



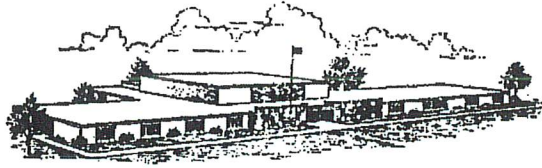
*Homer Community
Schools*

Back to School
Newsletter
2024

**BOARD MEMBERS**

Paul Tighe, President
Byron Hall, Vice-President
Kristina Nelsen, Secretary
Aaron Reis, Treasurer
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Ryan Harris, Member

Home of the Knights

**HOMER COMMUNITY SCHOOL**

212 S. 3RD STREET • P.O. BOX 340 • HOMER, NEBRASKA 68030 • PHONE: (402) 698-2377 • FAX (402) 698-2379

**SUPERINTENDENT**

Dr. Joey Lefdal

SECONDARY PRINCIPAL

Tom Coviello

ELEMENTARY PRINCIPAL

Abbie Uhl

BUSINESS MANAGER

Amy Brand

Dear Students, Parents, Staff, and Community Members,

I am thrilled and honored to introduce myself as the new Superintendent of Homer Community School. I am truly excited about the opportunity to work collaboratively with all of you to create a fun and exceptional learning environment for our students.

I firmly believe that every student deserves access to an excellent education that nurtures their growth, creativity, and potential. As your new superintendent, I am dedicated to fostering a culture of inclusivity, innovation, and academic excellence within our school community.

I am looking forward to getting to know each of you, building strong relationships, and working together to achieve our shared goals. I am a firm believer in the power of collaboration and teamwork, and I am confident that by working together, we can create a positive and enriching educational experience for all students at Homer Community School.

I am here to listen, to learn, and to support the wonderful work that is already taking place within our school community. I am committed to open communication, transparency, and continuous improvement as we strive to provide the best possible education for our students.

I am excited about the journey that lies ahead, and I am eager to embark on this new chapter with all of you. Together, we can make a meaningful difference in the lives of our students and in the future of our community.

Thank you for your warm welcome and for your dedication to the success of our students. I am honored to be a part of the Homer Community School family, and I look forward to working alongside each of you in the coming days, weeks, and years ahead.

Sincerely,
Dr. Joseph Lefdal





WELCOME BACK TO SCHOOL! 2024-2025



WELCOME MESSAGE BY MRS. UHL

Welcome to the 2024-2025 school year! We are excited to welcome everyone back and are committed to making this school year a positive and enriching experience for all. Your partnership and support are invaluable as we work together to help our students succeed. If you have any questions, please reach out!

NEW STAFF

S Aspen Bennier

P Sara Leinart

STUDENT HANDBOOK CHANGES:

- ☒ Homework Detention Policy - Grades 3-5
- ☒ Traditional grading for 3rd Grade
- ☒ Updated Preschool and Kindergarten entrance info.

PLEASE REVIEW THE CHANGES THAT WERE MADE.

FRIENDLY REMINDERS

- School begins promptly at 8:00. It is vital that students are on time and in attendance every day.
- Students go outside for recess if the temperature is above a real feel of 0°.
- If it is raining or below that temperature, we will have inside recess and students will need their PE shoes.

MORNING ARRIVAL

- Doors open at 7:30 AM.
- Breakfast is served in the lunchroom.
- School starts at 8:00 AM.
- Students arriving after that time need to stop at the office and will be marked tardy.
- If you know your child will be late/absent/leaving early, please contact the office.

SCHOOL DISMISSAL

- Monday, Tuesday, Wednesday, and Thursday - elementary will dismiss at 3:20 PM.
- On Fridays, elementary students will dismiss at 1:50 PM.
- Please communicate any changes to your child's typical transportation with the office.

ELEMENTARY NEWSLETTERS

- Shared monthly for elementary students and families.
- Will be shared through SchoolMessenger, school's social media, and school website under my webpage.
- Contains events and information for elementary students and families!

EXPECTATIONS

Be Safe
Be Respectful
Be Responsible



WELCOME BACK TO SCHOOL! 2024-2025



WELCOME MESSAGE BY MR. COVIELLO

Welcome back everyone! I am excited to get the 2024-25 school year started! We are committed to providing a safe and welcoming atmosphere here at Homer Community School. I would like to stress the importance of students being in school every day and on time. Starting this year our early out days have moved to Friday and students will be given the opportunity to make up work and time missed from class due to absences and excessive tardies. If you have any questions, please reach out! See you all soon! Let's have a great year!

NEW STAFF

Spencer Koehn

Middle School Social
Studies and Co-teacher

STUDENT HANDBOOK CHANGES:

- ☒ We will still be enforcing the new electronic device policy that began in April. Please let us know if you have any questions about this policy.

PLEASE REVIEW THE CHANGES THAT WERE MADE.

FRIENDLY REMINDERS

School begins promptly at 8:00. It is vital that students are on time and in attendance every day.

MORNING ARRIVAL

- Doors open at 7:30 AM.
- Breakfast is served in the lunchroom.
- School starts at 8:00 AM.
- Students arriving after that time need to stop at the office and will be marked tardy.
- If you know your child will be late/absent/leaving early, please contact the office.

SCHOOL DISMISSAL

- Monday, Tuesday, Wednesday, and Thursday - Secondary will dismiss at 3:30 PM.
- On Fridays, Secondary students will dismiss at 2:00 PM.
- Please communicate any changes to your child's typical transportation with the office.

COMPUTER CHECK-OUT

School issued computers will be handed out the first day of school. To be issued a computer, the student must pay the technology fee and have the AUP pledge on file. The \$25 technology fee can be paid to the main office, and is waivable if you fill out an alternate income form. Only one per household is necessary. See the office for details.

EXPECTATIONS

Be Safe
Be Respectful
Be Responsible



OPEN HOUSE

Join us for an Open House/Cookout

**AUGUST 19, 2024
6:00PM - 7:00PM**

At open house you can visit your child's classroom, meet their teacher and drop off school supplies. Then head up to the lunchroom for a hotdog, chips and a cookie!

SAVE THE DATE

August 12th & 14th
New Student registration

August 19th
!!! Open House
August 21st
First day of SCHOOL



- **Dr. Joey Lefdal:**
Superintendent
- **Aspen Bennier:**
5th Grade
- **Spencer Koehn:**
JH Social Studies
- **Alex DeBell:**
School Nurse
- **Sara Leinart:**
Paraprofessional



NEW STUDENT

If you are a new student/family into Homer Community District, please come to New Student Registration
Monday, August 12th or
Wednesday, August 14th
from

9:00am- Noon

or

1:00-3:00pm

New Students will need to register with office personnel (K-5) or Mr. Horner Guidance Counselor (6-12)



REMINDER



If your child is not going to be in school, PLEASE call the office as soon as possible in the morning to let us know.

@

402-698-2377 ext 101 or 102

or email

office@homerknights.org

Thank you for your cooperation!



OUR WEBSITE

Check out our website for the latest school news including athletic schedules, activities, and Open House details.

We are also on Facebook:
Homer Community School



www.homerknights.org



STAFF CHANGES...

Mrs. Schmidt:
K-5 Guidance



PICTURE DAY!!

September 16th!

Make up day will be
October 24th



SCHOOL HOURS

Regular Schedule

K-5 8:00-3:20

6-12 8:00-3:30

Shortened Day

K-5 8:00-1:50

6-12 8:00-2:00

Welcome Back



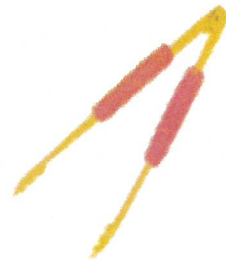
COOKOUT



Homer Community School would like to show our appreciation to the community by hosting a cookout!



Come join us!



Hot dog, chips, cookie and a drink! Served in the lunchroom

Monday, August 19th
6:00-7:00 p.m.

Homer Community School 2024-2025 Calendar

August						
Su	Mo	Tu	W	Th	Fr	Sa
				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

8 New Teacher Orientation
19 Open House
15, 16, 19, 20 Prof. Devel
21 First Day of School

September						
Su	Mo	Tu	W	Th	Fr	Sa
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					

2 Labor Day
25-26 Parent Teacher Conferences
27 No School Exchange Day

October						
Su	Mo	Tu	W	Th	Fr	Sa
		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		

18 End of Q1
25 No School Fall Break

November						
Su	Mo	Tu	W	Th	Fr	Sa
					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

27 Professional Development
28-29 No School Holiday

December						
Su	Mo	Tu	W	Th	Fr	Sa
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				

Dec. 23-Jan. 5 No School

January						
Su	Mo	Tu	W	Th	Fr	Sa
			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	

3 Professional Development
6 Semester 2 Begins

February						
Su	Mo	Tu	We	Th	Fr	Sa
						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	

12-13 Parent Teacher Conferences
14 No School Exchange Day

March						
Su	Mo	Tu	We	Th	Fr	Sa
						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					

7 Spring Break
10 No School Conference Speech
14 End of Q3

April						
Su	Mo	Tu	We	Th	Fr	Sa
		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			

11 Ivan K. Meet at 12, Dismiss at 11:30
17 Homer Invite No School Staff PD
18 & 21 Easter Break









May						
Su	Mo	Tu	We	Th	Fr	Sa
				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

23 End of Q4 Noon Dismissal
23 Teacher Workday PM

June						
Su	Mo	Tu	We	Th	Fr	Sa
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					

First Semester = 82 learning days
Second Semester = 94 learning days

Distribution of School Calendar Days

	No School-Vacation Days/Holidays		Noon or Earlier Dismissal
	No School-Staff Only		End of the Quarter
	2:00 Dismissal		New Teacher Orientation
	Parent Teacher Conferences		
	No School-Exchange Day for Conferences		

Total Student Learning Days--176

Total Teacher Contract Days--183

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Aaron Reis, Treasurer
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LETTER TO HOUSEHOLDS SY 2024-25

Community Eligibility Provision

Dear Parent/Guardian,

Homer Community School is participating in the Community Eligibility Provision (CEP) for school year 2024-2025. If your child(ren) attend Homer Community School, reimbursable breakfast and lunch meals that provide all required meal components will be available to them at no charge. There will be fees charged for a la carte purchases (extra entrée, extra milk or snacks). Please note that if there is no money in the students account, they will not be allowed to purchase a la carte items.

All students enrolled at Homer Community School may participate in the breakfast and lunch program at no charge to them. Research provides supporting evidence that children who are not hungry perform better in school. By providing lunch to all children at no charge, we are hoping to create a better learning environment for our students.

The school breakfasts and lunches that we serve follow U.S. Department of Agriculture guidelines for healthy school meals. The School Nutrition Programs cannot succeed without your support; please encourage your child(ren) to participate in the school meals programs. Meals will be served to all students at no charge regardless of their eligibility status and households do not need to complete a meal application to receive reimbursable meals at no charge. If you have any questions about CEP, please feel free to contact us at 402-698-2377 x 101.

Sincerely,

Lynn Jansen
District Administrative Assistant
Homer Community School District

Homer Community School participates in the Community Eligibility Provision and all students will receive meals at no cost. The Alternate Income Form below can be completed for other benefits for which eligibility is determined using the USDA School Nutrition Program income guidelines. These benefits include Reduced or Free Transportation Fees, Ace Scholarships, Computer Fees, etc. Each household should complete one Alternate Income Form per school year. If you have questions or need help filling this out, please contact the office @ 402-698-2377 x 101.

Return Completed Application to:		Homer Community School, PO Box 340, Homer, NE 68030																																																									
Part 1: Children in School																																																											
List names of all children in school (First, Middle Initial, Last). If all children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends		Check all that apply: <div style="display: flex; justify-content: space-between;"> <div>Foster Child</div> <div>Homeless, Migrant, Runaway</div> </div>																																																							
				<input type="checkbox"/>	<input type="checkbox"/>																																																						
				<input type="checkbox"/>	<input type="checkbox"/>																																																						
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				<input type="checkbox"/>	<input type="checkbox"/>																																																						
				<input type="checkbox"/>	<input type="checkbox"/>																																																						
Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits																																																											
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4																																																											
Part 3: Total Household Gross Income – You must tell us how much and how often.																																																											
1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.		2. Gross Income (before taxes) and How Often it was Received <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">Earnings from Work before deductions</th> <th colspan="2" style="padding: 5px;">Public Assistance, Child Support, Alimony</th> <th colspan="2" style="padding: 5px;">Pensions, Retirement and All Other Income</th> </tr> <tr> <th style="padding: 5px;">Income</th> <th style="padding: 5px;">How often</th> <th style="padding: 5px;">Income</th> <th style="padding: 5px;">How often</th> <th style="padding: 5px;">Income</th> <th style="padding: 5px;">How often</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income		Income	How often	Income	How often	Income	How often																																										
Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income																																																							
Income	How often	Income	How often	Income	How often																																																						
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.																																																											
<i>"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 benefits and school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose benefits associated with this form."</i>																																																											
Sign here:		Print name:		Date:																																																							
Street Address (if available):		Zip:		Daytime Phone:																																																							
Do Not Fill Out the Section Below - For School Use Only																																																											
Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12																																																											
Total Household Size: _____		<input type="checkbox"/> Approved for Educational Benefits <input type="checkbox"/> Denied																																																									
Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week																																																											
Signature of Determining Official: _____				Date Approved: _____																																																							

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.

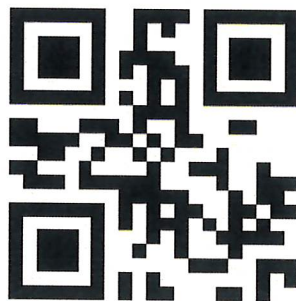
You can participate in this free service* just by sending a text message of “Y” or “Yes” to our school’s short code number, **67587**.

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
mobile “Y”
phone now!**



**Just send your
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. ©2015 West Corporation [01042016]. All rights reserved. May not be reproduced without expressed written permission.

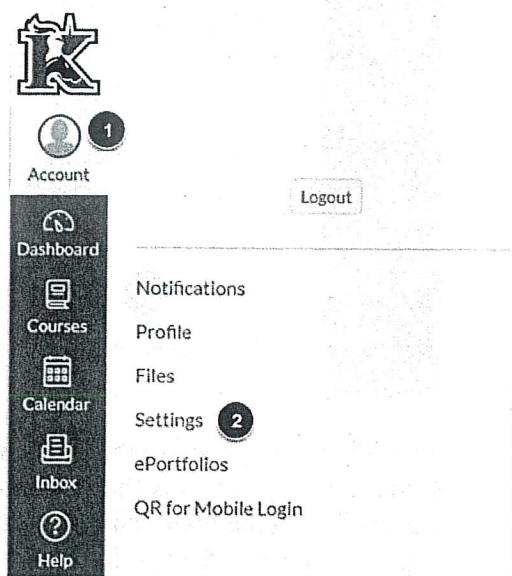
How can I see what my child is doing in Canvas?

Parents can sign up as an observer in Canvas. Observers can link their Canvas account to their student's account so they can see assignment due dates, announcements, and other course content. Observers can view the course content but cannot participate in the course.

To observe a student, you must have a student pairing code. This must be completed by the student. Pairing codes will expire after seven days or its first use. A new pairing code must be generated for each observer.

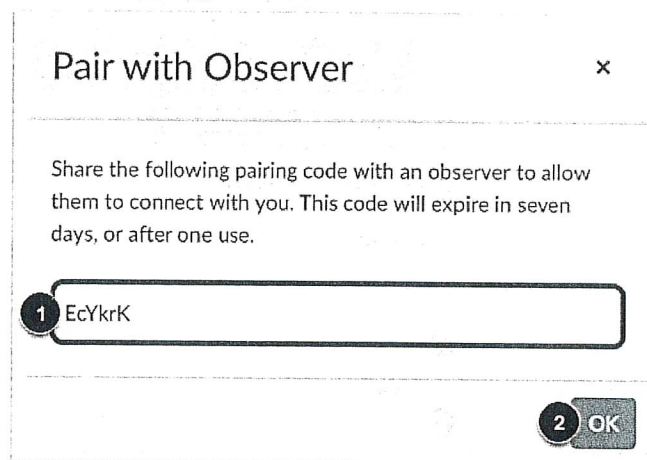
Generating a student pairing code.

1. Have your student login to their Canvas account at <https://homerknights.instructure.com>
2. In Global Navigation, click the **Account** link [1], then click the **Settings** link [2].
4. Copy the six-digit alphanumeric pairing code [1]. You will need to share the code with the observer who will link to your account. The pairing code will expire after seven days or its first use.

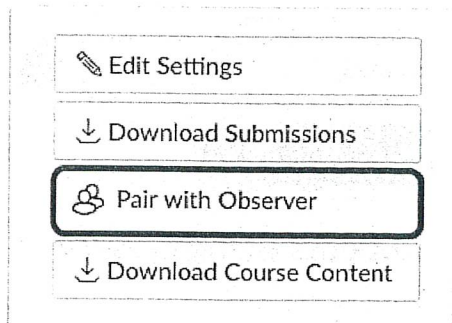


To close the window, click the **OK** button [2].

Note: Pairing codes are case sensitive.



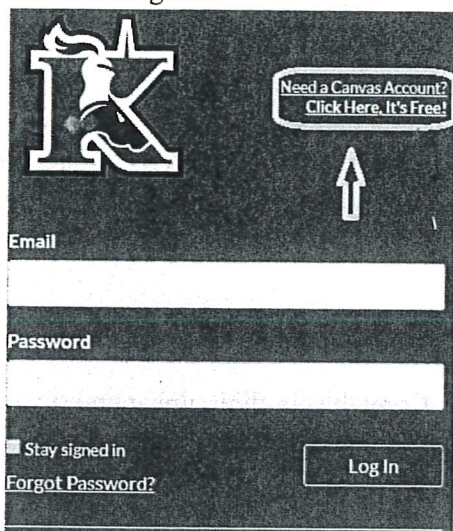
3. Click the **Pair with Observer** button.



Signing up for a parent account.

1. Go to <https://homerknights.instructure.com>

2. Click to Register.



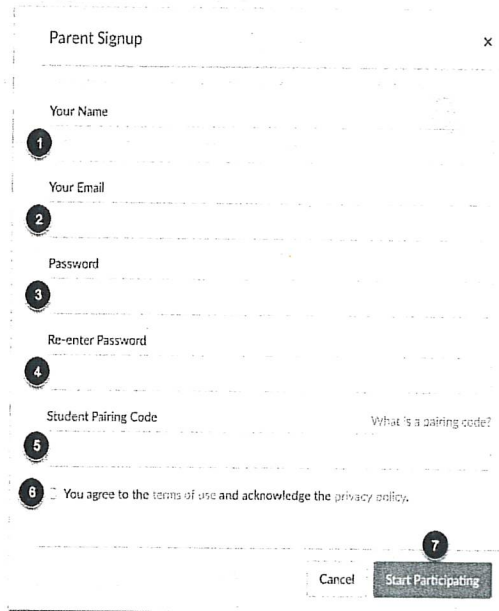
The registration form features the Homer Knights logo at the top left. A callout bubble says "Need a Canvas Account? Click Here, It's Free!" with an arrow pointing to the form. The form has fields for "Email" and "Password", a "Stay signed in" checkbox, a "Forgot Password?" link, and a "Log In" button.

3. Sign up as a Parent.



A banner with the text "Sign up now, it's free!" and two buttons: "I'M A TEACHER" and "I'M A STUDENT". Below the buttons is a link that says "Parents sign up here".

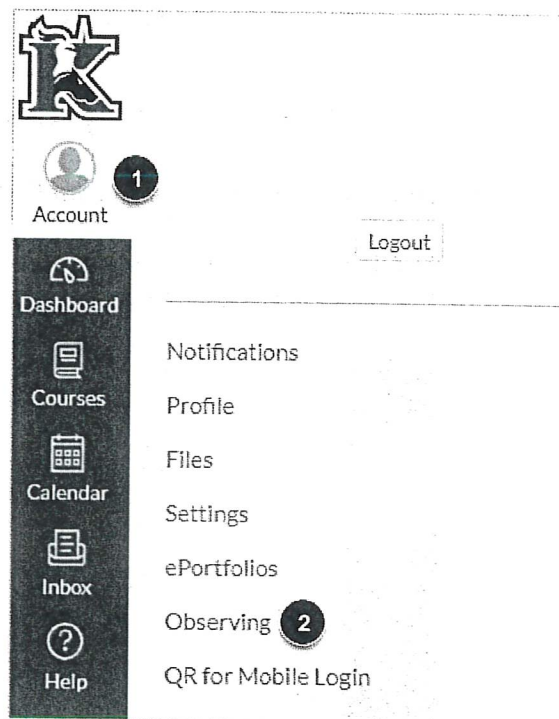
4. Enter Setup Details.



The "Parent Signup" form includes the following fields and steps:

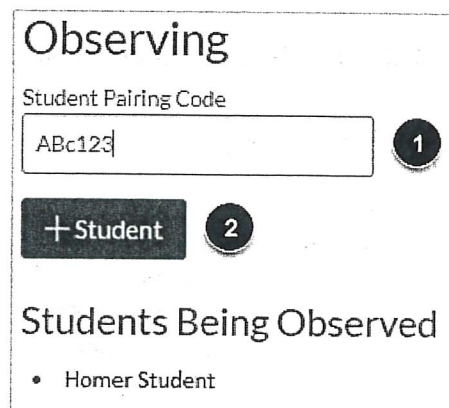
- 1 Your Name
- 2 Your Email
- 3 Password
- 4 Re-enter Password
- 5 Student Pairing Code (with a link "What's a pairing code?")
- 6 ☐ You agree to the terms of use and acknowledge the privacy policy.
- 7 (next to a "Cancel" button)

5. Once your account is setup, you can add additional students by going to Global Navigation, click the **Account** link [1], then click the **Observing** link [2].



The Global Navigation menu shows the "Account" link circled with a 1. The "Observing" link is circled with a 2. Other links include Dashboard, Courses, Calendar, Inbox, Help, Notifications, Profile, Files, Settings, ePortfolios, and QR for Mobile Login.

6. Type the pairing code in the **Student Pairing Code** field [1] and click the **Add Student** button [2]. Remember pairing codes will expire after seven days or its first use.



The "Observing" page shows the "Student Pairing Code" field with the code "ABc123" entered, circled with a 1. The "+ Student" button is circled with a 2. Below the button is a section titled "Students Being Observed" with a list containing "Homer Student".

Healthy Bites



INFORMATION • PAYMENTS • MEAL PRICES • MENUS • LOCATIONS • CONTACTS

Breakfast and lunch will be **FREE** for all students for the 24-25 school year!

The purpose of this communication is to provide you with an overview of the school food service program this year. If you have any questions or comments about our program, please feel free to contact Kassi Schwier, Food Service Director, at (712)454-9910 or k.schwier@lunchtimesolutions.com. For your convenience, our menu is posted monthly on the school website.

Extra Breakfast Entrée	\$2.00	Adult/Guest Breakfast	\$2.55
Extra Lunch Entrée	\$2.75	Adult/Guest Lunch	\$5.00



SCHOOL BREAKFAST

Breakfast is served in the dining areas before school starts.

Please encourage your student to participate in school breakfast.

Research studies show that eating breakfast can help students perform better in the classroom.



SCHOOL LUNCH

School lunch will offer a wide variety of choices for students.

All students have two entrée choices daily.

All meals include an entrée choice, a hot vegetable plus the unlimited Fruit & Veggie Bar, and milk choices.

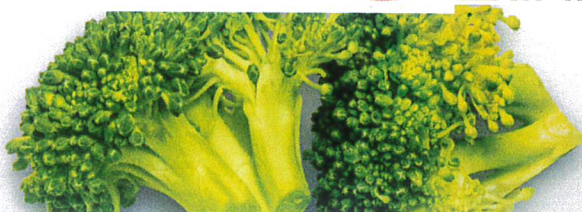
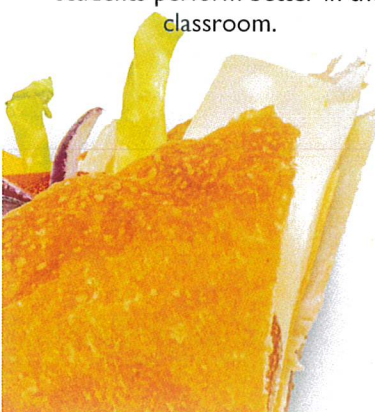
Find your schools menu at:

<https://myschoolmenus.com>



ONLINE MENUS

Connect with us through the Lunch Menu link on your school district's website where you'll find links to our monthly menus, nutrition information, healthy tips and links to other programs in your students' lunchrooms.



SCHOOL LUNCH ACCOUNTS

Parents and/or students are encouraged to check their meal account balances by logging into PowerSchool on the Homer Community School website at www.homerknights.org. On Monday/Thursday of each week low/negative balance info are sent out. If you have any questions please contact main office.

A Point of Sale (POS) software system is used for the school lunch program. Please note the following important information:

- Each student will have his/her own individual Student Account.
- If sending cash with a student, place in a sealed envelope, along with the student's name and lunch account number.
- We are not responsible for lost, unidentified, or stolen cash.

Deposits should be turned in by 9:00 a.m. at the student's school.

Lunch Account Deposits must be made before school starts.

Because we receive an overwhelming amount of deposits the morning of the first day of school, we cannot guarantee that we will be able to input all deposits into accounts before the lunch period begins. To ensure that your deposit is credited to your student's lunch account on the first day of school, please send your first deposit, for each student in your family, to the address below:

PO Box 340

Homer, NE 68030

Or drop it off @ the office during open house on August 19th.

DIET MODIFICATIONS

Families are responsible for notifying the School Food Service if their child requires a diet modification because of a life threatening disability. A licensed physician must provide specific written medical documentation.

Please contact Kassi Schwier at the School Food Service office for more info.

SNACKS

For Junior/Senior High School students, snack items will be available during the lunch period.

Snack items offered include:

chips

cookies

drinks

All snacks meet standards set by the District's Wellness Policy.

EXTRA ENTRÉE – EXTRA MILK

All students, at an extra cost, can purchase an additional entrée or milk offered as part of the school lunch program.

For example if a student wants a second entrée, or an additional entrée, like a slice of pizza, then the student will visit the cashier after seconds are announced. This will be charged to the student's account.

Extra entrees are only sold to students who first receive a school lunch.

All students have an All You Can Eat Fruit and Veggie Bar and can have extra servings of these with no charge:

Canned Fruit

Fresh Fruit

Vegetables

Lettuce

JOIN US ANYTIME

Please feel free to join your child for a meal any day. The cost for an adult/guest breakfast is \$2.55 and an adult/guest lunch is \$5.00.

Please pay for your lunch at the school office.

We hope to see you there!

Lunchtime
SOLUTIONS
TIME FOR FRESH

**Craving a fresh
job opportunity?
Join the
Lunchtime team!**

**No nights or weekends.
Fun work environment.**

**Contact: Kassi Schwier
Food Service Director**

Phone: (712)454-9910

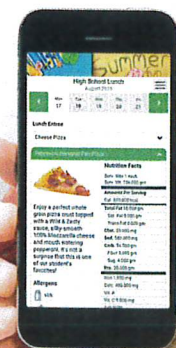
K.schwier@lunchtimesolution

MY SCHOOL MENUS APP

NUTRITION
ON THE GO

Available on the
App Store

GET IT ON
Google Play



Homer Community School

2024 - 2025 Elementary Class List

Preschool- 21

Mrs. Heaton -10

Bennier, Ainslee
Bleil, Carson
Chernock, Liam
Henderson, Emory
Pirozek, Acesyn
Prenger, Jaxen
Simpson, Randi
Smith, Amanda
Uhl, Noah
Whelchel, Kendall

Ms. Murphy-11

Barclay, Jasper
Barclay, Lanie
Barner, Lily
Bylsma, Weylynn
Bundy, Grace
Holzman, Charlie
Long, Jayse
Olson, Ryker
Oothoudt, Emmie
Snyder, Kora
Tremayne, Luke

Kindergarten - 23

Mrs. Scott -12

Anderson, Theodore
Bradbury, Noah
Corkin, Creed
Gubbles, Emma
Hermelbracht, Hazen
Kirkholm, Lincoln
Lang, Yola
Nelsen, Kiptyn
Noreen, Caroline
Scott, Adakai
Stork, Olivia
Syhavong, Katelynn

Ms. Olson - 11

Anderson, Beau
Bishop, Declan
Carmen, Mason
Creed, Olivia
Hoffman, Luke
Jessen, Ashlynn
Kearnes, Cruz
LaPointe, Brigham
Smith, Johnathin
Tucker, Adela
Umscheid, Lena

1st Grade - 34

Mrs. Dorcey - 17

Bass, August
Bisson, Khloe
Blackfish, Kayin
Blom, Ava
Boggess, Jack
Harris, Sofia
Kluver, Hayden
Krause, Cody
Long, Brailey
Pirozek, Aspyynn
Rohde, Cody
Roland, Jacob
Rushing, Celissa
Smith, Linus
Stroot, Gianna
Tapper, Kinnick
Vargas, Semila

Mrs. Boelter - 17

Barner, Mia
Bundy, Elijah
Carlin, Hendryx
Chernock, Jaxon
Dickey, Lennox
Dorcey, Peyton
Estochen, Brooks
Farewell, Braxton
Hunter, Luca
Irwin, Lennon
Jensen, Nora
Lamb, Lenna
LaPointe, Clara
Moore, Milani
Parker, Natalie
Stewart, Bennett
Thomas, Briella

2nd Grade -24

Mrs. Morgan - 12

Barclay, Scout
Bates, Jaxson
Bybee, Brynn
Cain, Dastan
Gotch, Emma
Harris, Lucas
Jividen, Laney
Kubik, Rosie
Schooley, Cora
Stabler, Asher
Tucker, Kenneth
Ziska, Weston

Ms. Ford - 12

Anderson, Aubrey
Bisson, Karson
Bousquet, Loella
Brewer, Rex
Dorcey, Lilly
Dorcey, Ty
Gubbels, Adelyn
Nelsen, Kayson
Oban, Mackenzie
Pretends Eagle, King
Snyder, Kash
Tremayne, Miles

Homer Community School

2024 - 2025 Elementary Class List

3rd Grade - 26

Mrs. Curry - 13

Cale, Davina
Chambers, Arya
Harris, Sawyer
Hunter-Maxwell, Edyn
Jensen, Casyn
Lang, George
Littlegeorge, Joy
McNear, Genevieve
Nelsen, Kynlee
Rogers, Kannon
Uhl, Addalie
Weil, Rylan
Ziska, Lincoln

Mrs. Hermelbracht -13

Barclay, Indie
Barclay, ViviElle
Bird, Jayla
Charging Eagle, Malaya
Dickey, Briggs
Jankiewicz, Owen
Kirkholm, Henley
Krause, Leah
Miller, Bethaney
Payer, Kaiden
Rohde, Michael
Scott, Cameron
Thomas, Kaitlyn

Ms. Jump -15

Blackfish, Dalise
Eriksen, Kinley
Estochen, Kinleigh
Heikes, Kanin
Jessen, Alayna
Krontz,Zander
Madison, Brenner
Martin, Dawson
Oothoudt, Abbie
Robertson, Landyn
Snow, Jimmy
Stroot, Jacob
Tremayne, Aubrey
Verzani, Averie
Willett, Laila

Mrs. Sanchez - 16

Anderson, Bella
Bleil, Emma
Bisson, Kaylee
Bousquet, Jameson
Bousquet, Leah
Cain, Sullivan
Doenhoefer, Jaxon
Dunn, Kinlee
Harrison, Greysen
Jensen, Alayna
Kluver, Hayslee
Krontz, Xzavier
Parker, Noemi
Strong, Natalie
Vargas, Senia
Warren, Jase

5th Grade -39

Mrs. Olson - 20

Bundy, Caleb
Bybee, Jace
Carlin, Lyla
Church, Jacob
Claassen, Autumn
Daniels, Athena
Daniels, Ireland
Fogarty, Jax
Geisler, Olivia
Gubbels, Reid
Hightree, Eli
Kramper, Axel
Lyons, Kimberley
McGinnis, Falyn
Otterpohl, Lillian
Paw, Wah
Probst, Hunter
Schooley, Carson
Scott, Alexis
Verzani, Brantley

Ms. Bennier - 19

Barner, Jace
Barclay, Beckett
Bird, Julyas
Brewer, Lilly
Bylsma, Charlee
Caskey, Avan
Cale, Sadie
Charging Eagle, Lester
Deemer, Karen
Estochen, Aiden
Krause, Rykar
McKibbin, Kendra
Ordonez, Andres
Parks, Gracelyn
Rushing, Calina
Schincke, Taedyn
Shults, Brody
Ubbinga, Parks
Welch, Kinsley

HOMER COMMUNITY SCHOOL SUPPLY LIST 2024-2025

Preschool

- 1 backpack (**large enough for a binder**)
- 1 pair of scissors
- 3 large glue sticks
- 1 white 3 ring binder 1/2"
- 1 box triangular crayons (**8count**)
- 1 pair gym shoes (**TO BE LEFT AT SCHOOL**)

- 1 box of 12 count Crayola colored pencils
- 2 boxes Crayola crayons (**24 count**)
- 2 boxes 10 count Crayola markers
- 1 white 3 ring binder 1" (**Murphy Only**)
- 1 black plastic folder (**Heaton Only**)
- 2 large boxes Kleenex tissue

Complete change of clothing (**shirt, pants, underwear, socks**) in large zip lock bag, labeled with child's name, to leave at school. ****Please do not worry about putting a name on supplies, we will put them all together and share throughout the year!!**** ****NO REST MAT NEEDED****

Kindergarten

- 24 ct colored pencils
- 1 Crayola watercolors
- 3 Elmer's glue sticks (**jumbo**)
- 1 pair gym shoes – **TO BE LEFT AT SCHOOL**
- 1 Bottle of hand sanitizer
- 3 large boxes Kleenex tissue (**175 or 200 count**)
- large backpack – **BRING EVERYDAY**
- 2 notebooks
- 1 folder

- 2 boxes of 24 count regular Crayola crayons
- 2 boxes Crayola markers
- 1 pair (**over the head**) headphones
- 1 plastic pencil box (**8"x4"**)
- 1 Fiskar blunt scissors
- 1 package of sharpened pencils 12ct
- 1 white binder with clear front pocket 1"
- 1 container of Clorox wipes

Complete change of clothing (**shirt, pants, underwear, socks**) in large zip lock bag, labeled with child's name, to leave at school. ****Please do not worry about putting a name on supplies, we will put them all together and share throughout the year!!****

1st Grade

- 1 pair of pointed scissors
- 3 bottles of Elmer's glue
- 2 sets of Crayola markers (**classic colors**) no thin markers
- 2 large boxes Kleenex
- P.E. shoes (**TO BE LEFT AT SCHOOL**)
- 2 containers Clorox wipes
- 4 boxes of 24 count Crayola crayons
- 1 One subject notebook- wide ruled

- 2 pink erasers
- 1 plastic folder (**blue**)
- 2 JUMBO Elmer's glue sticks
- 1 pack yellow #2 pencils
- 1 box of 12 colored pencils
- 4 pack of dry erase markers
- 1 pair over the head-headphones

*****Label only P.E. shoes and headphones*****

2nd Grade

- 1 good pair of pointed Fiskars scissors
- 2 boxes of 24 Crayola crayons
- 2 10 count of Crayola markers **Classic Colors**
- 8 **large** glue sticks (**no small and no smelly**)
- 1 18 ct. of pencils
- 1 bottle hand sanitizer (**BIG**)
- 100 ct. box Ziploc sandwich bags (**boys only**)
- 1 red folder (**Social Studies**)
- 1 yellow highlighter

- 1 set of cheap headphones (**not wireless**)
- 2 10 count fine line Crayola Markers
- 4 large boxes of Kleenex
- P.E. shoes (**TO BE LEFT AT SCHOOL**)
- 2 boxes 24 count Crayola colored pencils
- 42-60 ct. box gallon Ziploc bags (**girls only**)
- 1 purple folder (**Science**)
- 3 containers Clorox Wipes
- 1 spiral single subject notebook

*******Please do not send extra things not on the list. No need to label supplies *******

HOMER COMMUNITY SCHOOL SUPPLY LIST 2023-2024

3rd Grade

- 1 pair scissors
- 4 pink erasers
- 4 glue sticks
- 10 ct set of markers
- 24 ct colored pencils
- 3 boxes of Kleenex
- 4 black EXPO Chisel dry erase markers
- 10 #2 pencils
- Quart size zip-loc bags (**girls only**)
- 1 large hand sanitizer with pump (**girls only**)
- Headphones to stay at school (**Over the head style, NO earbuds please**)
- 2 spiral notebook (**single subject, wide rule**)
- P.E. shoes (**TO BE LEFT AT SCHOOL**)
- 1 plastic **YELLOW** folder
- 1 24 ct crayons
- 1 water bottle to stay at school
- Backpack
- 2 containers Clorox wipes
- Gallon size zip-loc bags (**boys only**)
- 1 pack loose leaf paper- wide rule (**boys only**)
- 1 1" 3 ring binder

4th Grade

- Large supply of pencils
- 24 pack of crayons
- 1 1-inch binder (**Jump only**)
- White erasers
- 3 plastic folders (**Steffen only**)
- P.E. shoes (**to keep at school**)
- Large crayon box (**Steffen only**)
- Pack of markers
- Scissors
- 1 Container of Clorox Wipes
- Hand sanitizer (**Girls only**)
- Headphones
- 4 **wide-ruled** notebooks (**Steffen only**)
- Pack of multi-colored pens (**Jump only**)
- 2 packs of **black** Expo markers
- 1 large box of Kleenex
- 1 water bottle (**to stay at school**)
- Pack of colored pencils
- Pack of glue sticks OR glue bottles
- Roll of paper towels (**Boys only**)

5th Grade

- Backpack (**to be brought to and from school**)
- 2 boxes Kleenex
- 1 pair of scissors
- Headphones
- 36 #2 pencils
- 1 bottle Elmer's glue
- 1 box of Crayola markers- 8 ct
- 1 box of 24 colored pencils
- 3 glue sticks
- 2 folders (**Ms.Bennier's class only**)
- 1 roll paper towel
- P.E. bag and shoes (**shoes will be left at school**)
- 1 bottle of hand sanitizer
- 2 containers disinfecting wipes
- 4 black expo dry erase markers
- 2 spiral notebooks
- 2 large erasers
- 3 white binders 1" (**Mrs. Olson's class only**)
- 1 box of 24 crayons

Middle School 6th-8th

- 36 pencils
- 3 boxes Kleenex
- Set of **corded** headphones for computer
- 2 containers Clorox wipes
- 1 box of 24 Crayola crayons
- 1 box of 24 Crayola colored pencils
- 2 large white erasers
- 2 70-page single subject notebooks
- 5 folders of different colors
- Sketchbook **to be purchased in the art room** for \$8 during the first week of school


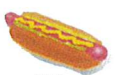





Homer Community School

Activities Calendar

August 2024

Sun Mon Tue Wed Thu Fri Sat

				1	2	3
4	5	6	7	8	9	10 XC Glow Run 8:45 pm @ Homer School Track
11	12 New Student Registration 9-12pm & 1-3pm FB, VB ,XC, SB practice begins	13	14 New Student Registration 9-12pm & 1-3pm	15	16	17
18 	19 SB @ SSC  Open House and Cookout 6-7pm	20	21 First day of school!	22 SB@ Ponca 	23 Early Dis- missal every Friday at 2:00 pm	24 SB @ Wayne
25	26 VB @ SSC 	27 Blood Drive 9-1	28 	29 XC @ Hartington VB@ Cedar Catholic HS SB @ O'Neill	30 Football Varsity @ Lyons- Decature Northeast	31 JVVB @ LCC SB @ West Point

HOMER HIGH SCHOOL ATHLETICS REQUIRED FORMS

PHYSICAL, NSAA, AMBULANCE & CONCUSSION FORMS

Forms may be submitted as early as May 1st for 2024-25 school year.

ALL students in grades 7-12 who wish to participate in school athletics MUST submit all forms BEFORE they may begin practice.

ALL 7th graders MUST have a physical prior to the start of the school year, even if they do not plan to participate in school sports.

ATHLETES AND PARENTS MUST complete and sign all forms and have a doctor sign the physical clearance form.

- The school will mail the forms to all students' homes in the spring and summer newsletters.
- You may pick up forms at the school office.
- You may also print the forms from the school website.

NOTE: all sections must be completed, signed and on file at the school prior to any participation.

High school volleyball, cross country and football practices begin on Monday, 12 August 2024.

Return complete forms to the school office.



Concussion Awareness
Homer Community School
Student-Athlete / Parent Information Notification

This form must be signed by all student-athletes and parent/guardians before the student participates in any athletic, spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head. A concussion can also be caused by a blow to another part of the body with the force transmitted to the head. Concussions can range from mild to severe and can disrupt the way the brain normally works. Though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of a concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Signs (observed by examiner)

- Appears dazed or stunned
- Confusion
- Moves clumsily
- Loss of consciousness
- Behavior/personality changes
- Forgets events prior to injury (Retrograde amnesia)
- Forgets events after injury (Anterograde amnesia)

Symptoms (reported by athlete)

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light
- Tinnitus (ringing in ears)
- Feeling "foggy"
- Concentration or memory issues
- Change in sleep pattern
- Feeling fatigued

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps playing with a concussion or returns too soon?

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under-report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is key for student-athlete safety.

If You Think Your Child has Suffered a Concussion

Any athlete suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a health care professional (athletic trainer, primary care physician, or neurologist). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think your child may have a concussion. Remember, it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Return to Practice and Competition

Homer Community School Concussion Management Policy provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a health care professional (athletic trainer, primary care physician, or neurologist) has evaluated the athlete and provided a written authorization to return to practice and competition. Homer Community School recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. Homer Community School also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the school's athletic trainer or licensed health care professional.

For current and up-to-date information on concussions go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

For education from the Nebraska Concussion Network go to:

<http://Neb.SportsConcussion.org>

Student-Athlete Name Printed	Student-Athlete Signature	Date
------------------------------	---------------------------	------

Parent or Legal Guardian Printed	Parent /Legal Guardian Signature	Date
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Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of Birth _____

☐ Cleared for all sports without Restriction

GRADE _____

☐ Cleared, with recommendations for further treatment for: _____

☐ Not cleared ☐ Pending further evaluation ☐ For any sports ☐ For certain sports _____

☐ Tdap booster administered on _____ (Required per Nebraska state law for students entering 7th grade)

Reasons / Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print) _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD or DO

I have examined the above named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

AMBULANCE / PERMISSION TO PROVIDE CARE

This section of this form is to allow Rescue Staff and Hospital Care to admit and/or provide immediate care to our son/daughter _____ in the event that parents, parent or legal guardian cannot be contacted. Our son/daughter will be participating for Homer Community School and if injured will be cared for by local rescue services and transported to the designated hospital by Rescue Squad.

Desired Hospital: (please circle)

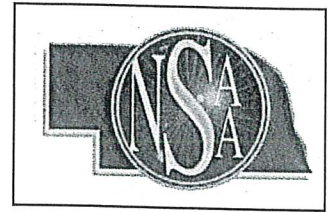
ST. LUKES MERCY MEDICAL CENTER PENDER WINNEBAGO

Medical information: (e.g. allergies; medication, etc.) _____

Parent Signature: _____

**To be completed for
Students participating in any
NSAA activities.**

Student and Parent Consent Form



School Year: 20____-20____
 Member School: _____
 Name of Student: _____
 Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID-19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even with the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA Bylaws and rules interpretations for participation in NSAA sponsored athletic and/or activities, and the athletic and activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the Student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and athletics, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the Student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
- (6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities.

Name of Student [Print Name] _____ Student Signature _____ Date _____

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert Student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Basketball	Bowling	Cross Country	Debate	Football	Golf
Journalism	Music	Play Production	Soccer	Softball	Speech	Swim/Dive
Tennis	Track & Field	Unified Bowling	Unified Track & Field	Volleyball	Wrestling	

Parent(s)/Guardian Printed Name(s)*	Parent/Guardian Signature	Date of Signature

***Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the Student is not living with parents, the Student's legal guardian.**

July 15, 2024

Protecting the health and welfare of students is a concern that all school administrators face each and every day. Student Accident Insurance helps ease those concerns by providing benefits for injuries that occur during school hours and or school sponsored and supervised activities (i.e. athletics, gym class, playground, field trips, JROTC, etc.) Student Accident Insurance serves to reduce out of pocket expenses not paid by primary coverage including copays, deductibles, coinsurance, etc., and will pay on a primary basis in the absence of other collectible coverage. With the increasing trend of high deductible plans, and more of the cost share shifted to the insured. Student Accident Coverage has become more important than ever! This means even if you have health insurance, you should consider purchasing this accident plan as a secondary insurance!

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

REASONS TO PURCHASE THIS COVERAGE:

- 1. DEDUCTIBLES AND CO-PAYS IN YOUR HEALTH PLAN. MANY HEALTH PLANS HAVE INCREASED THE AMOUNT OF OUT-OF-POCKET EXPENSES. THIS PLAN WILL HELP PAY THE DEDUCTIBLES AND CO-PAYS THAT YOU MAY BE OUT OF POCKET IN THE EVENT OF AN INJURY.**
- 2. NO INSURANCE.**

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or co-pay. If you have no other insurance this will become your primary accident plan.

To purchase coverage:

1. Go to website: www.sas-mn.com
 - a. Click under K12 "Find My School"
 - b. Choose State
 - c. Choose School District
 - d. Follow instructions to choose plan and make payment online. (There is a \$5.00 credit card transaction fee.)
 - e. Print proof of coverage
2. Coverage will become effective at 12:01a.m. following the date the enrollment is made online and premium is paid.
3. All questions regarding the coverage may be directed to Student Assurance Services, Inc., at 800-328-2739.



Student Injuries Can Happen

Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs

Approved By Your School/School District - Available for All Students PK-12

What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in an interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

Coverage Options Available Through Your School

- ◆ School Time Coverage - \$16.00
- ◆ Interscholastic Sports Coverage
(w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
- ◆ 24-Hour/Full-Time Coverage - \$99.00
- ◆ Football Coverage - \$250.00
(Grades 9-12 for the football season)
- ◆ Extended Dental Coverage - \$9.00

Premium Paid Once a School Year

To Enroll Your Student & Review Medical Benefits

Go to: www.sas-mn.com

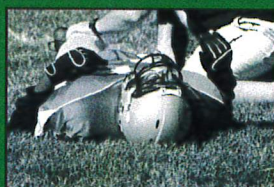
*or scan this QR code with
your smart phone to be
directed to our website*



Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

- ◆ **Purchase Coverage**
(Managed Online or by Printing/Mailing Enrollment Form and premium)
- ◆ **Brochure (English & Spanish)**
(Explains medical benefits, exclusions and coverage options)
- ◆ **Claim Form**
(fillable form when enrolled student sustains injury)

For Questions, Call Student Assurance Services at (800) 328-2739



Specializing in Student Accident Insurance Since 1971.

The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company



Los estudiantes pueden sufrir lesiones

Los gastos médicos pueden ser una dificultad financiera ante situaciones imprevistas
Aprobado por su escuela o distrito escolar - Disponible para todos los estudiantes de preescolar a 12.º grado

¿Qué es el seguro estudiantil contra accidentes?

- ♦ Es una cobertura que le proporciona asistencia financiera con sus gastos médicos de bolsillo si su estudiante sufre una lesión corporal accidental.

Tener un seguro estudiantil contra accidentes para su estudiante le resultaría conveniente si:

- ♦ El seguro de salud principal de su familia tiene copagos o un deducible altos
- ♦ Su estudiante no tiene un seguro de salud
- ♦ Su estudiante participa en un deporte interescolar que suele provocar lesiones imprevistas
- ♦ Su estudiante es propenso a sufrir lesiones

Opciones de cobertura disponibles a través de su escuela

- ♦ Cobertura de tiempo escolar: \$16.00
- ♦ Cobertura de tiempo completo (24 horas): \$99.00
- ♦ Cobertura de deportes interescolares (con cobertura de tiempo escolar por \$91.00 o cobertura de 24 horas por \$174.00)
- ♦ Cobertura de fútbol americano: \$250.00 (De 9.º a 12.º grado para la temporada de fútbol americano)

- ♦ Cobertura dental extendida: \$9.00

La prima se paga una vez por año escolar

Para inscribir a su estudiante y revisar los beneficios médicos

Visite: www.sas-mn.com

o escanee este código QR con su teléfono inteligente para ir a nuestro sitio web



Busque "K-12 Students & Parents" (Padres y estudiantes de preescolar a 12.º grado) en nuestra página de inicio. Dentro de esta división, podrá buscar el distrito escolar de su estudiante. Una vez que lo encuentre, tendrá acceso a la siguiente información:

♦ Adquisición de cobertura

(Administrada en línea o mediante la impresión o el envío por correo del formulario de inscripción y la prima)

♦ Folleto (en inglés y español)

(Detalla los beneficios médicos, las exclusiones y las opciones de cobertura)

♦ Formulario de reclamación

(formulario que debe completarse cuando un estudiante sufre una lesión)

Si tiene preguntas, llame a Student Assurance Services al (800) 328-2739.



Especialistas en seguros estudiantiles contra accidentes desde 1971.

La información anterior es solo una breve descripción del seguro estudiantil contra accidentes de Student Assurance Services. Para obtener más información, incluidos costos, beneficios, fechas de entrada en vigencia, exclusiones y limitaciones, visite www.sas-mn.com. Los estudiantes pueden adquirir la cobertura solo si su distrito escolar es titular de una póliza de la compañía de seguros.

STUDENT ACCIDENT INSURANCE COVERAGE
POLICY GA-2200Ed.11-16(ID)(KS)(LA)(MN)(MT)(NC)(ND)(OH)

Premiums & Coverage Options

One Time Policy Year Premiums

School Time Coverage Grades PK-12 (Does NOT Include Interscholastic Sports Coverage grades 7-12) Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and supervised extracurricular activities, c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities in school provided transportation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	\$16
Full Time Coverage Grades PK-12 (Does NOT Include Interscholastic Sports Coverage grades 7-12) Covers the student 24 hours a day until school starts next year. Includes coverage while at home and school, on weekends and during summer vacation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	\$99
School Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12) In addition to School-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing for or competing in school-sponsored and supervised interscholastic sports including travel in school provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	\$91
Full Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12) In addition to the Full-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing for or competing in school-sponsored and supervised interscholastic sports including travel in school-provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	\$174
Football Coverage Grades 9 - 12 Protects the student while practicing for or competing in school-sponsored and supervised interscholastic football including travel in school-provided transportation for grades 9-12.	\$250
Extended Dental Coverage Grades PK-12 Provides benefits up to a maximum of \$5,000 for any dental injury. Covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of the Injury and must be performed within one year from the date of Injury. However, if within the one year period following the date of Injury the student's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. Benefits for prostheses are limited to \$500 per injury, including procedures performed to install them. Dental prostheses include, but are not limited to: crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics, dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.	\$9

The Medical Benefits and Exclusions below apply to the Coverage Options listed above.

MEDICAL BENEFITS (What the Insurance Plan Pays) - When injury covered by the policy results in treatment by a Licensed Physician within 60 days from the date of accident, the Company will pay the Usual and Customary Charges (U&C) incurred for covered services as listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$50,000 per injury. (In MT and NC benefits are payable after the deductible per injury is satisfied, the deductible is the amount paid or payable for the same injury by Other Valid Coverage)
This policy will pay benefits regardless of Other Valid Coverage if the covered claim expense is less than \$200. If the covered claim expense exceeds \$200, benefits shall be paid first by Other Valid Coverage. (This coverage is excess in KS, and this coverage is primary in MT and NC after deductible, and in ID, IL)

All Amounts Listed Below are Per Injury

PHYSICIAN'S SERVICES

- a) **Surgical Care** (surgeon, assistant surgeon, and anesthesia)80% U&C, up to \$2,500
b) **Nonsurgical Care** (includes physiotherapy performed other than in a hospital, 1 visit per day).....U&C, up to \$50 per visit, maximum 6 visits

HOSPITAL CARE

- a) **Inpatient Care**
1) **Hospital Semi-Private Room**U&C, up to \$500 per day
2) **Hospital Miscellaneous Services**80% U&C, up to \$2,500
b) **Outpatient Care**
1) **Facility Charges for Day Surgery**U&C, up to \$2,500
2) **Emergency Room**80% U&C, up to \$500

Note: Benefits for hospital miscellaneous and outpatient care charges are limited to services not scheduled under Medical Benefits.

X-RAY SERVICES (includes charges for reading)U&C, up to \$250

LABORATORY SERVICESU&C, up to \$250

DIAGNOSTIC IMAGING (includes MRI, CT scan, bone scan and charges for reading)U&C, up to \$500

DENTAL TREATMENT (in lieu of all other medical benefits; for repair and/or replacement of each sound

and natural tooth)U&C, up to \$250 per tooth (In SD, sound and natural is deleted)

AMBULANCE SERVICESU&C, up to \$500

ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing)U&C, up to \$250

PRESCRIPTION DRUGS (take home)U&C, up to \$250

REPLACEMENT EYEGLASSES, CONTACT LENSES, HEARING AIDS

(when medical treatment is required for covered injury)U&C, up to \$250

MOTOR VEHICLE INJURYSame as any injury, up to \$2,500 (In KS, \$2,500 limit does not apply)

ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.
Loss of Life \$2,500 Loss of an Eye \$2,500 Double Dismemberment \$10,000 Single Dismemberment \$2,500

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.
J-1511/1513(2024)



ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE

COVERAGE PLANS

One Time Policy Year Premiums

	Full Time Coverage (Does NOT include Interscholastic Sports Coverage)	<input type="checkbox"/> \$ 99
	Full Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)	<input type="checkbox"/> \$174
	School Time Coverage (Does NOT include Interscholastic Sports Coverage)	<input type="checkbox"/> \$ 16
	School Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)	<input type="checkbox"/> \$ 91
	Football Coverage (Grades 9-12)	<input type="checkbox"/> \$250
	Extended Dental Coverage (Grades PK-12)	<input type="checkbox"/> \$ 9

DO NOT SEND CASH

TOTAL PREMIUM

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**
*Please write student's name on the front of check. **NO REFUNDS**

X _____
GAA-2203Ed.11-16 (Signature of Parent or Guardian) (Date)

J-1511/1513(2024)

EXCLUSIONS (What the Plan DOES NOT Pay)

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are paid under Workers' Compensation or Employer's Liability Laws. (In NC, benefits are excluded if the employee, employer, or carrier is responsible or liable according to final adjudication or settlement order under state law)
3. Any injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder. (In ID, Insured must be participating as a professional)
4. The practice or play of interscholastic sports including travel to or from such activity, practice, or play for students in grades 7-12, unless such premium is paid.
5. In Kansas - No benefits are payable for accidental bodily injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.
6. In Ohio - Reinjury if the insured participated in a covered activity against medical advice.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the effective date of the policy. (In OH, this provision does not apply)

WHAT KIND OF INSURANCE IS THIS?

This is accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Medical illnesses such as ear infections or sore throats are not covered.

WHO SHOULD CONSIDER BUYING THIS INSURANCE?

1. All families with no other health coverage.
2. Families with other medical or dental coverage having deductibles, copays or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. (This coverage is primary in MT and NC after deductible, and in ID, IL)

HOW TO ENROLL

1. Select the desired coverage(s) from the options listed above. Premium cannot be prorated. There are two enrollment and payment options.
2. Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in an envelope and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
3. Complete enrollment form online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School Look-up.
4. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service; or for online enrollment 12:01A.M. following the date the proper premium is received by the Plan Administrator. Interscholastic sports coverage expires on the last day of the authorized season of the current school year. School-Time and Full-Time coverage expires on the selected expiration date of the annual term policy.

HOW TO FILE A CLAIM

1. Notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it's a school injury.
2. Parents complete Part B of the claim form. **Answer all questions.**
3. Submit copies of the student's *itemized bills* to the student's family medical and dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). This plan is supplemental to all other valid coverage. The claim must be filed with the other coverage first! (Coverage is excess in KS, primary in MT and NC after deductible, and in ID, IL) This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In KS, penalty does not apply)
4. Send the completed claim form, copies of student's itemized bills and EOB to:
STUDENT ASSURANCE SERVICES, INC.
PO BOX 196 • STILLWATER, MN 55082
5. No claim can be completed until **all of the above documents** have been provided.

NOTE: Student must be treated by a Licensed Physician within 60 days of the date of the injury. Proof of claim should be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or reasonable time thereafter not to exceed one year. The policy is responsible only for expenses incurred within one year. (In NC, itemized bills must be submitted within 180 days from the date of treatment, not to exceed one year)

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance (except in ID) and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice and Certificate of Coverage (where applicable) may be obtained on the website www.sas-mn.com. J-1511/1513(2024)

Administered by

STUDENT ASSURANCE SERVICES, INC.
PO Box 196 • Stillwater MN 55082-0196
Toll Free 800-328-2739 - (651) 439-7098

www.sas-mn.com



HAVE QUESTIONS?
CALL US TOLL FREE AT
(800) 328-2739 OR (651) 439-7098

Underwritten by

Ameritas
Ameritas Life Insurance Corp.
Lincoln, Nebraska

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.

There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN, NC residents)

☐ Please charge \$ _____ + \$5.00 Processing Fee = \$ _____ to the following credit card: ☐ VISA®, ☐ MasterCard®, or ☐ Discover®

Credit Card Number

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Security Code (on back of card, 3 digits)

--	--	--

Card Expiration Date
(Month) (Year)

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Credit card billing will state:
"Student Assurance Services, Inc."

Print Cardholder Name _____ Date ____ / ____ / ____

Cardholder Signature _____

Cardholder Address _____
(Street) (City) (State) (Zip)

Telephone Number (_____) _____ - _____

GAA-2203Ed.11-16

DETACH - Place inside envelope

J-1511/1513(2024)

Homer Community School
212 S. 3rd Street
PO Box 340
Homer, NE 68030

U.S. Postage Paid
Permit No. 2
Non-Profit Organization

Return Service Requested



HOME OF THE KNIGHTS



*****Enclosed*****

****School Physical Form**

****Elementary School Supply List**

****Calendar**