

	TEACHER/ <b>COUNSELOR</b>	STUDENT ID#	ROOM #
BUS #	BIRTH CERTIFICATE	IMMUNIZATIONS	PRESCHOOL SCREENING
RE-ENROLL? <input type="checkbox"/> Yes <input type="checkbox"/> No	START DATE	RES DIST #	LANGUAGE
MARSS #	ALC <input type="checkbox"/>	POP	NEEDS TRANSPORTATION <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>ENTRY CODE</b>	<b>ENTRY DATE</b>	LAST LOC

**STUDENT INFORMATION**

Legal Last Name	First Name	Middle Name	Nickname	(voluntary) <input type="checkbox"/> Special Ed <input type="checkbox"/> Active IEP <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> ESL <input type="checkbox"/> 504 <input type="checkbox"/> Currently Expelled	<b>Ethnicity:</b> (State of MN Mandate) <b>Is this student Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin, regardless of race)
Birth Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade	Date moved to #592		<b>Student's Race:</b> (Choose one or more) <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black, African American <input type="checkbox"/> White, not of Hispanic Origin
Major Health Concerns	Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Other Relationship: _____				

**FAMILY INFORMATION**

**\* Primary Contact for District Announcements**

<b>* Primary Parent/Guardian #1:</b> Last Name	First Name	Relationship	Street Address	City, State, Zip	Home Phone <input type="checkbox"/> Confidential	Work Phone
<b>* Primary Parent/Guardian #2:</b> Last Name	First Name	Relationship	Email (used most often)	Cell Guardian #1	Cell Guardian #2	Work Phone

Request Second Household Mailing:  Yes  No  Homeless, living in a shelter or motel, living with friends or family, temporary foster care, etc.

<b>Parent/Guardian Second Household</b> Last Name	First Name	Relationship	Street Address	City, State, Zip	Home Phone <input type="checkbox"/> Confidential	Work Phone
<b>Parent/Guardian Second Household</b> Last Name	First Name	Relationship	Email (used most often)	Cell Guardian (2 <sup>nd</sup> household)	Cell Guardian (2 <sup>nd</sup> household)	Work Phone

**Previous School (s) Attended**

Name of School	City	State	Dates
Name of School	City	State	Dates

**Other Siblings under 21 in home**

Last Name	First Name	Gender	Birth date	School attending
Last Name	First Name	Gender	Birth date	School attending
Last Name	First Name	Gender	Birth date	School attending

**HOME LANGUAGE QUESTIONNAIRE**

First language learned by student other than English?	Language normally used by student with friends?
Language normally used by student at home?	Can adult in the home read English? <input type="checkbox"/> Yes <input type="checkbox"/> No
What language do adults in the home speak?	

# PERSONAL AND FAMILY DATA FOR SCHOOL RECORDS

Independent School District #592

Climax, Minnesota 56523

STUDENT'S NAME: _____			MALE: _____	FEMALE: _____
First	Middle	Last		
ADDRESS: _____			PHONE #: _____	
_____			CELL #: _____	
BIRTHDATE: _____		BIRTHPLACE: _____		
Month	Day	Year	City	County State
_____ American Indian/Alaskan Native		_____ Asian/Pacific Islander		_____ Hispanic
_____ Black/Not of Hispanic Origin		_____ White/Not of Hispanic Origin		

**PREVIOUS SCHOOLS ATTENDED:**

Name of School	Address	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the student ever been enrolled in a Minnesota school system? If yes, where? \_\_\_\_\_

<p><b>FATHER'S INFORMATION:</b></p> <p>Email: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone #: _____</p> <p>Cell #: _____</p> <p>Employer: _____</p> <p>Work #: _____</p> <p>Work Hours: _____</p>	<p><b>MOTHER'S INFORMATION:</b></p> <p>Email: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone #: _____</p> <p>Cell #: _____</p> <p>Employer: _____</p> <p>Work #: _____</p> <p>Work Hours: _____</p>				
<p>Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? ANSWER Yes _____ No _____</p>					
<p><b>SIBLINGS:</b></p>					
First	Middle	Last	Gender	Birthdate	Birthplace
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

STUDENT'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

**EMERGENCY CONTACTS**

**Contact #1:**

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

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

Phone #: \_\_\_\_\_

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

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

Relationship to student: \_\_\_\_\_

**Contact #2:**

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

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

Phone #: \_\_\_\_\_

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

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

Relationship to student: \_\_\_\_\_



**COMPLETE ONLY IF YOUR STUDENT TAKES MEDICATION(S) AT SCHOOL**

Student's Name:		Date of Birth:		Allergies:			
Teacher/Grade:		Parent/Guardian's Name:			Daytime Phone #:		
Medication:			Date Started:		Reason for Medication:		
Dosage:		Time to be given:		Route of Administration:		Possible Side Effects:	
Termination Date:		Special Instructions:					
Health Care Provider's Name:				Clinic Name:			
Clinic Phone #:				Clinic Fax #:			

**Request to Administer Medication at School**

*Please complete the following information and return to the student's school.*

- The school nurse, teacher, or person designated by the school nurse is authorized to administer the above medication as directed.
- By signing this form, I authorize the release of my child's health information to appropriate school staff and request that this medication is administered to my child as prescribed.
- I authorize the prescriber and the school nurse to exchange information necessary for the safe administration of this medication.
- I release school personnel from liability in the event adverse reactions result from medication(s) and/or treatment(s)/procedure(s).

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Health Care Provider Signature:</b>	<b>Date:</b>

**No Medications (including Over the Counter meds such as Tylenol) will be given unless Parent and Health Care Provider have filled out the "Request to Administer Medication at School" form.**

**A supply of the properly labeled prescription from the pharmacy should be left at school. It is the parent's responsibility to supply medications for administration to the school and gather the medication supply when discontinued or at the end of the school year (whichever is first). Medications that are left after the school year will be destroyed.**

**Please fax this completed form to:**

Climax-Shelly Public School  
 Attn: Jill Perkerewicz, RN  
 Fax: (218) 281-7376



Climax-Shelly School Phone: (218) 857-2385 Fax: (218) 857-3544

**Climax-Shelly School Health Information Sheet: Parent's Report**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
**EMERGENCY CONTACT (if parent is unavailable):** Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

YES	NO	PROBLEM	IF YES, EXPLAIN
		Vision Problem: Glasses or Contacts	
		Hearing Problems	
		<b>Allergies:</b> To What? Type of Reaction?	
		Stomach Problems	
		Heart Problems (Ex: Murmur)	
		Skin Problems	
		Bladder or Kidney Problems	
		Bone, Joint, or Muscle Problems	
		<b>Diabetes</b>	
		Lung Problems (Ex: <b>Asthma</b> )	
		Epilepsy or <b>Seizures</b>	
		Surgeries or Hospitalizations	
		Mental Illness (Ex: Depression, Anxiety, etc.)	
		Emotional Problems	
		Behavior Concerns (Ex: concerns, ADD, ADHD, etc.)	
		OTHER: Chickenpox History	Date of Chickenpox Illness: _____

\*The items in **RED** will need additional paperwork completed each school year. The School Nurse will send you the forms.

Does your child take any medication? \_\_\_ Yes \_\_\_ No Does your child take medication at school? \_\_\_ Yes \_\_\_ No

If medications are to be given in school, please contact the Climax-Shelly School for the **Medication Consent Form**. The form is **REQUIRED** for all medications taken at school including prescription and over the counter meds and must be signed by BOTH the medical provider and the parent.

I agree to allow the above information to be shared with teachers and staff in order to provide comprehensive care to my student.

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

Thank you for completing and returning these forms. Please let me know if you have questions or concerns regarding your child's health!

Jill Perkerewicz, Registered Nurse; Polk County Public Health

# Climax-Shelly School

## 2023-2024 School Calendar

August 2023							0 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
		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 2023							19 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
					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 2023							20 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
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 2023							20 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
			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 2023							16 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
					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							

**New Student Registration**  
August 1, 2023 5:00-7:00 pm

**First and Last Day of School**  
First—September 5, 2023  
Last— May 23, 2023

**Staff Development Days-No School For Students**  
August 28, 29,30, & 31 2023  
January 15, 2024  
March 8, 2024  
May 24, 2024

**Early Out— Students Dismissed @ 1:00 pm**  
October 18, 2023  
November 22, 2023  
December 22, 2023  
March 28, 2024

**School Closed/Holiday Break**  
Labor Day--September 4, 2023  
MEA Break—October 19 & 20, 2023  
Thanksgiving break—November 23 & 24, 2024  
Christmas Break—December 22, 2023-January 2, 2024  
President's Day—February 19, 2024  
Easter Break—March 29 & April 1, 2024

**Parent Teacher Conferences— Early Out @ 1:00 pm**  
November 14, 2023  
February 15, 2024

**Graduation**  
May 18, 2024

**End of the Quarter**  
End of 1st 9 weeks—November 3, 2023  
End of 2nd 9 weeks—January 19, 2024  
End of 3rd 9 weeks—March 22, 2024  
End of 4th 9 weeks—May 24, 2024

171 Student Days  
179 Staff Days

February 2024							19 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
				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 2024							19 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
					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 2024							21 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
	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 2024							17 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
			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		

June 2024							0 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
						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							

January 2024							20 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
	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				

# Climax-Shelly School Supply List 2023-2024

## Preschool: PRINT NAME ON EVERYTHING BEFORE IT IS BROUGHT TO SCHOOL

Backpack 1 Glue Stick      1 Old Shirt(for painting)      1 Box Crackers  
1 box Kleenex      Tennis Shoes      8 Count Markers  
\*Bag with extra clothing to keep in your locker (include students name on all clothing)

## Kindergarten: DO NOT PRINT NAME ON ANYTHING

Backpack      2 Boxes of Kleenex      6 Glue Sticks      1 Box Markers  
1 Box Crayons      1 Pair of Headphones (with cord, no earbuds)      4 Large Boxes of Crackers or similar snack  
\*Bag with extra clothing to keep in your locker (include students name on all clothing)

## 1<sup>st</sup> Grade: PRINT NAME ON EVERYTHING

Backpack      1 Composition Notebook      3 Glue Sticks      1 Bottle Elmer's Glue      Crayons  
Pencils      Fiscars Brand Scissors      Crayola Markers      Large Pink Eraser      2 Boxes Kleenex  
Pencil Box      4 Dry Erase Markers      1 Spiral Notebook      1 Folder with Pockets      2 Boxes of Crackers  
Headphones (to leave at school)      \*Bag with extra clothing to keep in your locker (include name on all clothing)

## 2<sup>nd</sup> Grade: PLEASE WRITE YOUR NAME ON ALL SUPPLIES, SHOES, JACKET, SNOWPANTS, ETC...

Backpack      1 Spiral Notebook      4 Large Glue Sticks      1 Box Kleenex      Pencil Box  
Calculator      Crayola Markers      24 Count Crayons      Large Pink Eraser      Ear Buds (to keep in school)  
Pencils      2 Box Crackers      Fiscars Brand Scissors

## 3<sup>rd</sup> Grade: PLEASE LABEL ALL SUPPLIES

Backpack      2 Glue Sticks      3 Spiral Wide Ruled Notebooks (different colors)      2 Black Sharpie Markers  
Ruler      5 Red Pens      Pencils (no mechanical)      2 Boxes Kleenex  
Erasers      Scissors      2 Packages 3x5 Notecards      1 Pair of Earbuds (to be left at school)  
1 Box Crayons, Markers, or Colored Pencils

## 4<sup>th</sup> Grade: PLEASE LABEL ALL SUPPLIES

Backpack      Erasers      Pencils(no mechanical)      1 Wide Ruled Notebook      2 Glue Sticks  
Ruler      Scissors      2 Boxes Kleenex      Calculator      1 Box Crayons, Markers, Colored Pencils  
Pencil Box      1 Red Pen      2 Folders with Pockets      1 Composition Notebook      Ear Buds (left at school)

## 5<sup>th</sup> Grade: PLEASE LABEL ALL SUPPLIES

Backpack      2 Black Sharpies      Calculator      1 Box Colored Pencils      Pens(Black, Blue, & Red)      Ruler  
4 Glue Sticks      1 Box Markers      Scissors      Ear Buds(left at school)      3 Composition Notebooks  
4 Highlighters      Pencils      Pencil Box      2 Boxes Kleenex      Deodorant for backpack

## 6<sup>th</sup> Grade: PLEASE LABEL ALL SUPPLIES

Backpack      Pencils      Box of Band-Aids      Pack of Red Pens      Pencil Box      Scientific Calculator  
Scissors      2 Glue Sticks      2 Sharpie Markers      2 Boxes Kleenex      Ruler      4 Highlighters  
1 Composition Notebook      1 Box Colored Pencils      1 Box 8 Pack Markers      Deodorant  
Ear Buds (left at school)      200 3x5 Lined White Note Cards      100 Sheets Wide Ruled Loose Leaf Paper

\*These items will stay in school all year.

\*All students will need additional pencils and notebooks throughout the year.

\*All students will be asked to bring 1 canister of Lysol or Clorox wipes during the course of the school year.

## 7<sup>th</sup>-12<sup>th</sup> Grade Supply List

Backpack Notebooks      Highlighters      Two Pocket Folders      1" 3 Ring Binder      Pencils  
Colored Pencils      Black or Blue Pens      Metric Ruler      Loose Leaf Paper      TI-40XIIS Calculator (7-11)  
7 Composition Notebooks      Compass(Geometry Students)      Protractor(Geometry Students)  
Appropriate Gym Clothes (Shorts, T-shirt, Tennis Shoes, etc...)

\*Students will have a 7 class period day. They should have a notebook and folder for each class.

\*Students will also need additional notebooks, pencils, and pens throughout the school year.

# Climax - Shelly Public School

Independent School District No. 592  
111 East Broadway  
P.O. Box 67  
Climax, Minnesota 56523



Dan Dalchow, Superintendent  
Lucas Soine, K-12 Principal  
Karen Johnson, Business Manager  
Ashley Braaten, Secretary  
Main Office: 218-857-2395 Fax: 218-857-3544  
www.isd592.org

*Home of the Knights*  
*"Preparing Students Today for Success in a Challenging Tomorrow"*

Dear Parent/Guardian:

Our school offers healthy meals each day. Starting school year 2023-24, we are joining Minnesota's Free School Meals Program. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Your child(ren) may qualify for other benefits like reduced fees at school. Your application may also help the school qualify for education funds, discounts, and other meal programs.

To apply, complete the enclosed Application for Educational Benefits and return it to:

Climax Shelly School PO Box 67 Climax, MN 56523

**Who should complete this application?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children qualify without reporting household income. Alternatively, children can qualify if their household income is within the maximum income shown for their household size on the instructions.

## COMMON QUESTIONS:

**I get WIC or Medical Assistance. Can my children qualify?** Children in households participating in WIC or Medical Assistance do not automatically qualify. Children may be eligible depending on other household financial information. Please fill out an application.

**Who should I include as household members?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for you to complete an application.

**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.

**Will the income information or case number I give be checked?** It may be. We may also ask you to send written proof.

**How will the information be kept?** Information you provide on the form, and your child's approval, will be protected as private data. For more information, see the back page of the Application for Educational Benefits.

**If I don't qualify now, may I apply later?** Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have other questions or need help, call 218-857-2385.

Sincerely,

Dan Dalchow, Superintendent



## How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2023-24 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2023 through June 30, 2024.

### Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Add for each additional person	9,509	793	397	366	183

### Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

### Step 2: Case Number

If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3.

### Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **Child Income.** If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult income.** Report the names of adult household members and income earned in this section.
  - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
  - **Gross Earnings from Work.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
  - List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
  - **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
  - **Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

**Step 4: Signature and Contact Information** An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

**Optional:** Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

## 2023-24 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: (School/District Information)** \_\_\_\_\_

**STEP 1: List ALL Household Members who are infants, children, and students** up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. If **NO** > Go to STEP 3.

If **YES** >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3)

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Last Four Digits of Social Security Number (SSN)** of Adult Household Member: XXX-XX-     Or Check if Adult has **No SSN:**  **Total Number of All Household Members** (Children + Adults)

**B. Child Income.**

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. All Adult Household Members (including yourself).** For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income <b>before deductions or taxes</b> in whole dollars (no cents).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

**STEP 4: 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 give 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."

I have checked this box if I *do not* want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SIGN HERE: Signature of Household Adult** \_\_\_\_\_ Date \_\_\_\_\_

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	<input type="checkbox"/> <b>Verified? Attach Tracker</b>	No change <input type="checkbox"/>	Free After Verified <input type="checkbox"/>	Reduced After Verified <input type="checkbox"/>	Denied After Verified <input type="checkbox"/>
All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	Household Size:	Categorical Eligibility	Free	Reduced	Denied
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Determining Official Signature:</b>							<b>Date:</b>			
<b>Confirming Official Signature:</b>							<b>Date:</b>			

## OPTIONAL: Children’s Racial and Ethnic Identities

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

**Step One: Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino

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

## INSTRUCTIONS: Sources of Income

### Sources of Income for Children

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

### Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<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:                             <ol style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Cash Assistance from State or local government</li> <li>Supplemental Security Income</li> <li>Unemployment benefits</li> <li>Worker’s compensation</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran’s benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security</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>

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

At public school districts, each student’s school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state’s educational program.

**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/ad-3027.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)

This institution is an equal opportunity provider.

## **Climax Shelly E-Learning Days (Minnesota Statutes, section 120A.414)**

The Climax Shelly School District will again implement our E-Learning Days when there is inclement weather for all students K-12. This is counted as a full day of school and teachers will take attendance and it is the expectation that all students attend and participate online if an E-Learning Day is announced due to weather. If you DO NOT have online access at home, please contact the school so we can make arrangements. Your child's teacher will have more information for them this fall in regards to each teacher's schedule and expectations during an E-Learning Day.

### **Beginning of the Year Message for Digital Tools**

Climax Shelly School uses a variety of digital tools to support student learning. Technology vendors and software is utilized to support work as we help all students develop the skills necessary to succeed in an ever-changing world.

We have an inventory of our curriculum, testing, and assessment tools posted on our Website [www.isd592.org](http://www.isd592.org) and include an outline of the student data elements within each tool. This list is maintained and communicated annually to all families at the start of the school year.

Please reach out to Dave Rufsvold for additional questions regarding specific digital tools used in classrooms.

Sincerely,  
Climax Shelly School

# Climax - Shelly Public School

Independent School District No. 592

111 East Broadway

P.O. Box 67

Climax, Minnesota 56523



Dan Dalchow, Superintendent

Lucas Soine, K-12 Principal

Karen Johnson, Business Manager

Ashley Braaten, Secretary

Main Office: 218-857-2395 Fax: 218-857-3544

www.isd592.org

*Home of the Knights*

*"Preparing Students Today for Success in a Challenging Tomorrow"*

## Climax-Shelly School Technology/Device Agreement

Climax-Shelly School is a 1:1 school and utilizes technology to bring education to the modern world. We use Chromebooks for students grades 4-12 and Chrome Tablets for students grade K-3. All students will be assigned a device and charger at the beginning of the year. This document is the agreement between Climax-Shelly School and the student/parent.

Climax-Shelly School has the expectation the device will be returned to the school in the same condition as when it was received. If for some reason the device gets damaged the student/parent will be responsible for the repair/replacement of the device.

### Fees

To offset computer maintenance costs, Climax-Shelly School will request a \$20 fee per device. **As an added incentive this year the fee will be reduced to \$0 per device with the completion of a Free and Reduced Meal application**, which can be accessed from our website. Even if you think you do not qualify, please take 5 minutes to fill out the application, as our district benefits regardless of whether or not the applicant is eligible. You also will benefit and receive the \$20 per device reduction regardless of whether your family is eligible. Device fees may be paid electronically by utilizing our Payment Center. Below are the fees if the device is damaged.

#### Chromebooks

Screen: \$40      Body: \$40  
Keyboard: \$25      Charger: \$25

#### Tablets

Screen: \$40      Charger: \$15  
Body: \$40

If the device is stolen, the parent/guardian must supply Climax-Shelly School with a police report of the incident to validate the claim of theft.

Date \_\_\_\_\_

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

Parent Print \_\_\_\_\_ Parent Signature \_\_\_\_\_



Climax-Shelly School is pleased to provide access to a wide variety of technology resources for our students and staff. Resources include high-speed voice, video and data networks; campus-wide access to Internet resources and 1:1 devices. We recognize that these technologies offer new opportunities to acquire, transfer and utilize information to positively affect the instructional programs we offer and the opportunities our students have for learning. Climax-Shelly School supports access by staff and students to these information resources, along with the development of skills to analyze and evaluate these resources.

Our goal in providing these resources is to promote educational excellence by facilitating resource sharing, innovation and communication. Our staff will blend thoughtful use of these resources with the curriculum and provide guidance and instruction to students in the appropriate uses of these technologies.

### **Responsibility**

Students are responsible for their behavior while using these resources just as they are in the classroom and other school facilities. All school rules apply for behavior and communication as per district policy and student/parent handbooks. Climax-Shelly School is neither responsible nor liable for student actions while using these resources. The privilege to use these resources will be provided to those students who act in an ethical, responsible and considerate manner. Willful or intentional misuse will lead to further disciplinary actions and/or criminal penalties under appropriate local, state and federal laws. Climax-Shelly School further reserves the right to monitor the use of these technologies so as to maintain the integrity of these resources.

Users should never share their password, allow others to use their accounts or make use of another person's account. Students shall not give out personal information such as name, address, telephone number, family location or name and location of the school without permission of a teacher or guardian.

### **Student Terms and Conditions**

Students are responsible for their own actions and behavior at school. Climax-Shelly School is not liable for student's actions when connecting to the Internet through the school's computers. Students assume full liability, legal, financial, or otherwise for their actions. Students will be **directly supervised by a classroom teacher(s) or a designated adult when using the Internet**. Students will have an e-mail account that is managed by Climax-Shelly School. Using the Internet is a privilege, not a right. Access to the Internet may be removed if abused. Information obtained from the Internet should be examined for reliability, authority and relevance. Seeing it on the Internet does not necessarily make it true.

Climax-Shelly School is in compliance with the Federal Children's Internet Protection Act (CIPA) which restricts possible access to inappropriate material. All school computers with Internet access and availability are filtered on **campus** with a software filtering program designed to restrict material that is obscene, pornographic or harmful to minors.

### **General Guidelines for Students**

- You are expected to use the Internet as an educational resource. Games and other activities, unless assigned by a teacher, are prohibited.
- You are responsible for your exploration on the Internet. Abuse of the Internet may lead to removal of access privileges and/or a failing grade for the project on which you were working.
- You are required to sign the attached contract indicating your acceptance of the guidelines established by Climax-Shelly School.
- Your parents/guardians must give their permission for you to use the Internet for educational purposes. Parents/guardians can deny permission.

### **Student Expectations**

- You will assume that all the information on the Internet is private property.
- You may use only legal material and software.
- You will not vandalize the network or Internet resources.
- You may find material that is inappropriate; it is your responsibility to leave that site.
- You will not attempt to buy anything using the school network.

### **Student Online Safety Rules**

- You will not give out personal information such as telephone number, address, and information about your parents.
- You will not give out the name and location of the school.
- You will tell your teacher right away if you come across inappropriate information.
- You will tell your teacher immediately if someone online attempts to meet with you.

*If you have questions or need additional information on the Technology/Internet Use Student Agreement, please contact your student's school office.*

Adopted: \_\_\_\_\_

Climax-Shelly School District 592 - Policy 534  
Orig. 2017  
Rev. 2019

Revised: August 2021

## **534. UNPAID MEAL CHARGES**

### **1. PURPOSE**

The purpose of this policy is to establish consistent district practices for the provision of meals to students who have insufficient funds in their school meal accounts and the collection of unpaid meal debt.

### **II. GENERAL STATEMENT OF POLICY**

- A. The goal of Climax-Shelly Public School is to provide nutritious meals to students to promote healthy eating habits and to enhance learning, as well as maintain the financial integrity of the National School breakfast and lunch program, and to eliminate stigmatization of children who are unable to pay meal charges.
- B. It is the policy of Climax-Shelly Public School to offer breakfast and lunch meals that meet state and federal guidelines.
- C. Families may add money to their lunch accounts by making a cash or check payment to the Climax-Shelly School office. Payment may also be made by credit card, using the school's online payment system.
- D. Families may apply for free/reduced price meal benefits anytime during the school year. Mail applications are distributed to all families in the district prior to the students first day of classes. In addition, applications are available in the school office during normal business hours. If household income or size change, families can apply for meal benefits anytime during the school year.

### **III. CHARGE POLICY**

- A. If the student or family account has insufficient funds to pay for breakfast and/or lunch meals, students will still receive meals and the district office will contact the families for payment of these charges. Students with an overdrawn account are not allowed to charge A la carte items.
- B. Students eligible for free or reduced price meals will always be served a meal regardless of unpaid food service accounts. When a student eligible for paid meals has "cash in hand" to pay for a meal, the student will be served a meal, regardless of unpaid food service accounts. The "cash in hand" will not be applied for past due balances.

#### **IV. NOTIFICATION OF ACCOUNT STATUS**

- A. Families can check their student's meal account balance on the payment center link. A link is included on the district's website. They may also contact the district office for account balances. Households will be regularly apprised of student meal account balances by the school's automated calling system.
- B. The students/family will be notified by the school on Wednesdays when full payments fall below \$20 and free/reduced accounts fall below \$10. A letter/ invoice will be sent via US Postal Service to the household requesting payment of the account. A second request for payment will be made by phone if parents have not responded to the first request. Notification methods may be different depending on individual circumstances.
- C. The business office will encourage parents to complete the free/reduced meal application form.

#### **V. COLLECTION OF UNPAID MEAL DEPT**

When the student meal balance is in the negative, the following collection actions will be taken.

- A. The business manager will contact the household to request payment. If no payment is received, a formal letter will be sent by certified mail, notifying the family that the debt will be turned over to a collection agency.
- B. The expectation is that all fees owed to the school district will be paid in full on the last day that the student is attending classes.

#### **VI. Communication Policy**

- A. This policy and any pertinent supporting information shall be provided in writing (i.e: mail, back to school packet, student handbook, etc) to:
  - 1. All households at or before the start of school each year.
  - 2. Students and families who transfer into the school district, at the time of enrollment; and



3. All school district personnel who are responsible for enforcing this policy.
- B. The school district may post the policy on the school district website in addition to providing the required written notification described above.

#### **VII. Staff Meals Charge Policy**

- A. Effective September 7, 2021, Climax-Shelly staff will no longer be allowed to charge meals. Staff accounts will be established, and members will have the opportunity to either pay into their account or to have a set amount deducted every pay period. Meals will not be allowed to be charged to an account



# CLIMAX-FISHER 2023-2024 FALL SPORTS CALENDAR



## HIGH SCHOOL FOOTBALL

Date	Opponent	Location	Time
8/31	West Central Area	WCA	7:00PM
9/8	Mahnomen-Waubun	Mahnomen	7:00PM
9/15	Bagley	EGF Field	7:00PM
9/22	*Ada-Borup West	Climax	7:00PM
9/29	Red Lake	Red Lake	7:00PM
10/6	Lake Park Audubon	Climax	7:00PM
10/13	Menahga	Menahga	7:00PM
10/18	**Red Lake County	EGF Field	7:00PM
10/24	TBD	High Seed	TBD
10/28	TBD	High Seed	TBD
11/2	TBD	Fargodome	TBD
<b>JUNIOR VARSITY</b>			
9/18	Red Lake County	SH Field	4:30PM
9/22	Ada-Borup West	Climax	5:00PM

\* Homecoming  
\*\* Parents Night

## HIGH SCHOOL VOLLEYBALL

Date	Opponent	Location	Time (C/JV/V)
8/23	*EGF (Jamboree)	EGF	TBD
8/29	*Lake Park Audubon	Climax	7:30PM
8/31	Kelliher-Northome	Northome	2:00/3:00/4:30PM
9/5	Fosston	Climax	5:00/6:00/7:30PM
9/10	*ABW (Tournament)	Ada	TBD
9/14	WAO	WAO	4:45/6:00/7:30PM
9/16	*WAO (Tournament)	WAO	TBD
9/19	Clearbrook-Gonvick	Fisher	4:00/5:00/6:30PM
9/21	Park Christian	Park Christian	5:00/6:00/7:30PM
9/23	Crookston	Crookston	TBD
9/26	Bagley	Bagley	5:00/6:00/7:30PM
9/28	NCE/UH	Fisher	5:00/6:00/7:30PM
10/3	Mahnomen-Waubun	Mahnomen	5:00/6:00/7:30PM
10/5	Win-E-Mac	WEM	5:00/6:00/7:30PM
10/9	Red Lake County	Plummer	5:00/6:00/7:30PM
10/10	**Fertile-Beltrami	Climax	5:00/6:00/7:30PM
10/16	Crookston	Climax	5:00/6:00/7:30PM
10/17	***Ada-Borup West	Fisher	5:00/6:00/7:30PM
10/23	TBD	High Seed	TBD
10/26	TBD	High Seed	TBD
10/27	TBD	High Seed	TBD
10/31	TBD	UMC	TBD
11/3	TBD	UMC	TBD

\* Varsity Only  
\*\* Parents Night  
\*\*\* Senior Night

## JUNIOR HIGH FOOTBALL

Date	Opponent	Location	Time
9/7	Lake Park Audubon	SH Field	4:30PM
9/14	Mahnomen-Waubun	Mahnomen	4:30PM
9/21	Red Lake County	RLF	4:30PM
10/5	Ada-borup West	Ada	4:30PM
10/16	Warroad	Warroad	4:30PM

## JUNIOR HIGH VOLLEYBALL

Date	Opponent	Location	Time
8/31	Kelliher-Northome	Northome	2:00PM
9/9	Sacred Heart (Tournament)	Sacred Heart	TBD
9/11	Lake Park Audubon	Fisher	4:30PM
9/12	Riverside Christian	Fisher	4:30PM
9/14	WAO	WAO	4:45PM
9/18	NCE/UH	Climax	4:30PM
9/21	Crookston	Crookston	4:30PM
9/26	Bagley	Bagley Elem	4:30PM
9/28	Ada-Borup West	Climax	4:30PM
10/3	Riverside Christian	Climax	4:30PM
10/5	Win-E-Mac	WEM	4:30PM
10/9	Fertile-Beltrami	Fisher	4:30PM
10/12	Sacred Heart	Sacred Heart	4:30PM

For the latest schedule, please visit

<https://www.pinetoprairieconference.org/public/genie/195/school/9/>

## 23/24 Climax-Shelly Class Schedule

<i>Gym</i>	<i>Gym</i>	<i>Music</i>	<i>Art/FACS</i>	<i>English</i>	<i>English</i>	<i>Math</i>	<i>Social</i>	<i>Social</i>	<i>Science</i>	<i>AG</i>
Ms. Slyt	Mr Proznik	Ms. Bacani	Mrs. Connell	Ms. Karst	Mr. Ruud	Mr. Maeng	Mr. Mitzel	Ms. Fieldseth	Ms. Sepulvida	Mr. Hendrickx
<b>1st Hour (8:30 - 9:21)</b>										
	PE 9	6th Band	PK-3 Art once a week	English 7	6th Grade Spelling/Writing	Math 8	World History-12	Geograghy-11	Biology	Prep
<b>2nd Hour (9:25 - 10:16)</b>										
	Fitness 9-12	HS Band/Choir	Art 9-12	Sign Language	English 8	Math 6	Social 7	SPED	Prep	Ag Mechanics 9-12
<b>3rd Hour (10:20 - 11:11)</b>										
	Prep	7-8 Band/Choir	4-5 Art once a week	English 11	English 12	Prep	Social 6	Study Skills	Phy Science 9	Intro to Ag
<b>4th Hour (11:15 - 12:06)</b>										
	PE 7/8 Health 7/8	Prep	Prep	Prep	Prep	Alg 2	Psch/Sociology	Civics 9	Chemistry	Woods
<b>Lunch (12:06 - 12:33)</b>										
<b>5th Hour (12:37 - 1:28)</b>										
	1/2 (12:40-1:05)	PK/K (12:40-1:05)	Art 8	English 9	Study Hall	ACT Prep	US History 10	Prep	Science 6	Ag 7
	PK/K (1:05-1:30)	1/2 (1:05-1:30)	Art 7							Ag 8
<b>6th Hour (1:32 - 2:23)</b>										
3/4 (1:35-2:00)		5/6 (1:35-2:00)	Yearbook-12	English 10	English 10	Math 9	Personal Finance-1	Social 8	Life Science 7	Animal Science
5/6 (2:00-2:25)		3/4 (2:00-2:25)					Economics-11			
<b>7th Hour (2:27 - 3:18)</b>										
	Weights 11/12		Art 9-12	English 6	Creative Writing	Math 7	Prep	SPED	Physical Science 8	Natural Resources Horticulture