



Lyman Gilmore Middle School

Grass Valley School District Parent Information

This packet contains the following information:

1. Superintendent's Letter
2. General Information about Lyman Gilmore
3. School Calendar for 2022-2023
4. Annual Income Survey & Letter
5. Administration of Medication Request Form
6. Grass Valley After School Program Letter/Registration Form
7. Materials Check Out Agreement
8. Student / Parent School Agreement
9. "All In" Health Care For All Families - Flyer
10. **Mandatory Signature Page** – Items listed below available online at <http://www.gvgsd.us>
 - Annual Parent/Guardian Notice of Rights and Responsibilities (EC 48980)
 - Promotion/Retention – Board Policy #5123
 - Instruction/Parent Involvement – Board Policy #6020
 - Student Eligibility Certification (Indian Education Program)
 - Student Handbook
 - Sexual Harassment / Non-Discrimination / Student Conduct – Board Policy #5145.7
 - Pesticide Notification and Registry
 - Uniform Complaint Procedures – Board Policy #1312.3
 - Student Acceptable Use Agreement (Terms and Conditions)
 - Request to Deny Access To Directory Information
 - Request for Non-Participation in Health, Family Life or Sex Education Instruction (5th – 8th Grade)
11. **Student Insurance**
 - Myers-Stevens Low cost accident insurance (as low as \$16.00 per year) is available at parent expense. Please be advised the District does not insure your child during the school day and at school activities.

Complete regulations and procedures available online at <http://www.gvgsd.us>

If You Have Any Questions, Please Call 273-8479



Grass Valley School District

10840 Gilmore Way
Grass Valley, CA 95945
(530) 273-4483
FAX (530) 273-0248

Andrew Withers
Superintendent

August 17, 2022

Dear Parents/Guardians,

Welcome back Grass Valley School District (GVSD) families! The 2022-2023 School Year is going to be amazing and our theme this year is #TeamGVSD because Together Everyone Achieves More.

Our annual first day packet includes critical information for families and it allows us to gather additional details to ensure we can best support everyone. To make this process easier your child's packet includes the full details for the less bulky items and we provide signature forms for larger documents. All of the necessary information is listed on our district website.

Please go to the www.gvzd.us to access first day packet information:

- On the website home page please click on the "Parents" link which is listed along the top toolbar
- Once you click the "Parents" link, a pull down menu will appear
- Next please click on the "First Day Packet" link. This page includes access to the required notifications by school site by clicking on the "First Day Packet" links.
- Please review all of the notifications and then sign and return the "Master Signature Form" which is included in your child's first day packet. You may also click on the "22-23 Mandatory Sign Form" if you want to print and sign a new form.
- The additional links available on the "First Day Packet" page are the "Annual Income", the "School Calendar" and the "Optional Forms" link (optional forms include the administration of medication form, optional student insurance, pest notification, etc.).

It is important for parents to understand and to return signed and completed forms to your child's teacher or the school site office as soon as possible. This includes the "**Mandatory Signature Form**" and the "**Annual Income Form**" or complete at this link <https://www.familyincomesurvey.com/>

Thank you for taking the time to review, sign and complete all first day packet forms.

Sincerely,

Andrew Withers

Superintendent

Lyman Gilmore Middle School

10837 Rough & Ready Highway - Grass Valley, CA 95945

Phone: (530) 273-8479 Fax: (530) 273-1675

School Hours: 8:55am to 3:30pm

Office Hours: 8:00am to 4:30pm

Principal	Lisa Lawell	Secretary	Vicky DeLaVega
Assistant Principal	Robert Bennette	Office Assistant	Cindy McKinney
Counselor	Joy Nocerino	Attendance Clerk	Franca Nielson
Psychologist	Christie Prince	District Nurse	Robyn Ettl

IMPORTANT INFORMATION:

Absences/Attendance

Parents must contact the Attendance Clerk by phone, email, or send a note regarding student absences prior to student returning to classes. Excessive absences, tardies, or early checkouts may be referred to the School Attendance Review Board (SARB). Attendance phone x 5200, email: fnielson@gvsd.us

Change Of Address, Phone Numbers, Email, Emergency Contacts

Please inform the main office if you have a change of address, phone number, or new emergency contacts. This is very important so the school can notify parents of school activities and/or emergency situations. x 5000 or 5100

Daily Bulletin (set up Parent Portal account)

The student bulletin is read during 1st period each morning keeping students informed of activities, sports, and other information. Parents may read the bulletin online on our school website, gilmore.gvsd.us or in the parent portal in Aeries, our new student information system. grassvalley.aeries.net/student/LoginParent.aspx. Please open to create an account allowing you to check your student's grades, attendance, and read the bulletin in Aeries.

Deliveries

Necessary items, such as lunch or school materials, may be brought to the office for students to pick up. Floral and balloon deliveries can be disruptive in class, so will not be delivered to students. Students will be called to the office to see their delivery, and may pick up at the end of the day. Students who arrive at school with flowers or balloons will be asked to leave them in the office until the school day ends.

Early Check Out For Appointments

If a student needs to leave before the end of the school day, a parent may call or send a note to the Attendance Clerk or the Office, preferably before school starts, indicating the checkout time. x 5000, 5100, or 5200

Medication At School

Both physician and parent must sign a school district Administration of Medication form before staff may give ANY medication to students. Specific directions for the administration of prescription or non-prescription medication to be given at school must be included on this form by the health care provider clearly specifying the condition for which the drug is given, how it is given, dosage, and any other information. Medications must be brought to the school office by the parent in the original container. No medication (prescription or non-prescription) is to be transported by a student or be in the student's possession at school.

Student Messages

Please help us to AVOID class interruptions by communicating with your child before school about after school plans - including how to get home. We will make every effort to get emergency messages to students.

The office cannot guarantee delivery of messages received after 3:00pm. Please plan ahead. Thank you.



Bell Hill Academy, Margaret G. Scotten, and Lyman Gilmore Middle School

2022-2023 School Year

July 2022							August 2022							September 2022							October 2022											
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
					1	2		1	2	3	4	5	6					1	2	3							1					
3	H	5	6	7	8	9	7	8	9	10	11	PD	13	4	H	6	7m	8	9	10	2	3	4	5m	6	7	8					
10	11	12	13	14	15	16	14	PD	PD	17m	18	19	20	11	12	13	14m	15	16	17	9	10	11	12m	13	14	15					
17	18	19	20	21	22	23	21	22	23	24m	25	26	27	18	19	20	21m	22	23	24	16	B	B	B	B	B	22					
24	25	26	27	28	29	30	28	29	30	31m				25	26	27	28m	29	30		23	24	25	26m	27	28	29					
31																										30	31					

November 2022							December 2022							January 2023							February 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2m	3	4	5					1	2	3	1	H	PD	4m	5	6	7				1m	2	3	4
6	7	8	9m	10	H	12	4	5	6	7m	8	9	10	8	9	10	11m	12	13	14	5	6	7	8m	9	10	11
13	14	15	16m	17	18	19	11	12	13	14m	15	16m	17	15	H	17	18m	19	20	21	12	H	14	15m	16	17	18
20	21	22	23m	H	H	26	18	B	B	B	H	H	24	22	23	24	25m	26	27	28	19	H	21	22m	23	24	25
27	28	29	30m				25	B	B	B	B	H	31	29	30	31					26	27	28				

March 2023							April 2023							May 2023							June 2023											
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
			1m	2	3	4							1		1	2	3m	4	5	6					1	2	3					
5	6	7	8m	9	10	11	2	B	B	B	B	B	8	7	8	9	10m	11	12	13	4	5	6	7m	8m	9m	10					
12	13	14	15m	16	17s	18	9	10s	11	12m	13	14	15	14	15	16	17m	18	19	20	11	12s	13	14	15	16	17					
19	20	21	22m	23	24	25	16	17	18	19m	20	21	22	21	22	23	24m	25	26s	27	18	19	20	21	22	23	24					
26	27	28	29m	30	31		23	24	25	26m	27	28	29	28	H	30	31m				25	26	27	28	29	30						
							30																									

School Breaks and Holidays	
August 12, 15, and 16, 2022	Professional Development Days
August 17, 2022	First Day of School (Student Minimum Day)
September 5, 2022	Labor Day Holiday
October 17-21, 2022	October Break
November 11, 2022	Veterans Day Holiday (Observed)
November 23, 2022	Minimum Day
November 24-25, 2022	November Break (Thanksgiving Holiday)
December 16, 2022	Minimum Day
December 19-January 2, 2023	Winter Break
January 3, 2023	Professional Development
January 16, 2023	Martin Luther King Jr. Holiday
February 13 and 20, 2023	Presidents Holiday
April 3-7, 2023	Spring Break
May 29, 2023	Memorial Day Holiday
June 7-8, 2023	Minimum Days
June 9, 2023	Last Day of School - Minimum Day

Trimester 1 Ends - 11/18/2022 (61 days)
 Trimester 2 Ends - 3/10/2023 (63 days)
 Trimester 3 Ends - 6/9/2023 (56 days)

180 Student Instruction Days
 186 Staff Contract Days

Key to Symbols:
B - School Break
H - Holiday
m - Student Minimum Day
PD - Professional Development
s - Emergency School Closure
Days 3/17, 4/10, 5/26 & 6/12
(If there are no school closure days earlier in the year, these dates will be non-school days.)
* Wednesdays are minimum days

**IF Emergency School Closures exceed four (4) days, additional student instruction days may be added before June 30th 2023

Household Income Data Collection – Grass Valley School District – 2022/2023 School Year

LAST NAME	FIRST NAME	BIRTHDATE (MM / DD / YY)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
SCHOOL (Write "NONE" if not in school)	GRADE	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

See additional information on the back of this form for assistance in determining your household size and annual household income.

- Circle the total number of adults and children living in your household:
 Circle one: 1 2 3 4 5 6 7 8 9 10 Other _____
- Total Annual Household Income: \$ _____

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member completing this form	Printed name of adult household member completing this form	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Total Household Income”? Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay **ONLY** if you receive it on a regular basis.

How do I report household income for pay received on a monthly, twice per month, b-weekly, and weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.



Grass Valley School District

10840 Gilmore Way
Grass Valley CA 95945
(530) 273-4483
FAX (530) 273-0248

Andrew Withers
Superintendent

August 1, 2022

Dear Parents/Guardians,

This year our district is again sending First Day Packets with information and necessary forms home and we will continue to provide many of the forms and information on the district website.

One of those important forms is the Annual Income Form. This is extremely important information, as it establishes the number of students that are eligible for the Free and Reduced Meal Program. Being eligible for this program not only provides support for your child by providing them free or reduced meals, but it also provides additional funding for your child's school program. So, even if you do not want your child to participate in the meal program, they can still benefit by participating in this program because of the additional funding that will be generated for the school that they attend. The funds generated by this program are required to be spent on eligible students.

Please see the attached simple form to fill out. This information will be kept confidential and last year we lost hundreds of thousands of federal dollars due to a lack of families giving this information. Once you have completed the attached application please return it to your child's school as soon as possible. One form needs to be completed per child or can be completed online for all students at the website indicated on the form.

If your families' financial circumstances change during the school year, your family may be eligible; you may submit an application anytime during the school year.

Please support your child and our instructional programs by filling-out this important application. All such information is kept strictly confidential.

Sincerely,

Andrew Withers

Superintendent

GRASS VALLEY SCHOOL DISTRICT

PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS BY SCHOOL PERSONNEL

ATTENTION PARENTS/GUARDIANS:

Medications, prescription and non-prescription, that are to be given at school, require a written authorization from the physician, and a signed release from the parents/guardians for school personnel to administer any medication. Only one medication should be written per form.

Medical treatment is the responsibility of the parent and the family health care provider. Medications are rarely given in school. The only exceptions involve special or serious problems where it is deemed absolutely necessary to give the medication during school hours.

A school nurse often serves more than one school and would not be available every day to administer medication so other school personnel may be given this responsibility. **Consequently, the parent is urged, with the help of the family health care provider, to work out a schedule of giving medication outside school hours.**

Specific directions for the administration of the medication to be given at school must be included in a written statement from the health care provider clearly specifying the condition for which the drug shall be given, how it is to be given, dosage, and related information. Specific instructions should be included for the emergency treatment of allergic reactions such as those from bee stings, and they should clearly state what type of reaction for which the drug is being given. (i.e., localized, generalized, severe, mild).

Medication shall be brought to and from the school by the parent in the original container. No medication (prescription or non-prescription) may be transported by a student or be in the student's possession while at school or on a school bus.

The school will provide a safe place for the medication to be stored and maintain records. These procedures fulfill the legal requirements of California Education Code 49423 and the district policy. If you have further questions or need assistance please contact your child's school nurse at his/her school.

EDUCATION CODE SECTION 49423: Administration of Prescribed Medication for Pupil. Any students who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel if the school district received (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken, and (2) a written statement from the parent or guardian of the student indicating the desire that the school district assist the student in the matters set forth in the physician's statement.

(form on back)

Grass Valley School District

ADMINISTRATION OF MEDICATION AT SCHOOL

Please have your physician/health provider complete this form for each prescription or non-prescription medication.

- 1. Name of pupil _____ Grade _____
- 2. Birthdate _____ 3. School of Attendance _____
- 4. Medication (one per sheet) _____
- 5. Dosage, time and method of administration _____
- 6. Physical condition for which drug is to be given. (If allergic in nature, specify what type of reaction, i.e., localized, generalized, mild, severe). _____
- 7. Possible reactions that need to be reported to the physician/care provider. _____
- 8. Disposition of pupil following administration of medication, (i.e., rest, home, hospital, doctor's office, return to class, notification requests). _____

The above medication cannot be scheduled for other than during school hours and such medication may be administered by medically-untrained school personnel whenever necessary.

Physician/Health Care Provider Name _____ Phone _____
Address _____
Date of Request _____ Medication to be continued until _____ (Date)

Authorization and Signature of Licensed Physician/Health Care Provider

I request that my child (the above named pupil) be assisted in taking the above medication(s) at school by school personnel, and will comply with the policy and procedures of the school as outlined in the letter on the reverse side. I give my consent for the school nurse to communicate with the physician/health care provider and to counsel with school personnel regarding the above named pupil and medication as appropriate. I understand the school is not legally obligated to administer medication to any pupil and therefore agree to hold the district harmless from any liability resulting from the administration of above named medication(s).

Authorization and Signature of Parent/Guardian _____ **Date** _____

Contact Phone Number(s)



Grass Valley School District Before and After School Program

August 1st, 2022

Dear GVSD Families,

Welcome back to school and the Grass Valley School District Before and After School Program. The Grass Valley School District is offering **affordable** Kindergarten through 8th grade childcare at Bell Hill Academy, Scotten, and Lyman Gilmore Middle Schools.

Care is available at Bell Hill, Scotten and Lyman Gilmore Schools, Monday through Friday from the release of school to 6:30 p.m. at Lyman Gilmore and Scotten; Bell Hill will be until 6:15 p.m. Before school care is offered from 7:00a.m to 9:00a.m. We are happy to offer students supper, a healthy snack, homework assistance and fun recreational activities!

There are three types of care available in our school district:

1. Our **“Year-Round Program”** offers childcare with an income-based, need for care with FREE to a sliding scale fee. Care is available every weekday, all year round, except legal holidays. Enrollment is on a continuous basis. Please call Jennifer Hall, Enrollment Coordinator, for more details at (530) 575-6948.
2. Our **“After School Education and Safety Program” (ASES)** is **affordable** and is offered before and after school on regular school days. Enrollment is limited and offered on a first-come, first-served basis. Call the site supervisor at your school site for more information.

****SPECIAL NOTE**:** All Programs start on the first day of school, August 17. Bell Hill Academy, Scotten and Lyman Gilmore students should turn in the purple enrollment form to the school office or the afterschool program room. You will be called when your child can begin.
3. Our **“Break Care,” aka “Full Pay Option”** is available before school, professional development days, breaks and summer session. Please call Jennifer Hall, Enrollment Coordinator, for more details at (530) 575-6948.

Looking forward to a fun-filled year with your children.

Brian Martinez
Assistant Superintendent



GVSD SCHOOL AGE PROGRAM ENROLLMENT FORM *

* Subject to availability

Today's Date: _____

Students School locations: Bell Hill (K-4) Scotten (FK/K-4) Lyman Gilmore (5-8)

1. Student Information

Name: _____ Special Ed/IEP: Yes No
Last First Middle

Gender: Male Female Birth Date: _____ Age: _____ Primary Language: _____

Ethnicity: Black Hispanic American Indian Asian/Pac. Islander Caucasian Other: _____

School Teacher: _____ Current Grade Level: _____

Allergies: _____ Chronic Illness/Medication: _____

Names of siblings who will also attend After School Program: _____

Special Notes: _____

2. Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Home#: _____ Cell#: _____

Home#: _____ Cell#: _____

Place of Work: _____

Place of Work: _____

Work#: _____

Work#: _____

Email: _____

Email: _____

3. Student Pick-up Information: Pick-up Only

Please list persons with phone numbers who you give permission to pick-up your child from the program.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____



**GVSD SCHOOL AGE PROGRAM
ENROLLMENT FORM ***

4. Emergency Contact Information

In the event of an emergency, please list three people we may contact who know your child and can take full responsibility should you not be available.

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

5. Parent/Guardian Consent for Movies, Photographs, and Internet Use

I give my consent to the Grass Valley School District Before and After School Program (GVASP) to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release GVSD from any claims whatsoever which may arise in said regards. Yes No

I give my consent to the GVASP to allow my child to use the Internet under the supervision of the Before and After School Program staff. Yes No

I give my consent to the GVASP to allow my child to watch G and PG rated movies under the supervision of the Before and After School Program Staff. Yes No

6. Parent/Guardian Agreements

I agree to the following terms as a condition of my child's enrollment in the GVASP. (Please initial each line)

GVASP begins each day at 7:00 a.m. and closes at 6:20 p.m. (6:30 Lyman Gilmore and Scotten) Parents whose children remain past 6:20 p.m. (6:30 Lyman Gilmore and Scotten) will be charged a fee of **\$1.00 per minute per child**. Fees will be collected on the day the child is picked up late. _____

My student has permission to ride the bus that is provided by Durham Transportation and GVASP _____

My student has permission to participate in walking field trips with GVASP _____

My student has permission to sign himself/herself out and walk home (Lyman Gilmore Only) _____

I understand the cell phone policy (Please see handbook for policy) (Lyman Gilmore Only) _____

I understand that my child must adhere to the behavioral guidelines of the program. If my child chooses not to follow these guidelines it could result in the dismissal from the program. (Please see our policy on behavior guidelines) _____

I understand the GVASP is not responsible for lost, stolen, or broken personal items. _____

I understand that the GVASP does not provide medical or accident insurance for individual students. (School insurance is available at parent expense). _____

Physician to be called in an Emergency

Name _____ Telephone _____

Address _____ Insurance Number _____

Medi-Cal Number _____ Medical Insurance _____

In case of an emergency, injury, or illness, I authorize the GVASP to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

I have read and understand the above.

Parent/Legal Guardian Signature _____ Date _____

Lyman Gilmore Middle School

Materials Check Out Agreement for:

Chromebooks, Library Books, Textbooks, Uniforms, etc.

Dear Parent/Guardian,

Students attending Lyman Gilmore Middle School may be issued textbooks which must be returned at the end of the school year or when a student changes schools. Additionally, school library books, Chromebooks, chargers, and their cases, uniforms checked out for classes, sports, or other activities, or any other school property checked out to a student, must be returned by the designated date or upon withdrawing from Gilmore.

All textbooks, library books, Chromebooks, chargers, and their cases, band, or sports uniforms are the responsibility of the student and must be paid for if lost or damaged. When items are returned, they will be examined for damages. Any damages found, over and above normal wear and use, will be billed to the parent or guardian. (If you haven't done so, please be sure to sign up for Chromebook insurance - only \$15.00)

Replacement costs are listed below:

Language Arts:

Houghton Mifflin- Journeys (5)
McGraw Hill- Study Sync (6, 7, 8)

Science:

Foss - online

Technology:

Chromebook \$50-200.00
Case \$20.00
Charger \$20.00
Hinges \$12.00

Uniform (Band, Sports) \$ _____

_____ \$ _____

Library Book \$ _____

Library Book \$ _____

Math:

Houghton Mifflin- Go Math (5) \$20.00
Pearson- Digits (6, 7, 8) \$25.00

CPM Core Connection Algebra (8) \$60.00
CPM Student Text (supplemental for 7, 8) \$15.00
Pearson Common Core Algebra I (7, 8) \$60.00

Social Studies:

TCI History Alive - (6) \$79.00
TCI Medieval World & Beyond (7) \$79.00
TCI- US Through Industrialism (8) \$79.00

_____ \$ _____

_____ \$ _____

Other

Please fill in, sign, and return the section below. You may keep the above list for reference. Thank you.

SCHOOL MATERIALS AGREEMENT

I understand that my child _____, will be using a variety of school materials which must be returned to LGMS on a specified due date at the end of the school year, or upon my child's withdrawal from school. I agree to pay damage fees for any misused books, or other materials, and I agree to be responsible for the full value of any item that is not returned or requires replacement.

I am aware that if my child owes for any materials s/he will not participate in some end of the year activities and that yearbooks, report cards, and diplomas will be withheld until all responsibilities have been taken care of.

Parent's Signature _____

Date _____

Grass Valley School District

Student / Parent / School Agreement 2022-2023

Student Expectations for: _____
(Students Name)

School Attending: _____

Students are at school to learn. I will help myself and others to learn, by following these rules:

1. Follow the Golden Rule...Treat others the way you want them to treat you.
2. Be SAFE
3. Be RESPECTFUL
4. Be RESPONSIBLE
5. Be READY TO LEARN

Student Signature _____

Staff Expectations

The teaching of literacy, math, and social behaviors are our top priority. Therefore, the staff will:

1. Develop social behaviors and class routines during the first six weeks to be reviewed and re-taught as necessary during the year.
2. Communicate openly with each other and parents.
3. Welcome parent participation and provide appropriate parent training.
4. Take responsibility for all students and their learning.
5. Have high expectations for student success.

Teacher Signature _____

Parent Expectations

To support our children's education, we as parents or guardians will:

1. Have our children arrive on time and stay until dismissal.
2. Have our children fed, rested, dressed appropriately, and prepared with materials and class assignments.
3. Communicate openly with teachers and other school staff.
4. Discuss the school day with our children and read school communications.
5. Set aside time for homework or reading at home each day.
6. Parents will voluntarily participate in home visits or community meetings.

Parent Signature _____

Enroll. Get Care. Renew.

Health Coverage All Year Long: 2022 Public Health Emergency Edition



Health Coverage Options

Medi-Cal:

- Children—regardless of immigration status—foster youth, pregnant women and legally present individuals—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and foster youth up to age 26 at no or low cost.
- Medi-Cal enrollment is available year round.
- During COVID-19, Medi-Cal plans began offering more services using telehealth. Ask your provider about accessing care over video or telephone.

Covered California:

- Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- Based on income and family size, many Californians may qualify for financial assistance.
- Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

Immigrant Families: Visit the [public charge](#)

[guide](#). Receiving government health insurance and using health services will not affect your immigration status. Information is only used to determine eligibility. Click the [English](#) or [Spanish](#) versions for more details.

Enroll.

Three ways to enroll in Medi-Cal and Covered California:

1 (800) 300-1506

www.coveredca.com

Find in-person help: www.coveredca.com/support/membership/contact-medi-cal/

Get Care.

- Find a primary care doctor in your network.
- Schedule an annual checkup for you and your family.
- Make sure to take your child to the dentist.
- Pay your monthly premium if your plan requires it.

Renew.



Medi-Cal must be renewed every year. While this has temporarily paused during the COVID-19 pandemic, it is important to ensure that Medi-Cal has your current address so that when it's time to renew your coverage, they can contact you. If you receive a renewal notice, be sure to act; you can renew by mail, online or over the phone. For help, contact your local Medi-Cal office. Click [here](#) to find your county office.

Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or you can contact Covered California directly at: 1(800) 300-1506.

Financial Help. You and your family may qualify for financial help:

SEE NOTE BELOW FOR INCOMES IN THIS RANGE	Federal Premium Tax Credit*										Tax credit continues beyond 400%
	American Indian / Alaska Native (AI/AN) Zero Cost Sharing										AI/AN Limited Cost Sharing
% FPL	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%	
Household Size	If 2022 household income is at or less than										
1	\$12,880	\$17,775	\$19,320	\$25,760	\$27,435	\$32,200	\$34,261	\$38,640	\$41,474	\$41,474	
2	\$17,420	\$24,040	\$26,130	\$34,840	\$37,105	\$43,550	\$46,338	\$52,260	\$56,093	\$56,093	
3	\$21,960	\$30,305	\$32,940	\$43,920	\$46,775	\$54,900	\$58,414	\$65,880	\$70,712	\$70,712	
4	\$26,500	\$36,570	\$39,750	\$53,000	\$56,445	\$66,250	\$70,490	\$79,500	\$85,330	\$85,330	
5	\$31,040	\$42,836	\$46,560	\$62,080	\$66,116	\$77,600	\$82,567	\$93,120	\$99,949	\$99,949	
6	\$35,580	\$49,101	\$53,370	\$71,160	\$75,786	\$88,950	\$94,643	\$106,740	\$114,568	\$114,568	
	Medi-Cal for Adults		Medi-Cal for Pregnant Women				Medi-Cal Access for Pregnant Women				
			Medi-Cal for Kids (0-18 Yrs.)				CCHIP				

Note: Consumers after 138% FPL may qualify for a Covered California health plan with financial help including federal premium tax credit, Zero Cost Sharing and Limited Cost Sharing AI/AN plans

Source: www.coveredca.com/pdfs/FPL-chart.pdf

For more information go to: www.allinforhealth.org

The Children's



csba



Student Name: _____ School: _____ Grade: _____
Please Print

Grass Valley School District

Mandatory Parent/Guardian Signatures (Form A)

The **Returning Registration Form** and this **mandatory signature page** must be signed and returned annually to the school office at your school site:

The policies and forms listed below are available in the school office or on our District website at www.gvsd.us (click on the Annual Parent Notification and then on your students school). Please sign below to acknowledge you have reviewed these policies and forms:

- Annual Parent/Guardian Notice of Rights and Responsibilities (EC 48980)
- Promotion/Retention – Board Policy #5123
- Parent Involvement Plan – Board Policy #6020
- Student Eligibility Certification (Indian Education)
- Student Handbook (provided by school site)
- Student Conduct - Board Policy #5131 (Sexual Harassment/Non-Discrimination)
- Pest Notification
- Uniform Complaint Procedures – Board Policy #1312.3

I hereby acknowledge receipt of the above information and policies

Parent Signature *Date*

Student Acceptable Use Agreement (Terms and Conditions)

I understand and will abide by the Terms and Conditions for the use of the Grass Valley School District technology services, including Internet access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action pursued.

Student Name: _____
Please Print *Student Signature* *Date*

Parent Name: _____
Please Print *Parent Signature* *Date*

Request To Deny Access To Directory Information

If you **do not** wish directory information released, please sign below and return this page to the school office within the next 30 days. Note that this will **prohibit** the district from providing the pupil's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do not release directory information regarding the above named student.

Date: _____ Signature: _____

****YOUR SIGNATURE ON THIS SECTION MEANS THAT YOUR CHILD'S NAME WILL NOT APPEAR ON ANY PUBLICATIONS FOR HONOR ROLL, SCHOOL NEWSLETTERS, AWARDS, AND/OR RECOGNITION'S, SCHOOL WEBSITES, LOCAL NEWSPAPERS, ETC.****

Request for Non-Participation in Health, Family Life or Sex Education Instruction (Grades 5th through 8th)

I do **not** wish

_____ participating in _____ for the following reasons:
Student Name *Class*

_____ Conflict with religious training or beliefs. _____ Personal moral convictions

Date: _____ Signature: _____



Grass Valley School District

Andrew Withers, Superintendent

2022-2023 School Year

Re: Student Injuries and Insurance

Dear Parent/Legal Guardian:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive.

Please know that the District does not assume responsibility for these costs. However, as a service to you and your child, your school has joined with 1,000's of others by offering you access to a low cost, voluntary purchase student accident/sickness insurance program. The program is arranged and administered by Myers-Stevens & Toohy & Co., Inc. a firm that has specialized in such coverage for 40 years. Details and an enrollment form are in the accompanying brochure. Please read it carefully.

Several plans are offered and rates for the entire school year start at around \$16 (Dental Accident Plan). You can limit coverage to school related injuries only (including sports) or opt for 24/7 protection. Also offered is a Student Accident & Sickness Plan (recommended if your child has no other health insurance) and a pharmacy discount program for your entire family. Whether your child currently has no other coverage or you want to "fill in the gaps" in other insurance, you will probably find an option to fit your needs.

While you can seek care from any doctor or hospital, you'll also have access to an extensive network of medical providers with discounted charges. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

To enroll, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. While your child is eligible to enroll at any time, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

Note - Once processing is completed, an ID card verifying coverage will be mailed home to you. Because many parents have expressed interest in much higher limits of coverage for their children, at that time you'll also be sent information regarding a newly available Supplemental Catastrophic Injury Plan that can cover us to \$500,000/injury for up to five years.

If you have any questions, please call Myers-Stevens & Toohy at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately send it back to the school with your child.

Sincerely,

Andrew Withers
Superintendent

As parent/guardian of _____, I understand that the School **does not** provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

I will enroll my child in the program I will not enroll my child in the program

Signed _____

Date _____