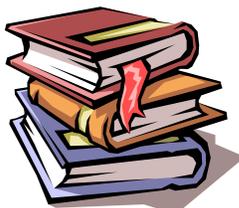


IMPORTANT DATES COMING UP!!!



August 9	Registration, 10:00 am - 4:00 pm
August 16	6th Grade & New Student Orientation (WAK) 8:30 am -11:30 am
August 16	Pick up Schedules/Decorate Lockers 12:00 – 3:00
August 20	First Day of School, 7:50 am – 2:27 pm
August 27	School Pictures, 8:00 am
August TBA	Soccer (7th & 8th) and Cross Country Running (6th, 7th & 8th) Begins
September 2	Holiday (No School)
September 3	Barbeque & Open House, 5:30-7:40 pm

BACK TO SCHOOL



AUGUST/SEPTEMBER 2020

KENAI MIDDLE SCHOOL

Kenai Peninsula Borough School District

201 Tinker Lane, Kenai, Alaska 99611

PHONE: (907) 283-1700

FAX: (907) 283-3180

August 5, 2019

Dear Parent/Guardian,

The staff and I are looking forward to welcoming all the new and returning students to KMS for the 2019-20 school year. We are excited to begin another year fresh and renewed.

School will begin on August 20th from 7:50 a.m. to 2:27 p.m. During the first weeks of school, your child will receive a student planner and student handbook. We encourage you to help your child learn how to effectively use this tool to keep up with their homework assignments. Another useful tool is PowerSchool, a web-based student information system. PowerSchool allows parents and students real-time access to track their grades and progress in each class. Be sure to inquire about how to access PowerSchool.

Kenai Middle School enjoys a well-deserved reputation for academic excellence because of our dedicated staff, energetic students, and involved parent community. You have our pledge that we will work our hardest to continue to build upon our success. We ask all Kenai Middle parents to partner with us in our effort to transition your students from Elementary to High School. Together we can help provide a positive and safe learning environment. Parents, please get involved and sign up to volunteer so that you may be a participant in the Kenai Middle School Community.

We encourage all students to be involved in extra-curricular activities throughout the school year. If your child chooses to be involved in an activity, they are required to pay an activity fee, have parent/guardian consent and have a hold harmless agreement form on file. Fees and forms should be handed in to the coach prior to the activity. Extra-curricular activities this fall are soccer and cross-country running for grades 6th-8th. Practices will start the first week of school. Activity forms can be picked up from the office or on our school website.

Every year a new Site Council Member is elected from the sixth grade parents. Holding this position is your opportunity to make a positive impact at KMS through policy revision decisions. Consider submitting your name or a fellow sixth grade parent who exemplifies the energy and enthusiasm needed to create positive change. Elections will take place at the Open House and BBQ. If you are interested in becoming a 6th grade Site Council representative, please contact our office at 283-1700.

A "back to school" barbeque and open house is scheduled for Tuesday, September 3rd. The barbeque will be from 5:30-6:30 p.m. and the open house from 6:30-7:40 p.m. This will give you a chance to meet your child's teachers and promote parent/teacher communication. Enclosed is a list of all staff members and their present assignments. If you have any questions or concerns, please do not hesitate to call us. We are looking forward to a great year. Our Administration and staff have spent many hours preparing for the new school year. Enjoy your last days of summer. We look forward to seeing each one of you.

Sincerely,

Vaughn Dosko
Principal, Kenai Middle School



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Office of Superintendent

John O'Brien, Superintendent

148 North Binkley Street Soldotna, Alaska 99669-7520

Phone (907) 714-8888

Dear Parents and Students:

Welcome to KPBSD for the 2019-2020 school year.

The School District is issuing the *2019-2020 Parent/Student Handbook* in an online format, which you may access at <http://www.kpbsd.k12.ak.us/WorkArea/DownloadAsset.aspx?ID=30607> from your home computer, a school computer, or any public library.

We have attached to this correspondence:

- *Acknowledgement of Receipt of 2019-2020 Parent/Student Handbook*, which needs to be signed and returned to your school office.

Board Policy Exhibits from the Parent/Student Handbook are all online. If you need printed copies, please contact your school. They include:

- [*E 5125\(a\) for Students Age 18 and Older. Disclosure to Parents of Dependent Students and Consent Form*](#)
- [*E 5125\(b\) Notification of Rights Under FERPA for Elementary and Secondary Schools*](#)
- [*E 5125.1\(a\) Notice of Student Directory Information*](#)
- [*E 5125.1\(b\) Directory Information Parent Opt-Out Form*](#)
- [*E 5141.3 Growth Screening Opt-Out Form*](#)
- [*E 6161.4\(a\) Internet Access Non-Permission Form*](#)
- [*E 6158\(a\) Curriculum and Assessment Opt-Out Form*](#)

If you have any concerns about the Parent Student Handbook, your individual school policies or any additional questions, your first line of contact would be the principal at your school.

Sincerely,

John O'Brien
Superintendent

**ACKNOWLEDGEMENT OF RECEIPT OF 2019-20
KENAI PENINSULA BOROUGH SCHOOL DISTRICT
PARENT/STUDENT HANDBOOK**

Name of Student _____

I acknowledge that our family has received a copy of the link to the [Parent/Student Handbook](#). We understand that this handbook contains links to some of the more relevant Board policies, pertinent information my student needs to know, and discipline procedures. We have read and understand the information contained in the handbook. In the event there is a disparity between this handbook and policy, policy will always take precedence.

We understand and consent to the responsibilities outlined in the District's student code of conduct. We also understand and agree that our child shall be held accountable for the behavior and consequences outlined in the student code of conduct at school and at school-sponsored and school-related activities, including school-sponsored travel, and for any school-related misconduct, regardless of time or location. We understand that any student who violates the student code of conduct at school or at school-related activities shall be subject to disciplinary action.

We understand that most of the general school information, rules, and student code of conduct are in this handbook and it is the responsibility of the student to familiarize himself or herself with this information. Students will be held responsible for all information within this handbook, even if this page is not returned to the school. If there is any question about something that is not covered in this handbook, it is also the responsibility of the student to secure the answer from the teachers or office personnel. Please allow us to help you avoid problems. Parents, please feel free to call or come by the school any time.

Telephone number where parent may be reached during the day: _____

I acknowledge my family has received a copy of the link to the Parent/Student Handbook and I have reviewed the contents with my child.

Parent Signature: _____

Date: _____

PLEASE COMPLETE AND RETURN TO YOUR SCHOOL



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Assistant Superintendent

Dave Jones

148 North Binkley Street Soldotna, Alaska 99669

Phone (907) 714-8858 Fax (907) 262-5867

Email djones2@kpbsd.k12.ak.us

Re: Student Injuries and Accident Coverage

Dear Parent/Legal Guardian:

Along with providing a quality education, your school does its best to protect your child from injuries. Even so, accidents happen. Should your child get hurt during school related activities, the District provides limited coverage (at no cost to you) to help with the cost of medical treatment not covered by other insurance you may have. This **“School Time Accident”** coverage is designed to cover some, but not all, of the possible charges. A Description of Benefits is enclosed for your reference. **PLEASE READ AND REVIEW IT CAREFULLY!**

This accident coverage provides benefits of 80% of the usual and customary charges up to a maximum of \$25,000 in the event of a covered accident, and takes effect only after any other medical insurance that is available has paid. If this coverage is used, you will be responsible for a \$50 deductible per accident and any remaining balance. In some cases, there may be no deductible if other primary medical insurance is in effect. If your child does have other health coverage, student insurance may also be used to help pay those eligible charges not covered by other insurance (i.e., deductibles and co-payments). **To be eligible for this coverage, any accident/injury must be reported to the school office within 72 hours.**

Included with this memo is information on purchasing various additional accident and health care coverage options for your student through Myers-Stevens & Toohy & Co. Several plans are offered and rates for the entire school year are available. To enroll, complete the enrollment form, 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. Once processing is completed, an ID card verifying coverage will be mailed to you.

In order to document your having been notified of this matter, please sign and complete the bottom of this memo and immediately send it back to the school with your child. If you have any questions, please contact my office at 714-8858.

Sincerely,

Dave Jones
Assistant Superintendent

As parent/guardian of _____, I understand that the School **does not** assume responsibility for student injuries but does make voluntary purchase of additional student accident coverage available to parents. I have received the information on this program.

_____ I will purchase additional coverage _____ I will not purchase additional coverage

Signed _____ Date _____



Student Accident & Sickness Insurance CLAIM FILING INSTRUCTIONS

FOR PARENTS/LEGAL GUARDIANS (or students of legal age)



Coverage terms and conditions

Prior to an injury or sickness occurring or as soon as possible thereafter, please familiarize yourself with the terms and conditions of coverage including: what activities are covered; benefits; exclusions; requirements and limitations; important deadlines, etc. These may be found in policies on file with school authorities, printed brochures used to secure coverage, online or by contacting us directly at (800) 827-4695.



Claim form and reporting

Report school related injuries immediately to school officials, providing as much detail as possible.

Request a Student Accident & Sickness Insurance claim form from the school and ask an authorized school official to COMPLETELY AND LEGIBLY fill out Part A of the form. If the reported injury is not school-related, you may fill out Part A yourself. Only one claim form is required per injury or condition.

COMPLETELY AND LEGIBLY fill out Part B (missing fields will cause delays) provide signatures where requested, date and return to our office along with your itemized bills and Explanations of Benefits (EOBs) from any other applicable insurance or health plan.



Finding a health provider

You are free to take your child to any properly licensed health provider but out-of-pocket costs may be reduced if you seek care from providers who are contracted under the *First Health Network* or *First Choice Health Network* (WA only). Contracted providers may be found at www.firsthealth.com (800) 226-5116 or www.fchn.com (800) 231-6935. If your child also has coverage through an HMO, please know that benefits under many of our school-paid blanket plans may be reduced if you seek out-of-network services that are not preauthorized by your HMO. This potential benefit limitation does not apply to any of our individually purchased plans and does not apply to emergency care.



When treatment is sought

Give the provider's billing/admissions person your primary insurance/health plan information (if applicable).

If you purchased one of our individual plans for your child, present your student insurance ID Card. If your child is covered under a blanket plan that is paid for by the school, let the billing person know that and identify the school/school district. In either case, explain that your child's coverage is "secondary accident medical expense insurance" or accident & sickness insurance and that it is NOT what is sometimes referred to as "third party" insurance. Your child is the insured.

Ask the billing person to add Myers-Stevens & Toohey into their system as a payor and to either send us the itemized bills described above directly (preferred!) or to send you those same bills to be forwarded to us. Letting the provider know that you are assigning benefits to them may help smooth the process. If you have difficulty, please contact us and we'll be happy to help.



If your child has other insurance or health coverage

File a claim with that primary plan (except Medicaid) and send us copies of their "Explanation of Benefits" or "EOBs" once processed.



What we need from the providers who see your child*

In order to evaluate your claim and provide benefits, we will need fully itemized bills from any providers seen. These are known as HCFA 1500 or CMS 1500 forms from providers such as doctors and as a UB04 form from facilities such as hospitals and surgery centers. They contain the following required information:

- Date(s) of Service
- Billed Charges
- Diagnostic Codes - these tell us what is wrong with your child
- Procedural or Revenue Codes - these tell us what was done to evaluate/treat the problem
- Provider Tax ID Number - needed to issue W-9s when benefits are assigned to providers
- National Provider Identifier (NPI) - needed to comply with Federal regulations

NOTE— we are not able to use "statements" from providers, primary health plan EOBs or a receipt of payment in lieu of the required itemized billings as described above.

**If you have Kaiser, request "courtesy statements" from Kaiser Member Services that include the information listed above. Please make sure the documentation submitted indicates what portion of the charges, if any, you are obligated to pay out of your own pocket.*



Final Steps

Send: 1) Completed claim form; 2) Itemized bills; 3) Other insurance/health plan EOBs (when applicable) to:

MYERS-STEVENS & TOOHEY
Attn: Claims Department
26101 Marguerite Parkway
Mission Viejo, CA. 92692

OR

Fax: (949) 348-9350

OR

Email: claimsinfo@myers-stevens.com

Need more help? Call us at (800) 827-4695



STUDENT ACCIDENT & SICKNESS INSURANCE CLAIM FORM

PART A

SCHOOL STATEMENT (Parent or legal guardian may complete Part A if injury is not school related)

NAME OF CLAIMANT	FIRST	MI	LAST	AGE	GRADE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH MO / DAY / YR
ADDRESS OF CLAIMANT				CITY	STATE	ZIP CODE	
IS THE CLAIMANT A: <input type="checkbox"/> STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER _____				ID # FROM ID CARD (if applicable)			
NAME OF SCHOOL				NAME OF DISTRICT (if applicable)			
SCHOOL MAILING ADDRESS				CITY	STATE	ZIP CODE	
WAS THE CLAIMANT PARTICIPATING IN A SPORT NOT SCHOOL SPONSORED AND SUPERVISED? IF YES, LIST NAME OF SPORTS ORGANIZATION:				<input type="checkbox"/> YES <input type="checkbox"/> NO		DOES THE SCHOOL HAVE ANY RECORD OF ANY HEALTH COVERAGE FOR THE CLAIMANT? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, name of plan:	
DATE OF INJURY/ONSET OF SICKNESS MO / DAY / YR	TIME OF INJURY : A.M. / P.M. (CIRCLE ONE)		WHAT PART OF THE BODY WAS INJURED? <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT		HAS THE CLAIMANT SUFFERED FROM SAME OR SIMILAR CONDITION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		
PROVIDE DETAILS ON HOW AND WHERE THE INJURY OCCURRED. PLEASE BE SPECIFIC							
NAME AND TITLE OF SUPERVISING OFFICIAL AT TIME OF INJURY				WAS HE/SHE A WITNESS TO THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE SCHOOL WAS NOTIFIED / /	
NAME AND TITLE OF OFFICIAL COMPLETING FORM			SIGNATURE X		DATE SIGNED		SCHOOL TELEPHONE NUMBER ()

PART B

PARENT OR LEGAL GUARDIAN INFORMATION

NAME OF CLAIMANT'S PRIMARY PHYSICIAN		ADDRESS		PHONE NUMBER ()	
IS THE CLAIMANT COVERED, DIRECTLY AND/OR AS A DEPENDENT UNDER ANY OTHER INSURANCE OR HEALTH PLAN(S)? IF YES, NAME OF PLAN(S)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF CLAIMANT'S EMPLOYER (if applicable)		ADDRESS		PHONE NUMBER ()	
NAME OF FATHER OR LEGAL MALE GUARDIAN		MOBILE TELEPHONE NO. ()		HOME TELEPHONE NO. ()	
ADDRESS		CITY	STATE	ZIP CODE	
NAME OF EMPLOYER <input type="checkbox"/> Self Employed <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed			WORK TELEPHONE ()		
ADDRESS OF EMPLOYER		CITY	STATE	ZIP CODE	
NAME OF MOTHER OR LEGAL FEMALE GUARDIAN		MOBILE TELEPHONE NO. ()		HOME TELEPHONE NO. ()	
ADDRESS		CITY	STATE	ZIP CODE	
NAME OF EMPLOYER <input type="checkbox"/> Self Employed <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed			WORK TELEPHONE ()		
ADDRESS OF EMPLOYER		CITY	STATE	ZIP CODE	

AUTHORIZATION: I hereby authorize any School, Participating Organization, Policyholder, trust, employer, insurance company, health plan, medical/dental provider or other person or entity to release any information/documentation needed to process this claim to Myers-Stevens & Toohey & Co., Inc. (MST) or its insuring company when requested by them to do so. This may include but is not limited to: details of the reported loss; identification of witnesses and supervisors; verification of other insurance or health coverage; coverage terms; explanations of benefits; complete health records including those involving mental/emotional disorders and substance abuse; prescription drug history and fully itemized bills in the form of CMS/HCFR 1500s and UB04s. If the claim is reportedly the result of participating in a School, Participating Organization or Policyholder activity, I authorize MST to share information concerning this claim as necessary with representatives of the School, Participating Organization or Policyholder as applicable. I understand that the authorization to release claim-related information/documentation to MST will terminate two years from the date of signature unless terminated in writing on an earlier date by me. A photo static/digital copy of this authorization shall be considered as valid and effective as the original.

NAME _____ RELATIONSHIP TO CLAIMANT _____ SIGNATURE **X** _____ DATE _____

ASSIGNMENT OF BENEFITS: I authorize the payment of benefits directly to the provider(s) of services and/or supplies associated with this claim.

NAME _____ RELATIONSHIP TO CLAIMANT _____ SIGNATURE **X** _____ DATE _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and/or civil penalties. I have read and acknowledge the General Fraud Warning above and the specific version for my state on the reverse side.

NAME _____ RELATIONSHIP TO CLAIMANT _____ SIGNATURE **X** _____ DATE _____

STATE-SPECIFIC FRAUD WARNINGS

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

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



Myers-Stevens & Toohy & Co., Inc.

26101 Marguerite Parkway
Mission Viejo, CA 92692-3203

Office (800) 827-4695 • Fax (949) 348-9350

claims@myers-stevens.com
CA License #0425842

Underwritten by: ACE American Insurance Company

CHUBB®



First Choice Health

PPO Network - WA

Student Accident Insurance is Now More Important Than Ever!



School Year
2019-2020



Despite your best efforts to protect them, children get hurt and out-of-pocket expenses for medical care can be significant.

- *Is your child already covered?*
- *Does your plan have large deductibles and co-insurance?*
- *Do you want to be able to see the doctor that YOU choose?*

Arranged and Administered by:



myers | stevens | toohey

Our Plans Can Help!

Determine the Plan(s) you want to purchase

Plans showing  include enhanced Concussion Benefit - See next page for details

Student Accident & Sickness Plan

Our Best Coverage!

Students (grades P-12) may enroll in this plan. Covers Injuries sustained and Sickness commencing anywhere in the world, 24-hours a day, while your student is insured under this School Year's plan (including interscholastic sports, **except high school tackle football**). Repatriation and Medical Evacuation benefits are included. This plan does not cover routine or preventative care.

Benefits are payable according to the "Description of Benefits" up to \$50,000 per Covered Sickness and \$200,000 per Covered Accident.

There is a \$50 deductible per covered Accident or covered Sickness

Coverage begins at 11:59 p.m. on the day Myers-Stevens & Toohey & Co., Inc. (herein called "The Company") receives the completed coverage request form and the required premium. **Coverage ends at 11:59 p.m. on the last day of the month** for which payment has been made. Coverage may be continued for up to 12 calendar months, or through Sept. 30, 2020, whichever comes first, provided the required payments are made.

NOTE – Participation in commercial camps or clinics may be covered under this plan.

1st payment: 239.00

*(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$194.00 a month, billed every 2 months*

Interscholastic Tackle Football Accident Plans

Students (grades 9-12) may enroll in these plans. Covers Injuries caused by covered accidents occurring:

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus site for such activities provided travel is arranged by and is at the direction of the School

Coverage begins at 11:59 p.m. on the day the Company receives the completed coverage request form and the required premium. **Coverage ends at 11:59 p.m. on the closing date of regular classes** for the 2019-2020 School Year.

NOTE – Participation in commercial camps or clinics is not covered under these plans. See "Full Time 24/7" plans. Practice or playing of football must be conducted under the regulations and jurisdiction of the applicable sports governing body.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$434	\$325	\$244

Full-Time 24/7 Accident Plans

Students (grades P-12 and school employees) may enroll in these plans. Covers Injuries caused by Accidents occurring 24 hours a day, anywhere in the world, **except while participating in interscholastic tackle football.**

Coverage begins at 11:59 p.m. on the day the Company receives the completed coverage request form and the required premium. **Coverage ends at 12:01 a.m. on the date** School begins regularly scheduled classes for the 2020-2021 School Year.

NOTE – Participation in commercial camps or clinics may be covered under these plans.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$435	\$316	\$253

School-Time Accident Plans

Students (grades P-12) may enroll in these plans. Covers Injuries caused by Covered Accidents occurring:

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- While participating in or attending School-sponsored and directly supervised School Activities including interscholastic athletic activities and non-contact spring football (**except interscholastic high school tackle football**)
- While traveling directly and without interruption to or from residence and School for regular attendance; or School and off campus site to participate in School-sponsored and directly supervised School Activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

Coverage begins at 11:59 p.m. on the day the Company receives the completed coverage request form and the required premium. **Coverage ends at 11:59 p.m. on the closing date of regular classes** for the 2019-2020 School Year.

NOTE – Participation in commercial camps or clinics is not covered under these plans. See "Full Time 24/7" plans.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$110	\$93	\$71

Dental Accident Plan (\$75,000 Maximum)

Students (grades P-12) may enroll in these plans. Covers Injuries to teeth caused by Covered Accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.

Benefits are payable at 100% of the Usual, Customary and Reasonable Charge for Treatment of Injured teeth, including repair or replacement of existing caps or crowns. We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.

The coverage provides a "Benefit Period" of Accident dental benefits for up to one year from the date of first Treatment. The benefit period for an Injury may be extended each year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of Injury that further Treatment will be deferred to a later date.

Coverage begins at 11:59 p.m. on the day the Company receives the completed coverage request form and the required premium. **Coverage ends at 12:01 a.m. on the date** School begins regularly scheduled classes for the 2020-2021 School Year.

**\$16.00 purchased separately
\$12.00 when added to any plan(s) purchased**

Pharmacy SmartCard

Available to students, their families and school staff through our partnership with CastiaRx (formerly known as NPS), the SmartCard offers savings of up to **95%** of prescription drug costs and is accepted at over **63,000** pharmacies nationwide.

In addition, the program can provide "Instant Alerts" to potential medication interactions to better protect your family along with unique "Proof of Savings" reports mailed directly to you every six months.

After your payment has been processed, CastiaRx will send you your ID card. Present your card each time you or a family member needs a prescription filled to receive your savings. For more detailed information, go to www.pti-nps.com or call **800-546-5677**.

The SmartCard is not an insurance product and is not insured by ACE American Insurance Company.

\$36.00 for entire family, for one full year!

Affordable Rates

Call (800) 827-4695 With Questions

Determine the benefit level that best fits your needs

If your child has no other insurance, we recommend the **Student Accident & Sickness Plan** or the **High Option** plans.

Description of Benefits

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

We will pay benefits only for Covered Injuries sustained or Covered Sickness commencing while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable Charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. Applicable benefits mandated by the state of residence will be included in the covered expenses. You may take your child to any provider you choose; however, seeking Treatment through a *First Health* contracted provider may reduce your out-of-pocket costs.

To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.



ENHANCED CONCUSSION BENEFIT: If a covered Injury causes a Concussion resulting in the student's required removal from participation in an interscholastic sport, then Covered Expenses will be paid at 100% of the Usual, Customary and Reasonable charges with no Deductible, subject to stated Motor Vehicle benefit maximums, the maximum aggregated benefit amount per injury and all other terms and conditions of the policy.

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness Plan
Plan Name	MAXIMUMS PER ACCIDENT			
Tackle Football Accident Plan	\$25,000	\$50,000	\$50,000	\$50,000 Maximum per Sickness
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	\$200,000 Maximum per Accident
School-Time Accident Plan	\$25,000	\$50,000	\$50,000	
Deductible - per Covered Accident/Sickness	\$0			\$50
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Semi-Private Room Rate	60%	80%	100%	80%
Inpatient Hospital Miscellaneous Charges <small>Services described below are paid as scheduled. All other miscellaneous charges - Paid up to</small>	\$600/Day	\$900/Day	\$1,600/day	80% to \$4,000/Day
Intensive Care Unit	\$1,500/Day	\$1,800/Day	\$2,500/day	80%
Hospital Emergency Room <small>(room & supplies) incurred within 72 hours of an Injury</small>	100%			100%
Emergency Room Physician Services	100%			100%
Outpatient Surgical (room & supplies)	\$600	\$900	\$1,500	80% to \$4,000
Physician Non-Surgical Treatment & Examination <small>(excluding Physical Therapy)</small>				
First Visit	\$50	\$55	\$70	80%
Each Follow Up Visit	\$30	\$40	\$50	80%
Consultation (when referred by attending Physician)	\$175	\$200	\$250	80%
Surgeon Services	50% to \$12,000	70% to \$12,000	90% to \$12,000	80%
Assistant Surgeon Services25% of Surgical Allowance.....			80%
Anesthesiologist Services25% of Surgical Allowance.....			80%
Physiotherapy (includes related office visits) <small>when prescribed by a Physician</small>	\$40/Visit to \$500	\$45/Visit to \$600	\$60/Visit to \$700	80% to \$2,000
X-Ray Examinations (including reading)	60% to \$500	70% to \$500	90% to \$500	80%
Diagnostic Imaging MRI, Cat Scan	80% to \$600	80% to \$700	80% to \$1,000	80%
Ambulance (from site of an emergency directly to hospital)	100%			100%
Laboratory Procedures, Registered Nurse Services, Rehabilitative Braces	60%	80%	100%	80%
Durable Medical Equipment	60% to \$400	80% to \$600	100% to \$800	80%
Out-Patient Prescription Drugs (for Injuries only)	60%	80%	100%	80%
Dental Services (including dental x-rays) <small>for Treatment due to a covered Accident</small>	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)	100% to \$300	100% to \$400	100% to \$500	80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	100% to \$10,000

Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily Injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

- Accidental Death **\$10,000**
- Single dismemberment or entire loss of sight in one eye **\$25,000**
- Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia **\$50,000**
- Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable charges of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to **\$ 5,000**

Choose Your Own Doctor and Hospital

Instructions

2019 - 2020 Coverage Request Form

Thank you for enrolling your child!
To avoid any delay in coverage, please follow these 3 easy steps below:

- 1 Select** the plan(s) you wish to purchase below:
 - The Student Accident & Sickness Plan will provide our highest level of coverage.
 - Our Accident Plans may be purchased on an individual basis or combined with additional coverage (for example, Full-Time Accident + Dental).
- 2 Complete** and detach the enrollment form on the right side or you may enroll online (see below). Please note, we are unable to accept enrollments over the phone.
- 3 Purchase and Return**

CLICK HERE to enroll online for IMMEDIATE processing!
We accept VISA and MasterCard.

If online enrollment is not available, you may either:

 - Fax** the completed Enrollment Form to (949) 348-2630. You must pay by credit or debit card by completing the payment area on this page. We cannot accept Checks or Money Orders by fax.
 - Email** a scanned image of the completed Enrollment Form to apply@myers-stevens.com. You must pay by credit card by completing the payment area on this page. We cannot accept Checks or Money Orders by email.
 - Mail** both sides of the completed Enrollment Form in the enclosed envelope. You may pay by credit card by completing the payment area on the right side enclose a check or Money Order made payable to Myers-Stevens & Toohy & Co., Inc.

PLEASE DO NOT SEND CASH

Complete all information (please print)
and return to Myers-Stevens & Toohy & Co., Inc.

Student Name First Middle Last

Student Birthdate

Mailing Address Apt.#

City State Zip Code

Parent Daytime Phone Number

Parent E-mail Address

District Name

School Name Grade

Our BEST Plan

Student Accident & Sickness

1st Payment \$239.00

You will be billed \$388.00 every 2 months thereafter.

Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$434.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$244.00
Full-Time (24/7)	<input type="checkbox"/> \$435.00	<input type="checkbox"/> \$316.00	<input type="checkbox"/> \$253.00
School-Time	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$93.00	<input type="checkbox"/> \$71.00
Dental Accident	<input type="checkbox"/> \$16.00 Purchased Separately <input type="checkbox"/> \$12.00 When added to any plan(s) purchased		
Pharmacy Smart-Card	<input type="checkbox"/> \$36.00		

Total Amount Due

\$

Print Parent or Guardian Name

I enroll for the coverage checked below. I understand premiums cannot be refunded or converted.

Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

X

Parent or Guardian Signature

Date

Method of Payment

Note: \$25.00 service charge for Returned Checks and declined Credit Cards

- Check/Money Order** (Make payable to: Myers-Stevens & Toohy & Co., Inc.) **or**
 Mastercard® or Visa®



Important: If paying by credit card, complete below. Charge will appear as "MYERS-STEVENS & TOOHEY 800-827-4695 CA" on your statement.

Card Number

Card Number

\$

Amount

EXP. DATE
MO. YR.

MO.

YR.

3 digit control #

3 digit control #

Print Name of Cardholder

Zip Code

I authorize Myers-Stevens & Toohy & Co. Inc. to deduct the premium payment, plus a 3% processing fee, from my credit card. If enrolling in the *Student Accident & Sickness Plan*, I am authorizing the initial premium payment and understand that I will be invoiced every 2 months for the subsequent payments.

X

Signature of Cardholder

Auto-Charge Option

Available for your convenience is the option to have your bi-monthly payments automatically charged to your credit card.

By initialing here _____, I hereby authorize Myers-Stevens & Toohy to charge the above credit card \$388, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2019/2020 school year until I notify Myers-Stevens & Toohy in writing prior to the next payment date.

PREMIUMS CANNOT BE REFUNDED OR CONVERTED

540.AK

Easy Enrollment

Frequently Asked Questions...

If I have other insurance, why do I need this coverage?

Our plans can expand your choice of providers for your child and can help cover deductibles, co-pays and other out-of-pocket expenses.

I'm in a hurry! What is the **quickest** way to enroll?

Click [HERE](#) to enroll online and you will receive immediate proof of coverage as soon as your payment is processed.

If my child has no other insurance, what's my best buy?

Unless you need coverage for high school tackle football, the *Student Accident & Sickness Plan* is our broadest, best option. Next best is the *Full-Time 24/7 Accident Plan* with "High Option" benefits.

Can I take my child to any doctor or hospital?

YES! However, your out-of-pocket costs could be less by using a *First Health* contracted provider. To find participating doctors/hospitals nearest you, call

800-226-5116 or log on to www.myfirstthehealth.com

Are accident-only rates paid every month?

NO! Accident-only rates are one-time charges for the entire School Year.

Can interscholastic high school tackle football be covered?

YES! But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

Do the *Interscholastic Tackle Football* or *School-Time* plans cover camps and clinics sponsored and organized by groups other than my child's school?

NO! However, such camps and clinics may be covered under our *Full-Time 24/7* or *Student Accident & Sickness* plans. Call us for guidance!

Still need help or have questions?

Go to www.myers-stevens.com or call us for prompt, personalized assistance at (800) 827-4695.



How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. To find a *First Health* provider nearest you, call 800-226-5116 or log on to www.myfirstthehealth.com.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first Treatment.
3. At the same time, please file a claim with your other family sickness and/or Accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



Myers-Stevens & Toohey & Co., Inc.

26101 Marguerite Parkway
Mission Viejo, CA 92692-3203

949-348-0656 or 800-827-4695

Fax 949-348-2630

CA License #0425842

The Insurance Company

(Does not apply to the SmartCard)

CHUBB®

ACE American Insurance Company

436 Walnut St., Philadelphia, PA 19106

2018 Best Rated A++ (Superior)

(A.M. Best rating ranges from A++ to D)

This rating is an indication of the company's

financial strength and ability to meet

obligations to its insureds.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

Exclusions

Benefits are not payable for any of the following or loss that results from them:

1. Dental care or Treatment including damage to or loss of dentures or bridges or damage to existing orthodontic equipment. This exclusion does not apply to care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy, and rendered within 12 months of the Accident.
2. War or any act of war, declared or undeclared.
3. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
5. Injuries or losses that happen while the Insured Person is legally intoxicated (as determined by that state's laws); or while under the influence of any drug unless administered under the advice and consent of a Physician.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the Dental Accident Plan.)
7. Injury covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No-Fault" coverage (excluding School Vehicle coverage).
8. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, or by any member of the Covered Person's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders, except as provided by the Policy.
10. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances). (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan.)
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle. (Does not apply to the Dental Accident Plan.)
13. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, pathological fractures, or hernia. (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan.)
14. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder, or congenital weakness; or expenses for treatment of congenital anomalies and conditions arising or resulting directly there from.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including but not limited to, the payment of claims.

Requirements and Limitations

Aggravations of Injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a motor vehicle are limited to a \$25,000 maximum benefit. Some motor vehicle Injuries are not covered – see Exclusions above for details. School-Time and Interscholastic High School Tackle Football Injuries must be reported to the School within 72 hours of the date of Injury. If the school cannot be notified within this time period, notice should be given as soon as reasonably possible. The first Physician's visit must be within 120 days after the Accident or Sickness. A claim form must be filed with Myers-Stevens & Toohey & Co., Inc. within 90 days after the date of loss or as soon as reasonably possible. The School-Time, Tackle Football and Full-Time (24/7) plans pay for covered expenses incurred within up to 104 weeks from the date of injury. The Student Accident & Sickness and Dental Accident plans pay for covered expenses incurred within up to 52 weeks from the date of first treatment, however, should the Injury sustained under the Student Accident & Sickness plan require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible – see plan details.

Facility of Payment

Whenever payments that should have been made under the Policy are made by any other policy, the Company reserves the right to pay over to any plan making such other payments, any amounts the Company determines are warranted in order to satisfy the intent of this provision. The amounts paid are considered benefits paid under the Policy and, to the extent of such payments, the Company shall be fully discharged from liability under the Policy. In no event will the Company pay more than the benefits payable under the Policy for all policies providing the same or similar benefits issued to the Policyholder and underwritten by the Company.

Definitions

Covered Accident means an Accident that occurs while coverage is in force for an Insured and results in a loss or Injury covered by the Policy for which benefits are payable. **Injury** means accidental bodily harm sustained by an Insured that results directly from a Covered Accident. A Covered Accident must be the dominant cause of the Injury. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury. **Medically Necessary or Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury and that, as determined by the Physician, are: (1) consistent with the symptom or diagnosis and Treatment of Injury; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** means an illness, disease or condition that causes a loss for which an Insured incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Usual, Customary and Reasonable Charges** – means the most frequently charged fee, in the absence of insurance, of the health care provider in the same geographic locality for a comparable supply or service. The Usual, Customary and Reasonable Charge is based on the Fair Health, Inc. survey of prevailing fees, equal to or greater than the 90th percentile of charges, updated every six months on the basis of the most current codes and nomenclature developed and maintained by Fair Health, Inc. An Insured Person is responsible for expenses in excess of Usual, Customary and Reasonable Charges. **School Activities** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

Excess Provision

In order to keep premium as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount.

IMPORTANT NOTICE: This brochure contains a brief description of the benefits available under the insurance programs. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies delivered in the state under form numbers AH-11648a and AH-29600. Complete details may be found in the policies.

IMPORTANT NOTICE: This Plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

Premiums Cannot be Refunded or Converted

Para un folleto en Español, o para asistencia en Español, por favor llame a 800-827-4695

Call (800) 827-4695 With Questions



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Office of Assistant Superintendent

John O'Brien, Assistant Superintendent

148 North Binkley Street Soldotna, Alaska 99669-7520

Phone (907) 714-8888

Dear Parent(s), Guardian(s), and Students:

Each school day over 8,000 students attend our 42 schools. While at school, the safety and security of your child(ren) is always our number one priority. As a way to ensure this, the school district and the borough have installed security cameras at your child(ren)'s school. This letter is written to advise you that the cameras are located in public areas inside and outside of the school buildings. Please note that no cameras are placed in areas where students, staff, or community members have a reasonable expectation of privacy, e.g., a bathroom or a locker room.

School security is the main purpose for the cameras. However, recordings may be used in disciplinary proceedings. In addition, matters captured by the cameras may be referred to local law enforcement, as appropriate.

For more information, view [Board Policy 3515](#) School Safety and Security.

Please feel free to contact your school principal with questions regarding the cameras.

Sincerely,

John O'Brien
Assistant Superintendent

KENAI MIDDLE SCHOOL

2019 / 2020 STAFF LIST

ADMINISTRATORS

Dosko, Vaughn	Principal
Beck, Daniel	Assistant Principal

CLASSIFIED STAFF

Ewing-Holmes, Christie	Secretary II, Attendance
Hulien, Kari	Special Ed Aide
Navarre, Kim	Special Ed Aide
Meyers, Mary	Lunchroom, Cook
Smith, Megan	Guidance Counseling Asst.
Snead, Maria Teresa	Custodian
St. John, Dixie	Nurse
Stone, Lori	Intensive Needs Aide
Teran, Hector	Foundations Aide
Tilly, Michael	Custodian, Head
Vest, Heather	Secretary III
Winslow, Laurie	Lunchroom, Cashier
Wolf, Bruce	Custodian
Youngren-Brown, Teresa	Library Aide



CERTIFIED STAFF

Beck, Tracie	6th Teacher - Language Arts, Reading, PE
Bressler, Luanne	6th Teacher - Language Arts, Social Studies, Reading, Art
McCown, Misty	6th Teacher - Math, Science, Language Arts, Social Studies
Rolph, Lisa	6th Teacher - Math, Science, Social Studies
Tews, Natalie	6th Teacher - Language Arts, Social Studies, Science, Math
Vann, Heidi	6th Teacher - Special Education
Adair, Amanda	7th Teacher - Special Education
Felchle, Ken	7th Teacher - History, Outdoor Education
Gustkey, Mike	7th Teacher - Language Arts, DST, Yearbook, Home Ec
Newton, Chelsea	7th Teacher - Math
Verkuilen, Dan	7th Teacher - Science
Hutchison, Sarah	8th Teacher - Special Education
Lyke, Brian	8th Teacher - Language Arts, Drama
Rininger, Lacey	8th Teacher - Math, Algebra
Stotz-Mason, Susan	8th Teacher - Science, Home Ec
Summer, Bob	8th Teacher - History, Outdoor Education
Beeson, Bailey	Exploratory - PE
Nabholz, Susan	Quest, LA, World Language, Journalism
Schoessler, Steve	Exploratory - Shop, Metals
Songer, Jacob	Exploratory - PE, Algebra
Sounart, Debbie	Exploratory - Band
Vollom-Matturo, Tammy	Exploratory - Choir
Hill, Camille	Psychologist
Cruickshank, Caroline	6th,7th,8th Teacher - Intensive Needs
Gamble, Cheri	6th 7th, 8th Teacher - Special Education
Gann, Jill	Librarian
Johnson, Samantha	Counselor
Kurzendoerfer, RaeEllen	Foundations Program
Neill, Rhonda	Speech Therapist



Kenai Middle School

2019 / 2020 SCHOOL FEE LIST

(Revised 09/06/19)

Dear Parents,

The exploratory team would like to welcome you and your child to Kenai Middle School. We are expecting a great year for all the students.

For each of our classes that charge a fee for materials and supplies; Fees will be collected throughout the first quarter. **Please hold off paying fees until students are settled in their classes.** Each student will have their fees assigned and listed in PowerSchool in order to ease the burden of payment and tracking. Please wait until fees are assessed in PowerSchool before sending or submitting payments (*the only exception is for PE uniforms*). PE uniforms may be purchased online at any time. The student should only pay for the classes in which they are enrolled in that quarter.

We would like to thank you for your cooperation in this matter. If you have any questions regarding fees, please don't hesitate to contact us at 283-1700.

STUDENT PLANNER	6TH, 7TH & 8TH GRADE	=	FREE	
			(Replacement Cost = \$2.00)	
PE UNIFORM – BOYS	6TH, 7TH & 8TH GRADE	=	\$25.00	
PE UNIFORM – GIRLS	6TH, 7TH & 8TH GRADE	=	\$20.00	
PE - SWIMMING	6TH GRADE ONLY	=	\$5.00	
BAND	6TH GRADE - BEGINNING	=	(NO FEE)	
	6TH & 7TH GRADE - ADVANCED	=	\$25.00	Per Year
	7TH & 8TH GRADE - CONCERT	=	\$25.00	Per Year
	BAND SHIRT	=	\$20.00	One Time Fee
CHOIR	7TH & 8TH GRADE	=	\$10.00	Per Semester
ART	6TH GRADE	=	(NO FEE)	
	7TH & 8TH GRADE	=	\$10.00	Per Semester
HOME ECONOMICS	7TH & 8TH GRADE	=	\$25.00	Per Semester
DRAMA	7TH & 8TH GRADE	=	\$10.00	Per Semester
COMPUTERS	6TH GRADE	=	\$0.00	Per Semester
SHOP / METALS	6TH GRADE	=	\$10.00	Per Quarter
	7TH & 8TH GRADE	=	\$20.00	Per Semester
QUEST – LANG ARTS	7TH & 8TH GRADE (Project Fee & FPS Fee)	=	\$20.00	Per Year
QUEST – EXPLORATIONS	6TH GRADE (Project Fee)	=	\$10.00	Per Year
WORLD LANGUAGE	7TH & 8TH GRADE	=	\$10.00	Per Semester

KENAI MIDDLE SCHOOL

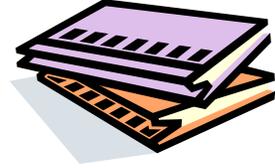
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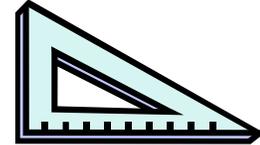
* * * 6TH GRADE * * *

1, 3", **ZIPPER** Trapper Keeper
Composition notebook
5 folders with pockets (Pee Chees) no brads
2 single subject spiral notebooks (college ruled; math and science)
Loose leaf paper, college ruled (two packs)
Pens (several black, blue and red)
4 packages of #2 pencils
1 set of colored pencils
1 pencil sharpener (with shavings box attached)
1 highlighter
1 pair of Fiskar scissors
Headphones to leave at school
1 Eraser or package of pencil top erasers
3 large glue sticks
2 boxes of kleenex
1 TI-30XS multi view scientific calculator



* * * 7TH GRADE * * *

Pencil/pen pouch
2 boxes of #2 pencils
10 blue ink pens
Thumb-drive/flash-drive (1G or more)
2 boxes of colored pencils
8 pocket folders (various colors, 1 per core subject/elective class)
8 separate 70 lined-sheet spiral notebooks' (1 per core subject/elective class)\
TI-30XS multi-view scientific calculator (optional)



QUEST

\$20 class fee paid to teacher or office by August 31st
3 ring binder (1" or larger) or large section dividers within larger zip-close binder
5+ index dividers with tabs (manila paper or plastic, with or without pockets)
loose-leaf lined notebook paper (20-40) sheets to start with)
composition notebook (100 pages, college-ruled, marbled or other cover)
pencils (with erasers, extra lead)
ink pens (dark blue/black ink, plus one or more other colors for correcting papers)
highlighters (at least 2 colors)
10 blank envelopes & 10 "forever" postage stamps (for mailing personal letters)

* * * 8TH GRADE * * *

ORIGINS OF DEMOCRACY

Spiral notebook 100-120 pages (please no "neatbooks" as they come apart around Jan/Feb)
Pens and pencils - blue or black please
Colored pencils - for map work, etc.

Hi-lighter marker

3 ring binder to organize all classes

SCIENCE

Folder & composition notebook

Pens, pencils, and colored pencils

Hi-lighter marker

Four Function calculator

LANGUAGE ARTS

Folder & composition notebook

Pens and pencils with erasers

Colored pencils - for map work, etc.

Hi-lighter marker

8TH GRADE MATH

Spiral notebook 100-120 pages

Pocket Folder

Pencils and pens

Scientific Calculator (optional)

Kenai Peninsula Borough School District

2019-20 District Wide Calendar

C School Closes	O School Opens
E End of Quarter	CI PT Conference/Inservice
H Legal Holiday	V Vacation Day
IW Inservice/Work	ER Early Release Day

July 2019							August 2019							September 2019							October 2019							
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	3	4 H	5	6					1	2	3	1	2 H	3	4	5	6	7				1	2	3	4	5
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	
14	15	16	17	18	19	20	11	12	13 IW	14 IW	15 IW	16 IW	17	15	16	17	18 ER	19	20	21	13	14	15	16 ER	17	18 IW/E	19	
21	22	23	24	25	26	27	18	19 IW	20 O	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	
28	29	30	31				25	26	27	28	29	30	31	29	30						27	28	29	30	31			
# of Inservice Days: _____							# of Inservice Days: _____							# of Inservice Days: _____							# of Inservice Days: _____							
# of Student Days: _____							# of Student Days: _____							# of Student Days: _____							# of Student Days: _____							
# of Teacher Days: _____							# of Teacher Days: _____							# of Teacher Days: _____							# of Teacher Days: _____							
November 2019							December 2019							January 2020							February 2020							
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 CI	2	1	2	3	4	5	6	7				1 H	2 V	3 V	4							1	
3	4 CI	5	6	7	8	9	8	9	10	11	12	13	14	5	6 IW/E	7	8	9	10	11	2	3	4	5	6	7	8	
10	11 V	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15 ER	16	17	18	9	10	11	12	13	14 CI	15	
17	18	19	20	21	22	23	22	23 V	24 V	25 H	26 V	27 V	28	19	20	21	22	23	24	25	16	17 CI	18	19 ER	20	21	22	
24	25	26	27	28 H	29 H	30	29	30 V	31 V					26	27	28	29	30	31	23	24	25	26	27	28	29		
# of Inservice Days: _____							# of Inservice Days: _____							# of Inservice Days: _____							# of Inservice Days: _____							
# of Student Days: _____							# of Student Days: _____							# of Student Days: _____							# of Student Days: _____							
# of Teacher Days: _____							# of Teacher Days: _____							# of Teacher Days: _____							# of Teacher Days: _____							
March 2020							April 2020							May 2020							June 2020							
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	3	4	5	6 IW/E	7					1	2	3	4						1	2							
8	9 V	10 V	11 V	12 V	13 V	14	5	6	7	8	9	10 V	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	
15	16	17	18 ER	19	20	21	12	13	14	15 ER	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20 C	21 IW	22	23	21	22	23	24	25	26	27	
29	30	31					26	27	28	29	30			24	25 H	26	27	28	29	30	28	29	30					
# of Inservice Days: _____							# of Inservice Days: _____							# of Inservice Days: _____							# of Inservice Days: _____							
# of Student Days: _____							# of Student Days: _____							# of Student Days: _____							# of Student Days: _____							
# of Teacher Days: _____							# of Teacher Days: _____							# of Teacher Days: _____							# of Teacher Days: _____							

End of Quarter		Inservice Dates		Legal Holidays & Vacation Days		
1st Quarter	42 days	Teacher First	August 13	August 13, 14, 15, 16, 19	Independence Day	July 4
2nd Quarter	40 days	Teacher Last	May 21	October 18	Labor Day	September 2
3rd Quarter	41 days	Student First	August 20	January 6	Thanksgiving	November 28-29
4th Quarter	47 days	Student Last	May 20	March 6	Winter Break	Dec 23-Jan 3
	170 days	PT Conference/IS Days		May 21	Spring Break	March 9-13
Approved: 12/5/2016		November 1, 4			Vacation Day	Nov 11 & April 10
Dept of Ed. Approved: 12/6/2018		February 14, 17			Memorial Day	May 25

KENAI MIDDLE SCHOOL STUDENT DRESS CODE

(Revised August 2015)

DRESS CODE

Student grooming and attire should be appropriate for a learning environment. Students must wear clothing that is neat, clean, safe, and does not distract from a comfortable learning environment. Clothing which advertises for drugs (including tobacco and alcohol) and/or is decorated with sexually explicit, violent, vulgar, or gang related language or symbols incompatible with the school environment, will not be allowed. Students in inappropriate clothing will not be allowed to disrupt the teaching/learning environment.

Listed below are the guidelines that have been adopted by the KMS Site Based Council. The school is obligated to intervene regarding any type of attire which:

- attracts undue attention to the wearer, disrupts the learning environment or otherwise interferes with the rights of others at school; or
- jeopardizes the safety of a student or others, or can damage school property; or
- fosters the perception of a threatening, intimidating, or hostile environment in the school.

The following are some examples of how these guidelines will be applied. This is by no means a complete list, but merely represents **examples of potential violations, clothing that is not allowed at school**. The KMS administration will make all decisions regarding specific situations.

CLOTHING

- Hats, caps, or bandanas (unless otherwise instructed).
- **Any shirt or top that ends above the top of the pants or skirt when the student's outstretched arms are raised to shoulder height (bare midriff skin should not be visible at any time).**
- Shorts or miniskirts (including any side slit) that end above fingertip length when arms are lowered to the sides.
- Spandex or any similar tight fitting material (unless worn with other clothing over them).
- Sleeveless shirts, tank tops, and dresses. (Sleeveless clothing may only be worn with sleeved clothing.)
- Baggy pants (pants requiring a cinched belt to stay at waist level), unhemmed pants, or pant legs which drag.
- Attire symbolizing Gothicism, Satanism, or morbidity.
- Any clothing, body decoration or symbols potentially promoting violence, drugs, alcohol, tobacco, or suicide ideation.

OUTDOOR WEAR

- Long trench coats.
- Coats and jackets designed for outside protection worn inside the building. (Sweaters, sweatshirts, or vests will be allowed. Students may wear coats to and from portables in winter months. At other times, outdoor jackets need to be left in the lockers.)
- Backpacks and book bags carried to classes or during breaks. (Take only books, notebooks and other required materials to class. Everything else should stay in your locker. Plan ahead to avoid returning to your locker unnecessarily.)

ACCESSORIES

- Dangling shoulder straps. (All shoulder straps must be hooked over the shoulder.)
- Chains draped from belts or pants and extra long belts.
- Knives, blades, or sharp objects of any kind or size.
- Use of sprays such as perfumes, colognes, aerosols, in addition to breath fresheners containing alcohol. (These items can cause respiratory distress for others and do not belong in hallway lockers.)

SHOES

- Steel tipped boots, winter boots or dress shoes with thin high heels.

GRAFFITI

- Written statements/drawings on arms, legs, etc.
-

Students who wear attire which appears to violate the above standards will be sent to the office and allowed to return to class only in acceptable attire. The administration will be the final judge regarding dress code matters.

REPEATED VIOLATIONS OF THE KMS DRESS CODE MAY RESULT IN SUSPENSION OR OTHER DISCIPLINARY ACTION.



RETURNING STUDENTS – Welcome Back!

If you are a returning student of Kenai Middle School, we would appreciate receiving an updated registration form with signature for each student. You are welcome to visit in person during registration on August 9 from 10 AM - 4 PM to update your form or you can electronically submit an updated form by following the steps below.

1. Begin the process by logging into your PowerSchool Parent Portal at <https://ps.kpbsd.k12.ak.us>.
2. Navigate to the Electronic Forms section under the Forms header along the left navigation
3. Select the student(s) you intend to register
4. Review existing details, and supply any missing information (indicated in yellow), clicking Next at the bottom of the page to move through all student screens
5. Review and digitally sign registration forms

STUDENT ACTIVITY FEES

Staff will accept fees throughout the first quarter. **Please hold off paying fees until students are settled in their classes.** Each student will have their fees assigned and listed in PowerSchool in order to ease the burden of payment and tracking. Please wait until fees are assessed in PowerSchool before sending or submitting payments (the only exception is for PE uniforms). It may take two to three weeks for fees to be assigned. PE uniforms may be purchased online, in class or from the office, at any time. The student should only pay for the classes in which they are enrolled in that quarter.



Parents may now access their student's fees, online and make online payments. Please be aware that there is a bank fee associated with online payments. You will need to know your student's ID number in order to complete the online payment process. The online payment system can be accessed through PowerSchool, under Student Fees; through the KPBSD website, under the Students/Parents tab, or through the KPBSD app, under online payments. Food service payments are also accepted online.

SCHOOL LUNCHES

The school lunch price for a full meal is \$3.50; a la carte prices will vary. The school breakfast price is \$2.00 and is free to students who qualify for free or reduced lunch. Breakfast is served at 7:30 am. Lunch money can be put on your account at the office on the first day of school or at any time online. Free and reduced lunch applications are available online and in the office.



FALL SPORTS



It is time again for fall sports! All grades are welcome to participate in the Cross Country running program that will begin the first week of school. The KMS Soccer program is open to all 7th & 8th graders who would like to participate. Soccer will also begin the first week of school. Students should listen carefully to the morning announcements for more information regarding the team meetings and practice start. All participants will need to submit a completed sports packet. The sports packet is available from the office or online at the KMS website.



A Message from our Nurse

Each year the Kenai Peninsula Borough School District (KPBSD) addresses student health and wellness with a comprehensive approach that includes health screenings. The purpose of these school screenings is to detect any health concerns that might interfere with a child's education. If a child has poor, uncorrected vision or hearing, it makes it harder for him/her to succeed in school, sports, social situations, and in life. In addition, children with unhealthy growth patterns are at an increased risk for a variety of health problems and poor academic achievement.

Vision and hearing screenings are required and growth screenings are recommended by the Alaska Division of Public Health. Results are confidential. Once completed, parents are notified with any concerns. Parents are also welcome to contact the school nurse for results. Parents/Guardians who do not wish to have their students screened for height and weight are able to complete an opt-out form, available in the KPBSD student handbook. Please contact the school nurse if you need resources for health concerns.



Bus Info

Apple Bus Company, KPBSD's bus contractor has in place the following rules concerning students who ride the bus. Students who are at a bus stop in the morning are allowed on the bus. If a student rode a bus to school in the morning then they are allowed to ride that bus home in the afternoon. Any student that was not on the bus in the morning and wishes to ride the bus home, will need to have a note from their parent or guardian requesting that they ride the bus. Please include the bus number, bus stop street name and a contact name and phone number. The note must be brought to the office in the morning or at lunchtime. The school secretary will take the note and write the student a bus pass so that they may be allowed on the bus in the afternoon. Notes are also required for students that would like to ride a different bus in the afternoon than the one they were on in the morning or if they are on the same bus but need to be let off at a different bus stop. If you have any questions regarding these guidelines please contact Kenai Middle School at 283-1700. Thank you.

CALLING ALL VOLUNTEERS!!



Kenai Middle School will have many volunteer opportunities during the school year for our parents and guardians to become involved. We greatly appreciate the hours you put in to helping us transition KMS students into the Middle School Community. Please consider applying to become a volunteer for Kenai Middle School. If volunteering is something you would like to do, please visit the KPBSD website and follow directions for either new volunteer or returning volunteer.

It is the responsibility of the KPBSD to safeguard students while they are in our care. Therefore, every school volunteer must complete the online volunteer application and agree to a background check. This process will need repeating every year that you intend to volunteer. The process should only take a few minutes for you to complete, and about a week for you to receive approval to begin volunteering. Thank you for your willingness to become involved in KPBSD schools!

NEW VOLUNTEER APPLICATION

<https://www.applitrack.com/kpbsd/onlineapp/application.aspx?starting=true>

REACTIVATE EXISTING APPLICATION

<https://www.applitrack.com/kpbsd/onlineapp/application.aspx?login=true>

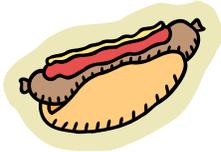


COUNSLER'S CORNER

Hello! I am Sammie Johnson, school counselor at Kenai Middle School. I am excited to begin my 6th year here at KMS! Students will be able to view/pick up their schedules on Friday, August 16 during the scheduled times. Students can put in requests for schedule changes at that time as well. Emailing me or stopping by the office for a change form, works best. Students have two weeks from the first day of school to complete schedule change requests. If you have any questions, please feel free to contact me! sjohnson3@kpbsd.k12.ak.us or 283-1726. I am looking forward to another awesome year at KMS!

KENAI MIDDLE SCHOOL

"BACK TO SCHOOL NIGHT" & BAR-B-Q!!



Tuesday, September 3, 2019
5:30 - 7:40 p.m.



-
- 5:30 - 6:15 FREE Family Bar-B-Q
 (All children must be accompanied by an adult)
- 6:15 - 6:30 Everyone to the gym for entertainment and discussion.

At 6:30 parents, guardians and students will be dismissed to follow the student's daily schedule. Teachers will be explaining their course content and class expectations. Questions are encouraged. Bells will ring to start and dismiss classes. Below is the schedule for class visits:

- | | | |
|-------------|--------------|---|
| 6:35 - 6:41 | Period 1 | |
| 6:44 - 6:50 | Period 2 | |
| 6:53 - 6:59 | Period 3 | |
| 7:02 - 7:08 | Period 4 | |
| 7:11 - 7:17 | Period 5 | 6 th grade goes to the Commons for refreshments |
| | | 7 th & 8 th grades to Regular Scheduled Classes |
| 7:20 - 7:26 | Period 6 & 7 | 6 th , 7 th & 8 th grades go to Advisory |
| | | 6 th grade Quest (Exploratories) meets now |
| 7:29 - 7:35 | Period 8 | |
| 7:38 - 7:44 | Period 9 | |

Time to go home!! Thanks for coming!

Individual student schedules and school maps will be available at the door when you come in.

WE HOPE TO SEE YOU THERE!



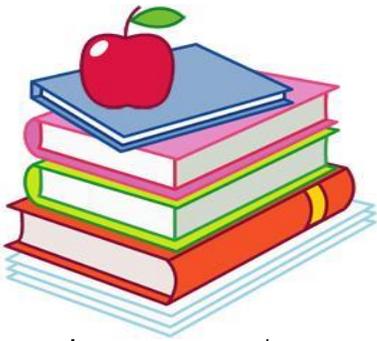
AUGUST 2019

Wed	Thu	Fri	Sat
	1	2	2
4	5	6	7
		8	9
			New Student Registration 10:00 - 4:00
11	12	13	14
			15
			16
			6TH & NEW STUDENT ORIENTATION 8:30 - 11:30 Schedule Pick-Up / Locker Decoration 12:00 - 3:00
18	19	20	21
			22
			23
			24
25	26	27	28
			29
			30
			31

SCHOOL BEGINS

School Pictures





SEPTEMBER 2019

	Tue	Wed	Thu	Fri	Sat	
1	2 <i>Happy Labor Day!!</i>  No School	3 Open House/BBQ 5:30 - 7:40	4	5	6 XC Homer Invite 4pm	7 Soccer @ Homer 12 pm
8	9	10	11	12	13 XC Skyview Invite 3pm Soccer vs. Homer KMS field 3PM	14
15	16	17	18  Early Release	19	20 XC Kenai Invite 3pm 	21
22	23 	24 Soccer Borough Preliminary TBA	25	26	27 XC Seward Invite 3:00	28 Soccer Borough Finals @ Nikiski 10 am
29	30					