Notification and Registry**
- 16. Student Insurance**
  - Myers-Stevens Low cost accident insurance (as low as \$16.00 per year) is available at parent expense. Please be advised the District does not insure your child during the school day and at school activities.
- 17. School Messenger Text Messaging Service – Opt-In Flyer**

Complete regulations and procedures available online at <http://www.gvsd.us>

**If You Have Any Questions, Please Call 273-6472**



10840 Gilmore Way  
Grass Valley, CA 95945

(530) 273-4483

FAX (530) 273-0248

# Grass Valley School District

**Andrew Withers**  
Superintendent

Dear Grass Valley School District Parents or Guardians:

Welcome to the 2020/2021 school year. We are excited about kicking off another school year with the anticipation of a successful educational experience for all students. We know that the challenges of COVID-19 are impacting everyone however we also know that we will get through this by working together. This is one of the reasons why we have developed a districtwide theme for this year, GVSD - Better Together!

One of the traditions of starting the school year is the annual back to school packet for parents. This packet is intended to provide you with information and for us to gather important information from you. To make this process easier for parents we are providing the signature forms and less bulky information in the first day packet. All of the other information is provided on the district website.

To access the First Day Packet information on the district website please follow the process outlined below:

- Access the district website at [www.gvsd.us](http://www.gvsd.us)
- On the home page, in the left hand column click on the "Forms and Documents" link
- Once you are on the Forms and Documents page click on the "Annual Parent Notification" link.
- On this page you can access all of the required notifications by school site by clicking on the "Annual Parent Notification" icon.
- After reviewing the notifications return to the "Forms and Documents" page and click on the "Mandatory Forms" icon. This link will provide you with the PDF for the "Mandatory Signature Form", which will need to be printed, signed, and returned to your child's teacher.
- The other links available on "Forms and Documents" page are "Optional Forms" (includes forms such as administration of medication form, Healthy families flyer, pest notification, etc.), "Free and Reduced Lunch Program", and "School Calendar".

It is important for parents to understand that the only forms that are required to be returned to the school site are the "Mandatory Signature Form" and the "Materials Check Out Agreement Form". We would also like to encourage all parents or guardians to complete and return the optional Free and Reduced Lunch Application form.

We hope that this dual process of sending some materials home in the First Day Packet and providing access to the information and forms on the website makes this process less cumbersome for your family. Thank you for your support by taking the time to complete and return these forms.

Sincerely,

Andrew Withers  
Superintendent

# Grass Valley School District

Student/Parent Calendar with Minimum Days 2020/2021 (Bell Hill/Scotten/Gilmore)

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

August 2020 (10 student days)						
S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	PD	15
16	WD	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2020 (20 student days)						
S	M	T	W	T	F	S
		1	2	3	4	5
6	H	8	9	10	11	12
13	14	15	16	17	18	19
20	PD	22	23	24	25	26
27	28	29	30			

October 2020 (17 student days)						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	B	B	B	B	B	24
25	26	27	28	29	30	31

November 2020 (18 student days)						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	H	H	28
29	30					

December 2020 (14 student days)						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	B	B	B	H	H	26
27	B	B	B	H/B		

January 2021 (18 student days)						
S	M	T	W	T	F	S
					H	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	H	19	20	21	PD	23
24/31	25	26	27	28	29	30

February 2021 (18 student days)						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	H	13
14	H	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2021 (19 student days)						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	EC	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	B	B	B			

April 2021 (18 student days)						
S	M	T	W	T	F	S
				B	B	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	EC	24
25	26	27	28	29	EC	

May 2021 (19 student days)						
S	M	T	W	T	F	S
2	3	4	5	6	7	1/8
9	10	11	12	13	14	15
16	EC	18	19	20	21	22
23	24	25	26	27	28	29
30	H					

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

## School Breaks and Holidays

August 14, 2020	Professional Development Day - No Students
August 17, 2020	Teacher Work Day - No Students
August 18, 2020	First Day of School (Minimum Day)
September 7, 2020	Labor Day Holiday
September 21, 2020	Professional Development Day - No Students
October 19-23, 2020	Fall Break
November 11, 2020	Veterans Day Holiday (Observed)
November 25, 2020	Minimum Day
November 26 & 27, 2020	Thanksgiving Holiday
December 18, 2020	Minimum Day
December 21-31, 2020	Winter Break
January 1, 2021	New Years Day Holiday
January 18, 2021	Martin Luther King Jr. Holiday
January 22, 2021	Professional Development Day - No Students
Feb 12 & Feb 15, 2021	Presidents Holiday
March 12, 2021	Emergency Closure Day - Make Up If needed
March 29 - April 2, 2021	Spring Break - No Students
April 23, 2021	Emergency Closure Day - Make Up If needed
April 30, 2021	Emergency Closure Day - Make Up If needed
May 17, 2021	Emergency Closure Day - Make Up If needed
May 31, 2021	Memorial Day Holiday
June 9, 2021	Minimum Day
June 10, 2021	Minimum Day
June 11, 2021	Last Day of School / Minimum Day

180 Student Days  
186 Teacher Days  
\* Conferences are equivalent to 2 Teacher Days

Back to School Night (5:30 - 7:00 pm)	
Bell Hill Academy	TBD
Scotten	TBD
Lyman Gilmore	TBD
Grass Valley Charter	TBD

Open House (5:30 - 7:00 pm)	
Bell Hill Academy	TBD
Scotten	TBD
Lyman Gilmore	TBD
Grass Valley Charter	TBD

Student Early Release / Collaboration Days: **Every Wednesday - Dismissal at 1:35 p.m.**

Bell Hill Academy Parent Conferences 4:00 - 7:30 p.m.	Lyman Gilmore Parent Conferences 4:00 - 7:30	Scotten School Parent Conferences 4:00 - 7:30 p.m.
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## **GRASS VALLEY SCHOOL DISTRICT**

### **PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS BY SCHOOL PERSONNEL**

#### **ATTENTION PARENTS/GUARDIANS:**

**Medications, prescription and non-prescription, that are to be given at school, require a written authorization from the physician, and a signed release from the parents/guardians for school personnel to administer any medication. Only one medication should be written per form.**

Medical treatment is the responsibility of the parent and the family health care provider. Medications are rarely given in school. The only exceptions involve special or serious problems where it is deemed absolutely necessary to give the medication during school hours.

A school nurse often serves more than one school and would not be available every day to administer medication so other school personnel may be given this responsibility. **Consequently, the parent is urged, with the help of the family health care provider, to work out a schedule of giving medication outside school hours.**

Specific directions for the administration of the medication to be given at school must be included in a written statement from the health care provider clearly specifying the condition for which the drug shall be given, how it is to be given, dosage, and related information. Specific instructions should be included for the emergency treatment of allergic reactions such as those from bee stings, and they should clearly state what type of reaction for which the drug is being given, (i.e., localized, generalized, severe, mild).

**Medication shall be brought to and from the school by the parent in the original container. No medication (prescription or non-prescription) may be transported by a student or be in the student's possession while at school or on a school bus.**

The school will provide a safe place for the medication to be stored and maintain records. These procedures fulfill the legal requirements of California Education Code 49423 and the district policy. If you have further questions or need assistance please contact your child's school nurse at his/her school.

**EDUCATION CODE SECTION 49423:** Administration of Prescribed Medication for Pupil. Any students who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel if the school district received (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken, and (2) a written statement from the parent or guardian of the student indicating the desire that the school district assist the student in the matters set forth in the physician's statement.

(form on back)

Grass Valley School District

**ADMINISTRATION OF MEDICATION AT SCHOOL**

*Please have your physician/health provider complete this form  
for each prescription or non-prescription medication.*

1. Name of pupil \_\_\_\_\_ Grade \_\_\_\_\_
2. Birthdate \_\_\_\_\_ 3. School of Attendance \_\_\_\_\_
4. Medication  
(one per sheet) \_\_\_\_\_
5. Dosage, time and method of administration \_\_\_\_\_

6. Physical condition for which drug is to be given. (If allergic in nature, specify what type of reaction, i.e., localized, generalized, mild, severe). \_\_\_\_\_

7. Possible reactions that need to be reported to the physician/care provider. \_\_\_\_\_

8. Disposition of pupil following administration of medication, (i.e., rest, home, hospital, doctor's office, return to class, notification requests). \_\_\_\_\_

The above medication **cannot** be scheduled for other than during school hours and such medication may be administered by medically-untrained school personnel whenever necessary.

Physician/Health Care Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of Request \_\_\_\_\_ Medication to be continued until \_\_\_\_\_  
(Date)

\_\_\_\_\_  
**Authorization and Signature of Licensed Physician/Health Care Provider**

I request that my child (the above named pupil) be assisted in taking the above medication(s) at school by school personnel, and will comply with the policy and procedures of the school as outlined in the letter on the reverse side. I give my consent for the school nurse to communicate with the physician/health care provider and to counsel with school personnel regarding the above named pupil and medication as appropriate. I understand the school is not legally obligated to administer medication to any pupil and therefore agree to hold the district harmless from any liability resulting from the administration of above named medication(s).

\_\_\_\_\_  
**Authorization and Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contact Phone Number(s)**





10840 Gilmore Way  
Grass Valley, CA 95945

(530) 273-4483

FAX (530) 273-0248

# Grass Valley School District

**Andrew Withers**  
Superintendent

August 4, 2020

Dear Parents/Guardians,

This year our district is again sending First Day Packets with information and necessary forms home and we will continue to provide many of the forms and information on the district website.

- One of those important forms is the Free and Reduced Meal Program application. This is extremely important information, as it establishes the number of students that are eligible for the Free and Reduced Meal Program. Being eligible for this program not only provides support for your child by providing them free or reduced meals, but it also provides additional funding for your child's school program. So, even if you do not want your child to participate in the meal program, they can still benefit by participating in this program because of the additional funding that will be generated for the school that they attend. The funds generated by this program are required to be spent on eligible students.

Because of the significant impact that this program has on our school funding, we are making this application available through several resources. You can apply online through our District website in the Mealtime link, print out an application from the Grass Valley School District website (<http://www.gvzd.us>), and the paper application form that will be sent home in the First Day Packets.

To ensure that our schools do not miss out on available funding for our students, we are asking that all families complete this application even if you feel that you may not be eligible.

Once you have completed the attached application please return it to your child's school as soon as possible.

Only one form needs to be completed per family regardless of the number of children you have in the district.

If your families' financial circumstances change during the school year, your family may be eligible; you may submit an application anytime during the school year.

Please support your child and our instructional programs by filling-out this important application. All such information is kept strictly confidential.

Sincerely,

Andrew Withers

Superintendent

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

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Dear Parent/Guardian:

Children need healthy meals to learn. **Grass Valley School District** offers healthy meals every school day. Breakfast costs **\$1.75**; lunch costs **\$3.50**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.00** for breakfast and **\$0.00** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

**1. WHO CAN GET FREE OR REDUCED PRICE MEALS?**

- All children in households receiving benefits from **[State SNAP]**, **[the Food Distribution Program on Indian Reservations (FDPIR)]** or **[State TANF]**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on the attached chart.

**HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator]**.

- 2. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[Your child's school]**.
- 3. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **[Jeff Coats 530-272-2236]** immediately.
- 4. CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[[www.mymealtime.com/apps](http://www.mymealtime.com/apps)]** to begin or to learn more about the online application process. Contact **[Jeff Coats 530-272-2236]** if you have any questions about the online application.
- 5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **[9/18/2020]**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 6. I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
- 7. WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
- 8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **[Jeff Coats 530-272-2236]**.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **[Jeff Coats 530-272-2236]** to receive a second application.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **[State SNAP]** or other assistance benefits, contact your local assistance office.

If you have other questions or need help, call **530-272-2236**.

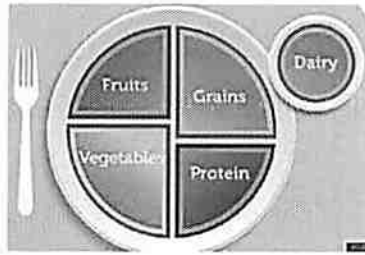
Sincerely,

**Jeff Coats**



INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2020 to June 30, 2021											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1 .....	12,760	23,606	1,968	984	908	454	16,588	1,383	692	638	319
2 .....	17,240	31,894	2,658	1,329	1,227	614	22,412	1,868	934	862	431
3 .....	21,720	40,182	3,349	1,675	1,546	773	28,236	2,353	1,177	1,086	543
4 .....	26,200	48,470	4,040	2,020	1,865	933	34,060	2,839	1,420	1,310	655
5 .....	30,680	56,758	4,730	2,365	2,183	1,092	39,884	3,324	1,662	1,534	767
6 .....	35,160	65,046	5,421	2,711	2,502	1,251	45,708	3,809	1,905	1,758	879
7 .....	39,640	73,334	6,112	3,056	2,821	1,411	51,532	4,295	2,148	1,982	991
8 .....	44,120	81,622	6,802	3,401	3,140	1,570	57,356	4,780	2,390	2,206	1,103
For each add'l family member, add	4,480	8,288	691	346	319	160	5,824	486	243	224	112
ALASKA											
1 .....	15,950	29,508	2,459	1,230	1,135	568	20,735	1,728	864	798	399
2 .....	21,550	39,868	3,323	1,662	1,534	767	28,015	2,335	1,168	1,078	539
3 .....	27,150	50,228	4,186	2,093	1,932	966	35,295	2,942	1,471	1,358	679
4 .....	32,750	60,588	5,049	2,525	2,331	1,166	42,575	3,548	1,774	1,638	819
5 .....	38,350	70,948	5,913	2,957	2,729	1,365	49,855	4,155	2,078	1,918	959
6 .....	43,950	81,308	6,776	3,388	3,128	1,564	57,135	4,762	2,381	2,198	1,099
7 .....	49,550	91,668	7,639	3,820	3,526	1,763	64,415	5,368	2,684	2,478	1,239
8 .....	55,150	102,028	8,503	4,252	3,925	1,963	71,695	5,975	2,988	2,758	1,379
For each add'l family member, add	5,600	10,360	864	432	399	200	7,280	607	304	280	140
HAWAII											
1 .....	14,680	27,158	2,264	1,132	1,045	523	19,084	1,591	796	734	367
2 .....	19,830	36,686	3,058	1,529	1,411	706	25,779	2,149	1,075	992	496
3 .....	24,980	46,213	3,852	1,926	1,778	889	32,474	2,707	1,354	1,249	625
4 .....	30,130	55,741	4,646	2,323	2,144	1,072	39,169	3,265	1,633	1,507	754
5 .....	35,280	65,268	5,439	2,720	2,511	1,256	45,864	3,822	1,911	1,764	882
6 .....	40,430	74,796	6,233	3,117	2,877	1,439	52,559	4,380	2,190	2,022	1,011
7 .....	45,580	84,323	7,027	3,514	3,244	1,622	59,254	4,938	2,469	2,279	1,140
8 .....	50,730	93,851	7,821	3,911	3,610	1,805	65,949	5,496	2,748	2,537	1,269
For each add'l family member, add	5,150	9,528	794	397	367	184	6,695	558	279	258	129

# *Grass Valley School District Child Nutrition Services*



## *Healthy Meals—Healthy Minds*

August 18, 2020

Dear Grass Valley School District Parents and Guardians,

The National School Lunch Program is a federally funded program that assists schools and other agencies in providing nutritious breakfast and lunches to children at reasonable prices. In addition to financial assistance, the program provides commodity foods to help reduce meal program costs and is administered by the California Department of Education, Nutrition Services Division.

Parents/Guardians may apply for free and reduced meals for their students depending on financial need at any time during the school year. For an application contact your student's school office or the GVSD Child Nutrition Services Department. Parents/Guardians can also apply on line at [www.mymealtime.com/Apps](http://www.mymealtime.com/Apps)

### **STUDENT MEAL PROGRAMS**

#### **Free & Reduced Price Meals**

Breakfast – no charge (additional breakfast \$1.75 each)

Lunch –no charge (additional lunch \$3.50 each)

Additional Milk or Milk without receiving a meal - \$0.50 each

#### **Full Price Meals**

Breakfast – \$1.75 (additional breakfast \$1.75 each)

Lunch – \$3.50 (additional lunch \$3.50 each)

Additional Milk or Milk without receiving a meal - \$0.50 each

- Parents/Guardians are required to maintain their student's meal account by sending money to the school or placing money on their student's account through MealTime Online. ***There is no charging of school meals or milk.*** Meal balance notifications are emailed and can be viewed on [www.mymealtime.com](http://www.mymealtime.com). If a student's meal account is exhausted and not replenished the student will be sent to the office to call you or given an alternate snack/meal.

If you have any questions or concerns, please contact the nutrition services department at 272-2236.

*We appreciate the opportunity to provide your student with nutritious meals.*

**GVSD CHILD NUTRITION SERVICES**

# MealTime Just Got Easier!

***We offer a choice of how to manage your student's meal account.***

Grass Valley School District has chosen MealTime Online to provide the opportunity for you to make credit card deposits into your student's cafeteria account or view your student's purchase history via the internet. YOU CAN STILL SEND A CHECK OR CASH TO SCHOOL WITH YOUR STUDENT AT NO CHARGE.

## **MealTime Online Prepayment Website**

MealTime prepayment system offers different ways to manage your child's meal account. Make payments to your child's meal account. (There is a small website use fee that is subsidized 50 % by the district).

- Deposits can be made with any Discover, VISA, or MasterCard credit or debit card.
- Credit card processing is completed through a secure authorization process. MealTime Online does not retain or store Credit Card information and will never share your information with a third party.
- Online payments are processed immediately and will be reflected in the student's cafeteria account automatically, according to the district's scheduled transfer process.
- All student data that is transmitted is encrypted and authenticated every time you use the website.

You can associate multiple students, from multiple schools, with one parent profile.

View account deposits, balance and meal purchase transactions.

Set up free e-mail reminders to let you know when your child's meal balance is low.

## **To Use MealTime Online:**

Visit your school or school district web site and locate the link to the school nutrition page. Find the link to online payments which will take you to MealTime Online. Or go directly to: [www.mymealtime.com](http://www.mymealtime.com), [www.qvsd.us](http://www.qvsd.us) or [www.nevadacountycns.com](http://www.nevadacountycns.com)

**Step 1:** Create a MealTime Online profile. Click on the "Create new profile" link and enter a Username and Password that you will use to login to MealTime Online. The Username and Password must be at least 6 characters. For example, Username: jsmith Password: pty845.

**Step 2:** Add your student. Login to your MealTime Online account (using the Username and Password that you created in Step 1), click on "Meal Account Deposits" then click the "Add New Student" link and add your student by entering their first name and student id. (Obtain this id number from your student's school or school's nutrition services).

**Step 3:** Make a Deposit. Click on the "Make Deposit" link to make a deposit into a school account. There is a transaction fee for making deposits. Click on the "View Details" link next to your student's name to view their cafeteria account balance and purchase history.

## **Note:**

Online Deposits are processed each night at 2:00 a.m. and will be automatically reflected in your student's account at that time. Deposits made after 2:00 a.m. will be processed the following night at 2:00 a.m.

*For any additional information contact the food services department at 272-2236.*

# August 2020

## K8 Lunch Menu

This institution is an equal opportunity provider.



We're Cooking  
Healthy School  
Lunches

Monday	Tuesday	Wednesday	Thursday	Friday
3 Pretzel Dog Mustard Ketchup Pea Pods Celery Sticks Nectarine 1% Milk FF Choc Milk	4 Chicken Sandwich WG Bun BBQ Beans Romaine Lettuce Dill Pickles Craisins 1% Milk FF Choc Milk	5 WG Pepp Pizza Romaine Lettuce Cucumbers Ranch Dressing Apples, Fresh FF Choc Milk 1% Milk	6 Orange Chicken WG Brown Rice WG Roll Carrots, Fresh Broccoli, Fresh Strawberry Cup 1% Milk FF Milk	7 WG Hoagie Roll Sliced Turkey Breast American Cheese Romaine Lettuce Dill Pickles Mayonnaise Cherry Tomatoes Raisins 1% Milk FF Choc Milk
10 Hot Dog WG Bun Potato Rounds Ketchup Mustard Carrots, Fresh Pears, canned 1% Milk FF Choc Milk	11 Hamburger BBQ Beans WG Bun Carrots, Fresh Dill Pickles Mustard Ketchup Plum 1% Milk FF Choc Milk	12 Pepperoni Pizza Bagel Romaine Lettuce Cucumbers Ranch Dressing Apples, Fresh 1% Milk FF Choc Milk	13 WG Chow Mein Chicken Fajita Strips Pea Pods Peaches, Canned 1% Milk FF Choc Milk	14 WG Pepp French Brd Pizza Carrots, Fresh Cucumbers Ranch Dressing Orange, Fresh 1% Milk FF Choc Milk
17 WG Mini Corn Dogs Potato Rounds Ketchup Mustard Carrots, Fresh Nectarine 1% Milk FF Choc Milk	18 Chicken Sandwich WG Bun BBQ Beans Romaine Lettuce Dill Pickles Craisins 1% Milk FF Choc Milk	19 WG Pepp Pizza Romaine Lettuce Cucumbers Ranch Dressing Apples, Fresh FF Choc Milk FF Milk	20 WG Egg Roll Teriyaki Chicken WG Brown Rice Carrots, Fresh Fresh Pear FF Choc Milk 1% Milk	21 WG Chicken Sticks Potato Rounds WG Roll Ketchup Celery Sticks Peaches, Canned 1% Milk FF Choc Milk
24 Pretzel Dog Mustard Ketchup Pea Pods Celery Sticks Nectarine 1% Milk FF Choc Milk	25 Hamburger BBQ Beans WG Bun Carrots, Fresh Dill Pickles Mustard Ketchup Peach 1% Milk FF Choc Milk	26 Pepperoni Pizza Bagel Romaine Lettuce Cucumbers Ranch Dressing Fresh Pear 1% Milk FF Choc Milk	27 Orange Chicken WG Brown Rice WG Roll Carrots, Fresh Broccoli, Fresh Raisins 1% Milk FF Milk	28 Corn Dog Two Bean Salad Celery Ketchup Mustard Pears, canned 1% Milk FF Choc Milk
31 Hot Dog WG Bun Potato Rounds Ketchup Mustard Carrots, Fresh Pears, canned 1% Milk FF Choc Milk				



Apply online:  
[www.mealtime.com/apps](http://www.mealtime.com/apps)

## Child's First Name

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."

**Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.**

Child's First Name								MI								Child's Last Name								Grade		Student?		Check all that apply		Foster Child	Migrant / Runaway
																								Yes	No						
																								<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
																								<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
																								<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
																								<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
																								<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?**

Case Number:

Write only one case number in this space.

**Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2.)**

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income:	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. All Adult Household Members (including yourself)**

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

Name of Adult Household Members (First and Last)	Earnings from Work				How often?				Public Assistance/ Child Support/Alimony				How often?				Pensions/Retirement/ All Other Income				How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly				

Total Household Members  
(Children and Adults)

Check if no SSN						
	X	X	X	X		
	X	X	X	X		

Last Four Digits of Social Security Number (SSN) of  
Primary Wage Earner or Other Adult Household Member

## STEP 4

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

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Signature of Child _____ Teacher's Name _____					



### Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> <li>- Disability Payments</li> <li>- Survivor's Benefits</li> </ul>	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

### OPTIONAL

### Children's Racial and Ethnic Identities

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

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Do not fill out**

## For School Use Only

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

Total Income	How often?				Household Size
	Weekly	Bi-Weekly	2x Month	Monthly	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**Categorical Eligibility** ☐

**Eligibility:**

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Determining Official's Signature

Date \_\_\_\_\_

**Confirming Official's Signature**

Date \_\_\_\_\_

### Verifying Official's Signature

Date \_\_\_\_\_





## Grass Valley School District Before and After School Program

August 3, 2020

Dear GVSD Families,

Welcome back to a different school year. The reopening of the Grass Valley School District Child Development Programs is dependent upon the guidance and direction received from the California Department of Education, state and local public health departments and the Nevada County Superintendent of Schools. Last fall, the Before and After School Program (BASP) offered an **affordable** TK/Kindergarten through 8<sup>th</sup> grade childcare at Bell Hill Academy, Scotten, and Lyman Gilmore Middle Schools.

Currently, we will continue to do our best to review all options for providing the Year-Round Program, After School Education and Safety Program and 21<sup>st</sup> Century Before School programs for our families. We are hopeful that we will be able to operate a program similar in ratio and scale to the summer care program currently in operation. At this time, we have no confirmed plans for offering childcare. We will send out updated communications if we are able to offer an on-site program.

Our goal is to ensure child and staff safety with current health and hygiene protocols. The Child Development Programs will follow the direction given by Superintendent, Andrew Withers and the GVSD School Board. Our district receives new information on an hourly and daily basis. When we know more regarding BASP programs reopening, we will communicate this information to our families.

Fill out the purple enrollment form if your family needs care during the 2020-2021 school year. Filling out the purple enrollment form confirms your **interest** and does not automatically enroll your child(ren).

As our district gains additional information regarding the reopening of the child development programs, we will share this information with our families.

Carol Viola  
Child Development Director

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Grass Valley School District Before and After School Program  
(530) 273-9528

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# GVSD SCHOOL AGE PROGRAM ENROLLMENT FORM \*

\* Subject to availability

Today's Date: \_\_\_\_\_

Students School locations: ☐ Bell Hill (K-4) ☐ Scotten (TK/K-4) ☐ Lyman Gilmore (5-8)

## 1. Student Information

Name: \_\_\_\_\_ Special Ed/IEP: Yes ☐ No ☐  
Last First Middle

Gender: ☐ Male ☐ Female Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Ethnicity: ☐ Black ☐ Hispanic ☐ American Indian ☐ Asian/Pac. Islander ☐ Caucasian ☐ Other: \_\_\_\_\_

School Teacher: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Allergies: \_\_\_\_\_ Chronic Illness/Medication: \_\_\_\_\_

Names of siblings who will also attend After School Program: \_\_\_\_\_

Special Notes: \_\_\_\_\_

## 2. Parent/Guardian Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work#: \_\_\_\_\_

Work#: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## 3. Student Pick-up Information: ☐ Pick-up Only

Please list persons with phone numbers who you give permission to pick-up your child from the program.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Updated 8/3/2020



## GVSD SCHOOL AGE PROGRAM

### ENROLLMENT FORM \*

#### 4. Emergency Contact Information

In the event of an emergency, please list three people we may contact who know your child and can take full responsibility should you not be available.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### 5. Parent/Guardian Consent for Movies, Photographs, and Internet Use

I give my consent to the Grass Valley School District Before and After School Program (GVASP) to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release GVSD from any claims whatsoever which may arise in said regards. ☐ Yes ☐ No

I give my consent to the GVASP to allow my child to use the Internet under the supervision of the Before and After School Program staff. ☐ Yes ☐ No

I give my consent to the GVASP to allow my child to watch G and PG rated movies under the supervision of the Before and After School Program Staff. ☐ Yes ☐ No

#### 6. Parent/Guardian Agreements

I agree to the following terms as a condition of my child's enrollment in the GVASP. (Please initial each line)

GVASP begins each day at 7:00 a.m. and closes at 6:20 p.m. (6:30 Lyman Gilmore and Scotten) Parents whose children remain past 6:20 p.m. (6:30 Lyman Gilmore and Scotten) will be charged a fee of **\$1.00 per minute per child**. Fees will be collected on the day the child is picked up late. \_\_\_\_\_

My student has permission to ride the bus that is provided by Durham Transportation and GVASP \_\_\_\_\_

My student has permission to participate in walking field trips with GVASP \_\_\_\_\_

My student has permission to sign himself/herself out and walk home (Lyman Gilmore Only) \_\_\_\_\_

I understand the cell phone policy (Please see handbook for policy) (Lyman Gilmore Only) \_\_\_\_\_

I understand that my child must adhere to the behavioral guidelines of the program. If my child chooses not to follow these guidelines it could result in the dismissal from the program. (Please see our policy on behavior guidelines) \_\_\_\_\_

I understand the GVASP is not responsible for lost, stolen, or broken personal items. \_\_\_\_\_

I understand that the GVASP does not provide medical or accident insurance for individual students. (School insurance is available at parent expense). \_\_\_\_\_

##### Physician to be called in an Emergency

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Insurance Number \_\_\_\_\_

Medi-Cal Number \_\_\_\_\_ Medical Insurance \_\_\_\_\_

In case of an emergency, injury, or illness, I authorize the GVASP to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

I have read and understand the above.

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

Date \_\_\_\_\_

**Updated 8/3/2020**

# **GRASS VALLEY SCHOOL DISTRICT**

## **K-8 Student Instructional Technology Acceptable Use and Internet Safety Policy**

Technology provides a wealth of educational opportunities for staff and students. Access to these vast resources requires responsible use by each individual. It is important that you understand your rights and privileges when using the Grass Valley School District (GVSD) resources in this environment. This document describes the computer, network, and Internet resources made available by the school and your responsibilities and obligations in the use of these resources.

### **PLEASE READ THIS POLICY THEN SIGN AND RETURN THIS PAGE TO YOUR SCHOOL**

I understand and will abide by the Acceptable Use and Internet Safety Policy. Should I commit a violation, I understand that consequences of my actions could include suspension of computer privileges, school disciplinary action, and/or referral to law enforcement.

Student's Name (please print): \_\_\_\_\_

Grade Level: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

As the parent or guardian of this student, I have read the Acceptable Conduct and Use Agreement. I understand that computer access is provided for educational purposes in keeping with the academic goals of the Grass Valley School District (GVSD), and that student use for any other purpose is inappropriate. I recognize it is impossible for GVSD to restrict access to all controversial materials and I agree to not hold the district or any district staff responsible for the failure of any technology protection measures, violations of copyright restrictions, or users' mistakes or negligence. I understand that my children's computer activities at home should be supervised as they can affect the academic environment at school and acknowledge GVSD accepts no responsibility for supervision outside the school setting. I agree to indemnify and hold harmless the District and/or District personnel for any damages or costs the District personnel incur as a result of a violation of the Acceptable Use and Internet Safety Policy by my student(s). I hereby give permission for my child to use computer resources at GVSD, and hereby accept and agree to the terms and conditions of the Acceptable Use and Internet Safety Policy and Agreement.

I hereby give permission for my child to use computer resources at GVSD.

Parent or Guardian's Name (please print) \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Introduction**

GVSD is pleased to offer students access to district computers, communications systems<sup>1</sup>, the Internet and an array of technology resources to promote educational excellence. Each student is responsible for their use of technology, whether personal or district-provided. While using district and personal technology resources on or near school property, in school vehicles and at school-sponsored activities, as well as using district technology resources via off-campus remote access, each student must act in an appropriate manner consistent with school, district, and legal guidelines. It is the joint responsibility of school personnel and the parent or guardian of each student to educate the student about appropriate digital citizenship and to establish expectations when using technology.

District technology resources are provided to students to conduct research, complete assignments, and communicate with others in furthering their education. This focus does not allow the use of the network system for commercial, political, or personal entertainment purposes. Students may not offer, provide, or purchase products or services through the GVSD network system.

The GVSD network system has not been established as a public access service or a public forum. Access is a privilege, not a right; as such, general rules of school behavior apply. Access to these services is given to students who agree to act in a considerate and responsible manner. Just as students are responsible for good behavior in a classroom or a school hallway, they must also be responsible when using school computer networks or personal technologies. Students must comply with school standards and honor this agreement to be permitted the use of technology. Disciplinary action may be taken against students for misuse of computer, network, and information resources.

<sup>1</sup>(Communication systems include e-mail, web sites, blogging, podcasting, forums, wikis, and/or other emerging technologies).

## **Use of GVSD Network**

- ☐ Each student, along with a respective parent/guardian, must sign an Acceptable Use Policy (AUP) Agreement to be granted an account on the GVSD network system.
- ☐ Students will not make deliberate attempts to disrupt or harm the computer system and its hardware or destroy data by spreading computer viruses or by any other means. Use or possession of "hacking" tools are prohibited.
- ☐ Students will use their personal server storage to store only files that are educational in nature and related to course work.
- ☐ Students are expected to maintain their instructional files and media in a responsible manner, which includes backing up files at regular intervals to a memory device and deleting files at the end of the school year.
- ☐ Students are responsible for their individual accounts and should take all reasonable precautions to prevent others from being able to use their account. Under no conditions should a student provide their password to another person except to a school administrator or parent.
- ☐ Students will not attempt to log on or connect to the GVSD network under any identity other than their own username.
- ☐ Students will not attempt to gain unauthorized access (including hacking) to the GVSD network system or to any other computer system through the GVSD network system or go beyond their authorized access. This includes attempting to log in through another person's account or access another person's files. These actions are inappropriate, even if only for the purposes of "browsing" and may result in disciplinary action.
- ☐ Students will immediately notify a teacher if they have identified a possible security problem.
- ☐ Students will use school resources (e.g. printers, cameras, etc.) only for educational purpose.
- ☐ Students are not permitted to connect any personal devices (e.g. laptops, smart phones, etc.) to any part of the GVSD network system (wireless or directly plugged) without first gaining approval from the Technology Department.
- ☐ Students will not download or upload programs or files that can be run or launched.
- ☐ Use of GVSD computers, network, and Internet services does not create any expectation of privacy.
- ☐ Students should expect routine monitoring of computer usage and Internet browsing while logged on to the GVSD network.
- ☐ Parents have the right to request to see the contents of student files.

## **Internet Access**

- ☐ All students will have access to the Internet and World Wide Web information resources through computers connected to the network.
- ☐ GVSD actively uses filtering software to meet the Children's Internet Protection Act (CIPA) requirement and to prevent students from accessing graphics that are (1) obscene, (2) pornographic, or (3) harmful to minors. GVSD retains the right to block unacceptable web sites. Filtering software is not a perfect science and it may be possible for users to access inappropriate sites.
- ☐ GVSD does not guarantee network functionality or accuracy of information.
- ☐ Students will not use the GVSD network system to access inappropriate material including sites that display profane or obscene (pornography) material, advocates illegal acts, encourages the use of drugs, alcohol or tobacco, school cheating, weapons, material that advocates violence, participation in hate groups, or discrimination towards other people, or other inappropriate activities considered harmful to minors.
- ☐ If students mistakenly access inappropriate information, they should immediately minimize their screen and tell their teacher. This will protect the student against a claim that they have intentionally violated this Policy.
- ☐ The use of anonymous proxies to get around content filtering is strictly prohibited and is a direct violation of this agreement.

## **Use of Messaging Services<sup>2</sup>**

- ☐ A filtered E-mail account may be provided to students for educational purposes and not as a public or student forum.
- ☐ Students will promptly disclose to their teacher or other school employee any message or information they receive that is inappropriate or makes them feel uncomfortable while on the web, using e-mail, chat rooms, forums or other forms of messaging services.
- ☐ E-mail, if provided, may not be used for unlawful activities, political or commercial purposes, any form of harassment or threats, sending of spam messages or chain letters to more than five people or any use that interferes with the school computing services or its employees.
- ☐ Students may not send messages with a false identity or alter forwarded mail out of context.
- ☐ Students will abide by rules of Network etiquette by not using defamatory, inaccurate, abusive, obscene, profane, lewd, vulgar, rude, inflammatory, threatening, disrespectful, or prejudicial language in public or private communication.
- ☐ Students will not post personal contact information about themselves or other people without parental approval. Personal contact information includes but not limited to names, home, school, parent work addresses, telephone numbers, personal photos or videos.
- ☐ Students will not repost a message that was sent to them privately without permission of the person who sent them the message.
- ☐ Students will not post or share information that could cause damage or a danger of disruption to GVSD schools or any other organization or person.
- ☐ Students are prohibited from accessing or attempting to access instant messages, chat rooms, forums, e-mail, social networking sites, or other messaging services during the instructional day unless authorized by a teacher or administrator for instructional purposes.

<sup>2</sup> (e-mail, chat, forums, blogs, social networking, instant message, SMS and other forms of messaging services)

## **Web Applications<sup>3</sup>**

Students' use of digital media and environments to communicate and work collaboratively to support individual learning and contribute to the learning of others is a key performance indicator of 21st Century Skills. Students may interact, collaborate, and publish with peers, experts, or others employing a variety of digital environments and media. In a digital environment, students will follow all established Internet safety guidelines including the following conditions:

- ☐ The use of digital media is considered an extension of your classroom. Any speech that is considered inappropriate in the classroom is also inappropriate in all digital environments. This includes but is not limited to profanity; racist, sexist or discriminatory remarks.
- ☐ Students using digital media are expected to act safely by keeping ALL personal information out of their posts.
- ☐ A student should NEVER post personal information on the web (including, but not limited to, last names, personal details including address or phone numbers, or photographs). Do not, under any circumstances, agree to meet someone you have met over the Internet.
- ☐ Never link to web sites from your digital environment without reading the entire article to ensure it is appropriate for a school setting.
- ☐ Students using such tools agree to not share their user name or password with anyone besides their teachers and parents and treat digital spaces as classroom spaces. Speech that is inappropriate for class is also inappropriate online.
- ☐ Students who do not abide by these terms and conditions may lose their opportunity to take part in the project and/or be subject to consequences appropriate to misuse according to the school discipline policy.

<sup>3</sup> (e-mail, chat, forums, blogs, social networking, instant message, wikis, and other forms of collaborative software)

## **Teacher Responsibilities**

- ☐ Teachers will provide developmentally appropriate guidance to students as they make use of telecommunications and electronic information resources to conduct research and other studies related to the district curriculum.
- ☐ Classroom use of networked resources will be in support of educational goals.
- ☐ Teachers will provide alternate activities for students who do not have permission to use the Internet.

## **Cyber-bullying**



GVSD expressly forbids cyber-bullying. For the purposes of this policy, “cyber-bullying” shall mean using messaging services<sup>2</sup> and/or other digital communication devices to bully others by:

- ☐ Sending or posting cruel messages or images;
- ☐ Threatening others;
- ☐ Excluding or attempting to exclude others from activities or organizations;
- ☐ Starting or passing on rumors about others or the school system;
- ☐ Harassing or intimidating others;
- ☐ Sending angry, rude or vulgar messages directed at a person or persons privately or to an online group;
- ☐ Sending or posting harmful, untrue or cruel statements about a person to others;
- ☐ Pretending to be someone else and sending or posting material that makes that person look bad or places that person in potential danger;
- ☐ Sending or posting material about a person that contains sensitive, private or embarrassing information, including forwarding private messages or images;
- ☐ Engaging in tricks to solicit embarrassing information that is then made public.
- ☐ Using camera and/or video enabled devices to bully another person or to invade another person’s privacy.

### **Privacy, Plagiarism, Piracy and Copyright Infringement**

- ☐ An image taken by any camera or video enabled device may not be published, broadcast, or transmitted to any other person, by any means, without the knowledge and consent of each person appearing in that image who had a reasonable expectation of privacy at the time the image was recorded or the person who owns the copyright in the material appearing in that image.
- ☐ Camera and/or video enabled devices may not be used in any classroom without a teacher’s written permission.
- ☐ Students will not plagiarize works that they find on the Internet. Plagiarism is taking the ideas or writings of others and presenting them as if they were yours. Plagiarism could result in loss of grade for the assignment in addition to other consequences. ☐ Students will not download or install pirated software, music, video or files that infringe on copyright laws onto computers. Possession of unlicensed or pirated software is illegal.
- ☐ Students will respect the rights of copyright owners. Copyright infringement occurs when you inappropriately reproduce a work that is protected by a copyright. If a work contains language that specifies appropriate use of that work, you should follow the expressed requirements.
- ☐ If you are unsure whether or not you can use a work, you should request permission from the copyright owner. Copyright law can be very confusing. If you have questions ask a teacher.

### **Use of School Hardware<sup>4</sup>**

- ☐ School hardware will not be left unattended.
- ☐ In the event of any damage to school hardware at any time while it is in the student’s possession, the student agrees to inform the appropriate GVSD Technology Department so that repairs can be performed.
- ☐ If the District reasonably determines that the student has willfully damaged any school hardware, the District reserves the right to apply the liability provisions of Education code section 48904.

<sup>4</sup> (Hardware systems include laptops, digital camera/video equipment, iPads, iPods, Chrome Books, and/or other technologies).

### **Consequences**

- ☐ In the event there is a claim that a student has violated this policy in the use of the GVSD network system, the student will be provided with a written notice of the suspected violation and an opportunity to present an explanation before an administrator.
- ☐ If a student is found to have violated this Policy, the consequences will be, but not limited to, warnings, usage restrictions being placed on their network account, or disciplinary action at the discretion of the site administration.
- ☐ A violation of Federal, State or local laws or ordinances may result in legal proceedings.

**NOTE:** This policy can also be found on the GVSD website at [www.gvsd.us](http://www.gvsd.us) for your reference. Student’s will not be issued technology devices or be allowed access to the GVSD network/internet prior to receiving a current school year signed technology acceptable use and internet safety policy signature page (see page 1).



Grade \_\_\_\_\_

### iPod/iPad/ Chromebook Acceptable Use Policy

Grass Valley School District students are using mobile devices to enhance their learning. The use of iPods, iPads and Chromebooks may be used by all grade level students throughout the school year.

To help ensure that all students use these devices and all electronic resources appropriately, all students must read and agree to the following use policy by signing at the bottom and returning to their teacher. This agreement is in addition to the Technology Electronic Resource Agreement Policy that you and your student have already agreed to and signed. It was enclosed with other documents in the packet sent home the first week of school. Not only are we teaching students through technology but we also providing instruction on the proper use of the iPod/iPad and Chromebooks. The following rules and agreements will be strictly enforced.

**I understand and agree to the following:**

- \*Students will have an orientation session to learn how to use and care for the devices.
- \*Students will be held responsible for damages that are deemed to be caused by negligence or that are deliberate.
- \*Students must have a signed GVSD Internet Use Policy on file to use these devices.
- \*Students may only use the devices under the direction of their classroom teacher.
- \*Students must have their teacher's permission to go on the Internet.
- \*Inappropriate use of these or other devices may cause me to lose the privilege of using these or other electronic resources as deemed by the school administration.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_



# Grass Valley School District Device Protection Plan

The Grass Valley School District (GVSD) is proud to provide Chromebooks, iPads, or other electronic “devices” to enhance our students’ education. Most students have access to devices in their classroom during the course of the day while some have devices assigned to them for their use during the school year. In our 21<sup>st</sup> century schools, a growing portion of the daily curriculum is now online, making devices a central part of our students’ education.

Similar to text books, devices are the responsibility of the student to which they are assigned. This includes costs associated with damages and loss or theft (California Education Code 48904). Both on and off campus (in instances where students are granted take-home permissions), students are responsible for the safe and appropriate operation of the device(s) they are issued. This includes the device itself and any accessories included therewith (charger, case, etc.) Expectations are as follows:

## GVSD Responsibilities:

- Provide a device for students as deemed necessary by the school principal.
- Provide a charger for every device issued.
- Provide a case when deemed necessary by the school site technician.
- Provide a low-cost device protection plan option to GVSD families.
- Provide content filtering for GVSD issued student devices both on and off campus.
- Provide technical support for GVSD issued devices at each school site.

## GVSD Family Responsibilities:

- We encourage families to review the GVSD Acceptable Use Policy with their student(s) to be sure everyone fully understands this agreement. Use of student devices is contingent on having a signed acceptable use policy on file.
- It is the students’ responsibility to care for any devices issued to them.
- Students must report immediately to their school site technician any loss or damage to their device.
- In the event loss or theft should occur during a school break, the school office should be contacted immediately so the device can be disabled remotely to protect the student’s content.
- In the event of loss due to theft, burglary, robbery, or vandalism, notify law enforcement. Administration will ask for a copy of the police report to assist in replacement of the device.

## GVSD Device Protection Plan (per school year):

- Cost: \$15 per year (for each device if more than one device should be issued)
- Protection plan is effective from date of purchase until devices are returned at the completion of the school year.
- GVSD will not prorate the insurance plan. Policies purchased any time during the school year will expire when that school year ends.
- No refund will be issued In the event a student should withdraw from the school prior to the completion of the school year.
- If not purchased prior to device checkout, devices will be subject to inspection by the school site technician prior to approval of insurance plan.

## Deductibles:

- 1<sup>st</sup> covered repair: \$0 (no deductible)
- 2<sup>nd</sup> covered repair: \$30
- 3<sup>rd</sup> covered repair: \$50
- After 3 repairs in one school year, the student will be referred to site administration and the protection plan void for the remainder of the year. The parent/guardian will be responsible for all damage or loss after the 3<sup>rd</sup> covered incident.

## Settlement:

- Your protection plan covers the cost of parts and labor to repair a device.
- During the assessment/repair period, the student will be issued a loaner device of the District's choosing.
- In the event the device is deemed beyond repair, a replacement device of the District's choosing will be provided.
- Remaining policy coverage will be transferred to any loaner or replacement device.

## Misrepresentation:

- Coverage may be denied if the student willfully defrauds, conceals, and/or misrepresents any material information about the cause of damage or loss of the device. Please report all incidents as soon as possible.

## What IS Covered:

- Accidental damage, cracked screens, drops, liquid spills, submersion.
- One replacement due to theft, burglary or robbery.
  - Valid only with official police report.
  - Any subsequent incidents will be treated as neglect and incur full, unwarranted replacement charges.
- Vandalism: with official police report or school administrator incident report.
- Mechanical failures, as assessed by IT staff.

## What is NOT Covered:

- Loss of accessories, software or data, including power supply and carrying case (if provided).
- Intentional acts of neglect or abuse as determined by school staff.
- Corrosion, rust, or cosmetic damage.
- Unexplained loss, mysterious disappearances, or law enforcement seizure.
- Devices not returned at the end of the school year.
- Tampering with or any unauthorized attempts to repair a device, install software, or remove a device from the GVSD managed domain. *(Issues of this type will be referred to administration for violation of the acceptable use policy)*

## Replacement Costs:

- Families who choose NOT to participate in the GVSD Device Protection Plan will be responsible for the full cost of repair or replacement of a device and/or accessories should an incident occur. The following are average costs of devices a student may be issued:
  - iPad: \$330
  - Chromebook: \$200
  - Replacement screen: \$50
  - Replacement Keyboard/palm rest: \$40
  - Replacement power supply: \$20
  - Replacement case: \$15



# Grass Valley School District Device Protection Plan

Choose an insurance option and return this form to your school site.

☐ **I Accept Device Protection Plan**

I have been notified of and understand the conditions, guidelines, and costs associated with the GVSD Device Protection Plan. *Please attach cash or check payable to Grass Valley School District (\$15 per device).*

☐ **I Decline Device Protection Plan**

I understand that by declining the GVSD Student Device Protection Plan, I will be fully liable for the cost of any damages to the Device while checked out to my child.

Student District ID #: \_\_\_\_\_ Parent Contact # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

\*\*\*\*\*

Thank you for your support in protecting your child's Device.

# Grass Valley School District

## Student / Parent / School Agreement 2020/2021

**Student Expectations for:** \_\_\_\_\_  
(Students Name)

**School Attending:** \_\_\_\_\_

*Students are at school to learn. I will help myself and others to learn, by following these rules:*

1. Follow the Golden Rule...Treat others the way you want them to treat you.
2. Be SAFE
3. Be RESPECTFUL
4. Be RESPONSIBLE
5. Be READY TO LEARN

**Student Signature** \_\_\_\_\_

### Staff Expectations

*The teaching of literacy, math, and social behaviors are our top priority. Therefore, the staff will:*

1. Develop social behaviors and class routines during the first six weeks to be reviewed and re-taught as necessary during the year.
2. Communicate openly with each other and parents.
3. Welcome parent participation and provide appropriate parent training.
4. Take responsibility for all students and their learning.
5. Have high expectations for student success.

**Teacher Signature** \_\_\_\_\_

### Parent Expectations

*To support our children's education, we as parents or guardians will:*

1. Have our children arrive on time and stay until dismissal.
2. Have our children fed, rested, dressed appropriately, and prepared with materials and class assignments.
3. Communicate openly with teachers and other school staff.
4. Discuss the school day with our children and read school communications.
5. Set aside time for homework or reading at home each day.
6. Parents will voluntarily participate in home visits or community meetings.

**Parent Signature** \_\_\_\_\_



# **Margaret G. Scotten School Student/Parent Handbook Signature Page**

Scotten School Handbook gives students and parents a general idea of some of the expectations for the coming school year. It is available for download from our website or a paper copy from our office.

**Please sign this page and return it to your teacher.**

**I have read and understand my role as a student and citizen at Scotten School. I will be responsible for following the guidelines and I will ask questions of school staff in the event I am ever unsure of a policy.**

**Student Name:\_\_\_\_\_ Student Signature\_\_\_\_\_**

My child and I understand the policies and guidelines that are in place. We will do our best to ensure that we follow through with our part in keeping Scotten School a positive place to learn and grow.

I understand that my student may not carry medication to school. **All** medications must be delivered by an adult to the school office along with the Medication Authorization Form completed by a physician and parent.

I will keep my contact information current with the school office.

I understand that it is my responsibility to call the school office if my child is absent. Any absence not cleared within a week will be considered an unexcused absence.

If any parts of the school guidelines are unclear, I understand that I may contact the school office for clarification.

Parent Name:\_\_\_\_\_ Parent signature:\_\_\_\_\_

Date:\_\_\_\_\_

**NOTE: FAILURE TO RETURN THIS ACKNOWLEDGEMENT WILL NOT RELIEVE A STUDENT OR THE PARENT/GUARDIAN FROM BEING RESPONSIBLE FOR KNOWING OR COMPLYING WITH THE RULES/GUIDLINES IN OUR STUDENT/PARENT HANDBOOK.**



# HEALTH CARE FOR ALL FAMILIES

A PROJECT OF THE CHILDREN'S PARTNERSHIP

## Enroll. Get Care. Renew.

### Health Coverage All Year Long



The COVID-19 pandemic has made it clear that the health of each one of us is deeply interconnected with that of every Californian. The current public health emergency has re-emphasized the importance of having accessible health care coverage and a well-funded safety-net available for our most vulnerable communities.

## Health Coverage Options

### Medi-Cal:

- ▶ Children—regardless of immigration status—foster youth, pregnant women, and legally present individuals—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no or low cost.
- ▶ Medi-Cal enrollment is available year round.
- ▶ During COVID-19, Medi-Cal plans began offering more services using telehealth. Ask your provider about accessing care over video or telephone.

### Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.



**Immigrant Families** visit: [www.allinforhealth.org/immigrantfamilies](http://www.allinforhealth.org/immigrantfamilies) *Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.*

### You and your family may qualify for financial help:

Household Size	If 2020 household income is less than...		If 2020 household income is between...
1	\$17,609	\$33,942	\$17,609 - \$49,960
2	\$23,792	\$45,859	\$23,792 - \$67,640
3	\$29,974	\$57,776	\$29,974 - \$85,320
4	\$36,156	\$69,692	\$36,156 - \$103,000
5	\$42,339	\$81,609	\$42,339 - \$120,680
6	\$48,521	\$93,526	\$48,521 - \$138,360
▶	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

## Enroll.

### Three ways to enroll in Medi-Cal and Covered California:



[www.coveredca.com](http://www.coveredca.com)

1(800) 300-1506

Find in-person help:  
[www.coveredca.com/get-help/local/](http://www.coveredca.com/get-help/local/)

## Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

## Renew.

- ▶ Medi-Cal must be renewed every year. If you receive a renewal notice, complete and return. You can also renew online or by phone. For help, contact your local Medi-Cal office.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at: 1 (800) 300-1506.

For more information go to:  
[www.allinforhealth.org](http://www.allinforhealth.org)

July 2020



Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

*Please Print*

## Grass Valley School District

### Mandatory Parent/Guardian Signatures (Form A)

The **Returning Registration Form** and this mandatory signature page must be signed and returned annually to the school office at your school site:

The policies and forms listed below are available in the school office or on our District website at [www.gvsd.us](http://www.gvsd.us) (click on the Annual Parent Notification and then on your students school). Please sign below to acknowledge you have reviewed these policies and forms:

- Annual Parent/Guardian Notice of Rights and Responsibilities (EC 48980)
- Promotion/Retention – Board Policy #5210
- Parent Involvement Plan – Board Policy #6054
- Student Eligibility Certification (Indian Education)
- Student Handbook (provided by school site)
- Student Conduct - Board Policy #5100 (Sexual Harassment/Non-Discrimination)
- Pest Notification
- Uniform Complaint Procedures – Board Policy #1175

I hereby acknowledge receipt of the above information and policies

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

### Student Acceptable Use Agreement (Terms and Conditions)

I understand and will abide by the Terms and Conditions for the use of the Grass Valley School District technology services, including Internet access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action pursued.

Student Name: \_\_\_\_\_

\_\_\_\_\_  
*Please Print*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

Parent Name: \_\_\_\_\_

\_\_\_\_\_  
*Please Print*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

### Request To Deny Access To Directory Information

If you **do not** wish directory information released, please sign below and return this page to the school office within the next 30 days. Note that this will **prohibit** the district from providing the pupil's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do not release directory information regarding the above named student.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*YOUR SIGNATURE ON THIS SECTION MEANS THAT YOUR CHILD'S NAME WILL NOT APPEAR ON ANY PUBLICATIONS FOR HONOR ROLL, SCHOOL NEWSLETTERS, AWARDS, AND/OR RECOGNITION'S, SCHOOL WEBSITES, LOCAL NEWSPAPERS, ETC.)**

### Request for Non-Participation in Health, Family Life or Sex Education Instruction (Grades 5<sup>th</sup> through 8<sup>th</sup>)

I do not wish

\_\_\_\_\_ participating in \_\_\_\_\_ for the following reasons:

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Class*

\_\_\_\_\_ Conflict with religious training or beliefs.

\_\_\_\_\_ Personal moral convictions

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)

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

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized
- ☐ State Recognized
- ☐ Terminated Tribe (Documentation required. Must attach to form)
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

# NOTIFICATION OF PLANNED PESTICIDE USE AND INDIVIDUAL APPLICATION REGISTRY

Dear Parent or Guardian,

The Healthy Schools Act of 2000 requires all California school districts to notify parents and guardians of pesticides that they expect to apply during the year. We intend to use the following pesticides at your child's school this year:

**Round Up Quik Pro**  
**Surflan**  
**Termidor SC**

**EPA No. 524-535**  
**EPA No. 62719-113-829**  
**EPA No. 7969-210**

You can find more information regarding this pesticide and pesticide use reduction at the Department of Pesticide Regulation's Web site at <http://www.cdpr.ca.gov>

Parents or guardians may request prior notification of individual pesticide applications at the school site. If you would like to be notified every time we apply a pesticide, please complete and return the form below to your school office.

If you have any questions, please contact your school office.

Sincerely,  
Andrew Withers  
Superintendent

---

## REQUEST FOR INDIVIDUAL PESTICIDE APPLICATION NOTIFICATION

I understand that, upon request, the school district is required to supply information about individual pesticide applications at least 72 hours before application. I would like to be notified before each pesticide application at this school.

Please print neatly:

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

***Return To Your School Office***





## Grass Valley School District

Andrew Withers, Superintendent

### 2020/2021 School Year

Re: Student Injuries and Insurance

Dear Parent/Legal Guardian:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive.

Please know that the District does not assume responsibility for these costs. However, as a service to you and your child, your school has joined with 1,000's of others by offering you access to a low cost, voluntary purchase student accident/sickness insurance program. The program is arranged and administered by Myers-Stevens & Toohey & Co., Inc. a firm that has specialized in such coverage for 40 years. Details and an enrollment form are in the accompanying brochure. Please read it carefully.

Several plans are offered and rates for the entire school year start at around \$16 (*Dental Accident Plan*). You can limit coverage to school related injuries only (including sports) or opt for 24/7 protection. Also offered is a *Student Accident & Sickness Plan* (recommended if your child has no other health insurance) and a *pharmacy discount program* for your entire family. Whether your child currently has no other coverage or you want to "fill in the gaps" in other insurance, you will probably find an option to fit your needs.

While you can seek care from any doctor or hospital, you'll also have access to an extensive network of medical providers with discounted charges. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

To enroll, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. While your child is eligible to enroll at any time, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

**Note** – Once processing is completed, an ID card verifying coverage will be mailed home to you. Because many parents have expressed interest in much higher limits of coverage for their children, at that time you'll also be sent information regarding a newly available *Supplemental Catastrophic Injury Plan* that can cover us to \$500,000/injury for up to five years.

If you have any questions, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

**In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately send it back to the school with your child.**

Sincerely,

Andrew Withers  
Superintendent

As parent/guardian of \_\_\_\_\_, I understand that the School **does not** provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

\_\_\_\_\_ I will enroll my child in the program      \_\_\_\_\_ I will not enroll my child in the program

Signed \_\_\_\_\_ Date \_\_\_\_\_



School will Start.  
Immunizations  
are still required.

Even though school opening dates may not have been firmly set the **fact is – school will start** again. And our children need ongoing protection from diseases that continue to threaten our community.

No organization is doing walk-ins. **APPOINTMENTS ONLY.** Do Not Wait. Get your children's immunizations up to date now.

NEVADA COUNTY: Chapa De (established) clients contact: (530) 477-1727  
Sierra Care Pediatrics (530) 272-9780  
Sierra Family Health Center: (530) 292-3478  
Western Sierra Medical Clinic clients contact: (530) 274-9762  
PHARMACIES administer some vaccines and bill insurance.  
Nevada County Public Health: (530) 265-7265 or  
(530) 265-7049

PLACER COUNTY: Contact your Primary Care Physician first for an appointment.  
2<sup>nd</sup> Your local pharmacies administer some vaccines and bill insurance.  
3<sup>rd</sup> School aged children only - Placer County Health & Human Services at (530) 889-7174 or  
[placer.ca.gov/immunization](http://placer.ca.gov/immunization)

Nevada County's Public Health Back-To-School Annual Event has been  
**CANCELLED** for this year.

<https://www.mynevadacounty.com/614/Back-to-School-Immunization-Clinics>.

## Parents and Guardians

### You can take advantage of our Text Messaging Service

Our school utilizes the SchoolMessenger system to deliver text messages, straight to your mobile phone with important information about events, school closings, safety alerts and more.

You can participate in this free service\* just by sending a text message of "Y" or "Yes" to our school's short code number, **67587**.

You can also opt out of these messages at any time by simply replying to one of our messages with **"Stop"**.

SchoolMessenger is compliant with the Student Privacy Pledge™, so you can rest assured that your information is safe and will never be given or sold to anyone.



**Opt-In from  
your mobile  
phone now!**



**Just send  
"Y" or "Yes"  
to 67587**

**i** Information on SMS text messaging and Short Codes:

SMS stands for Short Message Service and is commonly referred to as a "text message". Most cell phones support this type of text messaging. Our notification provider, SchoolMessenger, uses a true SMS protocol developed by the telecommunications industry specifically for mass text messaging, referred to as "short code" texting. This method is fast, secure and highly reliable because it is strictly regulated by the wireless carriers and only allows access to approved providers. If you've ever sent a text vote for a TV show to a number like 46999, you have used short code texting.

\*Terms and Conditions – Message frequency varies. Standard message and data rates may apply. Reply HELP for help. Text STOP to cancel. Mobile carriers are not liable for delayed or undelivered messages. See [schoolmessenger.com/txt](http://schoolmessenger.com/txt) for more info.