

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

I HEREBY AUTHORIZE AND REQUEST THE TRANSFER OF  
ALL SCHOOL RECORDS PERTAINING TO MY CHILD

FROM:

\_\_\_\_\_  
NAME OF SCHOOL

\_\_\_\_\_  
STREET / MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

TO:

Fremont High School  
701 West Toteds Street / P.O. Box 655  
Fremont, Indiana 46737  
Phone: 260-495-9876  
Fax: 260-495-1838

Student Name(s): \_\_\_\_\_ Student DOB: \_\_\_\_\_ Present Grade Level: \_\_\_\_\_  
(Please Print)

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

Has your child ever been expelled from school attendance?  yes  no

Is your child in special education?  yes  no

*For school use:*

Please check the records requested:

- STN - Student Number: \_\_\_\_\_
- Attendance
- Discipline
- Current Grades in all subject areas
- Health Records including immunizations
- Report Card(s) and/or Progress Reports
- Special Education Records, including the IEP and psychological evaluation(s)
- Test Scores (State-Wide Test, NWEA, DIBELS, etc.)

Date(s) Faxed: \_\_\_\_\_

Date Complete Records Received: \_\_\_\_\_

FREMONT COMMUNITY SCHOOLS  
STUDENT ENROLLMENT FORM  
SCHOOL YEAR 20\_\_ - 20\_\_

Student Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Last, First, MI)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Social Security # \_\_\_\_\_

Address (physical/street) \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Student lives with \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian(s)  
(Documentation may be required.)

Mother's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail (optional) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail (optional) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Babysitter/Daycare \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Special Medical Considerations/Conditions \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Known Allergies \_\_\_\_\_

Does student wear glasses? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has student ever been tested for possible placement in a Special Education Program?

Does student have an Individualized Education Program (IEP) or a 504 Plan currently in place? \_\_\_\_\_ Yes \_\_\_\_\_ No

Former school student attended - if other than Fremont. Please include city and state:

\_\_\_\_\_

Please list brothers and/or sisters also attending Fremont Community Schools

\_\_\_\_\_ Grade \_\_\_\_\_ \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ \_\_\_\_\_ Grade \_\_\_\_\_

PLEASE COMPLETE ENTIRE FORM

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

**PART I: Health Status** (Contact the school nurse by phone or in person if your child has a serious condition that may need attention.)

HAS YOUR CHILD HAD CHICKENPOX?  YES, age or year \_\_\_\_\_  NO \_\_\_\_\_ if no, vaccine required.

DOES YOUR CHILD HAVE:

Allergies to medications, food, or insects? \_\_\_\_\_ List care required \_\_\_\_\_  
> Epi-pen prescribed?  YES  NO If yes, complete a medication form and return it to the nurse.

Asthma ( ) allergy induced ( ) activity induced ( ) anxiety induced. Medications taken \_\_\_\_\_  
Inhaler at school?  YES  NO If yes, complete a medication form and return it to the nurse.  
> If student needs to carry inhaler with him/her- request special form from school nurse and have signed by physician each school year.

Diabetes since age \_\_\_\_\_ Controlled by: ( ) diet only ( ) insulin ( ) other \_\_\_\_\_

Seizure Disorder (list type) \_\_\_\_\_ Medications taken \_\_\_\_\_  
Date of last seizure \_\_\_\_\_ List known triggers \_\_\_\_\_

Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Wears correction for: ( ) near vision difficulties ( ) far vision difficulties ( ) other \_\_\_\_\_

Hearing loss \_\_\_\_\_ Correction \_\_\_\_\_

List other medical problems/health concerns and any special instructions \_\_\_\_\_

**PART II: Current Medications**

> Please list name of medication(s) your child uses at home (prescribed and/or OTC): \_\_\_\_\_

Is medication required during school hours?  YES  NO If yes, please complete and return a medication form.

**PART III: Consents and Signature**

YES  NO The school nurse has permission to contact my child's doctor and share information if medically necessary. Physician's Name \_\_\_\_\_

I understand that in order to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of any health conditions that may affect my child's school day or impact their learning.

I understand that medications of any kind are not allowed on school grounds without proper medical authorization and clearance from the school nurse or her designee.

I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information about my child's condition with appropriate school staff. This will be done in a confidential manner. If I do not wish that information shared, I must request in writing and file it with the school nurse.

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

**RESIDENCY INFORMATION FORM**

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
School \_\_\_\_\_ Phone/Pager \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

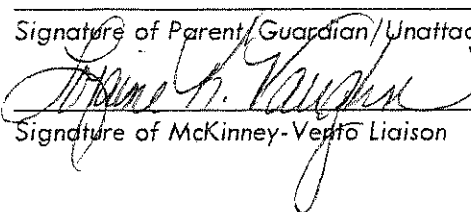
**Residency and Educational Rights**

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 260-495-5005 or the State Coordinator at 317-460-1340.

By signing below, I acknowledge that I have received and understand the above rights.

\_\_\_\_\_  
 Signature of Parent/Guardian/Unattached Youth Date  
 July 29, 2015  
 \_\_\_\_\_  
 Signature of McKinney-Vento Liaison Date

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Print Student Name

**Fremont High School  
Student Handbook  
(Including the Student Code of Conduct and Internet Use Agreement)**

**Acknowledgement of Receipt**

Please take time to read and review the Fremont High School Student Handbook with your child (ren).

Please contact us if you and/or your child have any questions regarding the FHS Handbook, Student Code of Conduct or Internet Use Agreement.

Please complete this form and return it to your child's school as soon as possible.

We acknowledge that we have received and reviewed the Fremont High School Student Handbook. We understand that it is our duty and responsibility to know and understand its contents. Further we are aware that should we have any questions we are to direct them to the Principal at Fremont High School.

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Student Signature

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Grade

---

Date

---

Parent/Guardian Signature

---

Date

# Fremont Community Schools HOME LANGUAGE SURVEY

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_  
First Name Middle Initial Last Name

Parent or Guardian's Name \_\_\_\_\_  
First Name Middle Initial Last Name

Address \_\_\_\_\_  
Street / P.O. Box City State Zip

Phone Number \_\_\_\_\_  
Home Work

1. Was your child born in the United States?  Yes  No  
 If yes, in which state? \_\_\_\_\_  
 If no, in what other country? \_\_\_\_\_
  
2. Has your child attended any school in the United States for any three (3) years during their lifetime?  Yes  No  
 If yes, please provide school name(s), state, and dates attended:  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_
  
3. What is the native language of the student? \_\_\_\_\_
  
4. What is the language spoken most often by the parents? \_\_\_\_\_
  
5. What language or languages are spoken by the student in the home? \_\_\_\_\_
  
6. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
 (Mother) \_\_\_\_\_
  
7. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_
  
8. Please check if your child is:  Native American Indian  Native Pacific Islander  
 Alaska Native  Native U.S. Virgin Islander
  
9. Please describe the language understood by your child. (Check only one.)  
 A.  Understands only the home language and no English.  
 B.  Understands mostly the home language and some English.  
 C.  Understands the home language and English equally.  
 D.  Understands mostly English and some of the home language.  
 E.  Understands only English.

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

# ADDITIONAL STUDENT INFORMATION

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

Grade \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_  
\_\_\_\_\_

Student E-Mail \_\_\_\_\_  
\_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_  
\_\_\_\_\_

Student Cell Phone \_\_\_\_\_

**FREMONT COMMUNITY SCHOOLS**  
**Fremont High School**  
**TEXTBOOK RENTAL AGREEMENT FORM 2014-15**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Parent(s) / Guardian Name \_\_\_\_\_

Total amount of textbook rental, consumable, and fees \$ \_\_\_\_\_

**I agree to pay the above total cost according to the following agreement:**

Payment in full at this time \_\_\_\_\_

Monthly \_\_\_\_\_ Amount \_\_\_\_\_

Weekly \_\_\_\_\_ Amount \_\_\_\_\_

Applying for State Assistance \_\_\_\_\_  
(State Assistance form located in this packet)

**If you are filing for Free/Reduced lunches and textbook assistance, PLEASE DO NOT MAKE ANY PAYMENTS AT THIS TIME. You will be notified of your balance due after state assistance.**

\*\*\*Please Note: When paying fees, please pay the exact amount given. We do not have cash change available. Also, if checks are rounded up, they will be returned. \*\*\*

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

Costs related to the collection of the book rental fees are the responsibility of the parent/guardian signatures above. There is no additional cost for this time agreement.

**PAYMENT MUST BE MADE IN FULL BY MAY 21.**

All unpaid textbook rental costs not made by May 21 will be pursued through Steuben County Small Claims Court.

Office Use Only

FP \_\_\_\_\_

FR \_\_\_\_\_



## Class Dues

What are they and what do they pay for?

Class dues are collected for each of the 4 years at Fremont High School according to the schedule listed below. Expenses taken out of dues for Freshman, Sophomore and Junior years include homecoming and snowcoming items, with the balance carrying forward to the next year's grade. Senior year expenses include homecoming and snowcoming items, diplomas and covers, senior breakfast, graduation ceremony flowers, etc. Dues may be paid at the beginning of each year, or you may pay for multiple years if you choose. Checks should be made payable to Fremont High School.

**CLASS DUES MUST BE CURRENT IN ORDER TO ATTEND SEMI-FORMAL AND/OR AND PROM.**

Freshman Year	\$5.00
Sophomore Year	\$10.00
Junior Year	\$15.00
Senior Year	\$20.00
TOTAL FOR ALL 4 YEARS	\$50.00

# DRIVING RULES AND REGULATIONS

Students who drive a motor vehicle to school must:

1. Drive the auto directly to school and park in the last three rows of the school parking lot. Once a car enters the school parking lot it may not leave without permission. A student must enter the building immediately after parking their car and may not be in a car during the school day without office permission.
2. An auto may not be moved during the school day without permission from the office.
3. Observe speed limits for school areas while school is in session AND at school activities. (10 MPH in ALL parking lots)
4. If driving privileges are suspended, no other student may drive the suspended student's
5. The school assumes no responsibility for anything that might happen to an auto while on school property.
6. Continual tardiness to school may result in a loss of driving privileges.
7. Once leaving the school parking lot at the end of the school day, re-entry is possible only after the parking lot has been cleared.
8. All autos should exit by using the West Street exit. When the busses start moving at 3:08 PM, ALL autos will remain stationary until ALL the buses have left the parking lot.
9. Any violation (of # 8) may result in loss of driving privileges.
10. ALL vehicles must be registered at the office during the time of class registration.
11. Parking in areas other than those designated for students may result in loss of driving privileges, a parking ticket, or being towed at owner's expense.
12. All students who are issued a permit to drive to school must participate in the random mandatory drug testing program.
13. I understand and give school officials consent to search the car and the car's contents at any time when it is parked on school property. I authorize school officials to seize any item that violates a criminal-law or school-rule or provides evidence of a criminal-law or school-rule violation.

Car/Truck (circle one)    Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_ Tag # \_\_\_\_\_ Paid \_\_\_\_\_

\_\_\_\_\_ // \_\_\_\_\_

Student name/Signature

Parent name/Signature/Date

**Fremont Community Schools  
Voluntary Drug Testing Program Consent Form**

**Student Name:** \_\_\_\_\_ **Present Grade Level** \_\_\_\_\_

I, the undersigned, request that the above named student participate in the voluntary drug testing program at Fremont Community Schools, and hereby agree to let my child be randomly tested. I accept the method of obtaining urine and/or saliva samples, testing, and analysis of such specimen and all other aspects of the program. I agree to have my child cooperate in furnishing urine and/or saliva specimens that may be required.

I further agree and consent to the disclosure of the sampling and testing results provided for this program, understanding that the Corporation Drug Counselor, Nurse, and the Middle or High School Athletic Director shall hold such knowledge in strict confidence. This consent is given pursuant to all state and federal privacy statutes. It will be my responsibility as a parent to act, as I deem appropriate, with the results. Parents will only be notified if any part of their child's results test positive.

Once a parent/guardian has consented for their student to participate in this program, the student will remain in the program for the duration of their enrollment in Fremont Community Schools. If the parent or guardian wishes to remove their student from the program, they must make personal contact via phone or in person *and* submit their request for removal in writing to the building level principal.

Please note: In-season student athletes, as well as high school student drivers are automatically placed in the pool for random testing.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (optional)

\_\_\_\_\_  
Date

Note: If you have already signed for your student/students to participate in this program you do not need to sign another consent form.

# FREMONT HIGH SCHOOL

## TRANSPORTATION INFORMATION

Student \_\_\_\_\_ Grade \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Starting date for transportation \_\_\_\_\_

My student will be:

\_\_\_\_\_ Walking to and from school

\_\_\_\_\_ Driving his/her own vehicle  
(SEE MRS. QUICK FOR A PARKING PERMIT)

\_\_\_\_\_ Riding to and from with parent or with another student

\_\_\_\_\_ Riding the bus to school from the location listed below:

\_\_\_\_\_

\_\_\_\_\_ Riding the bus from school to the location listed below:

\_\_\_\_\_

(OFFICE USE)

AM Bus \_\_\_\_\_ PM Bus \_\_\_\_\_

FREMONT COMMUNITY SCHOOL IMMUNIZATION RELEASE FORM

Indiana Code requires that each school shall keep immunization records for every student who enrolls. The Indiana State Department of Health requests us to enter this data thru the *Children and Hoosiers Immunization Registry (CHIRP)*. In order to share your child's information we need your consent. Please complete this consent form and return it to your school with other registration materials.

I hereby give Fremont Community School's Health Clinic, permission to add/update immunizations records in the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP).

(THE IMMUNIZATION REGISTRY MAY INCLUDE: NAME OF STUDENT, DATE OF BIRTH, ADDRESS, PHONE AND ALL CURRENT IMMUNIZATIONS FOR YOUR CHILD)

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university.

I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

# Fremont High School Supply List

## All Classes

- At least 12 black or blue pens
- At least 12 pencils
- College rule notebook
- A binder, folder, or trapper to organize and maintain papers
- Flash drive
- Box of tissues

## English all levels 9-12:

- A 4-pack of multicolored highlighters
- One college rule notebook for English

## English 9:

- 1" three ring binder (English 9 and English 9 advanced only)
- A pack of binder dividers (4 minimum) (English 9 and English 9 advanced only)

## Social Studies (geography, history, government, economics, psychology, sociology)

- Notebook for social studies
- Markers
- Colored pencils
- Folder
- Glue stick

## Math

### Alg 1, Geo, Alg 2:

- Notebook for math
- Graph paper (can use graph paper notebook as notebook or buy separate)
- Pencils!
- Dry erase markers 2-4pack
- Suggested calculator TI-30xIIs (other basic scientific calculator acceptable - no graphing)
- 1 inch flimsy sided 3 ring binder for textbook protection

### Coll Alg, Trig, Calc:

- Notebook for math
- Pencils
- \*In classroom, students will have use of TI-84 graphing calculators. There are several FREE online graphing calculator sites and apps for home use.

## Science

- 1" or larger three ring binder
- A pack of binder dividers (10 minimum)

## Drawing and Painting

- Sketchbook

## PE

- Shorts that extend past fingertips
- T-shirts with sleeves
- Non-marking gym shoes

## College and Careers, Personal Financial Responsibility

- 1-inch 3-ring binder

## Digital Citizenship

- 2-pocket folder

# Fremont Community Schools

## Indiana Performance Qualified School District

1100 W. TOLEDO STREET  
P.O. BOX 665  
FREMONT, IN 46737  
260-495-5005  
FAX: 260-495-9798  
fremontegies.org

Loraine K. Vaughn, Ed.S.  
Superintendent  
Brandon H. Penrod, Ed.S.  
Business Manager  
Shayne Tresenriter  
Deputy Treasurer  
Robin Byler  
Bookkeeper  
Linda McCarty  
Secretary

Board of School Trustees  
Peggy Bailey  
Hope Korte  
Laura McLatcher  
Marty McNeal  
Cindy Saltzman  
Christine Sellar  
Sheri Thomson

August 2014

Dear Parent/Guardian:

Because Fremont Community Schools takes our students' safety very seriously and pursuant to 357 IAC 1-16-1 at least 48 hours prior to a pesticide application at a school, the school corporation must provide pesticide application details to parents, guardians, and staff members requesting to be notified. Parents, guardians and staff must be registered with the school to receive such advance notice.

A pesticide is any substance that controls or kills a pest. The term pesticide includes not only insecticides, but also herbicides (weck Killers), fungicides, rodenticides, disinfectants, sanitizers and anything else that claims to kill or control a pest. Pesticides include over-the-counter type products such as Roundup, Raid, D-Con, Weed-N-Feed, and Wasp & Hornet Spray.

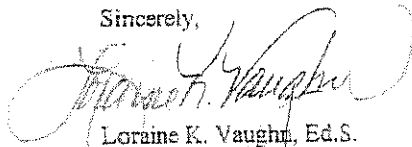
No pesticides will be used when students are in the application area. For the most part this means not during normal instructional hours when school is in session. The application area restriction normally applies to student occupied buildings and other areas on school property to which students might have access, such as playgrounds and athletic fields. However, limited pesticide use is allowed if a pest poses an immediate health threat or the pesticide application is made to an area outside of and immediately adjacent to student occupied buildings. Immediate health threats are characterized by the presence of pests such as stinging bees, wasps and hornets.

All pesticide applications to school property (both buildings and grounds used for the instruction and recreation of students) will be performed by certified and licensed applicators or by individuals working under the direct supervision of a certified and licensed supervisor affiliated with Fremont Community Schools or the pesticide business contracted by the corporation to apply pesticides at the school.

Advance parent and staff notification is only required for individuals who have added their names to the pesticide notification registry. If you would like to be added to our notification registry to receive planned pesticide application details please contact your child's school to be added to the notification list.

If you have any further questions and/or concerns please contact me at 260-495-5005.

Sincerely,



Loraine K. Vaughn, Ed.S.  
Superintendent  
Fremont Community Schools

FREMONT COMMUNITY SCHOOLS  
P O Box 665, 1100 West Toledo Street  
Fremont, Indiana 46737  
260-495-5005

Dear Parent/Guardian,

On October 22, 1986 President Reagan signed into law the Asbestos Hazard Emergency Response Act (AHERA, Public Law 99-519). The law required EPA to develop regulations which provide a comprehensive framework for addressing asbestos problems in public and private elementary and secondary schools. On October 3, 1987, EPA published Subpart E. This New Rule requires all public and private elementary and secondary schools to inspect for friable and non-friable asbestos, develop asbestos management plans that address asbestos hazards in school buildings, and implement response actions in a timely fashion. This rule became effective December 14, 1987.

The Fremont Community Schools has conducted a complete inspection of its facilities on August 1988, February 1990, and December 1991, utilizing the services of Larron Laboratories, 529 Broadway, Cape Girardeau, MO 63701. Fremont Community Schools re-inspects every three years (1994, 1997, 2000, 2003, 2006, 2009, & 2012). The results of this inspection have been included in a management plan. This management plan is available in the administrative offices of Fremont Community Schools (and in the offices of each school) during normal business hours, without cost or restriction, including teachers, other school personnel and their representatives and parents. The Fremont Community Schools may charge a reasonable cost to make copies of management plans.


You, as a parent/guardian, are encouraged to examine the management plan that affects your child(ren).

The purpose of the Federal and State regulations is to protect the health and well-being of all persons entering the buildings of the Fremont Community Schools for any reason. The Fremont Community Schools takes very seriously the recommendations made in the management plan, which has been sent to the Indiana Office of Environmental Management for approval (has been approved by the Indiana Office of Environmental Management).

The person in the Fremont Community Schools trained to oversee asbestos activities and ensure compliance is Kim Quick. As required in the Rule, Mr. Quick is the single contact for the public to obtain information about asbestos-related activities in the Fremont Community Schools. You may reach Mr. Quick at Fremont Community Schools (260) 495-5005.

Thank you for your cooperation and understanding.

DATED: August 2014

  
Loraine K. Vaughn  
Superintendent



# STUDENT ACCIDENT INSURANCE

## Regular Group Plan

Policy GH-2200 (AR)(LA)(MN)(MT)(SD)(TX)(UT)

This group plan provides insurance benefits for medical expense arising from a school related accidental bodily injury. This insurance plan is designed to protect school boards, administrators, faculty and staff from claims that may be made by parents should their child be injured while under school supervision.

Administrators look upon this insurance plan as a public relations tool. Parents may benefit from the fact that should their own health insurance include a deductible, that out-of-pocket portion of any medical bill may well be paid by this insurance plan. If there is no health insurance at home, this insurance plan becomes primary. (This coverage is primary in ID, OH, SD) The Medical Benefits and Exclusions apply to the Coverage Options below.

### COVERAGE OPTIONS

#### 1. GROUP ALL PUPIL COVERAGE (Maximum Benefit \$50,000 per Injury)

Protects the student while:

- a) Attending regular school sessions.
- b) Participating in or attending school-sponsored and supervised extra-curricular activities.
- c) Traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extra-curricular activities in school-provided transportation.
- d) Does not cover participation in interscholastic high school sports - see Group Athletic Coverage below.

#### 2. GROUP ATHLETIC COVERAGE (Maximum Benefit \$50,000 per Injury)

Protects the student while:

- a) Practicing for or competing in interscholastic sports, which are scheduled by the school, and while the student is under the direct supervision of a school employee.
- b) Traveling to and from such practices or competition in school-provided transportation.

### DEDUCTIBLE AND NO DEDUCTIBLE PLANS ARE AVAILABLE

#### NO-DEDUCTIBLE PLAN

This insurance plan has no deductible for each injury and will pay benefits for covered expenses not paid by other valid coverage. (Primary in ID, OH, SD)

#### DEDUCTIBLE PLAN

This insurance plan has a deductible for each injury, and will consider benefits for covered expenses in excess of the deductible. In determining the deductible, benefits provided by any other valid coverage will be considered first. (Primary in ID, OH, SD)

### OTHER PROVISIONS

1. Group coverage becomes effective the first day of authorized interscholastic sports practice (Athletic), or the first day of the regular school session (All Pupil), and expires 08-01-2016.
2. Group insurance rates specific to your School District are submitted as part of the cover letter.
3. This brochure is an illustration of coverage available.

Underwritten by:



**SECURITYLIFE**

INSURANCE COMPANY OF AMERICA  
MINNETONKA, MINNESOTA

**MEDICAL BENEFITS**

When injury covered by the Policy results in treatment by a licensed physician within 90 days from the date of injury, the company will pay the usual and customary (U&C) expenses incurred for necessary services and supplies as listed below, for expenses actually incurred within one year from the date of injury up to a maximum of \$50,000 per injury. Unless otherwise stated all amounts listed below are per injury.

Our insurance plan would be secondary to all other valid coverage. A claim must be filed with other valid coverage first! This insurance plan does not cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (Coverage is primary in ID, OH, SD)

In UT, injury means an accidental bodily injury or injuries sustained by the student which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while the coverage is in force. All related injuries and recurrent symptoms of the same or similar condition will be considered one injury.

**PHYSICIAN'S SERVICES**

- a) Surgical operations (surgeon, assistant surgeon, anesthesia).....80% of the U&C, up to \$1,000  
 b) Nonsurgical care (including physiotherapy treatment performed other than in a hospital, 1 treatment per day)..... U&C, up to \$50 for each treatment, maximum 6 treatments

**HOSPITAL CARE**

- a) Inpatient Care  
 (1) Hospital Semi-Private Room..... U&C, up to \$500 per day  
 (2) Hospital Miscellaneous.....80% U&C, up to \$1,000  
 b) Outpatient Care (facility charges for outpatient day surgery)..... U&C, up to \$1,000  
 c) Emergency Room.....80% U&C for hospital miscellaneous charges incurred, up to \$500

Note: Benefits for Hospital Care miscellaneous charges are limited to services not scheduled under Medical Benefits.

**X-RAY SERVICES**

(includes charges for reading)..... U&C, up to \$200

**DIAGNOSTIC IMAGING** (MRI, CT Scan, bone scan, includes charges for reading)..... U&C, up to \$400

**DENTAL TREATMENT**..... U&C, up to \$200 for repair and/or replacement of each sound and natural tooth. (Sound tooth in SD)  
 (in lieu of all other medical benefits)

**AMBULANCE SERVICES**..... U&C, up to \$500

**ORTHOPEDIC APPLIANCES** (when prescribed by a physician for healing)..... U&C, up to \$100

**PRESCRIPTION DRUGS** (take home)..... U&C, up to \$100

**MOTOR VEHICLE INJURY**..... Same as any injury, up to \$1,000

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

**EXCLUSIONS**

- Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
- Injuries for which benefits are payable under Worker Compensation or Employer's Liability Laws.
- Any injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder. (In ID, an insured person must be participating as a professional)
- Replacement of contact lenses, eyeglasses, hearing aids or prescriptions or examinations thereof.

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

**ACCIDENTAL DEATH AND DISMEMBERMENT**

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable:

Loss of Life	\$ 2,000	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment	\$ 2,000

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

**STUDENT ACCIDENT INSURANCE**  
**Voluntary Interscholastic Athletic Plan**  
 Policy Form GH-2200 (AR)(KS)(LA)

PREMIUMS - Each Athlete	
All Interscholastic Sports Grades 7-12 EXCEPT Senior High Football Grades 9-12 .....	\$ 75
All Interscholastic Sports Grades 7-12 INCLUDING Senior High Football Grades 9-12 .....	\$325
Senior High Football Grades 9-12 .....	\$250

**COVERAGE OPTION**

This insurance plan provides benefits for covered medical expenses resulting from bodily injury caused directly by accident, independent of all other causes, sustained while the student is:

- a) practicing for or competing in interscholastic sports while under the supervision of a school employee, and
  - b) traveling to or from such practice or competition in school provided transportation.
- The Medical Benefits and Exclusions apply to Coverage Option.

**MEDICAL BENEFITS - Unless otherwise stated all amounts below are per injury**

When injury covered by this Policy results in treatment by a licensed physician within 90 days from the date of accident, the Company will pay the usual and customary charges (U&C) incurred for necessary services and supplies as listed below, for charges actually incurred within one year from the date of injury up to the maximum benefit of \$40,000 per injury.

**PHYSICIAN'S SERVICES**

- a) Surgical operations (surgeon, assistant surgeon, anesthesia) - 80% U&C, up to \$1,500
- b) Nonsurgical care including physical therapy treatment performed other than in a hospital) - U&C, up to \$50 for each treatment, maximum 8 treatments

**HOSPITAL CARE**

- a) Inpatient Care - the usual daily charge for the hospital's semi-private room (up to \$500 per day, plus 80% of miscellaneous charges incurred up to \$1,000. Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.

**Outpatient Care:**

- 1. Facility Charges for Outpatient Day Surgery - U&C, up to \$1,000
- 2. Emergency Room and Hospital Miscellaneous - 80% U&C, up to \$500

Notes: Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.

This policy will pay benefits regardless of other valid coverage, if the covered claim expense is less than \$200. If the covered claim expense exceeds \$200, benefits shall be paid first by other valid coverage. This plan does not cover penalties imposed for failure to use providers preferred as designated by your primary coverage. (Excess in Kansas) (Primary in Montana)

- X-RAY SERVICES (includes charges for reading) - U&C, up to \$200
- DIAGNOSTIC IMAGING (MRI, CT scan, bone scan, includes charges for reading) - U&C, up to \$500
- DENTAL TREATMENT (in lieu of all other medical benefits) - U&C, up to \$200 for repair and/or replacement of each sound and natural tooth
- AMBULANCE SERVICES - U&C, up to \$500
- ORTHOPEDIC APPLIANCES (when prescribed by a physician) - U&C, up to \$200
- PRESCRIPTION DRUGS (take home) - U&C, up to \$160
- MOTOR VEHICLE INJURY - U&C, up to \$1,000 (in Kansas \$1,000 limit does not apply)

The Policy contains a provision limiting coverage to usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

**EXCLUSIONS**

- This Policy does not provide benefits for expenses resulting from:
- 1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: sprain/strain of a competitive condition, athletes, asthenias, trauma of any kind, mental or physical injury, Opened Schuller's disease, osteochondritis, osteochondritis dissecans, osteomyelitis, sprain/strain, slipped femoral capital epiphysis, or tendonitis.
  - 2. Injuries for which benefits are payable under Worker's Compensation or Employer's Liability Laws.

- 3. Any injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine-driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
- 4. Replacement of contact lenses, eyeglasses, hearing aids or prescription or examinations, thermal.
- 5. In Kansas - No benefits are payable for accidental bodily injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever name they are called) including such benefits mandated by law of any automobile policy.

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

**ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS**

When injury covered by this policy results in the following specific losses within 180 days from the date of accident, the Company will pay indemnity in the amount (the largest applicable thereto) as specified below for any one injury, and shall be in addition to any other benefits for such accident. Loss of a Hand or Foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrevocable.

Loss of Life .....	\$ 2,000
Loss of Both Hands, Both Feet or Sight of Both Eyes .....	\$10,000
Loss of One Hand, One Foot or Sight of One Eye .....	\$ 2,000

**OTHER PROVISIONS**


**EFFECTIVE DATE** - is the later of: the Master Policy effective date; or 12:01AM following the date the enrollment form and premium are received by the School, the Company or its authorized agent.


**EXPIRATION DATE** - is the earlier of: (a) last day of the authorized season of the current school year; or (b) the Master Policy expiration date.

**TO FILE A CLAIM** - Notify the school officials immediately. Obtain a claim form from the school; Submit the claim along with all bills to the Company.

**TO ENROLL** - Complete the enrollment form and make your check payable to Student Assurance Services, Inc. Retain this brochure for your records.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full examination of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GH-2200 (and any state specific). This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice and Certificate of Coverage may be obtained on the website [www.sasins.com](http://www.sasins.com).

Underwritten by  
  
**SECURITY LIFE**  
 INSURANCE COMPANY OF AMERICA  
 MINNETONKA, MINNESOTA  
 A-3505(SP)(2015)

Administered by:  
  
**Student Assurance Services, Inc.**  
 P.O. Box 186  
 Stillwater, Minnesota 55082

**ENROLLMENT FORM FOR INTERSCHOLASTIC ATHLETIC COVERAGE**

- \$ 75 ..... All Interscholastic Sports Grades 7-12 EXCEPT Senior High Football (Grades 9-12)
- \$ 325 ..... All Interscholastic Sports Grades 7-12 INCLUDING Senior High Football (Grades 9-12)
- \$ 250 ..... Senior High Football (Grades 9-12)



Attach check made payable to: Student Assurance Services, Inc.  
 No Refunds.

Name of Student \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_ Soc Sec#

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

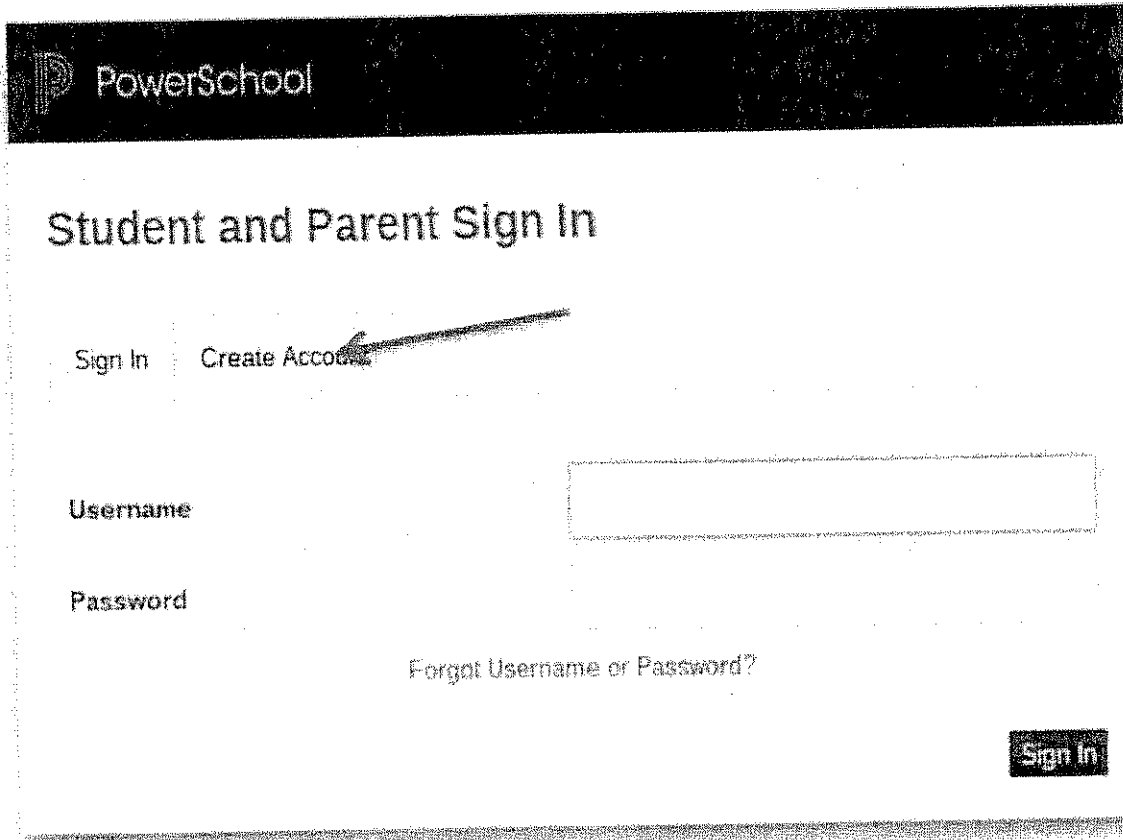
Name of School \_\_\_\_\_ Name of School Dist. \_\_\_\_\_

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

\_\_\_\_\_ Date Received by School \_\_\_\_\_

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

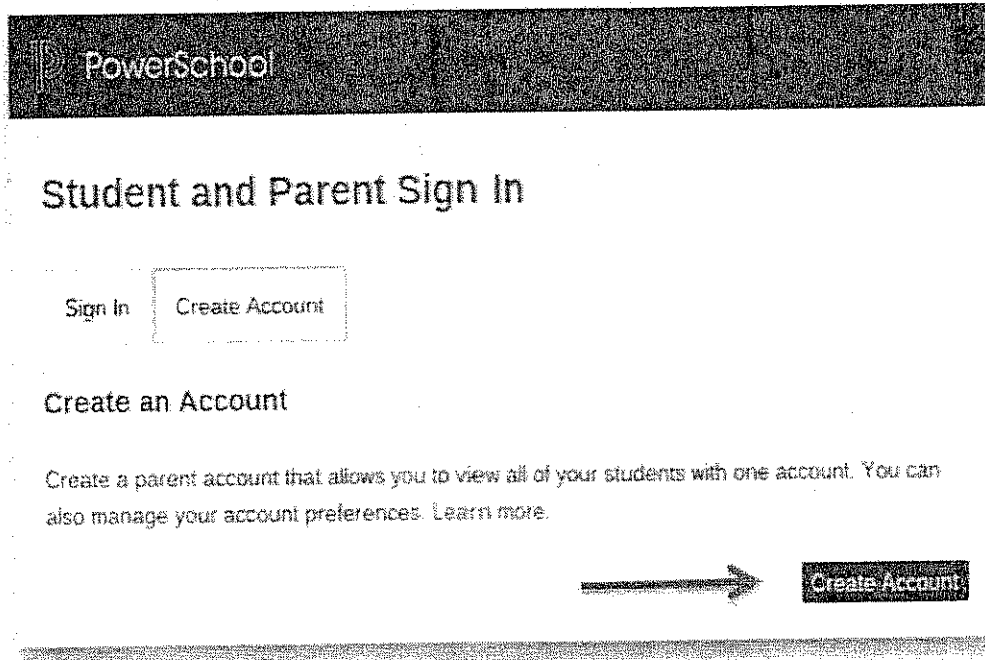
Due to an upgrade, parents and/or guardians will need to create a new account to sign in to Powerschool. However, you will now be able to access **ALL** of your Fremont Community Schools student accounts under **ONE** parent sign in! In order to access this feature you must first create a new account. The attachment in this email includes information and “screen shots” to help you complete this task. (Please note that if you have never accessed your student(s) account you will need to contact their school to get an Access ID and Access to begin the process.



- 1.) In order to create your Single Sign On account with Powerschool you will first need to navigate to the above Public Portal login screen by accessing the link below.

<http://powerschool.fcs.k12.in.us>

- 2.) You will then want to click the Create Account Tab marked with the arrow above.



- 3.) Now that you are on the Create Account page. You will want to click on the Blue Create Account button indicated above.
  
- 4.) You will then be taken to the Account Creation form described on the next page.

**Create Parent Account**

First Name

Last Name

Email

Desired Username

Password

Re-enter Password

Password must: •Be at least 6 characters long

**Link Students to Account**

Enter the Access ID, Access Password, and Relationship for each student you wish to add to your Parent Account.

Student Name	Access ID	Access Password
	1	2

- 5.) In the form above you will need to fill in your name and email information.
- 6.) Most importantly you will need to create a username and password to access your new Parent account.
- 7.) In order to add your children to your account you will need your old parent username and password to verify you as the parent.

- 8.) Noted in the image with a Number 1 is where you will put your old username.
- 9.) Noted in the image with a Number 2 is where you will put your old password
- 10.) Please be sure to fill this form out in its entirety for accuracy and reliability of the account.