

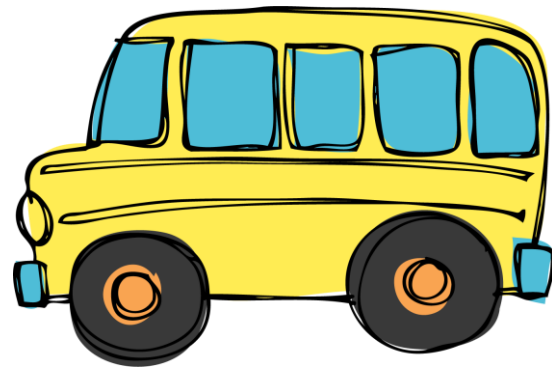
August 2022

# Martin County West

## Dates to Remember and Announcements

- ❖ **August 8** – MCW School offices will open again starting Monday, August 8<sup>th</sup> (7:30AM – 4:00 PM)
- ❖ **August 8** – Mandatory MSHSL Meeting
- ❖ **August 8** – FFA Back to School Night
- ❖ **August 10** – Registration will begin ONLINE. More information can be found in this newsletter.
- ❖ **August 22** – Conference scheduling will begin. Your child(ren) must be registered before a conference can be scheduled.
- ❖ **August 31** – Transition Day for 7<sup>th</sup> graders and NEW students at the Jr/Sr High School
- ❖ **September 6** – School starts for Grades 7-12
- ❖ **September 6** – K-6 Parent/Teacher Conferences 12:00 PM – 8:00 PM
- ❖ **September 7** – K-6 parent/Teacher Conferences 8:00 AM – 12:00 PM
- ❖ **September 8** – School starts for Grades K-6

Bus routes are included in the September newsletter which will be sent at the end of August. If you know of a new family in your neighborhood, please encourage them to contact the Central Office at 507-764-2330.



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# MCW JR/SR High School

## August Newsletter

### Dates to Remember

\*Online Student Registration will begin on August 10, 2022

\*7th Grade & New Student Orientation August 31, 2022, 3:30-7:30pm

\*JR/SR High School Office Opens August 8, 2022, M-F 7:30-4:00pm

\*MSHSL Mandatory Parent and Student meeting for activities August 8, 2022

\*First Day of School Grades 7-12 September 6, 2022

\*MCW Homecoming Week October 3rd - 7th with the football game scheduled for Friday, October 7th at 7:00 p.m.

\*'22-23 Early Outs October 20, November 23, December 14, January 25, February 15, and March 15

**Welcome** - Hello MCW families, I am excited to be the Jr/Sr High School Principal this year!

Many of you know me, but for those that do not, I will share a brief history. I have been involved in education as a science teacher since 2003. I started teaching at MCW that year, moved on for some more education, then served as an instructor at North Union High school for ten years, finally returning to MCW in 2017 where I taught for an additional three years. Last year I was the Elementary Principal for both Sherburn and Trimont buildings and today, I am here to serve as the Jr/Sr. High School Principal. I am excited to help students and staff continue to grow in their roles as I believe education is a path to the future. -Autumn Welcome

**Student Registration** - Registration for the 2022-2023 school year will begin August 10 and will be done online this year. To complete online registration, families will need to login into their Infinite Campus parent portal. For "how to" online registration information please see the main page of the district website or open the PDF link at <https://tinyurl.com/yw47a23t>

**SchoolPay** - Sign up for SchoolPay to easily pay for school related fees electronically. Access the sign up link on the district website or go to <https://www.martin.k12.mn.us/site/Default.aspx?PageID=91>

**Jr/Sr High School Office Hours** - Building offices open August 8th, 7:30am - 4:00pm.

**Fall Sports Eligibility** - Fall sports eligibility is based on students' fourth quarter grades from '21-22 school year. Students need to pass all classes to be eligible to participate in fall sports. Students not meeting these requirements will miss ¼ of the regular season for the sport they participate in, their grades will be checked again at mid-quarter. Students with incompletes will remain ineligible until a passing grade is earned.

**7<sup>th</sup> Grade / New Student Orientation** - Martin County West Junior/Senior High School will host a Transition Evening for incoming 7<sup>th</sup> graders and any **new** students at the Junior/Senior High; students and parents may attend together. Please mark your calendars for **Wednesday, August 31, 2022**. The JH/SH Staff, Student Council, and National Honor Society members will provide an orientation session from 3:30 p.m. – 7:30 p.m. Busing will be provided to and from Trimont, Welcome, and Ceylon. Activities are planned to help get students ready for the first day of school.

**New MCW Staff / Roles for 2022-2023** - We are excited to introduce new staff for the next school year and look forward to welcoming them into our school and communities.

Mrs. Courtney Fritz - Science Teacher

Mr. Jarvis Weber - Science Teacher

Mr. Jordan Neduzak - PE/Health Teacher

Mr. Tommy Elliott - Dean of Students/AD

**Stay Informed** - The **District webpage**, <https://www.martin.k12.mn.us/> will serve as a hub for all things related to returning to school and changes in plans throughout the school year., please check in regularly for updates. Another informative connection point is our Facebook page at <https://www.facebook.com/mcwJHSHschool> LIKE US!

# Trimont Elementary

August 2022

## Dates to Remember:

**August 10-** Trimont Office opens and online registration begins

**Sept. 6-7 -** Back to School Conferences

**Sept. 8 -** School begins K-6

**October 3-7 -** Homecoming

**Oct. 19 -** Early Dismissal

**Oct. 20-21 -** EA Break



Follow us on

Facebook at [MCW](#)

[Trimont Elementary | Facebook](#)

## Trimont Elementary School Office Hours

Building opens August 8th, 7:30am - 4:00pm.

## Many Thanks and Appreciation from Principal Baker!

I would like to introduce myself and welcome you to stop into the building anytime to visit. Your decision to enroll your child at Trimont Elementary is much appreciated. This will mark my 8<sup>th</sup> year in the MCW district and 33<sup>rd</sup> year in education, and I have seen many changes over those years. While change is constant, my commitment to education and love for children does not waiver. I am looking forward to welcoming your child to school this year and working to provide them with the best learning experience possible this year! Welcome to the 2022-2023 school year!

## Registration/Office Hours

We are excited to offer online registration for the 2022-2023 school year! Beginning August 10, families may begin registering for school. To complete online registration, families will need to login into their Infinite Campus parent portal. For "how to" online registration information, see the main page of the district website or open the PDF link at <https://tinyurl.com/yw47a23t>. If you would prefer to come into the building, we would be happy to assist you with this process.

## Back to School Conferences

MCW will be hosting K-6 conferences September 6<sup>th</sup> and 7<sup>th</sup>. **Parents will need to sign up for a time to meet with their child's teacher. Look for more information soon regarding this sign up.** These 20 minute conferences will give parents and students the opportunity to meet with their teacher prior to the start of the school year. These conferences are an important part of starting the year off on a positive note and are a great opportunity to get students ready for learning.

## Student Pick-up and Drop-off Zones **"Safety is Everyone's Responsibility"**

The parking lot and surrounding areas at Trimont Elementary can be a very busy place, especially during pick-up and drop-off times. With the higher levels of traffic comes an increased level of safety concerns. Please plan on taking extra time when near the school and put mobile devices away. The safety of our students is our top priority.

Enjoy the rest of your summer and we will see you soon!!  
Michele Baker  
Trimont Elementary Principal

**August Newsletter**  
**Nickole Bowie, Sherburn Elementary Principal**  
[nickolebowie@mcwmavericks.org](mailto:nickolebowie@mcwmavericks.org)

— WELCOME —  
**BACK TO SCHOOL**

**Sherburn Elementary School Office Hours**

- ★ Building opens August 8th, 7:30am - 4:00pm.

**Registration/Office Hours**

- ★ Registration for the 2022-2023 school year will begin August 10, 2022 and will be done online this year. To complete online registration, families will need to login into their Infinite Campus parent portal. For “how to” online registration information please see the main page of the district website or open the PDF link at <https://tinyurl.com/yw47a23t>

**New Staff Updates**

- ★ Elementary Librarian - Mr. Jacob Helmstetter will be our new librarian! He is an MCW grad and we are so glad that he has come back to serve in the school district where he graduated.
- ★ Day custodian - Dartan Wilk has joined our team as our daytime custodian! He brings to us lots of experience and we welcome him!
- ★ Special Education - Ms. Samantha Rosenberg and Mrs. Chelsie Rolling will be teaching special education. Ms. Rosenberg will be serving students full time in the Sherburn building and Mrs. Rolling will be serving students in the Trimont building as well as the Sherburn building. Both have a passion for ensuring that all students learn and excel!

**Student Pick-up and Drop-off Zones “Safety is Everyone’s Responsibility”**

- ★ The parking lot and surrounding areas at Sherburn Elementary can be a very busy place. (Parents and buses dropping off students, students and staff walking into school...etc.) With the higher levels of traffic comes an increased level of concern pertaining to safety. Students don’t always look before crossing the road and we need to take every precaution for the safety of all children. Please plan on taking extra time when near the school and put mobile devices away. Distracted driving is one of the leading causes of pedestrian/vehicle accidents.



## Busing of Students

- ★ Support staff will be on duty beginning the first day of school and daily there-after at the Sherburn Elementary School site. Bus Schedules are being reviewed over the next couple of weeks and will be posted at the school site when completed. Please call, if questions arise as to times of pick-up/drop-off of students.



## School Pay

- ★ SchoolPay is the safest and easiest way to electronically pay for school-related fees. Eliminate last minute check-writing hassles and lost cash. SchoolPay allows parents to pay for items across many school departments and school non-profits from a unified checkout. This is a great way to pay for lunch fees and any other fees accrued at school. Click on the link to set up an account.

<https://www.martin.k12.mn.us/site/Default.aspx?PageID=91>

## Back to School Parent - Teacher Conferences Schedule at Registration with Carolyn

- ★ September 6th - 12pm to 8pm
- ★ September 7th - 8am - 12pm

Take advantage of conference time to interact with your child's teacher. Not only is this a great opportunity for students to become acquainted with their teacher and classroom, it also provides a time for the sharing of important information that will benefit your child's successes in this upcoming school year.



## Back to School Supplies List Link

- ★ <https://www.martin.k12.mn.us/Page/71>

## Upcoming Events

- ★ **Student Registration** - August 10 online.
- ★ **Parent Teacher Conferences** - September 6th - 7th
- ★ **1st Day of School K-6** - September 8th
- ★ **Homecoming Week** - October 3rd-7th - Watch for information from students' teachers regarding dress up days, parade and pepfest.
- ★ **Early Out** - October 19th
- ★ **Fall Break** - October 20-21st

## Stay Informed

- ★ The **District webpage**, <https://www.martin.k12.mn.us/> will serve as a hub for all things related to returning to school and changes in plans throughout the school year, please check in regularly for updates. Another informative connection point is our **Facebook page** at <https://www.facebook.com/sherburnelementary> LIKE US!



# 2022-2023 School Year Registration

Registration for all MCW students will take place **online** this year. This process will begin on August 10. Because this is a new process, we are asking all families to review the demographic information already in our system, and we have some additional information we are asking to be able to better serve our students' needs.

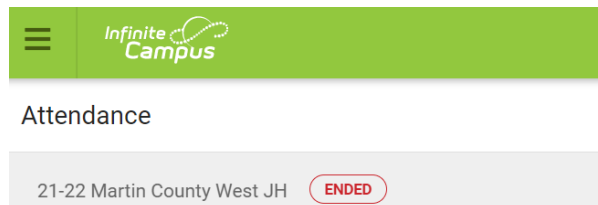
In order to register your student(s) for school, you will need to log in to your Infinite Campus parent portal. If you have never used this tool before, please access it at the following website: <https://mncloud3.infinitecampus.org/campus/portal/martin.jsp>. Families who are new to the District may follow the link on MCW's webpage.

We have created usernames and passwords for all existing parents/guardians in our system. All parent/guardian usernames are formatted as follows: "parentfirstname.parentlastname". If you have never logged into the portal before, the default password is MCW123456. Once you are logged in, please change your password to something you will remember. Your password can be reset by building secretaries. While you are in the portal, please take time to familiarize yourself with the information you can find there. You can even set it up to send alerts for things such as student grades, and lunch balances.

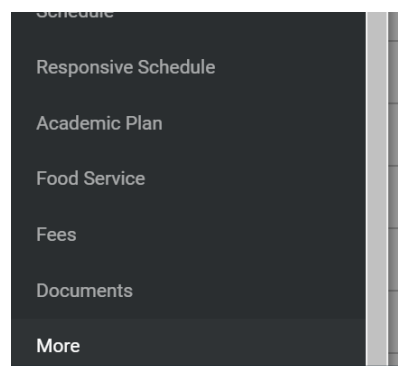
Offices will not be accepting paper registration forms, as the forms that have been on our website previously are now out of date due to our updated system. If you do not have access to technology to complete your registration, you may visit any of the school office buildings after August 10, and there will be a computer or tablet to use to complete the registration process while you are at the building. You may also be able to get computer time at your local public library.

## How to Access Online Registration

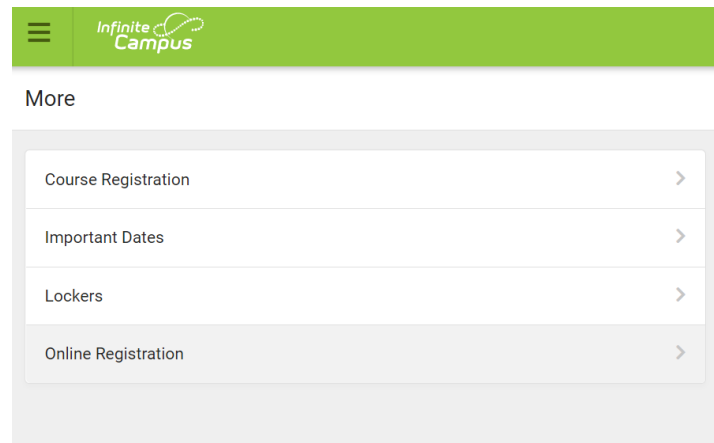
Log into your parent portal on a computer or tablet, the website is not optimized for cell phones at this time. In the upper left hand corner, select the three lines to bring up the menu.



Scroll to the bottom of the menu, and select "More"



Select “Online Registration”



Follow the directions and prompts in the to fill out/update registration information for all your MCW students.

If you need any assistance, please contact any MCW office.

### Things to remember

- If your student lives in two households, only the household that registered them last year will be able to register them this year. If that information needs changed, please contact your school secretary and they can make that update.
- In order for office staff to schedule a conference for your elementary school student, you must have completed online registration for your student. Conference sign ups will begin August 22.
- Families who are new to the district will be able to find a link on the MCW website to register their students.
- If your child needs a prescription medication form, Special Diet Statement, or Asthma Action Plan, those can be uploaded during the registration process. Remember, it is the responsibility of the parent/guardian to have a physician sign those forms prior to the school year. Health office staff will not be able to fax forms to providers. We will still accept paper copies of these forms.
- If your child received any immunizations outside the State of Minnesota or requires a vaccine exemption form (that we do not already have on file), those can be uploaded during the registration process as well. We will still accept paper copies of these forms.

## Fee Schedule 2022-2023

### Lunch

HS/JH	\$2.80
Elementary	\$2.60
Reduced	Free
Extra Milk	\$0.40
Adult Lunch	\$4.00
Elem Break Milk	K Free/Gr 1-6 \$42

### Breakfast

Regular, Gr. 1-12	\$1.80
Reduced, Kindergarten	Free
Adult	\$2.50

### Athletic Ticket Prices

Adult	\$7.00
Student	MCW Free w/ Student ID/ \$5.00
Senior Citizen (65+)	Free
Adult Pass	10/\$55 or 20/\$70
MCW College Student (with current college ID)	\$5.00
Adult Year Long Pass (Non-Transferable)	\$80 single/\$135 couple

### Athletic Fees

Varsity FB/Other Varsity Sports	\$105/\$80 Free/Reduced: \$30/\$25
JrH FB/Other JrH Sports	\$80/\$65 Free/Reduced: \$20/\$15
Family Max	\$300 Free/Reduced: \$100

### Extra- & Co Curricular Fees

Speech	9-12 \$55/7-8 \$35 Free/Reduced: \$17/\$11
School Play/Musical/One Act	\$40 Free/Reduced: \$12
Band (Gr. 7-12)	Free
Choir (Gr. 7-12)	Free
Family Max	\$175 Free/Reduced: \$55

### Participation Fees

National Trips	\$260/Member
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### Instrumental Rental

High School	\$120
JrH/Elementary	\$85
Percussion Rental	\$65/\$50

### Dr Training

Student Fee	\$345 (Class of 2023)
Instructor	\$23.00/Hour (7-18-22)

# 2022-2023 MCW School Supplies List

## Trimont Preschool

Full-sized backpack (labeled with child's name)

**Elmer's** Glue Sticks

1 box **Kleenex**

Extra Change of Clothing

1 container **Lysol** Wipes

1 pack **Crayola** Markers

## Sherburn 4 Preschool

Full-sized backpack (labeled with child's name)

**Elmer's** Glue Sticks

1 box **Kleenex**

1 Plastic Folder

Extra Change of Clothing

**Elmer's** Liquid Glue

1 **Ziploc** Sandwich Bags

## Sherburn 3 Preschool

Full-sized backpack (labeled with child's name)

1 box **Kleenex**

**Elmer's** Glue Sticks

Extra Change of Clothing

1 container **Lysol** Wipes

1 pack **Crayola** Markers

## Kindergarten (PLEASE DO NOT LABEL SUPPLIES)

1 Large Backpack (large enough for library books and art)

Extra Change of Clothing

1 Pencil Box

1 box **Kleenex**

1 pack **Crayola** Markers

2 24 pack of **Crayola** Crayons

4 Spiral Notebooks (Wide Ruled)

4 Large **Elmer's** Glue Sticks

1 Large Pink Eraser

2 Large Containers of **Clorox** Wipes

1 Poly Folder (with clasps and pockets)

1 **Crayola** Watercolor Set

1 4oz bottle of **Elmer's** Glue

1 24 pack of **Ticonderoga** Pencils

1 pair Tennis Shoes (tied or Velcro, rubber-bottom)



## First Grade (LABEL ALL SUPPLIES WITH CHILD'S NAME)

1 Pencil Box (Regular sized to hold supplies)

1 Pair Scissors

4 Boxes of **Crayola** Crayons

2 Large Pink Erasers

1 Large Box of **Kleenex**

1 Pack #2 Wooden Pencils

1 **White Elmer's** Glue Bottle

12 **Elmer's** Glue Sticks

3 Pocket Folders

2 Spiral Notebooks (8 x 10 1/2) Wide Lined

1 Pack Standard Colored **Crayola** Markers

1 Pack Colored Pencils

1 Pack **Expo** Dry Erase Markers

1 Old Sock (For Dry Erase Boards)

Girls—Quart **Ziploc** Bags

Boys—Gallon **Ziploc** Bags

1 pair Tennis Shoes (tied or Velcro, rubber-bottom)

## Second Grade (LABEL ALL SUPPLIES WITH CHILD'S NAME)

24 Pack of **Crayola** Crayons

1 24 pack **Ticonderoga** Pencils (DO NOT LABEL)

1 Large Pink Eraser

1 Pair Small Scissors

2 Wide Lined Spiral Notebook

1 Pencil Box (small)

2 Pocket Folders

1 Pack **Expo** Dry Erase Markers & Eraser

Colored Pencils (optional)

1 Pack Standard Colored **Crayola** Markers

4 Glue Sticks

Girls – 1 Box **Kleenex**

Boys – 1 Box **Kleenex**

1 pair Tennis Shoes (tied or Velcro, rubber-bottom)

## **ALL K-6 STUDENTS!**

All K-6 students will now be asked to bring personal headphones with auxiliary plug (not lightning plug).



### Third Grade

3 Spiral Notebooks (8 x 10 ½) Wide Lined (Journals)  
4 Two-Pocket Folders  
1 2in Binder  
1 Spiral Bound Sketchbook (Art)  
1 pair Tennis Shoes (tied, rubber-bottom)  
1 Pencil Box or Toolbox (no larger than 11 ¼ x 7 ¼) to hold:

- 1 Box (24-36 Count) of Crayons (Standard Colored)
- Glue Sticks
- Small Scissors
- 1 Pack (8 Count) of Colored Pencils or **Crayola** Twistables

Supplies Collected by Teachers:

- 2 Large Boxes of **Kleenex**
- 1 Set of **Expo** Dry Erase Markers
- 1 Box of Pencil Top Erasers
- 2 dozen **Ticonderoga** Pencils

### Fourth Grade

**Crayola** Crayons

**Crayola** Markers

Scissors

Ruler

6 Single Subject Spiral Notebooks

5 Two-Pocket Folders

1 Small Three-Ring Binder

1 Spiral Bound Sketchbook (Art)

1 pair Tennis Shoes (tied, rubber-bottom)

Supplies Collected by Teachers:

- 20 **Ticonderoga** Pencils
- Erasers
- Glue Sticks
- 4-6 **Expo** Markers
- 1 **Kleenex** Box
- 1 **Ziploc** Quart Size Box

### Fifth Grade

1 **Elmer's** Glue (4oz) (No Rubber Cement)

24 Pencils (**NO MECHANICAL PENCILS**)

Erasers

1 **Crayola** Crayons (24 Pack)

1 **Kleenex** (Large Box)

6 Spiral Notebooks

Scissors

Ruler (English & Metric)

Water Color Markers (Assorted Colors)

Pens (Black or Blue)

Water Paint Set (**Prange** or **Crayola** Have the Best Colors)

Paint Shirt

4 Two-Pocket Folder

**3 Expo** Dry Erase Markers

Colored Pencils (Art)

1 Two-Pocket Folder and Pencil (Music)

Hand Held Pencil Sharpener

Sketchbook (Art)

1 pair Tennis Shoes (tied, rubber-bottom)

### Sixth Grade

#2 Pencils

Erasers

Scissors

7 Pocket Folders (Preferably 7 Different Colors)

4 oz **Elmer's** Glue or Glue Stick

Pens

2 Large Boxes **Kleenex**

Ruler (English & Metric)

7 Single Subject Notebooks (Preferably 7 Different Colors)

Colored Pencils

Highlighter

Dry Erase Markers (At Least 3)

Small Protractor

Compass

Texas Instrument Calculator TI-30 XS (Will be able to use in Math & Pre-Algebra also)

Sketchbook (Art)

1 pair Tennis Shoes (tied, rubber-bottom)

### Jr. High School

5 1in. binders (w/ dividers)

5 spiral notebooks

5 pocket folders

2 packs of loose leaf paper

1 sketchpad (8.5 x 11 or 9 x 12)

#2 pencils, pens, highlighters

Colored pencils

Scientific calculator (TI-30XS Multiview)

3x5 notecards

Athletic clothes and tennis shoes (for PE)

### **3-6 Physical Education Supplies**

If possible, please purchase your own wrist guards for roller skating. You will be using them through 6<sup>th</sup> grade. Please put your child's name on them and they will be stored in their locker.

Thank you!

Mrs. Janssen



**COPY** Medical Eligibility Form for the student to return to the school. **KEEP** the complete document in the student's medical record.

## 2022-2023 SPORTS QUALIFYING PHYSICAL EXAMINATION MEDICAL ELIGIBILITY FORM

### Minnesota State High School League

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_

I certify that the above student has been medically evaluated and is deemed medically eligible to: (Check Only One Box)

- ☐ (1) Participate in all school interscholastic activities without restrictions.  
☐ (2) Participate in any activity not crossed out below.

Sport Classification Based on Contact		
Collision Contact Sports	Limited Contact Sports	Non-contact Sports
Basketball Cheerleading Diving Football Gymnastics Ice Hockey Lacrosse Alpine Skiing Soccer Wrestling	Baseball Field Events: ❖ High Jump ❖ Pole Vault Floor Hockey Nordic Skiing Softball Volleyball	Badminton Bowling Cross Country Running Dance Team Field Events: ❖ Discus ❖ Shot Put Golf Swimming Tennis Track

- ☐ (3) Requires additional evaluation before a final recommendation can be made.

Additional recommendations for the school or parents: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- ☐ (4) Not medically eligible for: ☐ All Sports  
☐ Specific Sports

Specify \_\_\_\_\_

Sport Classification Based on Intensity & Strenuousness			
Increasing Static Component ↑↑↑↑↑ III. High (>50% MVC) ↑↑↑↑↑ II. Moderate (20-50% MVC) ↑↑↑↑↑ I. Low (<20% MVC)			
	A. Low (<40% Max O <sub>2</sub> )	B. Moderate (40-70% Max O <sub>2</sub> )	C. High (>70% Max O <sub>2</sub> )
	Field Events: ❖ Discus ❖ Shot Put Gymnastics*†  Diving*†  Bowling Golf	Alpine Skiing*† Wrestling*  Dance Team Football* Field Events: ❖ High Jump ❖ Pole Vault*† Synchronized Swimming† Track — Sprints  Baseball* Cheerleading Floor Hockey Softball* Volleyball	Basketball* Ice Hockey* Lacrosse* Nordic Skiing — Freestyle Track — Middle Distance Swimming†  Badminton Cross Country Running Nordic Skiing — Classical Soccer* Tennis Track — Long Distance

Increasing Dynamic Component → → → → →

**Sport Classification Based on Intensity & Strenuousness:** This classification is based on peak static and dynamic components achieved during competition. It should be noted, however, that higher values may be reached during training. The increasing dynamic component is defined in terms of the estimated percent of maximal oxygen uptake (MaxO<sub>2</sub>) achieved and results in an increasing cardiac output. The increasing static component is related to the estimated percent of maximal voluntary contraction (MVC) reached and results in an increasing blood pressure load. The lowest total cardiovascular demands (cardiac output and blood pressure) are shown in lightest shading and the highest in darkest shading. The graduated shading in between depicts low moderate, moderate, and high moderate total cardiovascular demands. \*Danger of bodily collision. †Increased risk if syncope occurs. Reprinted with permission from: Maron BJ, Zipes DP. 36th Bethesda Conference: eligibility recommendations for competitive athletes with cardiovascular abnormalities. *J Am Coll Cardiol.* 2005; 45(8):1317-1375.

I have examined the student named on this form and completed the Sports Qualifying Physical Exam as required by the Minnesota State High School League. The athlete does not have apparent clinical contraindications to practice and participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Provider Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_  
 Print Provider Name: \_\_\_\_\_  
 Office/Clinic Name \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Office Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**IMMUNIZATIONS** [Tdap; meningococcal (MCV4, 2 doses); HPV (3 doses); MMR (2 doses); hep B (3 doses); hep A (2 doses); varicella (2 doses or history of disease); polio (3-4 doses); influenza (annual); COVID-19 (2 doses, 1 dose)]

☐ Up to date (see attached school documentation) ☐ Not reviewed at this visit

**IMMUNIZATIONS GIVEN TODAY:** \_\_\_\_\_

### EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other Information \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Personal Provider \_\_\_\_\_ Office Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This form is valid for 3 calendar years from above date with a normal Annual Health Questionnaire.

**FOR SCHOOL ADMINISTRATION USE:** ☐ [Year 2 Normal] ☐ [Year 3 Normal]

**2022-2023 SPORTS QUALIFYING PHYSICAL HISTORY FORM****Minnesota State High School League**

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

Have you had COVID-19? Y / N Have you had a COVID-19 vaccination? Y / N 1, 2, or 3 shots? (circle) 1 2 3

Past and current medical conditions: \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgeries. \_\_\_\_\_

List current medicines and supplements: prescriptions, over the counter, and herbal or nutritional supplements. \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

**Patient Health Questionnaire Version 4 (PHQ-4)**

Over the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(If the sum of responses to questions 1 & 2 or 3 & 4 are  $\geq 3$ , evaluate.)

Circle Question Number (1) of questions for which the answer is unknown.

Circle Y for Yes or N for No

**GENERAL QUESTIONS**

1. Do you have any concerns that you would like to discuss with your provider? ..... Y / N
2. Has a provider ever denied or restricted your participation in sports for any reason? ..... Y / N
3. Do you have any ongoing medical issues or recent illness? ..... Y / N

**HEART HEALTH QUESTIONS ABOUT YOU<sup>a</sup>**

4. Have you ever passed out or nearly passed out during or after exercise? ..... Y / N
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? ..... Y / N
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? ..... Y / N
7. Has a doctor ever told you that you have any heart problems? ..... Y / N
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. .... Y / N
9. Do you get light-headed or feel shorter of breath than your friends during exercise? ..... Y / N
10. Have you ever had a seizure? ..... Y / N

**HEART HEALTH QUESTIONS ABOUT YOUR FAMILY<sup>a</sup>**

11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? ..... Y / N
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? ..... Y / N
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? ..... Y / N

**BONE AND JOINT QUESTIONS**

14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? ..... Y / N
15. Do you have a bone, muscle, ligament, or joint injury that bothers you? ..... Y / N

**MEDICAL QUESTIONS**

16. Do you cough, wheeze, or have difficulty breathing during or after exercise? ..... Y / N
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? ..... Y / N
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area? ..... Y / N
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)? Y / N
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? ..... Y / N
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? .... Y / N
22. Have you ever become ill while exercising in the heat? ..... Y / N
23. Do you or does someone in your family have sickle cell trait or disease? ..... Y / N
24. Have you ever had or do you have any problems with your eyes or vision? ..... Y / N
25. Do you worry about your weight? ..... Y / N
26. Are you trying to or has anyone recommended that you gain or lose weight? ..... Y / N
27. Are you on a special diet or do you avoid certain types of foods or food groups? ..... Y / N
28. Have you ever had an eating disorder? ..... Y / N

**FEMALES ONLY**

29. Have you ever had a menstrual period? ..... Y / N
30. How old were you when you had your first menstrual period? \_\_\_\_\_
31. When was your most recent menstrual period? \_\_\_\_\_
32. How many periods have you had in the past 12 months? \_\_\_\_\_

Notes: \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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

## 2022-2023 SPORTS QUALIFYING PHYSICAL EXAMINATION FORM

### Minnesota State High School League

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Follow-Up Questions About More Sensitive Issues:**

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you been hit, kicked, slapped, punched, sexually abused, inappropriately touched, or threatened with harm by anyone close to you?
5. Have you ever tried cigarette, cigar, pipe, e-cigarette smoking, or vaping, even 1 or 2 puffs? Do you currently smoke?
6. During the past 30 days, did you use chewing tobacco, snuff, or dip?
7. During the past 30 days, have you had any alcohol drinks, even just one?
8. Have you ever taken steroid pills or shots without a doctor's prescription?
9. Have you ever taken any medications or supplements to help you gain or lose weight or improve your performance?
10. Question "Risk Behaviors" like guns, seatbelts, unprotected sex, domestic violence, drugs, and others.
11. Would you like to have a COVID-19 vaccination?

**Notes About Follow-Up Questions:**

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL EXAM

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI (optional) \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Arm Span \_\_\_\_\_

Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y / N Contacts: Y / N Hearing: R \_\_\_\_ L \_\_\_\_ (Audiogram or confrontation)

Exam	Normal	Abnormal Findings	Initials*
<b>Appearance</b>			
Circle any Marfan stigmata present	→	Kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency	
<b>HEENT</b>			
Eyes			
Fundoscopy			
Pupils			
Hearing			
<b>Cardiovascular<sup>a</sup></b>			
Describe any murmurs present (standing, supine, +/- Valsalva)	→		
Pulses (simultaneous femoral & radial)			
<b>Lungs</b>			
<b>Abdomen</b>			
<b>Tanner Staging (optional)</b>	Circle	I II III IV V	
<b>Skin</b> (No HSV, MRSA, Tinea corporis)			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			
Functional (Double-leg squat test, single-leg squat test, and box drop or step drop test)			

<sup>a</sup>Consider ECG, echocardiogram, and/or referral to cardiology for abnormal cardiac history or examination findings

\* For Multiple Examiners

Additional Notes: \_\_\_\_\_

Health Maintenance: ☐ Lifestyle, health, immunizations, & safety counseling ☐ Discussed dental care & mouthguard use

☐ Discussed Lead and TB exposure – (Testing indicated / not indicated) ☐ Eye Refraction if indicated

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

**Minnesota State High School League**  
**ATHLETE WITH DISABILITIES SUPPLEMENT TO THE ATHLETE HISTORY**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Type of disability:
2. Date of disability:
3. Classification (if available):
4. Cause of disability (birth, disease, injury, or other):
5. List the sports you are playing:
  
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities? Y / N
7. Do you use any special brace or assistive device for sports? Y / N
8. Do you have any rashes, pressure sores, or other skin problems? Y / N
9. Do you have a hearing loss? Do you use a hearing aid? Y / N
10. Do you have a visual impairment? Y / N
11. Do you use any special devices for bowel or bladder function? Y / N
12. Do you have burning or discomfort when urinating? Y / N
13. Have you had autonomic dysreflexia? Y / N
14. Have you ever been diagnosed as having a heat-related or cold-related illness? Y / N
15. Do you have muscle spasticity? Y / N
16. Do you have frequent seizures that cannot be controlled by medication? Y / N

**Explain "Yes" answers here.**

**Please indicate whether you have ever had any of the following conditions:**

- |  |       |
|--|-------|
| Atlantoaxial instability                                     | Y / N |
| Radiographic (x-ray) evaluation for atlantoaxial instability | Y / N |
| Dislocated joints (more than one)                            | Y / N |
| Easy bleeding  | Y / N |
| Enlarged spleen  | Y / N |
| Hepatitis  | Y / N |
| Osteopenia or osteoporosis                                   | Y / N |
| Difficulty controlling bowel                                 | Y / N |
| Difficulty controlling bladder                               | Y / N |
| Numbness or tingling in arms or hands                        | Y / N |
| Numbness or tingling in legs or feet                         | Y / N |
| Weakness in arms or hands                                    | Y / N |
| Weakness in legs or feet                                     | Y / N |
| Recent change in coordination                                | Y / N |
| Recent change in ability to walk                             | Y / N |
| Spina bifida   | Y / N |
| Latex allergy  | Y / N |

**Explain "Yes" answers here.**

**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_

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

Adapted from 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

Minnesota State High School League  
**2022-2023 PI ADAPTED ATHLETICS MEDICAL ELIGIBILITY FORM Addendum**  
 (Use only for Adapted Athletics - PI Division)

The MSHSL has competitive interscholastic Physically Impaired (PI) competition. Students who are deemed fit to participate in competitive athletics from a MSHSL sports qualifying exam should meet the criteria below to participate in Adapted Athletics – PI Division.

The MSHSL Adapted Athletics PI Division program is specifically intended for students with physical impairments who are medically eligible to compete in competitive athletics. A student is administratively eligible to compete in the PI Division with one of the two following criteria:

The student must have a diagnosed and documented impairment specified from one of the two sections below:  
*(Must be diagnosed and documented by a Physician, Physician's Assistant, and/or Advanced Practice Nurse.)*

1. \_\_\_\_\_ Neuromuscular          \_\_\_\_\_ Postural/Skeletal          \_\_\_\_\_ Traumatic  
      \_\_\_\_\_ Growth                        \_\_\_\_\_ Neurological Impairment

Which: \_\_\_\_\_ affects Motor Function          \_\_\_\_\_ modifies Gait Patterns

(Optional) \_\_\_\_\_ Requires the use of prosthesis or mobility device, including but not limited to canes, crutches, walker or wheelchair.

2. \_\_\_\_\_ Cardio/Respiratory Impairment that is deemed safe for competitive athletics but limits the intensity and duration of physical exertion such that sustained activity for over five minutes at 60% of maximum heart rate for age results in physical distress in spite of appropriate management of the health condition.

**(NOTE:) A condition that can be appropriately managed with appropriate medications that eliminate physical or health endurance limitations WILL NOT be considered eligible for adapted athletics.**

**Specific exclusions to PI competition:**

The following health conditions, without coexisting physical impairments as outlined above, do not qualify the student to participate in the PI Division even though some of the conditions below may be considered Health Impairments by an individual's physician, a student's school, or government agency. This list is not all-inclusive and the conditions are examples of non-qualifying health conditions; other health conditions that are not listed below may also be non-qualifying for participation in the PI Division.

Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD), Emotional Behavioral Disorder (EBD), Autism spectrum disorders (including Asperger's Syndrome), Tourette's Syndrome, Neurofibromatosis, Asthma, Reactive Airway Disease (RAD), Bronchopulmonary Dysplasia (BPD), Blindness, Deafness, Obesity, Depression, Generalized Anxiety Disorder, Seizure Disorder, or other similar disorders.

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

Provider (PRINT) \_\_\_\_\_

Provider (SIGNATURE) \_\_\_\_\_

Date of Exam \_\_\_\_\_

# 2022-2023 MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade \_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Last Sports Qualifying Physical Exam (SQPE) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check** Yes or No boxes for each question or **Circle** question numbers for which you cannot answer.

**IN THE LAST YEAR**, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnaire, **HAVE YOU HAD ANY CHANGES TO THE FOLLOWING QUESTIONS:**

## Athlete Health Questionnaire

	YES	NO
1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports? .....	<input type="checkbox"/>	<input type="checkbox"/>
IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR		
2. In the last year, have you passed out or nearly passed out <i>during</i> or <i>after</i> exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last year, does your heart race or skip beats (irregular beats) during exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last year, do you get light-headed or feel more short of breath than expected during exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last year, have you had an unexplained seizure? .....	<input type="checkbox"/>	<input type="checkbox"/>
IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR		
7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including an unexplained drowning or an unexplained car accident)? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. In the last year, has anyone in your immediate family been diagnosed with hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator? .....	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL RISK QUESTIONS IN THE LAST YEAR		
12. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. In the last year, have you had COVID-19 illness with trouble breathing; persistent chest pressure; confusion; inability to stay awake; high fever for more than 4 days; pale, gray, or blue-colored skin, lips, or nail beds; or hospitalization and not been approved for return to sports by a physician? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches or athletic/activities director to know.**

\_\_\_\_\_  
I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

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

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

**Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.)**

SQPE Due \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES ☐ NO ☐**

Supplemental Mental Health Screening Questions (may be cut from form before submitting)

*Over the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)*

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(If the sum of responses to questions 1 & 2 or 3 & 4 are  $\geq 3$ , please see your provider)

Reference: Preparticipation Physical Evaluation (Fifth Edition): AAFP, AAP, AMSSM, AOSSM, AOASM, AAP, 2019.

Revised 4/13/22



# Martin County West Public Schools

Central Office  
105 E. 5<sup>th</sup> St.  
Sherburn, MN 56171

*Cori Reynolds, Superintendent*

District Number 2448  
(507) 764-2330  
FAX (507) 764-2335  
corireynolds@mcwmavericks.org

August 2022

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$1.80. The lunch price for K-6 is \$2.60 and for grades 7-12 is \$2.80.

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students receive breakfasts at no charge.

Return your completed Application for Educational Benefits to: Jessica Maday, MCW Central Office, 105 E 5<sup>th</sup> St., Sherburn, MN 56171.

**Who can get free school meals?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Alternatively, children can get free school meals if their household income is within the maximum income shown for their household size on the instructions. To apply for free school meals, please complete the Application for Educational Benefits form.

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

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

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced-price school meals.

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

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

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

**If I don't qualify now, may I apply later?** Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits. Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits. If you have other questions or need help, call Jessica Maday at 507.764.2330.

Sincerely,

Cori Reynolds, Superintendent  
Martin County West Schools

## How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2022-23 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2022 through June 30, 2023.

**Maximum Total Income**

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Add for each additional person	8,732	728	364	336	168

### Step 1: Children

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

### Step 2: Case Number

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

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

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

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

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

## 2022-23 Application for Educational Benefits

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

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

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

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

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

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

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

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

B. Child Income.

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

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

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

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Report income <b>before</b> deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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**STEP 4: Contact information and adult signature.** "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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

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

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

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

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

### OPTIONAL: Children's Racial and Ethnic Identities

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

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

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

### INSTRUCTIONS: Sources of Income

#### Sources of Income for Children

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

#### Sources of Income for Adults

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

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

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

**Nondiscrimination statement:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or (2) **fax:** (833) 256-1665 or (202) 690-7442; or (3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## STUDENTS

### SCHOOL MEALS POLICY

#### I. PURPOSE

The purpose of this policy is to ensure that students receive healthy and nutritious meals through the school district's nutrition program and that school district employees, families, and students have a shared understanding of expectations regarding meal charges. The policy of the school district is to provide meals to students in a respectful manner and to maintain the dignity of students by prohibiting lunch shaming or otherwise ostracizing the student. The policy seeks to allow students to receive the nutrition they need to stay focused during the school day and minimize identification of students with insufficient funds to pay for school meals as well as to maintain the financial integrity of the school nutrition program.

#### II. PAYMENT OF MEALS

- A. Students have use of a meal account. Families may send lunch money with students or drop it off at the school office.
- B. If the school district receives school lunch aid under *Minnesota Statutes § section 124D.111*, it must make lunch available without charge to all participating students who qualify for free or reduced-price meals regardless of account balance.
- C. A student with an outstanding meal charge debt will be allowed to purchase a meal if the student pays for the meal when it is received.
- D. A student who has been determined to be eligible for free and reduced-price lunch always must be served a reimbursable meal even if the student has an outstanding debt.
- E. Once a meal has been placed on a student's tray or otherwise served to a student, the meal may not be subsequently withdrawn from the student by the cashier or other school official, whether or not the student has an outstanding meals balance.
- F. The school district may provide an alternate meal that meets federal and state requirements to a student who does not have sufficient funds in the student's account or cannot pay cash for a meal. The school district will accommodate special dietary needs with respect to alternate meals.
- G. When a student has a negative account balance, the student will not be allowed to charge a snack item.

- H. If a parent or guardian chooses to send in one payment that is to be divided between sibling accounts, the parent or guardian must specify how the funds are to be distributed to the students' accounts. Transferring more than \$10 between sibling accounts will require verbal or written permission from the parent or guardian.

### **III. LOW OR NEGATIVE ACCOUNT BALANCES – NOTIFICATION**

- A. The school district will make reasonable efforts to notify families when meal account balances are low or fall below zero.
- B. Families will be notified of an outstanding negative balance once the negative balance reaches \$10.00. Families will be notified by email, phone call, note sent home with student and/or U.S. mail.
- C. Reminders for payment of outstanding student meal balances will not demean or stigmatize any student participating in the school lunch program including, but not limited to, dumping meals, withdrawing a meal that has been served, announcing or listing students' names publicly, or affixing stickers, stamps, or pins.

### **IV. UNPAID MEAL CHARGES**

- A. The school district will make reasonable efforts to communicate with families to resolve the matter of unpaid charges. Where appropriate, families may be encouraged to apply for free and reduced-price meals for their children.
- B. The school district will make reasonable efforts to collect unpaid meal charges classified as delinquent debt. Unpaid meal charges are designated as delinquent debt when payment is overdue, the debt is considered collectable, and efforts are being made to collect it.
- C. Negative balances of more than \$100.00, at any time during the school year, will be turned over to the superintendent or superintendent's designee for collection. In some instances, the school district does use a collection agency to collect unpaid school meal debts after reasonable efforts first have been made by the school district to collect the debt. Collection options may include, but are not limited to, use of collection agencies, claims in the conciliation court, or any other legal method permitted by law.
- D. The school district may not enlist the assistance of non-school district employees, such as volunteers, to engage in debt collection efforts.
- E. The school district will not impose any other restrictions prohibited under Minnesota Statutes section 123B.37 due to unpaid student meal balances. The school district will not limit a student's participation in any school activities, graduation ceremonies, field trips, athletics, activity clubs, or other extracurricular



activities or access to materials, technology, or other items provided to students due to an unpaid student meal balance.

## **V. COMMUNICATION OF POLICY**

- A. This policy and any pertinent supporting information shall be provided in writing (i.e., mail, email, back-to-school packet, student handbook, etc.) to:
  - 1. all households at or before the start of each school year;
  - 2. students and families who transfer into the school district, at the time of enrollment; and
  - 3. all school district personnel who are responsible for enforcing this policy.
- B. The school district will post this policy on the school district's website, or the website of the organization where the meal is served, in addition to providing the required written notification described above.
- C. If the school district contracts with a third party for its meal services, it will provide the vendor with its school meal policy. The school district will ensure that any third-party provider with whom the school district enters into either an original or modified contract after July 1, 2021 adheres to the school district's meals policy.

## Community Education & Recreation

Nickole Bowie, Director • [nickolebowie@mcwmavericks.org](mailto:nickolebowie@mcwmavericks.org) • 507-764-2336

For more information and registration forms, visit the MCW website  
[www.martin.k12.mn.us](http://www.martin.k12.mn.us)



### CER Flag Football Boys and Girls Entering Grades 1-3 this Fall

Practice and Games (Tentative)  
Mondays and Tuesdays  
September 6 – October 4  
6:00 - 7:00pm

All practices & games are held at Fairmont Soccer Fields  
Registration Fee: \$40

Mouth guards are required for all participants and are not provided by CER.  
***Coaches are needed.***





# FREE! SOFTBALL CLINIC!

**SUNDAY, AUG. 14 / WELCOME, MN**  
OPEN TO EVERYONE, AGES 6-12

<b>FIELD:</b> FOX LAKE SPORTS COMPLEX S DUGAN ST & 120TH ST WELCOME, MN 56181	<b>TIME:</b> 1:00 - 3:00 PM	<b>MADE POSSIBLE BY:</b>  
<b>REGISTER:</b> <a href="http://WWW.PLAYBALLMN.COM">WWW.PLAYBALLMN.COM</a>		

**HOSTED BY:**  
MARTIN COUNTY W COMMUNITY ED. & REC.



### S'mores Galore! (Children's Cooking Class)

**1 hour-Friday August 5th 2:00-3:00 PM**

Get ready for a mouth-full of gooey goodness! We will be making various types of s'mores your kids will love to concoct by the fire on your next outdoor camping adventure! Recipes will be gluten and dairy-free. All supplies are included.

\*This class is suitable for children ages 6-16 years old. **\$35/person**

### **Snacking Smarter (Adult Lecture with Tasting) 1 hour-Friday August 5th 4:00-5:00 PM**

We are on the go constantly and sometimes there is no time to stop and eat. We have become dependent on snacks. Learn to weed out the bad snacks to get down to the delicious, nutrient dense snacks you can easily take with you. Local holistic nutritionist, Jackie Mart, will talk about what a snack should consist of, how frequently you should be snacking and a few healthier, quick, and convenient options! Snacks will be provided! **\$35/person**



### **5-Ingredient Recipes (Adult Lecture and Cooking Demonstration with Tasting) 1.5 hours August 5th 6:00-7:30 PM**

The path to true health begins in your kitchen, but who has time to slave over the stove all day with laborious and complicated healthy recipes? In this class, I will show you how to prepare simple, nutrient dense, 3-5-ingredient recipes in as little as 25 minutes or less! **\$35/person**

#### ***On the Menu:***

Eggroll in a Bowl  
Banana Flax Muffins  
Creamy Dill Salmon

### **Learning Unlimited – Adults with Disabilities**

Learning Unlimited is a program that provides services, both activities and recreation to adults with disabilities. We are lucky to be a consortium to receive State Aid and Local Levy to support this adult population. There are very few places across the state that are lucky enough to be a part of this program. St. James is the fiscal host that serves these area school districts – Butterfield, Madelia, Martin County West, St. James and Truman. The program is delivered through Community Education and hopes to once again be able to provide services to our adults with disabilities population. Monica Junker originally wrote the grant for the program and worked with it for several years. Following Monica as coordinator was Tim Raymiller and Marie Doll. Most recently, Glenda Bechthold held the position until Covid shut activities down in March of 2020. Since that time the program has not been offered to our patrons. Glenda has recently been hired back to start the program again and will provide services to people with disabilities who live at home or in group homes within the service area in the coming weeks. This population like all of us are lonely and hungering for the ability to once again gather and be together. If you know of someone who would be interested in participating in this program or volunteering for the program please contact Dominique Berg at [dominiqueberg@mcwmavericks.org](mailto:dominiqueberg@mcwmavericks.org) or the Community Education Office: Martin County West – 507-764-2336.

## Learn How to Make Your Own Pajama Pants

Date/Time: September 13 and 15 - 7-9PM

Location: High School Foods Room - Sherburn MN

You will need:

- Pattern that is your size - basic pattern such as Sew Simple, one hour, or sewing for dummies.
- The amount of fabric as specified on the pattern envelope
- Thread to match
- Elastic 3/4 or 1" non-roll (ultimately more comfortable)
- Sewing pins and scissors
- Sewing Machine (There are a couple available if you don't have one. First come, first serve.)

Class cap: 10

Cost: \$35



## Getting to know your Sewing Machine

September 27  
7-9PM

You need to bring to class:

- Your machine w/basic attachments/bobbins
- Scissors
- Pins
- 1/2 yard cotton fabric
- Thread to match
- 2# of inexpensive rice



Would you like to know how to use your sewing machine? Learn how to thread your machine and bobbin? Discover what it is capable of doing? In one evening, we will do just that and make a simple rice pack project using your machine.

Class cap: 10  
Cost: \$35

High School Foods Room  
Sherburn MN


Sewing Machines - (There are a couple available if you don't have one. First come, first serve.)

# Death, Probate, and Taxes . . . Oh, My!: Estate Planning 101

Estate Planning 101 covers the basics everyone should know about estate planning. Learn how to avoid probate, taxes and other estate problems in a fun and relaxed classroom setting. Estate planning and Elder Law Attorney, Cassandra Lustfield, will teach the class about wills, trusts, powers of attorney, health directives or living wills and more.

October 27, 2022  
High School Foods Room  
6:30-8:30pm

Register at <https://forms.gle/2AsNiBzkEyVCRCFq6>



Welcome to  
Saint Cloud State University's  
Driver Discount Program  
For Drivers Over 55 Years of Age



**GET 10% OFF YOUR CAR INSURANCE!  
FOR 3 YEARS!**

8-HOUR CLASS FOR FIRST-TIME STUDENTS  
4-HOUR REFRESHER COURSE FOR RETURNING STUDENTS

TO REGISTER FOR THESE OR OTHER CLASSES IN YOUR AREA CALL THE NUMBER  
BELOW OR VISIT [WWW.DRIVERDISCOUNTPROGRAM.COM/](http://WWW.DRIVERDISCOUNTPROGRAM.COM/)

**MCW Trimont Elementary School**  
111 Beech St; PO Box 268; Trimont, MN  
Oct 8 (4 Hr Refresher) 9:30 AM to 1:30 PM

Minnesota Highway and Safety Research Center  
1805 US HWY 19 S  
Saint Cloud, MN 56309  
1-800-254-1234  
1-320-308-5400

Brought to you by  
 

For more information and registration forms, visit the MCW website  
[www.martin.k12.mn.us](http://www.martin.k12.mn.us)





# MCW FFA and Ag Department

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## **Interested in Joining FFA?**

FFA is the largest student organization at the Jr/Sr High School with approximately 110 members. The FFA is open to all 7th-12th grade MCW students. To be eligible for FFA, students must be enrolled in an agriculture class during the current school year. All FFA members, new and old, are strongly encouraged to attend the Back to School Night on Monday, August 8th from 5:30-6:30.

The purpose of back to school night is to pay dues, sign up for activities and participate in an outdoor recreational activity. High School FFA dues are \$22 and Junior High FFA dues are \$15 per year. The cost of the dues includes 1 student ticket to the FFA banquet at the end of the year. Please have your child bring his/her dues check to Back to School Night.

## **How do parents get more information about FFA activities?**

There are four avenues for parents to learn more about upcoming FFA activities for their child(ren):

- Follow Martin County West FFA Chapter on Facebook or @martincountywestffa on Instagram. We will post information sheets about activities at these two locations. This is also a great way for you to "borrow" pictures of your child(ren) at FFA activities.
- Read the monthly FFA page in the school newsletter for dates/upcoming activities.
- Go to [www.mcwffa.theaet.com](http://www.mcwffa.theaet.com) . This is our chapter website and we will post information here.
- FFA members attend monthly meetings during meeting period on Tuesday mornings at the high school. Encourage your child to attend the meetings and bring information home to you regarding activities they'd like to participate in.

## **Supervised Agricultural Experience Visits**

Are you a current FFA member with an ag-related project that you are working on this summer? It's not too late for an SAE visit. Please contact an FFA advisor to set up a visit.



## Martin County West Health and Safety Annual Notification 2022-2023

Martin County West Public Schools is committed to providing a healthy and safe environment for all employees, students, and public citizens utilizing the school facilities. The District maintains a Board approved Health and Safety Program that lists and documents the procedures and plans for maintaining a safe and healthy environment. The Health and Safety Program also helps the District maintain compliance with the numerous state and federal regulations and laws governing health and safety issues in the District. As a part of that compliance, each year the District notifies the employees and parents of the following ongoing programs.

### 1. Presence of Asbestos within District Buildings

The Martin County West Public School District has continued to respond to asbestos present in our school buildings through monitoring and maintenance. Asbestos, most often found contained in thermal pipe insulation, is a mineral fiber associated with increased levels of disease when inhaled.

Since the implementation of the Asbestos Management Plan in 1989 the District has continued with its ongoing asbestos operations and maintenance program, including a periodic surveillance every six months in each of the District's buildings. During the periodic surveillance, damage to material containing asbestos is noted and repaired following strict procedures. Asbestos is dangerous only when it is broken loose from building material into fine, dust-like fibers and inhaled. When this condition becomes a possibility, asbestos is removed.

This past year the District conducted the periodic surveillances as required by the Asbestos Management Plan. These inspections are done to maintain asbestos-containing materials in a safe condition in all areas of the buildings where asbestos is present. In addition, this summer the District employed a licensed asbestos abatement contractor to remove asbestos floor tile and mastic in 2 classrooms & 1 storage room at the Sherburn Elementary and floor tile and mastic in 1 classroom at Sherburn High School.

The detailed Asbestos Maintenance Plan and updated information for each building, and for the entire district, is open to public review. You can find the Asbestos Management Plan located in the District Office of Martin County West Public Schools. If you have any further questions about asbestos or other safety related issues, please contact the District's Safety Coordinator, Timothy Harbo, at (507) 351-5495 or the District Office.

### 2. Integrated Pest Management

Martin County West Public Schools, as part of the District's Health and Safety Program, has an Integrated Pest Management Program. This program establishes procedures on the use of pesticides in and around the District's Buildings.

Martin County West Schools utilize a licensed, professional pest control service firm for the prevention and control of rodents, insects, weeds, and other pests in and around the district's building. Their program consists of:

1. Inspection and monitoring to determine whether pests are present, and whether any treatment is needed;

2. Recommendations for maintenance and sanitation to help eliminate pests without the need for pest control materials;
3. Utilization of non-chemical measures such as traps, caulking, and screening;
4. Application of EPA registered pest control materials when needed after regular school hours or when school is not in session.

Pests can sting, bite, cause contamination, damage property, and spread disease, therefore we must prevent and control them. The long-term health effects on children from the application of such pest control materials, or the class of materials to which they belong, may not be fully understood. All pest control materials are chosen and applied according to label directions per Federal law.

In addition, school district personnel may apply pest control materials inside or on school grounds as needed.

Pest control materials are registered by the U.S. Environmental Protection Agency (EPA) and are selected and applied according to label directions.

An estimated schedule of interior pest control inspections and possible treatments is available for review or copying at each school office. A similar estimated schedule is available for the application of herbicides and other materials to school grounds. Parents of students may request to receive, at their expense, prior notification of any application of a pest control material, should such an application be deemed necessary on a day different from the days specified in the schedule.

### 3. Air Quality

The District maintains a comprehensive program for Air Quality in the school buildings. The purpose of this program is to maintain optimum air quality in the District buildings. Throughout the year air quality is monitored and air handling systems are maintained on an established schedule to insure good air quality. The District will continue to monitor, maintain, and address air quality issues. If you have any questions or concerns regarding air quality and the Air Quality Management Program please contact Kevin Diekmann, Buildings and Grounds, or the District Office.

### 4. Emergency Procedures

The District has developed detailed plans for emergency procedures such as fires, tornadoes, or other crisis issues. Plans have building specific procedures which will be provided by the building administration to staff at the start of the school year.

### 5. Employee Right To Understand

The Health and Safety Program provides detailed information on chemicals and conditions determined to pose potential hazards to employees who work with these chemicals. Affected employees receive annual training and the District maintains safety data sheets on these chemicals and conditions. For more information on this program, contact the District Office.

## 6. Lead

Martin County West Public Schools, as part of the District's Health and Safety Program, has collected water samples from all fixtures used for drinking and/or cooking. Samples are taken and analyzed for lead content by a MDH certified laboratory every 5 years. Samples were last collected by Timothy Harbo of Harbo Consulting Agency and analyzed by Minnesota Valley Testing Laboratories(MVTL). Results are available for review at the District office. Martin County West Public Schools is making every effort to eliminate or reduce building occupant's exposure to lead through the drinking water. If you have any questions or concerns regarding this issue, you may contact Tim Harbo, 507-351-5495.

## 7. Safety Committee

The District has an employee/administration safety committee that meets regularly during the school year to address safety concerns and issues. Please feel free to contact Timothy Harbo at the District office if you have concerns or issues relating to health and safety in the District.

Timothy Harbo  
Environmental Coordinator

# Save Receipts For Your Child's Education Expenses

If you're buying school supplies for your children in kindergarten through 12th grade, you may qualify for one or both of these tax benefits:

- K-12 Education Subtraction
- K-12 Education Credit

Save your receipts, because both benefits can help lower your taxes and may provide a larger refund when filing your Minnesota income tax return.

Last year, more than 33,000 families received the K-12 Education Credit and saved an average of \$250. Nearly 190,000 families received the K-12 Education Subtraction.

## Common Expenses That Qualify:

- School supplies (pencils, paper, calculators)
- Educational computer hardware and software
- Tutoring K-12 curriculum by a qualified instructor
- Rental or purchase of musical instruments used during school

## Expenses That Do Not Qualify:

- School supplies not used in education (backpacks, tissues, organizers)
- Internet service and access fees
- Clothing, including school uniforms (except required gym clothes)
- School lunches
- Family trips

## Do I qualify?

To qualify for either the credit or subtraction, both of these must be true:

- You purchased educational services or materials to assist with your child's education
- Your child is attending kindergarten through 12th grade at a public, private, or home school

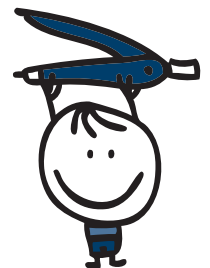
## Income limits for Each Program

**K-12 Education Subtraction:** There are no income limits for the education subtraction.

**K-12 Education Credit:** Your household income (taxable and nontaxable income) must be below the levels shown here. If you qualify for the credit, you must file a Minnesota return to claim a refund.

Number of qualifying children in K-12:	Household income must be less than:
1 or 2	\$37,500
3	\$39,500
4 or more	Add \$2,000 for each additional child

For more information on these benefits and other valuable tax information, visit [www.revenue.state.mn.us](http://www.revenue.state.mn.us) and enter **K12** into the Search box, or call us at 651-296-3781 or 1-800-652-9094.



Martin County West  
Central Office (Aug.)  
105 E. 5<sup>th</sup> St.  
Sherburn, MN 56171

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