



**SALISBURY MIDDLE SCHOOL**  
 607 MORRIS STREET  
 SALISBURY, MARYLAND 21801  
 PHONE: (410) 677-5149  
 FAX: (410) 677-5122

**Terance Dunn, Principal**  
**Jennifer Mudd, Assistant Principal**  
**Russell Austin, Dean of Students**

**James Heslen, Assistant Principal**  
**Carrie Reeve, Dean of Students**

August 18, 2020

Dear Student/Parents,

On behalf of the Salisbury Middle School administration and staff, I would like to welcome all SMS parents and students who are new to our school and extend a "welcome back" to students and parents who are returning to SMS in a virtual learning setting for semester one. I look forward to working with you in providing a positive and productive school year despite the challenges that lie ahead. We will continue to focus on academic success for all students this year and provide students with the necessary support to be successful in a virtual learning environment. Please remember that beginning with the first day of school, September 8, 2020, there will not be a grade 6 transition day, and refer to the new virtual schedule in this packet for student start times. We will have our Virtual Back to School Night on September 2, 2020 from 5:00p-7:00p. A Zoom link will be sent via school messenger, as we approach this event. It is important that our students attend virtual school each day as teachers will be taking daily attendance.

Included in this mailing you will find:

- ✓ Student Personal Data and Emergency Form (parents must complete and return this form via email)
- ✓ Health Questionnaire (parents must complete and return this form via email)
- ✓ Student View – Virtual Middle School Schedule
- ✓ 2020-2021 School Calendar
- ✓ Student Accidental Insurance
- ✓ Log-in directions for family portal for both parents and students, and directions on how to log-in to school email for students

On the front of this mailing (the mailing label) you will find your child's lunch number. This lunch number will be important as students will use this number to access google classroom. We are recommending that students refresh themselves with google classroom upon receipt of this letter and log-in to google classroom in preparation for opening day on September 8<sup>th</sup>, 2020. Below is other important information, as we navigate the start of the school year:

- ❖ If your child is in need of a laptop or access to the internet, please email our administrators at [sms@wcboe.org](mailto:sms@wcboe.org). Distribution dates are TBD.
- ❖ For a tutorial on google classroom, please visit: <https://youtu.be/N17cngLFcOE>
- ❖ For those who require technical assistance, please access the helpdesk through email at [studenthelp@wcboe.org](mailto:studenthelp@wcboe.org) or call 410-677-5200 to leave a message. A representative from our Technology Department will return your call.
- ❖ Free and Reduced Lunch Flyer to complete online applications, can be found at [www.wcboe.org](http://www.wcboe.org). Navigate to *For Students* and then to *Menus and Meals* to complete the application.
- ❖ Each teacher will address the Salisbury Middle School Cell Phone Procedure during virtual learning via their respective google classroom.

Counselor emails are as follows:

- ✓ Mr. John Williams: 6<sup>th</sup> grade students – [jwillia@wcboe.org](mailto:jwillia@wcboe.org)
- ✓ Ms. Margaret Morris: 7<sup>th</sup> grade students – [margmorr@wcboe.org](mailto:margmorr@wcboe.org)
- ✓ Mrs. Kim Hudson: 8<sup>th</sup> grade students – [khudson@wcboe.org](mailto:khudson@wcboe.org)

Our staff is excited about the upcoming school year, as we navigate best practices to maximize student learning and success. We will be in touch regularly with weekly school messenger calls to keep all families informed of any new information we receive. We look forward to connecting with everyone in the coming days! Enjoy the rest of your summer.

Sincerely,

Terance M. Dunn  
 Principal



## Student Personal Data and Enrollment Information

School Year \_\_\_\_\_ Grade \_\_\_\_\_

STUDENT INFORMATION: Legal Name Only					
First Name		Middle Name		Last Name	
Date of Birth (MM/DD/YYYY)	Gender	Place of Birth	Home Address (House Number/Street /Road)		City / State /Zip Code
Mailing Address (P. O. Box /City / State / Zip Code)			Information about school student last attended ...		
			Name of School / City / State/ Zip Code		
Is enrollment in WCPS the result of a natural disaster? YES ___ LOCATION _____ NO ___				Does the student...	
If place of birth is outside US, please respond to the following questions: Date student first enrolled in a U.S. school: _____ When did the student enter the US for the first time? _____ Has the student attended one or more schools in the US for more than 3 full years? YES ___ No ___ Has your child had any interrupted school time prior to enrollment in a US school? YES ___ No ___ If "YES", please note date(s) of interruption from _____ to _____				Have an IEP? Yes ___ No ___	
				Have a 504 Plan? Yes ___ No ___	
				Speak English fluently? Yes ___ No ___	
Military Connection: Is the student military connected as a result of the status of one or more of the student's parents or guardians on Active Duty, in the National Guard or in the Reserve components of the Unites States military services?					
<input type="checkbox"/> <u>No</u> , student is not military connected.					
<input type="checkbox"/> <u>Yes</u> , student is military connected. Student is a dependent of a member of the Active Duty Forces (full time) Army, Navy, Air Force, Marine Corps, or Coast Guard, National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard). Which branch? _____ Name of Parent or Guardian? _____					
<input type="checkbox"/> <u>Unknown</u> ; It is unknown whether or not the student is military connected.					
MSDE HOME LANGUAGE: In accordance with federal and state requirements, the Home Language Survey will be administered to all students and used only for determining whether a student needs English Language support services and will not be used for immigration matters or reposted to immigration authorities.					
If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English Language support services. Additional criteria for testing may be considered.					
1. What language(s) did the student first learn to speak? _____					
2. What language does the student use most often to communicate? _____					
3. What language(s) are spoken in your home? _____					

PARENT/GUARDIAN INFORMATION: Please note that identification of parent/guardian must be verified by birth certificate or other legal document.					
First Name		Middle Name		Last Name	
Relationship to Student					
Street Address				City	
State / Zip Code					
Home Number	Cell Number	Employer's Name		Work Number	Lives with Student? Yes ___ No ___
				Parent Email:	
Interpreter Needed? Yes ___ No ___ Home Language _____				Receive School Mailings? Yes ___ No ___	
First Name		Middle Name		Last Name	
Relationship to Student					
Street Address				City	
State / Zip Code					
Home Number	Cell Number	Employer's Name		Work Number	Lives with Student? Yes ___ No ___
				Parent Email:	
Interpreter Needed? Yes ___ No ___ Home Language _____				Receive School Mailings? Yes ___ No ___	



SIBLING INFORMATION			
Name of Sibling	Date of Birth	School Attending	Grade
<b>ADDITIONAL EMERGENCY CONTACTS – Please provide contact information for people willing to be called to come to school in the event of an emergency involving your child or if s/he is sick and we are unable to contact you.</b>			
<b>CONTACT 1 – First Name</b>		<b>Middle Name</b>	<b>Last Name</b>
Street Address		City	State/Zip Code
Home Number	Cell Number	Work Number	Relationship to Student
<b>CONTACT 2 – First Name</b>		<b>Middle Name</b>	<b>Last Name</b>
Street Address		City	State/Zip Code
Home Number	Cell Number	Work Number	Relationship to Student
<b>Emergency Medical Contact – Will Only Be Called If Needed</b>			
Name of Doctor _____		Business/Office Phone Number _____	

TRANSPORTATION: Please provide transportation information for travel both to and from school.	
Pick-Up Address (to school)	Drop-Off Address (from school)
Student will travel by .... School Bus ___ Parent(s) ___ Walker ___ Please provide daycare information if the bus pick-up location is not the student's home address. _____ Phone Number _____ Name of Daycare Provider _____ Street Address _____ City, State, and Zip Code _____	Student will travel by .... School Bus ___ Parent(s) ___ Walker ___ Please provide daycare information if the bus drop-off location is not the student's home address. _____ Phone Number _____ Name of Daycare Provider _____ Street Address _____ City, State, and Zip Code _____

RELEASE OF INFORMATION TO MILITARY RECRUITERS: (This section is to be completed by parents/guardians of high school students and/or high school students age 18 and older.)
<p>Federal Law requires that the school system provide on request to military recruiters student names, addresses, and telephone listings unless parents/guardians (or the student if age 18 or older) <b>opt out</b> of having information provided to military recruiters. The school will report a list of students whose names will not be provided to military recruiters to the Board of Education twice each year.</p> <ul style="list-style-type: none"> <li>Students over 18 and parents/guardians who do not want a student to opt out of having information provided to military recruiters should leave the box below blank.</li> <li>Students over 18 and parents/guardians who wish to opt out of having the student's name, address, and phone listing provide to military recruiters should check the box below.</li> </ul> <p><input type="checkbox"/> Do not release contact information (opt out).</p> <p>Student's Name (Please print.) _____</p> <p>Printed Name of Parent/Guardian or Student (if age 18 or older) _____</p> <p>Signature of Parent/Guardian or Student (if age 18 or older) _____</p>

**Signature Required**

I verify with my signature that all of the information provided on this form is true and accurate.

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# WICOMICO COUNTY BOARD OF EDUCATION HEALTH QUESTIONNAIRE

To assist your school nurse to better care for your child while at school, please complete this questionnaire and return it to your school nurse promptly. It will alert your school nurse to any needs your child may have while in school. If any information changes during the school year, please advise your school nurse.

Child's Complete Name \_\_\_\_\_  
Last First Middle Date of Birth Grade

Child's Address \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_  
Street/City/State/Zip

Parent/Guardian name and **CORRECT** phone number, with area code, to be reached **during school hours**:

Mother \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Additional phone Numbers: (\_\_\_\_) \_\_\_\_\_  
Father \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Additional phone Numbers: (\_\_\_\_) \_\_\_\_\_  
Guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Additional phone Numbers: (\_\_\_\_) \_\_\_\_\_

**Please provide authorized persons to contact during school hours in an emergency or if child is sick and parent/guardian cannot be reached:**

\_\_\_\_\_  
Name/Relationship to child Address Phone (home/cell/work)  
\_\_\_\_\_  
Name/Relationship to child Address Phone (home/cell/work)

Please provide child's previous school or daycare provider:

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

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Is the doctor named above to be contacted in an emergency if we are unable to locate parent/guardian? Yes \_\_\_ No \_\_\_

Will your child be taking medication in school? If so, what? \_\_\_\_\_

Will your child need an emergency medication at school (such as epi-pen or emergency asthma medication)? Yes \_\_\_ No \_\_\_

**NOTE: A COMPLETED PHYSICIAN'S ORDER MUST ACCOMPANY ANY PRESCRIPTION OR OVER THE COUNTER MEDICATION TAKEN IN SCHOOL. ALL MEDICATIONS MUST BE BROUGHT IN BY THE PARENT, GUARDIAN OR RESPONSIBLE ADULT IN THE ORIGINAL CONTAINER. MEDICATIONS BROUGHT IN BY CHILDREN WILL BE CONFISCATED AND PARENTS CONTACTED.**

Does your child have any of the following? Use the back of form, if needed, to provide further information:

\_\_\_ Allergies. If so, what is the allergen? \_\_\_\_\_ How does your child react to it? \_\_\_\_\_  
\_\_\_ Diabetes \_\_\_ Frequent nose bleeds \_\_\_ Urinary condition \_\_\_ Bowel condition  
\_\_\_ Asthma \_\_\_ Eyeglasses/Contacts \_\_\_ Surgeries \_\_\_ Hearing aid or difficulty hearing  
\_\_\_ Seizures \_\_\_ Frequent ear infections \_\_\_ ADD/ADHD \_\_\_ Difficulty with speaking  
\_\_\_ Bleeding Disorder \_\_\_ Frequent headaches \_\_\_ Neurological condition  
\_\_\_ Heart condition \_\_\_ Learning difficulty \_\_\_ Other \_\_\_\_\_  
\_\_\_ Assistive devices (such as wheelchair, feeding tube, tracheostomy, communication devices): \_\_\_\_\_  
\_\_\_ Restrictions on physical activity in gym or school. If so, please describe \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Revised 8/28/19



NexGen STEM Academy (\*modified version of the Salisbury Middle virtual schedule)  
 Student View -Virtual Middle School Schedule- w/Office Hours

<b>6<sup>th</sup> Grade (NexGen)</b> Family Portal (X2 Aspen)		<b>7<sup>th</sup> Grade (NexGen)</b> Family Portal (X2 Aspen)		<b>8<sup>th</sup> Grade (NexGen)</b> Family Portal (X2 Aspen)	
7:45 – 10:10	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	7:45 – 10:10	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	7:45 – 10:10	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings
<b>Virtual Class 1</b> 10:15 – 10:45	<b>Period 1 and Period 2 (Combined)</b> Integrated Science 6 EX- Pavlekovich Ancient History 6EX- McCrobie (30 min)	<b>Virtual Class 1</b> 10:15 – 10:45	<b>Period 1 and Period 2 (Combined)</b> Core ELA 7 Advanced- J. Cahall (30 min)	<b>Virtual Class 1</b> 10:15 – 10:45	<b>Period 1</b> Technology Education 8- Moore (Project Lead the Way- Gateway) OR Specials Class (30 min)
<b>Virtual Class 2</b> 10:50 – 11:20	<b>Period 3 and Period 4 (Combined)</b> Core ELA 6 Advanced- J. Cahall (30 min)	<b>Virtual Class 2</b> 10:50 – 11:20	<b>Period 1 and Period 2 (Combined)</b> Transitional Algebra- Thompson (30 min)	<b>Virtual Class 2</b> 10:50 – 11:20	<b>Period 2</b> Technology Education 8- Moore (Project Lead the Way- Gateway) OR Specials Class (30 min)
<b>Virtual Class 3</b> 11:25 – 11:55	<b>Period 3 and Period 4 (Combined)</b> Math 6 EX- Thompson (30 min)	<b>Virtual Class 3</b> 11:25 – 11:55	<b>Period 3</b> Specials Class (30 min)	<b>Virtual Class 3</b> 11:25 – 11:55	<b>Period 3 and Period 4 (Combined)</b> Integrated Science 8 EX- Pavlekovich US History 8 EX- McCrobie (30 min)
<b>Lunch</b> 11:55 – 12:20					
<b>Virtual Class 4</b> 12:25 – 12:55	<b>**Period 6 ACE and BDF (Combined)</b> Technology Education 6- Moore (Project Lead the Way- Gateway) (30 min)	<b>Virtual Class 4</b> 12:25 – 12:55	<b>Period 4</b> Specials Class (30 min)	<b>Virtual Class 4</b> 12:25 – 12:55	<b>Period 5 and Period 6 (Combined)</b> Honors - Algebra I- Thompson (30 min)
<b>Virtual Class 5</b> 1:00 – 1:30	<b>Period 7</b> Specials (30 min)	<b>Virtual Class 5</b> 1:00 – 1:30	<b>Period 5 and Period 6 (Combined)</b> Integrated Science 7 EX- Pavlekovich World History 7 EX- McCrobie (30 min)	<b>Virtual Class 5</b> 1:00 – 1:30	<b>Period 5 and Period 6 (Combined)</b> Core ELA 8 Advanced- J. Cahall (30 min)
<b>Virtual Class 6</b> 1:35 – 2:05	<b>Period 8</b> Specials (30 min)	<b>Virtual Class 6</b> 1:35 – 2:05	<b>**Period 8 ACE and BDF (Combined)</b> Technology Education 7- Moore (Project Lead the Way- Gateway) (30 min)	<b>Virtual Class 6</b> 1:35 – 2:05	<b>**Period 8</b> Spanish- Aldridge or Townsend-Ruiz OR French- Crotty (30 min)
2:05 – 3:00	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	2:05 – 3:00	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	2:05 – 3:00	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings
<p><b>Monday, Tuesday, Thursday, and Friday</b> will follow above schedule. This time will be dedicated to synchronous or asynchronous, teacher-led learning.  <b>Wednesday</b> will be asynchronous, PLCs, grading, student feedback, small group instruction and individual student support.</p>					

\*\*NexGen Lab classes (period 5&6 for 6<sup>th</sup> Grade, period 7&8 for 7<sup>th</sup> Grade, and period 7 for 8<sup>th</sup> Grade) listed on schedules in Family Portal (X2 Aspen) will not be held during virtual learning.

## 2020-2021 WICOMICO COUNTY PUBLIC SCHOOLS CALENDAR

JULY					JULY		Teacher	Student	JANUARY				
M	T	W	T	F	3	Independence Day Observed - Schools & Central Office closed	# Days	# Days	M	T	W	T	F
		1	2	3	AUGUST		4	0					1
6	7	8	9	10	10	All 10-month (220 day) employees report - regular hours			4	5	6	7	8
13	14	15	16	17	26	All teachers report to home schools - regular hours			11	12	13	14	15
20	21	22	23	24	SEPTEMBER		20	17	18	19	20	21	22
27	28	29	30	31	2	All assistants and nurses report			25	26	27	28	29
AUGUST					4	Central Office & School Offices open			FEBRUARY				
M	T	W	T	F	7	Labor Day - Schools & Central Office closed			M	T	W	T	F
					8	Schools open for all students (PreK-12th grade)							
AUGUST					OCTOBER		21	21					
3	4	5	6	7	16	MSEA Convention - Schools closed;			1	2	3	4	5
10	11	12	13	14		Central Office & School Offices open			8	9	10	11	12
17	18	19	20	21	NOVEMBER		17	17	15	16	17	18	19
24	25	26	27	28	3	General Election - Schools & Central Office closed			22	23	24	25	26
31					10	End of 1st Term (44 days)			MARCH				
SEPTEMBER					13	Professional Day - Early dismissal for students			M	T	W	T	F
M	T	W	T	F	16	Report Cards distributed			1	2	3	4	5
	1	2	3	4	25 - 27	Thanksgiving - Schools & Central Office closed			8	9	10	11	12
7	8	9	10	11	30	Schools & Central Office reopen			15	16	17	18	19
14	15	16	17	18	DECEMBER		14	14	22	23	24	25	26
21	22	23	24	25	21 - 31	Winter Holidays - Schools closed;			29	30	31		
28	29	30				Central Office & School Offices open 12/21-23, 28-30			APRIL				
OCTOBER					JANUARY		19	19	M	T	W	T	F
M	T	W	T	F	1	New Year's Holiday - Schools & Central Office closed							
			1	2	4	Schools & Central Office reopen			5	6	7	8	9
5	6	7	8	9	18	M.L.King Jr. Day - Schools & Central Office closed			12	13	14	15	16
12	13	14	15	16	29	End of 2nd Term (44 days)			19	20	21	22	23
19	20	21	22	23	FEBRUARY		19	18	26	27	28	29	30
26	27	28	29	30	1	Professional Day - Schools closed for students			MAY				
NOVEMBER					4	Report Cards distributed			M	T	W	T	F
M	T	W	T	F	4	Commencement - Evening High School			3	4	5	6	7
					15	Presidents' Day - Schools & Central Office closed			10	11	12	13	14
2	3	4	5	6	MARCH		23	23	17	18	19	20	21
9	10	11	12	13	APRIL		20	20	24	25	26	27	28
16	17	18	19	20	2 & 5	Spring Holiday - Schools & Central Office closed			31				
23	24	25	26	27	8	End of 3rd Term (45 days)			JUNE				
30					9	Professional Day - Early dismissal for students			M	T	W	T	F
DECEMBER					14	Report Cards distributed				1	2	3	4
M	T	W	T	F	MAY		20	20	7	8	9	10	11
	1	2	3	4	31	Memorial Day - Schools & Central Office closed			14	15	16	17	18
7	8	9	10	11	JUNE		12	11	21	22	23	24	25
14	15	16	17	18	3	Commencement - Evening High School			28	29	30		
21	22	23	24	25	4	Commencement - Mardela High School (7:00PM)			JULY				
28	29	30	31		5	Commencement - Parkside High School (10:00AM)			M	T	W	T	F
DECEMBER					5	Commencement - Wicomico High School (2:30PM)							
M	T	W	T	F	5	Commencement - James M. Bennett High School (7:00PM)			3	4	5	6	7
					11, 14, 15	Early dismissal for students			10	11	12	13	14
					15	Last day for students, instructional assistants, and nurses			17	18	19	20	21
					15	End of 4th Term (47 days)			24	25	26	27	28
					17	Last day for teachers			31				
					18	Report Cards mailed			AUGUST				
					23	Last working day for 10-month (220 day) employees			M	T	W	T	F
							190	180					

Inclement weather make-up days - November 13, 2020, February 1 & 15, 2021, June 16 & 17, 2021

- Holiday Observance - no students or staff report
  - Schools Closed Full Day for Students
  - Early Dismissal for Students
  - Schools Closed for students; C.O. & School Offices open
- Board Approved - 1.14.2020

**Wicomico County Public Schools**  
 2424 Northgate Drive, P.O. Box 1538  
 Salisbury, MD 21802-1538  
 410-677-4400      www.wcboe.org      410-677-4444(Fax)  
 www.facebook.com/wcboe      Twitter: @wcboe      Instagram: wicomicopublicschools







## Family Portal Opens Sept 1 for 2020-2021 School Year for Students in Grades 1-12 and Parents/Guardians

### Family Portal for Parents/Guardians:

**Login ID:** student's full last name (all lower case, special characters and spaces removed, not to exceed 14 characters) + first initial of student first name + the last 4 digits of the student's Social Security Number.

**Password:** Student's 5-digit lunch number (this number is printed on the outside mailing label on Principal's Welcome Newsletter in your packet). This is temporary; the parent will choose a new password the first time they log on.

**Example:** Your student is John A. Smith-Jones with the social security number xxx-xx-1234. John's lunch number is 98765. The **login id will be smithjonesj1234** and the **temporary password is 98765**.

### Family Portal for Students:

**Login ID:** student's last name (all lower case, special characters and spaces removed, not to exceed 14 characters) + first initial of student first name + the last 5 digits of the student's local ID number (printed on student schedules and report cards).

**Password:** Student's 5-digit lunch number. This is temporary; the student will choose a new password the first time they log on.

**Example:** Student John A. Smith-Jones with the local Student ID number 110098765 and lunch number 23456. The login id will be smithjonesj98765 and the temporary password is 23456.

### How Students Log in to School Email:

*\*It is very important that every student can log into their school email accounts. They will be used during virtual learning.*

1. Go to [mail.wcboe.org](mailto:mail.wcboe.org)

2. **Log in** with [username@students.wcboe.org](mailto:username@students.wcboe.org)

Username is student's full last name (all lower case, special characters and spaces removed, not to exceed 14 characters) + first initial of student first name + the last 5 digits of the student's local school ID. Ex: If student's local ID is 500033705 their login would be smithjonesj33705@students.wcboe.org

3. **Password:** Student's 5-digit lunch number + three zeros. Ex: 23456000

# K-12 Student Accident Insurance **Enroll Online**



[www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)

Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help.

## **K-12 Accident Plans available through your school:**

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

## **How to Enroll Online**

Enrolling online is easy and should take only a few minutes. Go to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) and click the "Enroll Now" button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo.

## **Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:**

- *Sólo accidentes en la escuela*
- *Sólo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

## **Cómo inscribirse en línea**

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) y haga clic en el botón "Enroll Now" ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.