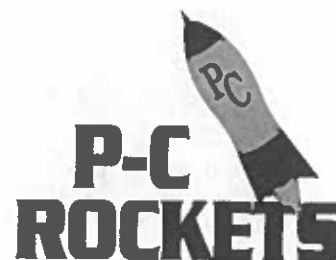


Paton-Churdan Community School
606 Adrian Street
PO Box 157
Churdan, Iowa 50050
Tel. 515.389.3111
Fax 515.389.3113



Kreg Lensch
Superintendent

Annie Smith
PK-12 Principal

July 5, 2023

Dear Paton-Churdan Students, Parents, and Community Members:

Hello Rocket families!!! I hope you've had a terrific summer break and are making every minute of this summer matter. It has been fun to see news of our Rockets throughout the summer doing what they love, whether it is enjoying the city parks & library programs, pushing themselves in our secondary Rocket Power program, playing softball & baseball, working, swimming, getting ready for and participating in the county fair and so much more! We know you have been busy working hard this summer and we are so proud of all of you!

Here at the school, Jake, Brenda & Lacey have been busy too making building improvements, working hard getting classrooms ready, serving our summer lunch program and many other exciting building upgrades. Some of the building changes include a new roof, a portion of the parking lot resurfaced, improvement to our staff room and a new bus to add to our fleet. We are so thankful for all of their hard work and dedication over the summer months.

You will also see another exciting change when you view our school supply list for this upcoming school year. As a school, we have tried to reduce and minimize the amount of supplies we are asking families to contribute and will be implementing a new system wide organization system in the middle school in which the school will provide the majority of supplies students will need. We want to make sure that all students have what they need to begin the year, if you need help gathering any of the supplies listed, please reach out to the office or Mrs. Smith for assistance.

We are so excited to see everyone and get the 2023-24 school year started. Please join us on Monday, August 21st from 6-8 pm for a Community Back to School Block Party at the school. Students may bring their school supplies, say hello to their teachers, meet our Fall sports teams but also new this year we will have music, games, informational community booths, a FREE meal for the first 200 participants, and so much more!!! Mark your calendars as you will not want to miss this exciting event to kick off another great year! Enjoy these last few weeks of summer break and we look forward to welcoming everyone back to Paton Churdan!

In Education,

Annie Smith
PK-12 Principal/Activity Director

2023-24 Paton-Churdan District Newsletter

Dates to Remember

August 21	Back to School Block Party
August 23	First Day of School
Sept 4	No School-Labor Day
Sept 18-22	Homecoming
September 26	No School-Teacher Inservice
October 09	Fall Picture Day
October 23	No School-Teacher Inservice
October 25	End of First Quarter
Nov 20-24	No School-Thanksgiving Break
Dec 23-Jan 3	No school-Winter Break
Jan 12	End of 2nd Quarter/1st Semester
Jan 15	No School-Teacher Inservice
Feb 19	No School-Teacher Inservice
March 11-15	No School-Spring Break
April 8	No School-Teacher Inservice
May 24	End of 4th Quarter-Last Day

*For the most current athletic events please go to
www.paton-churdan.k12.ia.us

Activities

School activities shall not be scheduled on Wednesday evenings, the only exception being activities at a school outside of this district over which the district has no control or athletic/music events scheduled by the Athletic Union or State Music Department.

Communication

Visit our website at: www.paton-churdan.k12.ia.us to find information on:

- Calendar events
- School news
- Meal menus
- Board Policies
- Staff Directory

And much more!

Students grades, lunch account balance and pay fees please click on the Infinite Campus Link located on the district website.

Special Announcements will be sent as text messages via Remind 101. If you are not a subscriber to this service and you have a student that is attending Paton-Churdan, please call the school to be added to this service.

Attention 9-12 students

Students & Parents please join the correct Remind group.

Class of 2024-- text "@8cf2k9" to 81010

Class of 2025-- text "@ge7k699" to 81010

Class of 2026-text "@gcde866" to 81010

Class of 2027-text "@fbg977" to 81010

4 Year Old Children

If you have a child who will be 4 by September 15th, they are eligible for preschool at P-C. Please call the office at 515-389-3111 to get them registered. There is limited space, so call today! Preschool meets M, T, R & F in the mornings. Mrs Olson will be sending out more information related to preschool once registration is complete.

Registration

Thank you for choosing Paton-Churdan Community School District. We look forward to partnering with you in your child's education.

Existing Families

Paton-Churdan Community School will use an Online Registration process for the 2023-24 School Registration. Online registration is currently available to students currently attending Paton-Churdan Community School District.

Online registration gives families a more efficient experience and will not require an in person visit. Paper forms will not be available. Registration fees will be able to be paid online using Infinite Campus or mailed to the district office.

New Families

Welcome! We are available for questions. Please email Heather Lansman at hlansman@paton-churdan.k12.ia.us or call 515-389-3111 and we can help.

Emergency Closing of School

All school closings will be announced on radio stations KGRA and KDLS in Jefferson. Also TV Stations 5, 8, 13 and 17, as well as the PC website and Remind 101 notifications. Please be sure you are signed up for Remind 101 with our current cell phone number to get messages directly to your cell phone. Instructions are on the PC website or you can call the office. In situations when school is dismissed during the day, there is always the possibility of a child arriving home to find the house locked or the parent gone. Make sure your younger children are instructed as to what to do if this type of situation would occur.



Paton-Churdan Staff 2023-24

Administration

Superintendent	Kreg Lensch
Principal PK-12	Annie Smith
Board Secretary	Denise Best
Athletic Director	Annie Smith
School Counselor	Libby Towers
Curr./SPED Coord.	Karen Sandberg

Support Staff

Instructional Coach	Denise Menke
Technology Coord.	Kellie Henderson
Food Service	Lacey Cullum
Food Service	Brooke Hoover
Custodian	Brenda Miller
Grounds Supervisor	Jake Smith
Transportation	Jake Smith
School Nurse	Jolene Peters
PK-12 Secretary	Heather Lansman
Building Support	Suzanne Duckett
Aide	Karen Rooney
Aide/Library Supervisor	Jill Stream
Aide	Lacey Cullum
Aide	Jacque Happe
Aide	Cindy Thurman
Aide	Angel Weier

Elementary

Preschool	Alisa Olson
Kindergarten	Melanie Ludwig
1st grade	Miranda Steinkamp
2nd grade	Hayley Paup
3rd grade	Lauren Bardole
4th grade	Zandra Maldonado
5th grade	Jill Higgins
Art	Tami Minnehan
Music	Shannon Hobbs
Physical Education	Korey Jeschke
Special Education	Anna Miller
Intervention	Denise Kennedy

Middle & High School

Secondary Math	Bud Fagen
Secondary Science	Alisa Olson
Secondary ELA	Jen Redenius
6th ELA/Secondary Exploratory	Amanda Tasler
Secondary Social Studies	Makayla Sparr
6th Math/Personalized Learning	Lori Berns
Art	Tami Minnehan
Music	Shannon Hobbs
PE/Drivers Ed	Korey Jeschke
Special Education	Anna Miller

23-24 Paton Churdan School Calendar

Summary of Calendar:





Days/Hrs. in classroom:

First Semester..... 88/616

Second Semester 87/609

TOTAL DAYS/HRS 175/1225

CALENDAR LEGEND

Begin/End	
PD	
Holidays	
Vacation Days	

HOLIDAYS:

Labor Day	(9/4)
Thanksgiving Day	(11/23)
Christmas	(12/25)
New Year's Day	(1/1)
Memorial Day	(5/27)

Note: In-service Days may be classified as Career Development and/or Professional Development depending on the content of the activities being performed.

August 2023					Student Days/Hours	
M	T	W	Th	F		
14	15	16	17	18		
21	22	23	24	25	3	21
28	29	30	31		7	49
September 2023						
				1	8	56
4	5	6	7	8	12	84
11	12	13	14	15	17	119
18	19	20	21	22	22	154
25	26	27	28	29	27	189
October 2023						
2	3	4	5	6	32	224
9	10	11	12	13	37	259
16	17	18	19	20	42	294
23	24	25	26	27	46	322
30	31				48	336
November 2023						
		1	2	3	51	357
6	7	8	9	10	56	392
13	14	15	16	17	61	427
20	21	22	23	24	61	427
27	28	29	30		65	455
December 2023						
				1	66	462
4	5	6	7	8	71	497
11	12	13	14	15	76	532
18	19	20	21	22	81	567
25	26	27	28	29	80	567
January 2024						
1	2	3	4	5	83	581
8	9	10	11	12	88	616
15	16	17	18	19	92	644
22	23	24	25	26	97	679
29	30	31			100	700
February 2024						
			1	2	102	714
5	6	7	8	9	107	749
12	13	14	15	16	112	784
19	20	21	22	23	116	812
26	27	28	29		120	840
March 2024						
				1	121	847
4	5	6	7	8	126	882
11	12	13	14	15	126	882
18	19	20	21	22	131	917
25	26	27	28	29	136	952
April 2024						
1	2	3	4	5	141	987
8	9	10	11	12	145	1015
15	16	17	18	19	150	1050
22	23	24	25	26	155	1085
29	30				157	1099
May 2024						
		1	2	3	160	1120
6	7	8	9	10	165	1155
13	14	15	16	17	170	1190
20	21	22	23	24	175	1225
27	28	29	30	31		
June 2024						
3	4	5	6	7		

180 Days/1080 Hours Calendar

Aug. 17-22 PD

Aug. 23 Begin 1st Quarter/Semester

Sept. 4 Labor Day (No School)

Oct. 23 PD

Oct 25 End of 1st Quarter

Nov. 20-24 Thanksgiving Holiday (No School)

Dec. 23-Jan. 3 Winter Break (No School)

Jan 12. End of 2nd Quarter/1st Semester

Jan. 15. PD

Feb. 19. PD

Mar. 11-15 Spring Break (No School)

Mar 22 End of 3rd Quarter

April 8. PD

May 24 End of 4th Quarter/2nd Semester

May 27 Memorial Day

May 28 PD



PATON CHURDAN SCHOOL
PRESENTS A.....

BACK 2
SCHOOL
B L O C K
P A R T Y

MONDAY
AUGUST 21st

LIVE MUSIC | 6-8 pm
GAMES | FREE SUPPER

Bring your school supplies, say "Hello" to your teachers,
check out our informational booths, meet our Fall Sports
Teams, and SO MUCH MORE!

2023-24 Paton-Churdan School Supply List

SUGGESTED School Supplies for Elementary/MS Students for 202-2023

Pre-school

1 backpack or bag, 1 pair Velcro or no-tie outside shoes or boots (to be left at school), 1 set of extra clothes in zip type bag labeled with name, 1 water bottle to keep at school, 1 standard sized bath towel (does NOT need to be new), 3 - 4 oz. containers of playdough (own choice of color), 1 box of Kleenex.
Optional: Stamp pad, pkg of baby wipes

Kindergarten

Headphones (no ear buds please), 1 wide ruled spiral notebook, 24 count box crayons, 1 box Crayola Classic Markers, 1 large box of Kleenex, 1 large tote/book bag, and a set of extra clothes in zip type bag labeled with name. **EXTRA PAIR OF SHOES, TO BE LEFT AT SCHOOL FOR OUTSIDE USE (Velcro/no-tie please).**
Optional: baby wipes or disinfectant wipes

1st Grade

1 large box Kleenex, 24 count box crayons, 1 box Crayola Classic Markers, 4 wide ruled spiral notebooks, 1 pencil box, 1 book bag, clean old sock, standard size clipboard, headphones (no ear buds please), extra set of clothes in zip type bag labeled with name, and 1" 3 ring binder. **EXTRA PAIR OF SHOES, TO BE LEFT AT SCHOOL FOR OUTSIDE USE (Velcro/no-tie please).**
Optional: baby wipes and/or disinfectant wipes

2nd Grade

1 box 24 crayons, 10 pencils (5 sharpened), 1 pair pointed scissors, 1 large boxes of Kleenex, 4 wide ruled spiral notebooks, ruler, 5 pocket folders, clean old sock, headphones, 1 box crayola markers, 2 highlighters, art box, colored pencils, extra set of clothes in a zip bag labeled with their name, **EXTRA PAIR OF SHOES, TO BE LEFT AT SCHOOL FOR OUTSIDE USE.**
Optional: disinfectant wipes

3rd Grade

4 highlighters (yellow, blue, pink, orange), 1 box 24 crayons OR colored pencils-24 count, scissors, 3 large boxes of Kleenex, 4 pocket folders, pencil box, one 1" 3-ring binder, 1 package wide-ruled loose-leaf paper, earbuds or headphones, clean old sock, 1 container Clorox/Lysol Wipes, 1 3-subject notebook, 1 single subject notebook, 1 composition journal. **EXTRA PAIR OF SHOES, TO BE LEFT AT SCHOOL FOR OUTSIDE USE.**

4th Grade

10 sharpened #2 pencils, 4 highlighters (yellow, blue, green, pink), 1 pkg. 24 colored pencils or 1 box crayons, 5 pocket folders with 3 holes, scissors, clean old sock, 2 notebooks, earbuds or headphones, 2 large boxes of Kleenex, pencil box/pouch, and 1 container Clorox/Lysol Wipes. **EXTRA PAIR OF SHOES, TO BE LEFT AT SCHOOL FOR OUTSIDE USE.**

5th Grade

3 large boxes Kleenex, 20 #2 pencils, scissors, 2 single subject notebook, 3 pocket folders, 12 colored pencils, 8 or 10 classic color markers, a clean old sock, headphones, a standard ruler, 4 highlighters(yellow, blue, pink, green), a large pencil box, 1 container of clorox wipes, **EXTRA PAIR OF SHOES, TO BE LEFT AT SCHOOL FOR OUTSIDE USE.**

6th Grade

EXTRA PAIR OF SHOES, TO BE LEFT AT SCHOOL FOR OUTSIDE USE.

6/7/8 Grade

Earbuds or Headphones (No AirPods), pencils, 2-3 large boxes of Kleenex, highlighters, blue/black pens, 1 package of wide ruled loose leaf paper
***WE ARE USING A NEW SYSTEM WIDE ORGANIZATION APPROACH AT THE MS LEVEL AND ASK THAT YOU PLEASE DO NOT BUY ANY SCHOOL SUPPLIES OTHER THAN THOSE LISTED ABOVE, THE SCHOOL WILL PROVIDE ALL OTHER SUPPLIES NEEDED**

Art

Elementary Art K-5: 1 pkg baby wipes MS Art 6,7&8 1 package paper plates

HS

Basic school supplies based on student preference-folders, paper, pens, pencils, etc

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Please complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____

Date of Birth: _____

Date of Examination: _____

Sport(s): _____

Home Address (Street, City, Zip): _____

School District: _____

Parent's/Guardian's Name: _____

Phone #: _____

Physician: _____

Phone #: _____

History Form:

List past and current medical conditions.

Have you ever had a surgery? If "yes", list all past surgical procedures.

Medicines and Supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (to medicines, pollen, food, stinging insects, etc.)

PHQ-4: Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response)

	Not at all	Several Days	Over half the days	Nearly Everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [Questions 1 and 2, or Questions 3 and 4] for screening purposes)

SCORE: _____

In the section below, if you answer "yes" to any questions, please explain further in the space provided at the end of this form. Circle any questions you don't know the answer to.

General Questions:

Y N

- ☐ ☐ Do you have any concerns that you would like to discuss with your provider?
- ☐ ☐ Has a provider ever denied or restricted your participation in sport for any reason?
- ☐ ☐ Do you have any ongoing medical issues or recent illnesses?

Heart Health Questions:

Y N

- ☐ ☐ Have you ever passed out or nearly passed out during or after exercise?
- ☐ ☐ Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?
- ☐ ☐ Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?
- ☐ ☐ Has a doctor ever told you that you have any heart problems?
- ☐ ☐ Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography?
- ☐ ☐ Do you get lightheaded or feel shorter of breath than your friends during exercise?
- ☐ ☐ Do you have high blood pressure or high cholesterol?

Questions about your Family:

Y N

- ☐ ☐ Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?
- ☐ ☐ Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?
- ☐ ☐ Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?
- ☐ ☐ Does anyone in your family have asthma?

Bone and Joint Questions:

Y N

- ☐ ☐ Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?
- ☐ ☐ Have you had an X-ray, MRI, CT scan or physical therapy for any reason?
- ☐ ☐ Do you have a bone, muscle, ligament or joint injury that bothers you?
- ☐ ☐ Do you currently, or have you in the past worn orthotics, braces or protective equipment for any reason?

Medical Question:

Y N

- ☐ ☐ Do you cough, wheeze or have difficulty breathing during or after exercise?
- ☐ ☐ Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?
- ☐ ☐ Do you have groin or testicle pain or a painful bulge or hernia in the groin area?
- ☐ ☐ Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?
- ☐ ☐ Have you had a concussion? Or a head injury that caused confusion, a prolonged headache, or memory problems?
- ☐ ☐ Have you ever had a seizure?
- ☐ ☐ Do you get frequent headaches?
- ☐ ☐ Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?
- ☐ ☐ Have you ever become ill when exercising in the heat?
- ☐ ☐ Do you have sickle cell trait or disease? Or anyone in your family?
- ☐ ☐ Have you ever had or do you have any problems with your eyes or vision?
- ☐ ☐ Do you worry about your weight?
- ☐ ☐ Are you trying to or has anyone recommended that you gain or lose weight?
- ☐ ☐ Are you on a special diet or do you avoid certain types of foods or food groups?
- ☐ ☐ Have you ever had an eating disorder?

FEMALES only:

Y N

- ☐ ☐ Have you ever had a menstrual period?
- ☐ ☐ How old were you when you had your first menstrual period?
- ☐ ☐ When was your most recent menstrual period?
- ☐ ☐ How many periods have you had in the last 12 months?

EXPLAIN "Yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Athlete: _____

Signature of Parent or Guardian: _____

Date: _____

Physical Examination *(To be filled out by medical provider)*

Consider additional questions as below:

Y N

- ☐ ☐ Do you feel stressed out or under a lot of pressure?
- ☐ ☐ Do you ever feel sad, hopeless, depressed or anxious?
- ☐ ☐ Do you feel safe at your home or residence?
- ☐ ☐ Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?
- ☐ ☐ Do you drink alcohol or use any other drugs?
- ☐ ☐ Have you taken prescriptions medications that were not yours or outside of their intended use?
- ☐ ☐ Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
- ☐ ☐ Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- ☐ ☐ Do you wear a seat belt and a helmet?
- ☐ ☐ Do you use condoms if you are sexually active?

EXAMINATION

Height: _____ Weight: _____

BP: _____ / _____ (_____ / _____) Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected Y / N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency) 		
Eyes, ears, nose and throat <ul style="list-style-type: none"> Pupils equal & Hearing 		
Lymph Nodes		
Heart <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes Simplex Virus, lesions suggestive of MRSA or Tinea Corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, hand, and fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional <ul style="list-style-type: none"> May include: Duck Walk, Double-leg squat test, single-leg squat test, and box drop or step drop test Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings or a combination of those. 		

Medical Eligibility Form

Student Athlete Name: _____ Date of Birth: _____ Date of Examination: _____

I acknowledge and give consent for a copy of this entire form to be kept in the student's school record. I agree that should student's health change in any way that would alter this form that I will inform the school as soon as possible.

Signature of Parent or Guardian: _____ Date: _____

Shared Emergency Information *(To be filled out by athlete/athlete's caregiver)*

Allergies:

Medications:

Other Information:

Emergency Contacts:

Name

Relationship

Contact Information

Participation Eligibility *(To be filled out by medical provider)*

- ☐ Medically Eligible for sports without restriction.
- ☐ Medically Eligible for all sports without restriction with recommendations for further evaluation or treatment of:

- ☐ Medically eligible for certain sports:

- ☐ Not medically eligible pending further evaluation

- ☐ Not medically eligible for any sports

Recommendations:

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined in this form. A copy of the physical examination findings 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 provider may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional:

HEADS UP: Concussion in High School Sports

Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, **must be immediately removed from participation** if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided** by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.
- (4) Definitions:
 - “**Contest official**” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.
 - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.
 - “**Medical clearance**” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

What parents/guardians should do if they think their child has a concussion?

1. Teach your child that it's not smart to play with a concussion.
2. **OBEY THE LAW.**
 - a. Seek medical attention right away.
 - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
3. Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

Signs Observed by Parents or Coaches:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Student-Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

STUDENTS, If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

PARENTS/GUARDIANS, You can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

For more information visit: www.cdc.gov/Concussion

IMPORTANT: Students (grades 7-12) participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's Grade

Student's School

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. **Completed applications should be submitted to Paton-Churdan CSD 606 Adrian Street, PO Box 157 Churdan, IA 50050** If at any time you are not sure what to do next, please contact Heather Lansman, 515-389-3111 or hlansman@paton-churdan.k12.ia.us

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include **all** members in your household who are:
 Children age 18 or under **and** are supported with the household's income;
 In your care under a foster arrangement, or qualify as homeless, migrant or runaway youth;
 Students attending **school** regardless of age.

- A) **List each child's name and date of birth.** Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the RCCI, with all required information for the additional children.
- B) **Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.
- C) **Is the child a student?** Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend school. If you marked 'Yes' write where the child attends school and write the grade level of the student in the "Grade" column to the right.
- D) **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are **ONLY** applying for foster children, after finishing STEP 1, go to "STEP 4". Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- E) **Are any children homeless, migrant or runaway?** If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN the Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

The Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa)
 The Family Investment Program (FIP)
 The Food Distribution Program on Indian Reservations (FDPIR)

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Go to STEP 3. (Leave the rest of STEP 2 blank)

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Provide a case number for SNAP, FIP, or FDPIR. You only need to write **one** case number. Case numbers may be located on your Notice of Decision.
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.

Gross income is the total income received before taxes.

Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums or any other amounts taken from your pay.

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be investigated.

- A) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- B) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided.
- C) You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."
- D) Report all income earned or received by children.** Refer to the table below titled "Sources of Income for Children" and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them with the rest of your household (income from a part-time job or from any funds provided to the child for the child's personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Table 1. Sources of Income for Children

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> • Earnings from work 	<ul style="list-style-type: none"> • A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income)
<ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor's Benefits 	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits.

Sources of Child Income	Example(s)
	<ul style="list-style-type: none"> A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none"> Income from person <i>outside</i> the household 	<ul style="list-style-type: none"> A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

- E) List each adult household members name.** Print the name of each household member in the boxes marked "Name of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.**
- F) Report earnings from work.** Refer to the chart below titled "Sources of Income for Adults" and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are self-employed business or farm owner, you will report your net income. If you need assistance with this, ask the RCCI for the Supplemental Worksheet which has self-employment calculations.

Who should I list here?

When filling out this section, please include **all** adult members in your household who are:

Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

Do not include:

People who live with you but are not supported by your household's income AND do not contribute income to your household.

Children and students already listed in Step 1.

What if I am self-employed?

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask the RCCI for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

- G) Report income from public assistance/child support/alimony.** Refer to the chart below titled "Sources of Income for Adults" and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
- H) Report income from pensions/retirement/all other income.** Refer to Table 2 below titled "Sources of Income for Adults" below and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

Table 2. Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Regular Income from trusts or estates • Annuities • Investment Income • Earned interest • Rental income • Regular cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

- A) Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box. "Signature of adult completing the form."
- C) Mail completed form to: Heather Lansman PO Box 157 or 606 Adrian St Churdan, Ia 5005 . Please do not mail completed form to the Department of Agriculture as this will delay processing.**
- D) Decline having your information released to Hawki.** If you do not want your household information shared with Hawki, print, sign and date in the box provided.
- E) Obtaining translated applications.** If you need a translated application with instructions, they can be found in 49 languages at: <https://www.fns.usda.gov/school-meals/translated-applications>.

PARENT/GUARDIAN INFORMATION LETTER FOR FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION

Frequently Asked Questions About Free and Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Paton-Churdan CSD offers healthy meals every school day. Breakfast costs \$1.75; lunch costs \$2.90. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is .30 for breakfast and .40 for lunch. Return or mail the completed application to: **Paton-Churdan CSD 606 Adrian St. PO Box 157 Churdan, IA 50050.**

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 the Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price 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 at or below the limits on the Federal Income Eligibility Guidelines below and submit an application for free and reduced price meals/milk.

FEDERAL INCOME ELIGIBILITY GUIDELINES for SCHOOL YEAR 2023-2024

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional family member:	9,509	793	397	366	183

2. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your notification, contact: Heather Lansman, PO Box 157 Churdan, IA 50050 515-389-3111 or hlansman@paton-churdan.k12.ia.us immediately as eligibility for free or reduced price meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from the Iowa Department of Health and Human Services (DHHS), submit this letter to your children's school. You may add any students living in your household who are not listed on the letter. Also, if someone in your household receives SNAP or FIP benefits and you did not receive either of these letters, you may complete an application listing the case number as this will qualify all school age children in your household for free meals. If you were informed that your children will get reduced price meals, see the income guidelines above and if you feel you would qualify for free meal benefits, complete an application for free and reduced price meals.
3. WHAT IF WE HAVE FOSTER CHILDREN? Households with foster and non-foster children may choose to include the foster child as a household member, as this may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
4. 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 contact Paton-Churdan CSD Annie Smith, 515-389-3111 asmith@paton-churdan.k12.ia.us

5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No, complete the applications for free and reduced price school meals for all the students in your household. We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
6. 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 **October 4, 2023**. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carryover period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.
7. 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 complete and send in an application.
8. 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.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
10. 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 or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to your school officials. You also may ask for a hearing by calling or writing to: **Kreg Lensch, 606 Adrian St Churdan, IA 50050 515-389-3111, klensch@paton-churdan.k12.ia.us**
12. 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.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive the 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.
14. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
15. DO I NEED TO PROVIDE MY SOCIAL SECURITY NUMBER? Only the last four digits of the Social Security Number of the household's primary wage earner or another adult household member (or an indication of "none") is needed.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a Supplemental Worksheet and attach it to your application. Contact Heather Lansman 606 Adrian St. Churdan Ia 50050, 515-389-3111 or hlansman@paton-churdan.k12.ia.us to receive a Supplemental Worksheet.
17. WHO CAN GET FREE MILK? If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, are not eligible to receive free milk.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for Hawki information. A school waiver form is available from your school.

19. CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS? If a child has a disability, as determined by a licensed medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
20. DO I NEED TO REPORT MY RACE AND ETHNICITY? It is optional to complete the racial/ethnic portion of the application.
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, call 515-389-3111 or email hlansman@paton-churdan.k12.ia.us

Sincerely,

Heather A. Lansman

USDA Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Iowa Non-Discrimination Statement: "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

Information Statement

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 submit all needed information, 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 social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) 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 programs rules.

TESTS

PAGE TWO CONTAINS MORE INFORMATION

Low-Cost Health Insurance for Children

If your children do not have health insurance, many families getting free or reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free and reduced price meal eligibility information with Medicaid & Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name & address. Medicaid & Hawki can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced price meals for any other purpose or to share it with any other entity or program. You are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced price meals. **If you do NOT want your information shared with Medicaid or Hawki, you must tell us by completing the information below.** If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This will avoid another contact.

My signature below indicates I DO NOT want school officials to share information from my free and reduced price meal application with Medicaid or Hawki.

Parent/Guardian Name (Printed) _____

Signature _____

Date _____

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 submit all needed information, 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), Family Investment Program (FIP) 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.

USDA Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotype, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. * mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

This institution is an equal opportunity provider.

Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>

Waiver Information

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to:

Iowa Non-Discrimination Statement: "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://iicrc.iowa.gov/>."

Sources of Child Income	Earnings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Support (Adult Income Sources)	All Other Income (Adult Income Sources)
<ul style="list-style-type: none">• Earnings from work• Social Security(disability payments and survivor's benefits)• Income from person outside the household• Income from any other source	<ul style="list-style-type: none">• Salary, wages, cash bonuses (before deductions or taxes)• Net income from self-employment (firm or business)• If you are in the U.S. Military:<ul style="list-style-type: none">a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)b. Allowances for off-base housing, food and clothing	<ul style="list-style-type: none">• Cash Assistance from State/local government• Supplemental Security Income• Unemployment benefits• Worker's compensation• Alimony or child support payments• Veteran's benefits• Strike benefits	<ul style="list-style-type: none">• Social Security• Disability benefits• Regular income from trusts or estates• Annuities• Investment income• Rental income• Regular cash payments from outside household

Optional Supplemental Worksheet 2023-2024 Iowa Application for Free and Reduced Price School Meals/Milk
Additional Children in Your Household (not listed on page 1)

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL	
				YES	NO					Ethnicity	Race
										H=Hispanic or Latino N=Non-Hispanic/Latino A=Asian W/White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander	

Any income earned by the above listed children should be included under Step 3 D on the first page of the application.

Additional Adults in Your Household (Not listed on page 1)

Names of All Adult Household Members	Gross Earnings from Work/All Other Income					Gross Public Assistance/Child Support/Alimony			Gross Pension/Retirement				
	How Often? (mark "X" in box)					How Often? (mark "X" in box)			How Often? (mark "X" in box)				
	Weekly	Bi-weekly	2x Monthly	Monthly	Yearly	Weekly	Bi-weekly	2x Monthly	Monthly	Weekly	Bi-weekly	2x Monthly	Monthly
First and Last Names. Include children who are temporarily away at school or in college.	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			

Self-Employment Income Calculations

This guidance will assist you in calculating the amount to report if you engage in farming, are self-employed or have income from other sources. Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040 or 1040-SR and Schedule 1. Add together the amounts reported on the following lines:

Business Income or (Loss) Schedule 1 Part 1, LINE 3 \$ _____
 Other Gains or (Losses) Schedule 1 Part 1, LINE 4 \$ _____
 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5 \$ _____
 Farm Income or (Loss) Schedule 1 Part 1, LINE 6 \$ _____
 TOTAL \$ _____ Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$ _____ Gross Annual Income ÷ 12)

Paton-Churdan Community School

School Registration Fee

Waiver Application

Date_____

School Year: 2023-2024

All information provided in connection with this application will be kept confidential.

Name of student(s)

Name of parent/guardian:

Please check type of waiver desired:

Full

Partial

Temporary

Please check if the student of the student's family meets the financial eligibility criteria or is involved in one of the following programs:

FULL WAIVER

- ☐ Free meals offered under the Children Nutrition Program
- ☐ Family Investment Program (FIP)
- ☐ Supplementary Security Income (SSI)
- ☐ Transportation assistance under open enrollment
- ☐ Foster Care

PARTIAL WAIVER

Reduced priced meals offered under the Children Nutrition Program

TEMPORARY WAIVER

If none of the above apply, but you wish to apply for a temporary waiver of school fees because of serious financial problems, please state the reason for the request:

Signature of parent/guardian_____

(Your signature is required for the release of information regarding the student or the student's family financial eligibility for the programs checked above)

Annual Notices

Mission Statement

The Paton-Churdan School District, in collaboration with home and community, seeks to develop respectful students who are life-long learners and productive members of society.

School Hours

Our school day starts at 8:10 A.M.

Our school day ends at 3:20 P.M.

Community Service

Students are required to serve 32 hours of community service by May 1 of their senior year for senior trip eligibility. Students are recommended to complete 8 hours per year. Hours must be turned in within 30 days of service. Service cannot be for the family members unless prior approval has been granted by the principal.

Safety

When school is in session, safety is encouraged by students, employees and parents. Parents are encouraged to urge their children to remember:

1. For students safety/supervision, doors will remain locked until 7:50 each day. Breakfast will be served from 7:50 until the start of school, which is 8:10 a.m.
2. Walk on sidewalks, don't cut across yards.
3. Obey traffic laws.
4. Cross streets at intersections
5. Watch for small children
6. Bicycles should be parked appropriately.

Parents who drop off and pick up children at school please obey traffic laws and use the parking lots for this purpose. Please do not use the drive in front of the building before or after school, or when buses are loading and/or unloading.

Staff Qualifications

The teaching staff of the Paton-Churdan Community School District are fully certified to teach in their content area(s). Any questions regarding individual qualifications should be addressed with the superintendent.

Open Enrollment

The state has provided OE to other districts for parents who choose that option. OE forms are available on the Iowa Department of Education website.

Asbestos

The buildings in the Paton-Churdan Community School District may have some asbestos containing materials. All known asbestos has been encapsulated as required by federal law.

Due Process

Students in the Paton-Churdan Community School District are entitled to the following due process procedures with regard to discipline matters: 1. Notice of what the student is accused of 2. Opportunity to be heard regarding those charges. Parents should be notified by phone or by letter of all but minor discipline measures.

Suspected Child Abuse

In the event of suspected child abuse by a school employee:

Level 1 Investigator: Annie Smith

Level 2 Investigator: Jack Williams, Greene County Sheriff

Child Abuse Reporting

The Board of Directors strongly supports Chapter 232 of the Iowa Code and requires that all employees, who are mandatory reporters under this chapter, be familiar with the requirements therein. The Code of Iowa requires mandatory reporters (certified school employees, social workers, health practitioners, certified psychologists, licensed day care facility employees, Mental Health Center staff and peace officers) to report to the Department of Human Services all instances of suspected child abuse involving students. The law further states that any mandatory reporter who knowingly and willfully fails to report a suspected case of child abuse is guilty of a simple misdemeanor.

Annual Notices Continued on Next Page.....

Annual Notices Continued.....

Annual Notice of Student Directory Information

The following information may be released to the public in regard to any individual student of the Paton-Churdan Community School District as necessity or desirability arises. Any students over the age of eighteen, parent or guardian, not wanting this information released to the public must make objection in writing fifteen (15) days from the date of this publication, or within fifteen (15) days of enrollment should enrollment occur after that day, to the principal or other person in charge of the school which the student is attending.

Name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members on athletic teams, dates of attendance, degrees and awards received, the most recent school or institution attended by the student, and other similar information.

Human Growth and Development Instruction

Students in grade levels one through twelve shall receive, as part of their health education, instruction about personal health; food and nutrition; environmental health; safety and survival skills; consumer health; family life; human growth and development; substance abuse and non-use, including the effects of alcohol, tobacco, drugs and poisons on the human body; human sexuality; self-esteem; stress management; interpersonal relationships; emotional and social health; health resources; prevention and control of disease; communicable diseases, including sexually transmitted diseases and acquired immune deficiency syndrome; and current crucial health issues. The purpose of the health education program is to help each student protect, improve and maintain physical, emotional and social well-being. The areas stated above shall be included in health education and the instruction shall be adapted to each grade level to aid understanding by the students. Parents who object to health education instruction in human growth and development may file a written request that the student be excused from the instruction. The written request shall include a proposed alternate activity or study acceptable to the superintendent. The superintendent shall have the final authority to determine the alternate activity or study.

Welcome to Art Class

Kdg -6th grade have art class about 70 minutes a week. 7th and 8th each have a semester of art class.

Students love art studios. Throughout the year we learn the elements of art and principles of design in a weekly learn and practice with journals. Students then practice in the studio of their choice.

K-2 students have exploratory studios and learn how to handle materials. Older students plan their studio using a written plan with research along with reflection at the end.

Studios of choice include loose parts, collage, photography, architecture, painting, printmaking, drawing, sculpture, clay, graphic design, illustration, fiber arts and various digital arts. They choose the studio and ideas and then research how to use materials and expand their ideas. They also must use the elements of art and design.

Please check your emails for a link to your child's artwork on Artsonia. You can add grandparents to this link if you wish. You can also purchase fun products with your child's artwork on it through Artsonia. They give the art room a percentage of the product purchases. The students love sharing what they are learning.

Feel free to contact me with questions or concerns.

-Tami Minnehan



School Fees

Well balanced lunches and breakfasts are served daily for a minimal cost in the school cafeteria. Menus are sent home with PK-5 students and extra copies are on the table outside the office and are posted by the month on the school website.

Free and reduced price lunch and breakfast programs are available for eligible families. Eligible families are also allowed to file a school fee waiver/reduction. School fee waiver forms are included on the PC website. Please fill the waiver form out as well as the free-reduced lunch/breakfast application. Please return the application forms to the school office at any time, or no later than August 1. We encourage you to apply, even if you are not sure about qualifying. The following prices will be in effect for the 2023-24 school year:

	Breakfast (20 days/per meal)	Lunch (20 days/per meal)	Extra Milk
Student	35.00/1.75	58.00/2.90	.50
Adult	2.40	4.15	.50
Reduced-Student	6.00/.30	8.00/.40	.50

Please NOTE: No extra milks may be charged at this time. .50 must be paid at the time of service.

Registration Fees

Kindergarten -12 th	\$65.00
Reduced Price	\$20.00

PC Athletic Season Tickets

Individual Pass	\$65.00
Family Pass	\$110.00

*PC season passes are not accepted at GC events

Single Price Admission

\$7.00 per person no matter the age

SIGN UP **ROCKET FUEL PACKS!**

Rocket Fuel Packs help serve our population of free/reduced lunch students by providing students with bags of child-friendly, easy to prepare food for over the weekend and school breaks. This program is made possible through Paton-Churdan's partnership with the Food Bank of Iowa and funding from Paton Presbyterian Church and John Deere, Paton.

By signing up for the program, your child will receive:

*a canvas grocery bag (*Rocket Fuel Packs) filled with kid-friendly, easy to prepare foods for students. Each bag will include at least 2 lunch or dinner items, 2 breakfast items, 2 snacks, 1 fruit, 1 vegetable and a drink.

*At times additional items including personal hygiene supplies, puzzles, reading books, activity sheets, etc may be found in the bag.

Use the QR code below to complete the registration form.

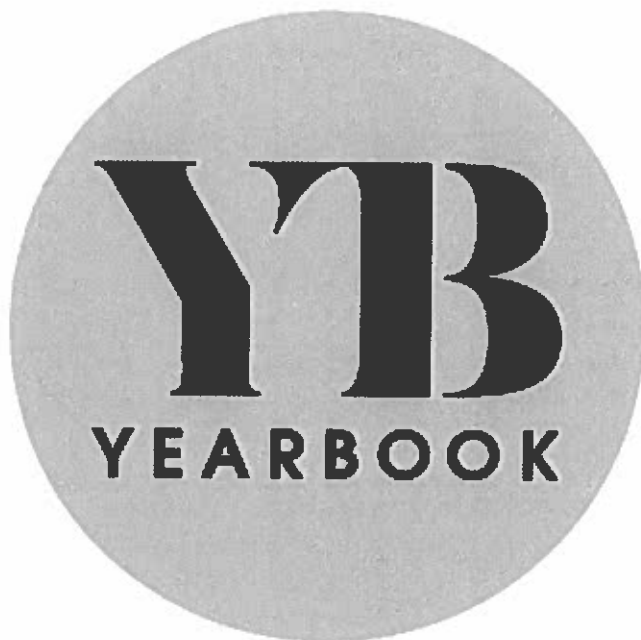


HISTORY IN THE MAKING YEARBOOK

As the world adjusts to change, one thing that remains constant is the yearbook tradition. This yearbook will be one to look back on for generations to come.



SCAN TO ORDER



The only way to guarantee you receive a yearbook is to preorder one. There is a limited supply so order today.

Scan the QR code, go to www.jostensyearbooks.com or call 877-767-5217

**We are Living Through History
- This is what yearbooks are made for!**

Notes From the Nurse

Jolene Peters, RN



Back to School

I hope you have all had a great summer so far. The start of the school year is just around the corner. Ensuring your child is entering the school year at their peak physical health can help reduce or eliminate potential illnesses. Below you will find some helpful tips and also a reminder of some things that are required before the school year begins.

Health Requirements

Letters were sent out at the end of May for **requirements** as your student enters Kindergarten, 3rd, 7th, 9th, and 12th grades. If you did not receive this letter, or if you have any questions, please contact the school. If you have not already, make an appointment with your healthcare provider for an annual physical and ensure that your child is up-to-date on all immunizations. **Children without current immunizations may not be allowed to attend school.** An appointment with their dentist and eye care provider is also highly encouraged. **Let Mrs. Peters know if your child has had any serious injuries, changes in medications, or new health issues.**



FREE SPORTS CLINIC

UnityPointe Clinic Family Medicine-Greene County
July 12, 2023 3pm-6pm & July 20, 2023 3pm-6pm

*No insurance needed

*Bring sports form & parent consent

*Public Health Immunizations also available

Medications at school- All prescribed medications (daily or as needed) that are to be given at school must be labeled from the pharmacy. A medication release form needs to be filled out and signed prior before the medication can be administered.

Choosing a Backpack- Heavy backpacks can strain a child's growing body, including the muscles and joints. Keep backpacks light enough that they don't surpass 10 to 20 percent of the student's body weight. If they're carrying a backpack on their back, remind them to use both straps to distribute the weight.

Sleep- Ease back into sleep routines. Starting a new schedule can be a shock to the system. In advance of the new school year, set a regular bedtime and wake-up time in your house and get everyone back in the habit of being on a schedule. Elementary-aged kids should get 10 to 12 hours of sleep a night and teens should aim for eight and a half to nine and a half hours.

Mental health

Your child's mental health needs play a huge role in their overall well-being and happiness. A new school year, a major transition (like a transition from middle to high school), or the recent tragedies that we're still dealing with as a nation can cause a lot of stress or anxiety.

Talking openly with your children about their issues or current struggles, and seeking out help when it's needed is recommended. Calm back-to-school jitters. If your child is feeling anxious about going back to school, physical activity may help. Whether they're running, walking, biking, swimming or playing sports, 60 minutes of exercise a day may improve focus and it can even decrease the risk of depression and anxiety while improving thinking, judgement and keep meals healthy and interesting.

If your child or teen is dealing with feelings of depression, anxiety, or grief, it may be good to consider reaching out to a therapist or psychiatrist. If resources are needed, please don't hesitate to contact Mrs. Towers or Mrs. Peters to help.

