



# TITAN NATION

Terril | 101 S. Schooley St. | Terril, Iowa 51342

712.859.3286

Graettinger | 205 S. Lincoln St. | Graettinger, Iowa 51342

712.859.3286

Ruthven-Ayrshire | 1505 Washington St. | Ruthven, Iowa 51358

712.837.5212

July 20, 2023

Dear Parents or Guardian,

It is that time again when you need to register for the upcoming school year! Where did our summer go????

We will be holding registration in the Graettinger Building on Tuesday, August 1st from 9:00-12:00 and 1:00-5:00. Registration at the Terril Building will be Tuesday, August 2nd from 8:00-4:00.

After you have filled out your paperwork you can either email it, drop it off at the school or attend one of the registration days at either school. Remember to sign the necessary permission forms. If you are applying for free and reduced meals be sure to fill out all the forms. You DO NOT need to send in proof of income with your application.

Be sure to send along your registration paper that shows what you are paying for and we will send you back a copy so you will know that we received it.

If you have any questions please e-mail Jennie Rutter at [jrutter@gt.ratitans.org](mailto:jrutter@gt.ratitans.org) or call the school at 712-859-3286 or LeAnn Dietrich at [ldietrich@gt.ratitans.org](mailto:ldietrich@gt.ratitans.org) or call 712-853-6111.

Graettinger-Terril Mailing Address is:  
101 S Schooley St.  
Terril, IA 51364

Graettinger-Terril Community School  
PO Box 58  
Graettinger, IA 51342



# Graettinger-Terril CSD Required Notices

## **A. Non-Discrimination Policy**

### **(Reference Policy 102.E1)**

The Graettinger-Terril School District and Board will not discriminate in its employment practices on the basis of race, color, national origin, gender, disability, age, religion, creed, sexual orientation, gender identity or genetic information in accordance with all state and federal laws, rules and regulations.

The Graettinger-Terril School District and the Board will not discriminate in its educational programs and/or activities on the basis of race, color, national origin, gender, sexual orientation, gender identity, marital status, socioeconomic status, disability, religion, creed or genetic information in accordance with all state and federal laws, rules and regulations.

This nondiscrimination policy extends to educational programs, student activities and athletics, student behaviors, District staff members, the public, District employment practices, and all aspects under the jurisdiction of the Graettinger-Terril Community School District.

Inquiries or grievances related to this policy may be directed to the District Director of Business and Finance at the District Administrative Office; to the Director of the Iowa Civil Rights Commission, 400 East 14th Street, Des Moines, IA 50319-1004, 1-800-457-4416; to the Office for Civil Rights Chicago Office, United States Department of Education, Citigroup Center, 500 W. Madison Street, Suite 1475, Chicago, IL 60661-4544, (312) 730-1560; or to the Equal Employment Opportunity Commission Chicago Office, 500 W. Madison Street, Suite 2000, Chicago, IL 60661, 1-800-669-4000. Inquiries may also be directed to the Director, Iowa Department of Education, Grimes State Office Building, 400 E 14th Street, Des Moines, IA 50319-0146.

## **B. FERPA**

### **(Reference Policy 506.1E1)**

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. They are:

- The right to inspect and review the student's education records within 45 days of the day the Graettinger-Terril School District receives a request for access. Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect.

The principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

- The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading or in violation of the student's privacy rights. Parents or eligible students may ask the school district to amend a record that they believe is inaccurate or misleading. They should write the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the District decides not to amend the record as requested by the parent or eligible student, the district will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
- The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the Board; a person or company with whom the district has contracted to perform a special task (such as an attorney, auditor, AEA employees, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee or student assistance team, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the district discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. (Note: FERPA requires a school district to make a reasonable attempt to notify the parent or eligible student of the records request unless it states in its annual notification that it intends to forward records on request.) (4) The right to inform the school district that the parent does not want directory information, as defined below, to be released. Directory information can be released without prior parental consent. Any student over the age of eighteen or parent not wanting this information released to the public must make object in writing by September 1st to the principal. The objection needs to be renewed annually.

- “Directory information” includes: name, address, telephone number, date and place of birth, email address, grade level, enrollment status, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, student ID number that is displayed on a student identification card (provided it cannot be solely used to access the student’s educational records), user ID or other unique personal identifier that is displayed on a student identification card (provided it cannot be solely used to access the student’s educational records), photograph and other likeness, and other similar information.
- Even though student addresses and telephone numbers are not considered directory information in every instance, military recruiters and post-secondary educational institutions may legally access this information without prior parental consent. Parents not wanting military recruiters or post-secondary institutions to access the information must ask the District to withhold the information. Also, Districts that provide post-secondary institutions and potential employers access to students must provide the same right of access to military recruiters.
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the requirements of FERPA. The name and address of the office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC, 20202-4605.

### **C. Anti-Bullying/Harassment** **(Reference Policy 502.10)**

Harassment and bullying of students are against federal, state, and local policy and are not tolerated by the Graettinger-Terril School District. The Graettinger-Terril School District is committed to providing all students with a safe and civil school environment in which all members of the school community are treated with dignity and respect. To that end, the Board has in place policies, procedures, and practices that are designed to reduce and eliminate bullying and harassment as well as processes and procedures to deal with incidents of bullying and harassment. Bullying and harassment of students by students, school employees, and volunteers who have contact with students will not be tolerated in the school or school district.

The Graettinger-Terril School District prohibits harassment, bullying, hazing, or any other victimization, of students, based on any of the following actual or perceived traits or characteristics, including but not limited to, age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party

preference, political belief, socioeconomic status or familial status.

This policy is in effect while students are on property within the jurisdiction of the Board; while on District-owned or District-operated vehicles; while attending or engaged in school-sponsored activities; and while away from school grounds if the misconduct directly affects the good order, efficient management and welfare of the school or District.

A copy of this policy in its entirety is available on our school website, as well as the form for reporting complaints (policy 502.10, form 502.10R2). Reports of sexual harassment should be reported to Andy Woiwood or Jeremy Simmington (712) 859-3286, Graettinger-Terril Community School District, 400 Lost Island Street Graettinger, Iowa 51342.

#### **D. Drug Free and Tobacco Free Work Place**

##### **(Reference Policy 905.2)**

The Graettinger-Terril Community School prohibits the distribution, dispensing, manufacture, possession, use, or being under the influence of beer, wine, alcohol, tobacco, other controlled substances, or "look alike" substances that appear to be tobacco, beer, wine, alcohol or controlled substances by students while on District property or on property within the jurisdiction of the District; while on District-owned and/or operated school or chartered vehicles; while attending or engaged in school activities; and while away from school grounds if the misconduct will directly affect the good order, efficient management, and welfare of the District.

#### **E. Homeless Children or Youth of School Age**

##### **(Reference Policy 501.16)**

The Graettinger-Terril School District will make reasonable efforts to identify homeless children and youth of school age within the district, encourage their enrollment and eliminate existing barriers to their receiving an education which may exist in District policies or practices. The designated coordinator for identification of homeless children and for tracking and monitoring programs and activities for these children is Matt Borchers, Student Administration Manager (712) 859-3286.

#### **F. Protection of Pupil Rights Amendment (PPRA) and Consent In/Opt Out**

##### **(Reference Policy 501.13)**

The Protection of Pupil Rights Amendment (PPRA) affords parents and students over eighteen (18) years of age and/or students who are considered emancipated minors pursuant to Iowa laws ("eligible students") certain rights with respect to the district's conduct of surveys, collection and use of information for marketing purposes and certain physical exams. These include the following rights: The right to consent before a student is required to submit to a survey that concerns one or more of the following protected areas ("protected information surveys") if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED): Political affiliations or beliefs of the student or the student's parents; Mental or psychological problems of the

student or the student's family; Sex behaviors or attitudes; Illegal, anti-social, self-incriminating or demeaning behavior; Critical appraisals of others with whom the respondents have close family relationships; Legally recognized privileged relationships, such as with lawyers, doctors, or ministers; Religious practices, affiliations, or beliefs of the students or parents; or Income, other than as required by law to determine program eligibility. The right to receive notice and an opportunity to opt a student out of a protected information survey, which concerns any of the protected areas outlined above, regardless of the source of funding of the survey. The right to receive notice and an opportunity to opt a student out of any non-emergency, invasive physical examination or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical examination or screening permitted or required under Iowa law. The right to receive notice and an opportunity to opt a student out of activities involving the collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others. The right to inspect, upon request and before administration or use, any of the following information:

Protected information surveys of students;

Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and Instructional materials used as part of the educational curriculum.

The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of PPRA. The name and address of the office that administers PPRA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC, 20202-5920.

To access the consent and opt-out forms, access our board policies on the school website: <http://www.gtschools.k12.ia.us> and reference policy 501.13.

### **G. Child Abuse Reporting and Investigating** **(Reference Policy 402.2)**

In compliance with state law and to provide protection to victims of child abuse, the board believes incidents of alleged child abuse should be reported to the proper authorities. All of the District's employees are encouraged, and employees who are mandatory reporters are required, to report alleged incidents of child abuse they become aware of within the scope of their professional duties. When a mandatory reporter suspects a student is the victim of child abuse, the mandatory reporter will orally or in writing notify the Iowa Department of Human Services. If the mandatory reporter believes the child is in immediate danger, the local law enforcement agency will also be notified. Within forty-eight hours of the oral report, the mandatory reporter will file a written report with the Iowa Department of Human Services. Within six



months of their initial employment, mandatory reporters will take a two-hour training course

involving the identification and reporting of child abuse, or submit evidence they have taken the course within the previous five years. The course will be re-taken at least every five years.

The District Investigator is Andy Woiwood and the Alternate Investigators are Matt Borchers and Courtney Cook. You may contact them at Graettinger-Terril Community Schools, (712) 859-3286.

#### **H. Teacher Qualifications/Parents Right to Know**

Parents/Guardians in the Graettinger-Terril Community School District have the right to learn about the following qualifications of their child's teacher: state licensure requirements for the grade level and content areas taught, the current licensing status of your child's teacher, and baccalaureate/ graduate certification/degree.

Parents/Guardians may request this information from the office of the superintendent by calling 712-859-3286 or by sending an email request to: Andy Woiwood [awoiwood@gt.ratitans.org](mailto:awoiwood@gt.ratitans.org).

The Graettinger-Terril Community School District ensures that parents will be notified in writing if their child has been assigned, or has been taught by a teacher for four or more consecutive weeks by a teacher who is not considered highly qualified.

#### **I. Right to Know Law - Hazardous Chemicals in our Building**

The board authorizes the development of a comprehensive hazardous chemical communication program for the school district to disseminate information about hazardous chemicals in the workplace.

Each employee will annually review information about hazardous substances in the workplace. When a new employee is hired or transferred to a new position or work site, the information and training, if necessary, is included in the employee's orientation. When an additional hazardous substance enters the workplace, information about it is distributed to all employees, and training is conducted for the appropriate employees.

The superintendent will maintain a file indicating which hazardous substances are present in the workplace and when training and information sessions take place. Employees who will be instructing or otherwise working with students will disseminate information about the hazardous chemicals with which they will be working as part of the instructional program. Graettinger-Terril Community School Right To Know information is located on our webpage at: <http://www.gtschools.k12.ia.us>

#### **J. Open Enrollment**

**(Reference Policy 501.14,501.15)**

Parents/guardians considering the use of the open enrollment option to enroll their child/ren in another public school district in the state of Iowa should be aware of the following dates:

**Deadline for filing an application for the following school year is March 1.**

**Deadline for students entering kindergarten is September 1.**

For more information on enrollment into Graettinger-Terril Community Schools, please call the school at instructions and registration information. For further details on the procedures involved in the open enrollment process, please access our board policies on our webpage and reference policies 501.14 and 501.15.

#### **K. Notice to parents concerning human growth and development**

##### **(Reference Policy 603.5)**

Students will 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; and communicable diseases, including sexually transmitted infections acquired immune deficiency

syndrome. 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 are included in health education and the instruction is adapted at 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. To access this form, access the board policies from our homepage: <http://www.gtschools.k12.ia.us> and reference policy 603.5. The written request will include a proposed alternate activity or study acceptable to the superintendent.

The superintendent will have the final authority to determine the alternate activity or study.

#### **L. Wellness Policy**

##### **(Reference Policy 507.1)**

The District promotes healthy students by supporting wellness, good nutrition and regular physical activity as a part of the total learning environment. The District supports a healthy environment where students learn and participate in positive dietary and lifestyle practices. By facilitating learning through the support and promotion of good nutrition and physical activity, schools contribute to the basic health status of students. Improved health optimizes student performance potential.

The District provides a comprehensive learning environment for developing and practicing lifelong wellness behaviors. The entire school environment, not just the



classroom, shall be aligned with healthy District goals to positively influence a student's understanding, beliefs and habits as they relate to good nutrition and regular physical activity.

**M. Video Surveillance**  
**(Reference Policy 902.4)**

**The District will annually provide the following notice to students and parents:**

The Graettinger-Terril Community School District Board of Directors has authorized the use of video cameras on school district buses. The video cameras will be used to monitor student behavior to maintain order on the school buses to promote and maintain a safe environment. Students and parents are hereby notified that the content of the videotapes may be used in a student disciplinary proceeding. The content of the videotapes are confidential student records and will be retained with other student records. Videotapes will only be retained if necessary for use in a student disciplinary proceeding or other matter as determined necessary by the administration. Parents may request to view videotapes of their child if the videotapes are used in a disciplinary proceeding involving their child.

**The District will annually provide the following notice to employees:**

The Graettinger-Terril Community School District Board of Directors has authorized the use of video cameras on school district buses. The video cameras will be used to monitor student and employee behavior to maintain order on the school buses to promote and maintain a safe environment.

Employees are hereby notified that the content of the videotapes may be used in an employee disciplinary proceeding. The content of the videotapes may be confidential records and will be retained in the employee's personnel file. Videotapes will only be retained if necessary for use in an employee disciplinary proceeding or other matter as determined necessary by the administration. Employees may request to view videotapes of their child if the videotapes are placed in the employee's personnel file.

**The following notice will also be placed on all school buses equipped with a video camera:**

This bus is equipped with a video/audio monitoring system.

**N. Asbestos Notification**  
**(Plan as noted in Policy 804.4)**

**AHERA Yearly Notification**

Dear Parents, Teachers, Building Occupants, and Employee Organizations:

In the past, asbestos was used extensively in building materials because of its insulating, sound absorbing, and fire retarding capabilities. Virtually any building constructed before the late 1970s contained some asbestos. Intact and undisturbed asbestos materials generally do not pose a health risk. Asbestos materials, however, can become hazardous when, due to damage or deterioration over

time, they release fibers. If the fibers are inhaled, they can lead to health problems, such as cancer and asbestosis. In 1986, Congress passed the Asbestos Hazard Emergency Response Act (AHERA) which requires schools to be inspected to identify any asbestos containing building materials. Suspected asbestoscontaining building materials were located, sampled (or assumed) and rated according to condition

and potential hazard. Every three years, The Graettinger-Terril School District has conducted a reinspection to determine whether the condition of the known or assumed asbestos containing building materials (ACBM) has changed and to make recommendations on managing or removing the ACBM. The Graettinger-Terril School District developed a plan, as required, which has been continually updated. The plan has several ongoing requirements: publish a notification on management plan availability and the status of asbestos activities; educate and train its employees about asbestos and how to deal with it; notify short-term or temporary workers on the locations of the asbestos containing building materials; post warning labels in routine maintenance areas where asbestos was previously identified or assumed; follow set plans and procedures designed to minimize the disturbance of asbestos containing building materials; and survey the condition of these materials every six months to assure that they remain in good condition.

It is the intention of the Graettinger-Terril School District to comply with all federal and state regulations controlling asbestos and to take whatever steps are necessary to ensure students and employees a healthy and safe environment in which to learn and work. You are welcome to review a copy of the asbestos management plan in school district administrative office or administrative office of the school during regular business hours. is our designed asbestos program coordinator, Gary Edwards and all inquiries regarding the asbestos plan and asbestos-related issues should be directed to him at 712-859-3286.

## 2023-2024 SCHOOL FEES

### BOOK FEES:

• TK-8th Grade Full Price	\$35.00
• TK-8th Grade Reduced	\$28.00
• 9th - 12th Grade Full Price	\$35.00
• 9th - 12th Reduced	\$28.00
• Technology Fee 5th-12th (\$50 Max/Family)	\$30.00
• 3yr old Preschool	\$144.00 Monthly

### HOT LUNCH

• Reduced Price Student Breakfast & Lunch	\$0.40
• Full Price Breakfast -Student	\$1.50
• Full Price Lunch-Student	\$3.25
• Extra Milk	\$0.40
• Extra Main Dish Breakfast & Lunch	\$1.00
• Adult Breakfast	\$1.95
• Adult Lunch	\$4.85

### ACTIVITY TICKETS/ADMISSION PRICES

• Student Activity Ticket	\$40.00
• Adult Activity Ticket	\$65.00
• Family-Including children PK-12th	\$150.00
• Varsity Football Admission Student/Adult	\$8.00
• Other Sports	
◦ Adult Varsity Sporting	\$8.00
◦ Student Varsity Sporting	\$5.00
◦ Adult JV Sporting	\$3.00- when a standalone event
◦ Student JV Sporting	\$2.00
*JV events, when proceeding a varsity game charge will be \$5/adult and \$3/Student	
◦ Adult JH Sports	\$3.00
◦ Student JH Sports	\$2.00
• Play	\$5.00

### DRIVER'S EDUCATION

• Graettinger-Terril Student Full Price	\$295.00
• Graettinger-Terril Student Reduced	\$236.00
• Non Graettinger-Terril Student or repeat	\$395.00

### **TERRIL PRESCHOOL**

1 package paper plates (small)  
Elmers glue sticks-6  
2 small bottles Elmers Glue  
Full size backpack with name  
blanket (rest mat is provided)  
Extra clothes in a ziplock bag with name on it

### **GRAETTINGER PRESCHOOL**

2- 5 oz boxes of Dixie Cups  
2 boxes of Preschool LARGE Crayons  
2 Boxes of WASHABLE Cravola Markers (Cravola so lids match)  
2 Boxes of Kleenex  
2 Containers of Clorox Wipes  
Backpack (with name on it)  
Nap mat (optional, with name on it)  
Towel or "small" blanket (optional, with name on it)  
Extra change of clothes in Ziploc bag (name on each item)

### **KINDERGARTEN**

4 Glue sticks  
6 yellow #2 pencils  
3 pocket folders  
Backpack  
2 Large pink erasers  
Extra change of clothes in a plastic bag  
2 Boxes of 24 crayons  
Headphones-not earbuds please  
NO hand held pencil sharpeners please

1st Grade  
school bag  
2 pack large pink erasers  
1 doz # 2 pencils  
Box of 24 crayons-No Larger Please!  
2 pocket folders  
NO pencil box/hand held sharpeners please  
Headphones (NOT earbuds please)  
2 pkgs. Jumbo Elmer's Glue sticks  
Scissors  
Extra change of clothes in a plastic bag

### **2ND GRADE**

1 pkg #2 Pencils  
1 Bottle Elmers glue  
1 pkg of erasers  
1 pair of headphones  
1 pkg expo markers  
Backpack  
Scissors  
Crayons (24 pack)

### **3RD GRADE**

Crayons(24 pack is fine)  
3 - solid colored heavy duty fol  
2 - dozen #2 pencils  
Crayola Colored Pencils  
1- 3 ring binder dividers with 5  
1 Ultra Fine Expo Marker  
Elmer's School Glue  
3- Large Erasers  
1- box of Ziploc sandwich bags  
Scissors  
Headphones

### **4TH GRADE**

2 big pink erasers  
School bag  
Earbuds/headphones  
Colored Pencils  
2 pocket folders  
deodorant  
7" Scissors

### **5TH GRADE**

2 big pink erasers  
School bag  
Earbuds/headphones  
Colored Pencils  
2 pocket folders  
deodorant  
7" Scissors

# Graettinger-Terril Middle School/High School

## Supply List

Middle School	High School
<p><b>Advisory Classroom</b>  1 Container Clorox Wipes  2 Boxes of Kleenex</p> <p><b>General</b>  Earbuds  One dozen #2 Pencils  Pens  Extra Erasers  Pencil pouch  Colored Pencils  Glue/Gluesticks</p> <p><b>ELA</b>  Pencils  Pens  Highlighters  Erasers  Composition Notebook  Folders with Prongs</p> <p><b>MS Social Studies</b>  Notebook</p> <p><b>MS Science</b>  College ruled composition notebook</p> <p><b>MS Math ( 6-7-8)</b>  One dozen #2 Pencils</p> <p><b>Physical Education</b>  Tennis Shoes (for gym use only)  Shorts, T-Shirt, and Socks</p> <p><b>ART</b>  1 dozen #2 Pencils  Colored Pencils  Markers</p> <p><b>Ag</b>  1 - 2" binder  1 - 2 pocket folder</p> <p><b>FCS</b>  Pocket folder for 6th grade and new students.  Pencils</p>	<p><b>UNIFIED SCIENCE, PHYSICS AND CHEMISTRY, BIOLOGY AND ANATOMY, ENVIRONMENTAL SCIENCE</b>  Pencils  Paper  Folder</p> <p><b>MATH:</b>  - Scientific/Graphing calculator  - College-ruled composition notebook (for notes)  - Loose-leaf lined paper or notebook (for assignments)  - Graph paper</p> <p><b>ART (Required)</b>  - Sketchbook(5"x8" or larger for STUDIO ART Classes - One minimum for all students taking any art class, but sketchbook can be used for multiple art classes)  - Colored Pencils  - Markers</p> <p><b>SPANISH</b>  - Single 3 subject notebook to be used only for Spanish</p> <p><b>AG</b>  - 1 college ruled composition notebook for each course  - 1 planner for Ag Leadership</p> <p><b>INDUSTRIAL TECH</b>  # 2 pencils  Notebook and folder dedicated to shop</p> <p><b>FCS</b>  Pocket folder for each class.  Sewing Basics/Textiles Students - (1) 100% Cotton Tshirt/shorts/apron/bag (for dying activity)</p> <p style="text-align: center;"><b>GENERAL</b></p> <p>A Notebook for each class  OR a 3-ring binder with loose leaf paper  A 2-pocket folder for each class  Pens (red, black, blue)  #2 pencils</p> <p>P.E. Clothes  P.E. shoes (for gym use only)</p>

# GTRA Titan Nation

## 2023 - 2024 School Calendar

**2023**

**AUGUST**

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

**SEPTEMBER**

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

**OCTOBER**

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

**NOVEMBER**

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

**DECEMBER**

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

X	No School for Students - Prof Dev Day
X	No School - Holiday/Vacation/Comp Day
X	Start of Quarter
X	End of Quarter

**2023**

**August**

14-15 - RA's 14-17 - 16/17 - New Teacher Training

18, 21-22 - Professional Development

23 - First Day of School/Intake Day

**September**

4 - No School - Labor Day

15 - No School - Full Day Professional Development

**October**

20 - End of 1st Quarter (41)

23 - Start of 2nd Quarter

24, 26 - Parent/Teacher Conferences

27 - No School - P/T Comp Day

**November**

23-24 - Thanksgiving Break

27 - Professional Development

**December**

21 - End of 2nd Quarter/1st Semester (41/82)

22-29 - Winter Break

**2024**

**January**

1-2 - Winter Break

3 - Professional Development

4 - Start of 3rd Quarter/2nd Semester

**February**

16 - Professional Development

19 - Presidents Day

**March**

8 - End of 3rd Quarter (45)

11 - Start of 4th Quarter

12, 14 - Parent/Teacher Conferences

15 - No School - P/T Comp Day

28-29 - Spring Break

**April**

1 - Spring Break

**May**

19 - Graduation Day

21 - Last day of School (49/94) 11:30 Dismissal

22 - Professional Development

Non-student days use white numbers for dates

2:30 Early Release days are boxed

Student Days = 176 Student Hours = 1142

Teacher Days = 189 (5 Holidays, 8 Prof. Dev.)

Approved by GT School Board ?

Approved by RA School Board ?

**2024**

**JANUARY**

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

**FEBRUARY**

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

**MARCH**

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

**APRIL**

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

**MAY**

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

X	New Teacher Orientation
X	Parent-Teacher Conf. (Dismiss 2:30)
X	2:30 Dismissal-Prof Development
X	2:30 Dismissal-Break/End of Semester

NOTES: Proposed in-service dates are subject to revision, pending availability of consultants &/or district needs.



**Please read How to Apply for Free and Reduced Price School Meals for more information on completing this application.**

<b>STEP 1</b>		<b>List ALL Household Members who are infants, children, and students up grade 12 (If more spaces are required for additional names, attach the supplemental worksheet)</b>													
<b>Definition of Household Member:</b> "Anyone who is living with you and shares income and expenses, even if not related." Children in <b>Foster care</b> and children who meet the definition of <b>Homeless, Migrant or Runaway</b> are eligible for free meals. We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.		<b>Child's First Name</b>	<b>MI</b>	<b>Child's Last Name</b>	<b>Date of Birth</b>	<b>Student</b>		<b>Child's School</b>	<b>Grade</b>	<b>Foster Child</b>	<b>Homeless, Migrant, Runaway</b>	<b>OPTIONAL</b> <small>Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.</small>			
						Yes	No					<b>Ethnicity</b>	<b>Race</b>		
												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		
<b>STEP 2</b> Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDIPIR? If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3).															
Write only one case number in this space. Medicaid and EBT card numbers are NOT acceptable.										Case Number: _____ - ____ - ____					
<b>STEP 3</b> Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)    Apply online: _____															
<b>A. Total Number of All Household Members</b> (Children + Adults) _____				<b>B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits)</b> XXX-XX-				<b>C. Check No SSN (adult):</b> _____							
<b>D. All Adult Household Members (include yourself):</b> List all Household Members not listed in STEP 1 even if they do not receive income. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Applications with blank income fields will be processed as complete. <b>If more spaces are required for additional names, attach the supplemental worksheet.</b> The sources of income for adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes.															
<b>Names of All Adult Household Members</b>		<b>Gross Earnings from Work/All Other Income</b>				<b>Gross Public Assistance/Child Support/Alimony</b>				<b>Gross Pension/Retirement</b>					
		How Often? (mark "X" in box)				How Often? (mark "X" in box)				How Often? (mark "X" in box)					
First and Last Names. Include children who are temporarily away at school or in college.		Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly	
		\$					\$				\$				
		\$					\$				\$				
		\$					\$				\$				
		\$					\$				\$				
<b>E. Child Income:</b> Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here. The sources of income for children section will help you with the Child Income.						Total Income Received by All Children				How Often? (mark "X" in box)					
						\$				Weekly	Bi-weekly	2x Month	Monthly	Yearly	
<b>STEP 4</b> Contact Information and Adult Signature															
I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.															
Signature of adult completing the form				Printed name of adult completing the form				Today's Date							
Street Address (if available)		Apt. #		City		State		Zip		Daytime Phone (optional)			Email (optional)		
DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY   Return completed form to:															
Annual Income Conversion		x52 Weekly		x26 Bi-Weekly		X24 2x Month		X12 Monthly		Yearly		Total Income: \$		Application #: _____	
Household Size: _____														Date Received: _____	
❑ ERROR PRONE APPLICATION															
Signature & Effective Date of Determining Official						Signature & Date of Confirming Official				Signature & Date of Verification Follow-Up					
Application    ❑ Income    ❑ Foster Child    ❑ FIP/SNAP    ❑ Head Start (confirmation required)    ❑ Homeless/Migrant/Runaway-Local Official confirmation Required															
Eligibility Determination    ❑ Free    ❑ Reduced    ❑ Free Milk    Application Denied    ❑ Incomplete    ❑ Over Income Limits															

### 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 meal application 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, audiotope, 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](mailto:program.intake@usda.gov)

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

This institution is an equal opportunity provider.

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

### Waiver Information

**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. 14<sup>th</sup> St. Des Moines, IA 50319-1004; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

**Return completed form to:**

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

## 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					Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.	
										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  First and Last Names. Include children who are temporarily away at school or in college.	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 Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly	
	\$					\$					\$			
	\$					\$					\$			
	\$					\$					\$			
	\$					\$					\$			
	\$					\$					\$			
	\$					\$					\$			

### 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:

Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7 \$ \_\_\_\_\_

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)



## REQUIRED STUDENT INFORMATION

Name of student(s) \_\_\_\_\_

Primary Home Language \_\_\_\_\_

1. Is this student Hispanic/Latino? (Choose only one)

\_\_\_\_\_ No, not Hispanic/Latino

\_\_\_\_\_ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? (Choose one or more)

- \_\_\_\_\_ American Indian or Alaska Native ( A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- \_\_\_\_\_ Asian ( A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- \_\_\_\_\_ Black or African American ( A person having origins in any of the black racial groups of Africa.)
- \_\_\_\_\_ Native Hawaiian or other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)
- \_\_\_\_\_ White ( A person having origins in any of the original peoples of Europe the middle East or North Africa).

## EMAIL ADDRESS

Please fill out the form below with your current email address. By doing this, you will be sure to receive daily announcements, etc. Please check the new website ( [www.gtschools.k12.ia.us](http://www.gtschools.k12.ia.us) ) for lunch menus, monthly calendars, monthly newsletters and much more. You are also able to go into the Infinite Campus Parent Access to review students grades, progress reports and lunch accounts.

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

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

## **EXCURSION PERMIT**

I/We the undersigned, hereby grant permission for my child(ren) listed below

---

to accompany a class on any excursions scheduled during the child's year as a student at the Graettinger-Terril Community School. Notification of each trip will be sent before the day of the trip with the understanding that the group will be properly supervised and the teacher will always be present.

---

Signature of parent/legal guardian

---

Date

## **PHOTO PERMIT**

I/We the undersigned, hereby grant permission for all school activity photographs taken during the school year of our child(ren) listed below be used by the Graettinger-Terril Community School for either publicity or advertising for the above school.

Student(s) Name(s) \_\_\_\_\_

---

Signature of parent/legal guardian

---

Date

## PARENTAL EMERGENCY MEDICAL/DENTAL CONSENT

Permission for medical/dental care in parental absence (This form must be presented upon admission for treatment.)

Child's Name and Birthdate: \_\_\_\_\_ / /  
Child's Name and Birthdate: \_\_\_\_\_ / /  
Child's Name and Birthdate: \_\_\_\_\_ / /  
Child's Name and Birthdate: \_\_\_\_\_ / /

If you and the family physician/dentist as indicated below cannot be reached in an emergency and if, in the judgment of the school authorities, immediate medical, dental and/or hospital attention is indicated do you authorize responsible school authorities to send your child, properly accompanied, to an available hospital or physician, and do accept full responsibility for all expenses incurred in such care?

YES \_\_\_\_\_ NO \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

Name of parent or legal guardian \_\_\_\_\_

Address \_\_\_\_\_

HomePhone \_\_\_\_\_ CellPhone \_\_\_\_\_ WorkPhone \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Special health condition \_\_\_\_\_

Person to be contacted in emergency if parents are not available:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

HomePhone \_\_\_\_\_ CellPhone \_\_\_\_\_ WorkPhone \_\_\_\_\_

This consent will be in effect beginning \_\_\_\_\_ and continuing while enrolled Graettinger-Terril CSD.



**GRAETTINGER-TERRIL HIGH SCHOOL AND  
MIDDLE SCHOOL SCIENCE LAB  
SAFETY CONTRACT**

1. I will not misbehave in the laboratory or play with laboratory equipment or materials. I will not engage in behavior that is disruptive or dangerous or that interferes with another student's right to learn.
2. I will protect my eyes, face and hands while engaging in lab activities by wearing safety goggles and when needed, gloves or other protective gear.
3. I will work only at my assigned station.
4. I will follow all written and oral instructions. I will wait until I receive my teacher's permission to begin a lab activity.
5. I will not carry out unassigned lab experiments without my teacher's permission.
6. I will not eat, drink or taste anything in the laboratory. This includes food and drink as well as chemicals.
7. I will wash my hands thoroughly after using chemicals and lab equipment. When using chemicals, I will not touch my mouth, lips or eyes until after I have washed my hands.
- 8.. I will report any injury or accident to my teacher immediately.

**I understand that failure to comply with these safety guidelines may result in my being removed from class and that I will lose credit for the work that is done during my absence.**

**Student**

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

I have read this Safety Contract and understand what is expected of my child during science laboratory activities.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GRAETTINGER-TERRIL HIGH SCHOOL AND  
MIDDLE SCHOOL SCIENCE LAB  
SAFETY CONTRACT**

1. I will not misbehave in the laboratory or play with laboratory equipment or materials. I will not engage in behavior that is disruptive or dangerous or that interferes with another student's right to learn.
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5. I will not carry out unassigned lab experiments without my teacher's permission.
6. I will not eat, drink or taste anything in the laboratory. This includes food and drink as well as chemicals.
7. I will wash my hands thoroughly after using chemicals and lab equipment. When using chemicals, I will not touch my mouth, lips or eyes until after I have washed my hands.
8. I will report any injury or accident to my teacher immediately.

**I understand that failure to comply with these safety guidelines may result in my being removed from class and that I will lose credit for the work that is done during my absence.**

**Student**

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

I have read this Safety Contract and understand what is expected of my child during science laboratory activities.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GRAETTINGER-TERRIL HIGH SCHOOL AND  
MIDDLE SCHOOL SCIENCE LAB  
SAFETY CONTRACT**

1. I will not misbehave in the laboratory or play with laboratory equipment or materials. I will not engage in behavior that is disruptive or dangerous or that interferes with another student's right to learn.
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8. I will report any injury or accident to my teacher immediately.

**I understand that failure to comply with these safety guidelines may result in my being removed from class and that I will lose credit for the work that is done during my absence.**

**Student**

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

I have read this Safety Contract and understand what is expected of my child during science laboratory activities.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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MIDDLE SCHOOL SCIENCE LAB  
SAFETY CONTRACT**

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8. I will report any injury or accident to my teacher immediately.

**I understand that failure to comply with these safety guidelines may result in my being removed from class and that I will lose credit for the work that is done during my absence.**

**Student**

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

I have read this Safety Contract and understand what is expected of my child during science laboratory activities.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Graettinger-Terril Community School District

Student Emergency/Health Information for Returning Students

School Year \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_

**Permission for Medication Administration at School**

I hereby give my consent to administer the below indicated medication to my student in the event of fever, or student headache symptoms. I understand that I will be contacted if a student requires any mediation for more than one consecutive day. This will not prevent the school from notifying me in the case of fever and the need for my child to go home.

Tylenol/acetaminophen (generic): \_\_\_\_ 325mg | \_\_\_\_ 500mg | \_\_\_\_ 160mg | \_\_\_\_ Liquid / # of cc \_\_\_\_

Ibuprofen: \_\_\_\_ 200mg | \_\_\_\_ 100mg chewable | \_\_\_\_ Liquid / # of cc \_\_\_\_

Antacid Tablet: \_\_\_\_ | Cough Drop: \_\_\_\_ (upon request of student)

I, \_\_\_\_\_, give my permission for my child \_\_\_\_\_ to receive the above indicated medication in the event of the above described symptoms. (Dose: As I have indicated above or dose per bottle.)

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

**CURRENT HEALTH:**

Does the student have asthma? \_\_\_\_ Yes \_\_\_\_ No

Medical Concerns: \_\_\_\_ Yes \_\_\_\_ No | If yes, \_\_\_\_\_

Prescribed medications to be taken at school: \_\_\_\_\_

Over-the-counter/prescribed medications taken at home: \_\_\_\_\_

State any allergies (food, medication, and/or environmental): \_\_\_\_\_

State any serious illnesses, injuries, or surgeries in the past year: \_\_\_\_\_

State any immunizations received and date/day given in the past year: \_\_\_\_\_

Does your child have any emotional, social, or other conditions that might affect his/her school performance? \_\_\_\_ Yes \_\_\_\_ No | If yes, \_\_\_\_\_

Does your child use any assistive devices? (hearing aid, glasses, braces, etc.) \_\_\_\_\_

Does your child have any activity restrictions? \_\_\_\_\_

Current Health Insurance: \_\_\_\_ No Insurance \_\_\_\_ Medicaid \_\_\_\_ Hawk-I \_\_\_\_ Private/Name \_\_\_\_\_

If a medical emergency should arise, I agree to assume full financial responsibility for my child's medical care. I understand I am responsible for updating this information as needed. I grant my permission to share health and emergency information as stated with school staff on a need to know basis.

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

Graettinger-Terril Community School District

Student Emergency/Health Information for Returning Students

School Year \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_

**Permission for Medication Administration at School**

I hereby give my consent to administer the below indicated medication to my student in the event of fever, or student headache symptoms. I understand that I will be contacted if a student requires any mediation for more than one consecutive day. This will not prevent the school from notifying me in the case of fever and the need for my child to go home.

Tylenol/acetaminophen (generic): \_\_\_\_ 325mg | \_\_\_\_ 500mg | \_\_\_\_ 160mg | \_\_\_\_ Liquid / # of cc \_\_\_\_

Ibuprofen: \_\_\_\_ 200mg | \_\_\_\_ 100mg chewable | \_\_\_\_ Liquid / # of cc \_\_\_\_

Antacid Tablet: \_\_\_\_ | Cough Drop: \_\_\_\_ (upon request of student)

I, \_\_\_\_\_, give my permission for my child \_\_\_\_\_ to receive the above indicated medication in the event of the above described symptoms. (Dose: As I have indicated above or dose per bottle.)

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

**CURRENT HEALTH:**

Does the student have asthma? \_\_\_\_ Yes \_\_\_\_ No

Medical Concerns: \_\_\_\_ Yes \_\_\_\_ No | If yes, \_\_\_\_\_

Prescribed medications to be taken at school: \_\_\_\_\_

Over-the-counter/prescribed medications taken at home: \_\_\_\_\_

State any allergies (food, medication, and/or environmental): \_\_\_\_\_

State any serious illnesses, injuries, or surgeries in the past year: \_\_\_\_\_

State any immunizations received and date/day given in the past year: \_\_\_\_\_

Does your child have any emotional, social, or other conditions that might affect his/her school performance? \_\_\_\_ Yes \_\_\_\_ No | If yes, \_\_\_\_\_

Does your child use any assistive devices? (hearing aid, glasses, braces, etc.) \_\_\_\_\_

Does your child have any activity restrictions? \_\_\_\_\_

Current Health Insurance: \_\_\_\_ No Insurance \_\_\_\_ Medicaid \_\_\_\_ Hawk-I \_\_\_\_ Private/Name \_\_\_\_\_

If a medical emergency should arise, I agree to assume full financial responsibility for my child's medical care. I understand I am responsible for updating this information as needed. I grant my permission to share health and emergency information as stated with school staff on a need to know basis.

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



Graettinger-Terril Community School District

Student Emergency/Health Information for Returning Students

School Year \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_

**Permission for Medication Administration at School**

I hereby give my consent to administer the below indicated medication to my student in the event of fever, or student headache symptoms. I understand that I will be contacted if a student requires any medication for more than one consecutive day. This will not prevent the school from notifying me in the case of fever and the need for my child to go home.

Tylenol/acetaminophen (generic): \_\_\_\_ 325mg | \_\_\_\_ 500mg | \_\_\_\_ 160mg | \_\_\_\_ Liquid / # of cc \_\_\_\_

Ibuprofen: \_\_\_\_ 200mg | \_\_\_\_ 100mg chewable | \_\_\_\_ Liquid / # of cc \_\_\_\_

Antacid Tablet: \_\_\_\_ | Cough Drop: \_\_\_\_ (upon request of student)

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Medical Concerns: \_\_\_\_ Yes \_\_\_\_ No | If yes, \_\_\_\_\_

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Does your child have any emotional, social, or other conditions that might affect his/her school performance? \_\_\_\_ Yes \_\_\_\_ No | If yes, \_\_\_\_\_

Does your child use any assistive devices? (hearing aid, glasses, braces, etc.) \_\_\_\_\_

Does your child have any activity restrictions? \_\_\_\_\_

Current Health Insurance: \_\_\_\_ No Insurance \_\_\_\_ Medicaid \_\_\_\_ Hawk-I \_\_\_\_ Private/Name \_\_\_\_\_

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Graettinger-Terril Community School District

Student Emergency/Health Information for Returning Students

School Year \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_

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

## A FACT SHEET FOR PARENTS AND STUDENTS

# HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:  
"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, contest, or practice, including sports, dance, or cheerleading.

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

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

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

### What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

### 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.

### IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

**IMPORTANT:** Students 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."

### Signs Reported by Students:

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

### PARENTS:

#### How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- 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.

### Signs Observed by Parents or Guardians:

- 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
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Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Student's Signature

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Student's School



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Student's Signature

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Student's Grade

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## PARENTAL INSURANCE WAIVER

Student's Name/s \_\_\_\_\_  
\_\_\_\_\_

Graettinger-Terril Community School District

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while practicing or participating in Interscholastic Sports, or other School Sponsored Activities.

Parent's/Guardian's Signature: \_\_\_\_\_

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