



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 8th, 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. 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 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. 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: 6th grade students – jwillia@wcboe.org
- ✓ Ms. Margaret Morris: 7th grade students – margmorr@wcboe.org
- ✓ Mrs. Kim Hudson: 8th grade students – 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 ___ 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 _____			Does the student... 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?				
___ <u>No</u> , student is not military connected. ___ <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? _____ ___ <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
Street Address				Relationship to Student
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
Street Address				Relationship to Student
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

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.

CONTACT 1 – First Name		Middle Name	Last Name	
Street Address		City	State/Zip Code	
Home Number	Cell Number	Work Number	Relationship to Student	
CONTACT 2 – First Name		Middle Name	Last Name	
Street Address		City	State/Zip Code	
Home Number	Cell Number	Work Number	Relationship to Student	

Emergency Medical Contact – Will Only Be Called If Needed
 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.)

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) **opt out** 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.

- 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.
- 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.

Do not release contact information (opt out).

Student's Name (Please print.) _____

Printed Name of Parent/Guardian or Student (if age 18 or older) _____

Signature of Parent/Guardian or Student (if age 18 or older) _____

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: (____) _____ Phone (____) _____
Father _____ Phone (____) _____
Additional phone Numbers: (____) _____ Phone (____) _____

Guardian _____ Phone (____) _____
Additional phone Numbers: (____) _____ Phone (____) _____

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

Salisbury Middle School (*NexGen STEM Academy will follow a modified schedule)
Student View -Virtual Middle School Schedule- w/Office Hours

6 th Grade (All Levels)		7 th Grade (All Levels)		8 th Grade (Core ELA)		8 th (EX ELA)		8 th (Advanced ELA)	
Family Portal (X2 Aspen)		Family Portal (X2 Aspen)		Family Portal (X2 Aspen)		Family Portal (X2 Aspen)		Family Portal (X2 Aspen)	
Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings		Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings		Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings		Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings		Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	
7:45 – 10:45	7:45 – 10:10	7:45 – 10:10	7:45 – 10:10	7:45 – 10:10	7:45 – 10:10	7:45 – 10:10	7:45 – 10:10	7:45 – 10:10	7:45 – 10:10
Virtual Class 1 10:15 – 10:45 (30 min)	Virtual Class 1 10:15 – 10:45 (30 min)	Virtual Class 1 10:15 – 10:45 (30 min)	Virtual Class 1 10:15 – 10:45 (30 min)	Virtual Class 1 10:15 – 10:45 (30 min)	Virtual Class 1 10:15 – 10:45 (30 min)	Virtual Class 1 10:15 – 10:45 (30 min)	Virtual Class 1 10:15 – 10:45 (30 min)	Virtual Class 1 10:15 – 10:45 (30 min)	Virtual Class 1 10:15 – 10:45 (30 min)
Virtual Class 2 10:50 – 11:20 (30 min)	Virtual Class 2 10:50 – 11:20 (30 min)	Virtual Class 2 10:50 – 11:20 (30 min)	Virtual Class 2 10:50 – 11:20 (30 min)	Virtual Class 2 10:50 – 11:20 (30 min)	Virtual Class 2 10:50 – 11:20 (30 min)	Virtual Class 2 10:50 – 11:20 (30 min)	Virtual Class 2 10:50 – 11:20 (30 min)	Virtual Class 2 10:50 – 11:20 (30 min)	Virtual Class 2 10:50 – 11:20 (30 min)
Virtual Class 3 11:25 – 11:55 (30 min)	Virtual Class 3 11:25 – 11:55 (30 min)	Virtual Class 3 11:25 – 11:55 (30 min)	Virtual Class 3 11:25 – 11:55 (30 min)	Virtual Class 3 11:25 – 11:55 (30 min)	Virtual Class 3 11:25 – 11:55 (30 min)	Virtual Class 3 11:25 – 11:55 (30 min)	Virtual Class 3 11:25 – 11:55 (30 min)	Virtual Class 3 11:25 – 11:55 (30 min)	Virtual Class 3 11:25 – 11:55 (30 min)
Lunch 11:55 – 12:20									
Virtual Class 4 12:25 – 12:55 (30 min)	Virtual Class 4 12:25 – 12:55 (30 min)	Virtual Class 4 12:25 – 12:55 (30 min)	Virtual Class 4 12:25 – 12:55 (30 min)	Virtual Class 4 12:25 – 12:55 (30 min)	Virtual Class 4 12:25 – 12:55 (30 min)	Virtual Class 4 12:25 – 12:55 (30 min)	Virtual Class 4 12:25 – 12:55 (30 min)	Virtual Class 4 12:25 – 12:55 (30 min)	Virtual Class 4 12:25 – 12:55 (30 min)
Virtual Class 5 1:00 – 1:30 (30 min)	Virtual Class 5 1:00 – 1:30 (30 min)	Virtual Class 5 1:00 – 1:30 (30 min)	Virtual Class 5 1:00 – 1:30 (30 min)	Virtual Class 5 1:00 – 1:30 (30 min)	Virtual Class 5 1:00 – 1:30 (30 min)	Virtual Class 5 1:00 – 1:30 (30 min)	Virtual Class 5 1:00 – 1:30 (30 min)	Virtual Class 5 1:00 – 1:30 (30 min)	Virtual Class 5 1:00 – 1:30 (30 min)
Virtual Class 6 1:35 – 2:05 (30 min)	Virtual Class 6 1:35 – 2:05 (30 min)	Virtual Class 6 1:35 – 2:05 (30 min)	Virtual Class 6 1:35 – 2:05 (30 min)	Virtual Class 6 1:35 – 2:05 (30 min)	Virtual Class 6 1:35 – 2:05 (30 min)	Virtual Class 6 1:35 – 2:05 (30 min)	Virtual Class 6 1:35 – 2:05 (30 min)	Virtual Class 6 1:35 – 2:05 (30 min)	Virtual Class 6 1:35 – 2:05 (30 min)
Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings
Period 5-6 Core Class (30 min)	Period 5-6 Core Class (30 min)	Period 5-6 Core Class (30 min)	Period 5-6 Core Class (30 min)	Period 5-6 Core Class (30 min)	Period 5-6 Core Class (30 min)	Period 5-6 Core Class (30 min)	Period 5-6 Core Class (30 min)	Period 5-6 Core Class (30 min)	Period 5-6 Core Class (30 min)
Period 7 Specials Class (30 min)	Period 7 Specials Class (30 min)	Period 7-8 Core Class (30 min)	Period 7-8 Core Class (30 min)	Period 7-8 Core Class (30 min)	Period 7-8 Core Class (30 min)	Period 7-8 Core Class (30 min)	Period 7-8 Core Class (30 min)	Period 7 Spanish Core Class (30 min)	Period 7 Spanish Core Class (30 min)
Period 8 Specials Class (30 min)	Period 8 Specials Class (30 min)	No Class (may be used for small group instruction)	No Class (may be used for small group instruction)	No Class (may be used for small group instruction)	No Class (may be used for small group instruction)	No Class (may be used for small group instruction)	Period 6 EX ELA Core Class (30 min)	Period 8 Advanced ELA Core Class (30 min)	Period 8 Advanced ELA Core Class (30 min)
Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings	Office Hours • Reteaching • Small Group Instruction • Student/Parent Meetings
<p>Monday, Tuesday, Thursday, and Friday will follow above schedule. This time will be dedicated to synchronous or asynchronous, teacher-led learning. Wednesday will be asynchronous, PLCs, grading, student feedback, small group instruction and individual student support.</p>									

2020-2021 WICOMICO COUNTY PUBLIC SCHOOLS CALENDAR

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

2. **Log in** with 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



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 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. 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 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 recibirán 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. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.