

Welcome to the 2009-2010 registration process

We will be making changes to our registration process. There are two locations for registration information: this handout packet and the on-line Information Station.

** forms are informational ✓ mandatory return*

This handout packet contains forms to be filled-out, signed and returned:

- ✓ Student verification form
 - ✓ State and federal guidelines for:
 - FERPA - Family Educational Rights and Privacy Act *
 - Pesticide Notification
 - Student Opt-Out
 - Sex Offender Registration
- Please fill in all parts that pertain to you or your student.
- ✓ Student fee information
 - ✓ Health & Medical information
 - ✓ Internet Access forms (Freshmen only)
 - ✓ Physical & Immunization information (Freshmen only)
 - ◆ Textbook pickup dates for 2009-2010



The following items will be on-line at the Information Station button at www.sequoits.com.

- **Yearbook order form**
- **Finesse order form**
- **Sequoit Pride membership form - Separate check required**
- **AMPS (Fine Arts parental support)**
- **Diploma information (Seniors only)**
- **Quarterly Athletic Newsletters***
- **Tentative Calendar***
- **Summer Reading book and assignment**
- **Mealtime letter***
- **Student accident insurance forms will be available on-line only.**

Other information:

- *Progress reports will be available on the Pass system. Mid-term and end-of-semester report cards will be mailed home.*
- *Please read the information regarding fee changes on the Student Fee informational form.*
- *Schedules will be available on Pass no later than August 1st.*
- *Bus Transportation information will be available on the website mid-July.*

Late summer information that will be mailed:

- * *Pass Pin information and instructions*
- * *Locker assignment (Freshmen)*
- * *Fee waiver application/Free lunch program*

Your email address is VERY important. We will be using e-mail as a primary contact for our notification process. If your e-mail address changes, please contact the school.

✓ Please return forms and payment by July 17, 2009.

STUDENT FEES
Antioch Community High School
2009-2010 School Year

Name of Student: (please print) _____ Student ID# _____

REQUIRED FEES:

Registration Fees: (Includes Offsite Registration)

Freshman or New Student (Includes P.E. uniform, hall lock and P.E. lock)	\$ 160.00_____
Sophomore	135.00_____
Junior	140.00_____
Senior (Includes cap & gown rental)	160.00_____

Fine Arts Activity Fees:

Madrigal Ensemble	\$ 40.00_____
Marching Band	40.00_____
Color Guard	40.00_____

Technology Campus Fee **\$ 25.00** _____

OPTIONAL PURCHASES:

2010 Yearbook (Standard)	\$ 55.00_____
2010 Yearbook (With Name Embossed on Yearbook Cover)	60.00_____
Replacement P.E. shirt	5.00_____
Replacement P.E. shorts	6.00_____
P.E. Sweatshirt	10.00_____
P.E. Sweatpants	10.00_____
Replacement lock for P.E. locker	5.00_____
Replacement lock for hall locker	5.00_____
Finesse (Literary Magazine)	5.00_____
TOTAL	\$ _____

****Sequoit Pride Membership- Separate check payable Sequoit Pride** **10.00**_____

If paying by credit card (**VISA** or **MasterCard**), you may:

- 1) Pay online at www.sequoits.com (**Online Fee Payment** under SPECIAL) **or**
- 2) Come in to the Main Office and use your credit card at the desk of the Student Fees Clerk **or**
- 3) Provide the necessary information below **or**
- 4) Call the Student Fees Clerk at **(847) 838-7189**.

If paying by check or money order please make it payable to: ACHS.

 Cardholder's Name (please print): _____

Cardholder's Address: _____

City: _____ State: _____ Zip: _____

Please charge my: VISA MasterCard Amount: \$ _____

Credit Card Number: _____ - _____ - _____ - _____ Exp. _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Cash Check # _____ Date _____ Last Name on Check _____ M.O.# _____
 VISA MasterCard Fees Waived (Documents attached) Received By _____

****IMPORTANT****
2009/2010 STUDENT FEES INFORMATION

The following procedures will be implemented this year to ensure the continuation of the best possible experience for your student. Non payment of fees will result in loss of privileges to participate in the following programs.

Driver Education –“Behind the Wheel”

Prom

Parking Permits

Graduation Ceremony

Sports

Summer School

Yearbook

Finesse magazine

All payments received will be applied to *any* outstanding fees prior to any further purchases including yearbook, finesse, parking permits, etc. Students will not be allowed to participate in Prom, driver's education (behind the wheel), sports, graduation ceremony or summer school.

Fee waivers need to be completed every year. Due to new federal guidelines the fee waiver will be available after July 21, 2009 either by mail or contacting the Fee Secretary in the main office. If applying for a waiver, you will receive a letter of acceptance or denial from the District Office. Please follow up to ensure your waiver has been approved. Waivers are only for the current year and are not retroactive.

MEDICATION
ADMINISTRATION/SELF-ADMINISTRATION
CONSENT FORM

Name of Student _____ Date of Birth _____
Address _____ Emergency Phone _____
School _____ Grade _____

Part I – Physician’s Statement *(This statement may be signed by a physician’s assistant or advance practice registered nurse having such authority delegated by a supervising/collaborating physician.)*

1. Name/type of medication: _____
2. Is the prescribed medication for an asthmatic condition? _____
3. If the prescribed medication is an epinephrine auto-injector, is the device for immediate self-administration by a person at risk of anaphylaxis? _____
4. Dosage/amount to be given: _____
5. Route of administration: _____
6. Frequency and time of administration, or special circumstances under which the medication or epinephrine auto-injector is to be administered: _____
7. Duration (e.g., week, month, indefinite): _____
8. Diagnosis, intended effect and anticipated reaction to medication (symptoms, side effects, etc.):

9. Other medication student is receiving: _____
10. Other requirements or special circumstances: _____
11. Must this medication be administered during the school day in order to allow the student to attend school? _____
12. Is supervised student self-administration authorized? _____
13. **For asthma medication or epinephrine auto-injector only*** -- Is unsupervised self-administration authorized? _____

**Pursuant to Illinois law, upon parental consent, a student who is prescribed asthma medication or an epinephrine auto-injector may possess and use his/her asthma medication or epinephrine auto-injector during school or at school-sponsored activities without the supervision of district personnel.*

(Physician’s Signature)

(Date Signed)

(Address)

(Telephone Number)

Part II– Liability Notice

Community High School District 117 and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector by the student.

PARENTAL CONSENT FORM
EMERGENCY TREATMENT

I, _____, parent/legal guardian of _____, have enrolled my child in and hereby authorize Dr. _____, my child's physician, or any physician in his or her group practice, on my behalf to administer emergency medical assistance to my child during school or a school-sponsored activity. In the event my child's physician, or any physician in his or her group practice, is not available, or contact with my child's physician is not practical under the circumstances, I hereby authorize Community High School District 117, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized school personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I further waive any claims against Community High School District 117, the members of the Board of Education, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify Community High School District 117, the members of its Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages or causes of action or injuries, costs and expenses, including attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment.

Signed _____ Phone # _____ Date _____

Part III- Parent's Request/Approval

I hereby request and grant permission for Community High School District 117 school personnel to [***check one***] _____ administer or _____ permit the self-administration of medication to/by my daughter/son according to the above instructions. I understand that administration by school personnel may be performed by an individual other than a certificated and registered school nurse, and I specifically consent to this. I acknowledge that Community High School District 117 is to incur no liability, except for willful and wanton conduct, arising from the self-administration of medication or use of an epinephrine auto-injector by my daughter/son. I further waive any claims against the School District, members of the Board of Education, its employees and agents arising out of the administration or self-administration of said medication or use of an epinephrine auto-injector, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages or causes of action or injuries, costs and expenses, including attorneys' fees, resulting from or arising out of the administration or self-administration of medication or use of such epinephrine auto-injector. With respect to student self-administration of asthma medication or use of an epinephrine auto-injector, this waiver and indemnification are not applicable to willful and wanton acts to the extent required by law.

For asthma medication or epinephrine auto-injector only – I consent to my child's possession and unsupervised self-administration of asthma medication: _____ yes _____ no. I consent to my child's possession and unsupervised use of his/her epinephrine auto-injector: _____ yes _____ no.

Signed _____ Phone # _____ Date _____

**ANTIOCH COMMUNITY HIGH SCHOOL
HEALTH HISTORY AND EMERGENCY INFORMATION**

PARENTS: In order to insure emergency care for a child taken ill or injured at school, the following information is essential. Completing this form each year may seem unnecessary to many parents, but addresses, employment, phone numbers, as well as your child's health, may change from year to year. It must be signed by a parent or guardian.

Student's Name _____ Birth Date _____ Grade _____

HEALTH HISTORY:

Asthma? _____ Any restrictions? _____

Allergies to food, medicine, insect bites or other? _____

Does your child have a hearing loss? _____ Wear a hearing aid? _____ Wear glasses/contacts? _____

Does your child take medicine regularly and for what purpose? _____

Does your child have any other significant illness, special problem or disability (include emotional), or use any special equipment such as a brace? Explain: _____

EMERGENCY INFORMATION

Home Address _____ Phone _____

Mother's Name _____ Employer _____ Work # _____ Cell # _____

Father's Name _____ Employer _____ Work # _____ Cell # _____

List below other responsible persons to be notified if unable to reach parents:

1. _____ Relationship _____ Home # _____ Work # _____ Cell # _____

2. _____ Relationship _____ Home # _____ Work # _____ Cell # _____

Family Physician _____ Phone # _____

In the event of an emergency rising out of serious illness or injury, permission is hereby granted to transport my son/daughter to a medical facility, if necessary, and to provide necessary treatment. I understand that an attempt will be made by the school administration and/or the attending physician to contact me or my spouse in the most expeditious way possible. If said physician is not able to communicate with me or my spouse, permission is hereby granted to the attending physician to proceed with necessary medical or surgical treatment in the best interest of my son/daughter, and if necessary, to admit him/her to a medical facility. Permission is also granted to the athletic trainer, in the absence of a physician, to provide necessary first aid until such time as a physician is present.

Parent/Guardian Signature _____ Date _____

Antioch Community High School
Student Opt-Out & Pesticide Form 2009-2010

Regarding the:
Release of Name, Address, and telephone number

Federal Public Law 107-110, Section 9528 of the ESEA, "No Child Left Behind Act," requires school districts to release student names, addresses and phone numbers to military recruiters upon their request. The law also requires the school district to notify you of your right to opt-out from this by requesting that the District not release your information to military recruiters. The completion and return of this form serves as your request to withhold your private information.

As a student you have the right to request that your private information is not released to military recruiters and other. Complete this Opt-Out Form and return it to your Principal.

_____ I request that this student's name, address, and telephone number NOT be released to armed forces and military recruiters, or military schools.

_____ I request that this student's name, address, and telephone number NOT be released to colleges, universities, or companies seeking employees.

Signature of student: _____

Signature of parent or guardian: _____

Date received _____

Pesticide Application Notification

District 117 practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. Applications of pesticides are made only when deemed necessary to control a pest problem and after trying other means to control the problem. The term "pesticide" includes insecticides, herbicides, rodenticides, and fungicides.

We are establishing a registry of people who wish to be notified prior to pesticide applications. To be included in this registry, please complete the form below and return to ACHS.

_____ Please include me in the notification registry. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as possible.

We will be using e-mail for our notification process. If you do not have an e-mail, please provide an address below that we can send written notification.

E-Mail Address: _____

Grade Level _____

Student Name _____

Parent(s)/Guardian Name _____

Address _____

Phone Number _____

Letter to Parent Regarding Visits to School by Child Sex Offenders

Student's Name (*please print*)

School

Dear Parent/Guardians:

The purpose of this letter is to help the school and District comply with the State law placing restrictions of child sex offenders' access to school property (720 ILCS 5/11-9.3). State law prohibits a child sex offender from being present on school property or loitering on a public way within 500 feet of school property when persons under the age of 18 are present, unless the offender: (1) is a parent/guardian of a student present on school property, or (2) has permission to be present from the Superintendent or the School Board. A child sex offender present on school property must remain under the direct supervision of a school official.

The following applies to a **Parent/guardian who is a child sex offender**:

If you are a child sex offender, you need to immediately return this letter with the blanks completed, to the Building Principal's office where your child is enrolled. The District will crosscheck responses with the list received from law enforcement identifying child sex offenders living within this jurisdiction.

When you visit your child at school or a school event that you have not already described on the form below, you must inform the Principal's secretary that you need to make an entry on your record of school visits. This record will be kept on file in the Building Principal's office where your child is enrolled.

The following must be completed by a child sex offender who is a parent or guardian of a student enrolled in the school:

Name of Parent/Guardian (*please print*)

Signature of Parent/Guardian

Date

- You do not need advance permission for you to visit school property.
- You must provide the information requested below for the times you anticipate visiting the school, such as, after school to pick-up your child, during specific sporting events, and during parent-teacher conferences.
- For all other visits, you must go to the Principal's office and provide the information on your record of visits.
- You must remain under the direct supervision of the assigned school official.

Record of Visits

Date	Location and Purpose	Supervisor	In	Out

The following applies **if you know someone who is a child sex offender** who would like to visit school property:

If you know a child sex offender who is not a parent/guardian of a student enrolled in the school, but who would like to visit school property, please refer them to the Superintendent's office to request permission. A child sex offender who is not a parent/guardian of a student enrolled in the school must complete a form in order to be granted permission to visit school property. This form must be completed for each visit to school property.

If permission is granted, the Superintendent or designee shall provide the details of the offender's upcoming visit to the Building Principal. The Superintendent, or designee who is a certified employee, will supervise the offender whenever the offender is in a student's vicinity.

Model Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and privacy Act (FERPA) affords parents and students over 18 years of age (“eligible students”) certain rights with respect to the student’s education records. These rights are:

(1) The right to inspect and review the student’s education records within 45 days of the day the School receives a request for access.

Parents or eligible students should submit to the School principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student’s education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student’s privacy rights under FERPA.

Parents or eligible students who wish to ask the School to amend a record should write the School principal (or appropriate school official), clearly identify the part of the record they want changed, and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School board; a person or company with whom the School has contracted as its agent to provide a service instead of using its own employees or officials (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the *School District* to comply with the requirements of FERPA. The name and address of the office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 30303-5920

Model Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED) –

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships
6. Legally recognized privileged relations, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

- *Receive notice and an opportunity to opt a student out of –*

1. Any other protected information survey, regardless of funding;
2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

- *Inspect*, upon request and before administration or use –
 1. Protected information surveys of students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the educational curriculum.

These rights transfer to from the parents to a student who is 18 years old or an emancipated minor under State law.

Community District 117 has developed and adopt[ed] policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. Community District 117 will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent or opt his or her child out of participation of the specific activity or survey. Community District 117 will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

Parents who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
 U.S. Department of Education
 400 Maryland Avenue, SW
 Washington, D.C. 20202-5920

PPRA Model Notice and Consent/Opt-Out for Specific Activities

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires District 117 to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas (“protected information surveys”):

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctor, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes (“marketing surveys”), and certain physical exams and screenings.

Following is a schedule of activities requiring parental notice and consent or opt-out for the upcoming school year. This list is not exhaustive and, for surveys and activities scheduled after the school year starts, the School District 117 will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities and be provided an opportunity to opt their child out, as well as an opportunity to review the surveys. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 years old or an emancipated minor under State law.)

*Illinois Youth Survey
 Josephson Institute National Ethics Survey*

Community High School District 117
AUTHORIZATION FOR INTERNET ACCESS AND TERMS AND CONDITIONS

Community High School District 117 has the ability to enhance your child's education through the use of the Internet. The Internet offers vast, diverse, and unique resources. The goal of the Board of Education in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication. Your authorization is needed before your child may use this resource.

Students and teachers may have access to:

- Limited electronic mail communications with people from all over the world
- Information from government sources, research institutions, and other sources
- Discussion groups
- Many libraries, including the catalog to the Library of Congress and the Educational Resources Information Clearinghouses (ERIC).

With this educational opportunity also comes responsibility. The use of inappropriate material or language or violation of copyright laws may result in the loss of the privilege to use this resource. You are legally responsible for your child's actions.

The District takes precautions to prevent access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting; however, it is impossible to control all material. Ultimately, you are responsible for setting and conveying the standards that your child should follow. To that end, District 117 supports and respects each family's right to decide whether or not to authorize Internet access.

Please read and discuss this information with your child. Sign the Authorization form and return with your registration materials.

Jay Sabatino

Dr. Jay Sabatino, Superintendent
Community High School District 117

Community High School District 117
INTERNET ACCESS TERMS AND CONDITIONS

Terms and Conditions

1. **Acceptable Use** - Access to the District's Internet must be for the purpose of education or research and be consistent with the educational objectives of the District.
2. **Privileges** - The use of the District's Internet is a privilege, not a right, and inappropriate use may result in cancellation of those privileges. The Director of Technology and Assistant for Student Activities and Operations will make the initial determination regarding whether or not a user has violated this Authorization and will make a recommendation to the Principal and/or Designee whether access is to be denied, revoked, or suspended at anytime: the action of the Principal and/or Designee is final.
3. **Unacceptable Use** - The User is responsible for his/her actions and activities involving the network. Examples of unacceptable uses include, but are not limited to:
 - Using the network for any illegal activity, including violation of copyright or other contracts, or transmission any material in violation of any U.S. or State regulations;
 - Unauthorized downloading of software, regardless of whether it is copyrighted or devirused;
 - Game playing of any kind on the computer is prohibited;
 - Downloading copyrighted material for other than personal use;

- Using the network for private financial or commercial gain;
 - Wastefully using resources, such as file space;
 - Gaining unauthorized access to system files, resources, or entities
 - Invading the privacy of individual;
 - Using another user's account or password;
 - Posting material authored or created by another without his/her consent;
 - Posting anonymous messages;
 - Using the network for commercial or private advertising;
 - Accessing, submitting, posting, publishing, or displaying any defamatory inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material;
 - Using the network while access privileges are suspended or revoked.
4. **Network Etiquette** - The user is expected to abide by generally accepted rules of network etiquette. These include, but are not limited to, the following:
- Be polite. Being abusive in trespasses sent to others is unacceptable.
 - Use appropriate Language. Swearing, using vulgarities or any other inappropriate language unacceptable.
 - Revealing the personal addresses or telephone numbers of students or colleagues is unacceptable.
 - Electronic mail (E-mail) is not private. Personnel who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
 - The network is to be used in a way so as not to disrupt its use by others
 - All communications and information accessible via the network should be considered to be private property.
5. **No Warranties** — The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, missed-deliveries, or service interruptions caused by its negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.
6. **Indemnification** — The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of any breach of this authorization.
7. **Security** — Network security is a high-priority. If the user identified is security problem on the Internet, it must be reported immediately to the Director of Technology or Building Principal. The problem is not to be demonstrated to other users. The users account and password is to be kept confidential. The account of another user may not be used without written permission from that individual and the approval of the Director of Technology. Attempts to log-on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to the network.
8. **Vandalism** — Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any other network. This includes, but is not limited to the uploading or creation of computer viruses.
9. **Telephone Charges** - The district assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.

Community High School District #117
Authorization for Internet Access

Please read carefully all information regarding Internet Access and Terms and Conditions. Complete and return this form. Keep all other information for your records.

I/We have read the **Authorization for Internet Access**. I/We understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I/We also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I/We will hold harmless the District, its employees, agents, or members of the Board of Education for any harm caused by materials or software obtained via the network. I/We accept full responsibility for supervision if and when my child's use is not in a school setting. I/We have discussed the terms of this Authorization with my child. I/We hereby request that my child be allowed access to the District's Internet.

Student Name (Please Print/Type) _____

Parent/Guardian Name
(Please Print/Type) _____

Parent/Guardian
Signature _____ Date _____

Student Signature _____ Date _____

I do not want my child to have access to the Internet.

Parent/Guardian
Signature _____ Date _____

REGULATIONS REGARDING PHYSICALS AND IMMUNIZATIONS

Dear Parents:

The School Code of Illinois states that prior to entrance into ninth grade, all students must be given physical examinations and show evidence of immunity to diphtheria, tetanus, pertussis, poliomyelitis, measles, rubella (German measles), mumps and Hepatitis B. It is recommended that they receive a dental examination.

The regulations concerning immunizations are as follows:

- A. All students entering ninth grade must have received three or more doses of either diphtheria-tetanus (TD), with the last dose being a booster. If 10 years have passed since the last booster, an additional booster is required.
- B. All students entering ninth grade must have received at least three doses of oral polio vaccine (at least 8 weeks between doses), with the last dose being a booster and having been received on or after the 4th birthday.
- C. All students entering ninth grade must present evidence that they: (1) have received two doses of live measles virus vaccine, the first dose by at least 12 months of age and the second dose no less than one month after the first; or (2) have a doctor's verification that they have had the disease; or (3) have a laboratory test indicating they are immune to measles.
- D. All students entering ninth grade must present evidence that they have been immunized against rubella (German or 3-day measles) at one year of age or later.
- E. All students entering ninth grade must present evidence that they have been immunized against mumps at one year of age or later or have a doctor's verification that they have had the disease.
- F. All students entering the ninth grade must have been immunized against Hepatitis B, with the second immunization following 30 days after the first inoculation, and the third immunization following 6 months after the second inoculation.
- G. It is highly recommended, but not mandatory, that all students entering ninth grade have the tuberculin skin test using the intradermal Mantoux method.

Local physicians are aware of these regulations and can bring the immunizations up-to-date at the time of your child's physical examination. The Lake County Health Department provides an immunization clinic at the VFW in Antioch on the third Wednesday of each month from 4 p.m. until 6 p.m. They also have a clinic in Round Lake Beach. Phone the Lake County Health Department at 847-377-8470 or 847-377-8480 for more information. There is a minimal charge for immunizations and physical exams.

EXCEPTIONS FOR IMMUNIZATIONS AND PHYSICAL:

A. If your physician feels that the physical condition of the child is such that the administration of one or more of the required immunizing agents would be detrimental to the health of the child, then that agent would not be required. A statement from the physician to this effect is necessary.

B. If the parent or guardian of a child objects to their immunization or a physical examination due to religious beliefs, they will not be required. In such instances a signed statement of this objection, detailing the grounds for such objections, must be presented.

The physical examination **MUST** be written on the forms provided. These are now the only acceptable forms to be used for school health examinations in the State of Illinois. The immunization dates must be filled in with dates you know are accurate and should include **day, month and year**. This should be done before your child receives his/her examination so your doctor can determine if any additional immunizations are needed. If any are given at that time, they should also be indicated on the form.

PHYSICAL EXAMINATIONS MAY BE GIVEN WITHIN ONE YEAR PRIOR TO NINTH GRADE ENTRANCE. THE COMPLETED FORM SHOULD BE RETURNED WITH THE STUDENT'S REGISTRATION MATERIALS OR BROUGHT TO THE NURSE AS SOON AS POSSIBLE.

Please call your doctor early for an appointment as many cannot assure you of an appointment before school begins if called after August 1st.

Please fill out and sign the **HEALTH HISTORY/EMERGENCY INFORMATION** form included in this packet.

Needless to say, your child's health is an important factor and his/her school life can be more meaningful and interesting if he or she attends regularly. Some illnesses and conditions which cause frequent absences from school can be prevented. Any known condition concerning ears, eyes, teeth, tonsils, feet or skin should be taken care of before school commences. Any special problems your child may have, including physical education restrictions and vision or hearing difficulties, should be discussed with the school health aide.

Assistant Principal

P. Fay

Dr. Phyllis Fay

Health Office

W. Sobczak

Wanda Sobczak, R.N.

ANTIOCH COMMUNITY HIGH SCHOOL

CLASS OF 2010 DIPLOMA INFORMATION

Directions: Please complete each of the items below and return this form with your registration materials. Students must have completed all requirements for graduation as set by Antioch Community High School's Board of Education in order to march in the commencement ceremony. All fees and fines must be paid in full prior to graduation.

- 1. PRINT YOUR NAME AS IT SHOULD APPEAR ON YOUR DIPLOMA. Please print clearly. Be sure to use proper upper and lower case, spacing, etc. Your diploma will be ordered as written on this form. Thank you for your cooperation.**

(First Name) (Middle or Initial) (Last Name)

2. If you meet all graduation requirements, do you plan to march at graduation?

(Circle one) Yes No

Height and weight used to order cap and gown:

Height _____ **Weight** _____

3. We require the approval of your parent or legal guardian:

(Signature of Parent or Guardian) (Date)

(Signature of Student)

4. Student attends location other than ACHS campus: _____.

Parent information on back....

**Antioch Community High School –Tentative Calendar
2009-2010 Important Dates as of June 1, 2009**

June 8-12 & 15-19.....	Senior Class Portraits
August 4.....	2008-09 Yearbook Distribution-Library-10:00 am – 6:00 pm
August 11.....	Freshman Orientation
August 17.....	Teacher Institute Day – No Student Attendance
August 18.....	First Day of School
August 24.....	School Pictures (Faculty and Absentees)
August 25-27.....	School Pictures (Underclass)
September 02.....	Back to School Night
September 7.....	No School – Labor Day
September 18.....	First Progress Report Available On-line
September 28.....	Homecoming Week Begins
October 02.....	Homecoming Game
October 9.....	Teachers’ Institute (No student attendance)
October 12.....	No School – Columbus Day
October 19-23.....	Senior Class Portraits Final Round
October 16.....	Second Progress Report Distributed
October 17.....	PSAT & Explore Testing @ LCHS
October 19.....	College Planning Night at ACHS
October 22.....	Underclass Picture Make-up Day
October 24.....	ACT at ACHS; Also ACT retake for PSAE
October 27.....	Retake for the PSAE Day 2
October 29.....	Parent Conferences (5:00-9:00 pm)
October 30.....	Parent Conferences in the morning only – No Student Attendance
November 05.....	Plan Testing (Sophomores)
November 11.....	No School – Veteran’s Day
November 17.....	Career Shadowing Day Jr. & Sr.
November 20.....	Third Progress Report available On-line
November 25.....	Early release schedule @ 1:45
November 26 & 27.....	No School – Thanksgiving Day
December 08.....	Financial Aid Night
December 16, 17, 18.....	Final Exams
December 18.....	End of Semester 1
December 21.....	Winter Break Begins
January 04.....	First Day of Semester 2
January 15.....	Teachers’ Institute (No student attendance)
January 18.....	No School – Martin Luther King’s Birthday
January 27.....	Open House – Class of 2014
February 5.....	Fifth Progress Report available On-line
February 06.....	ACT at ACHS
February 12.....	No School – Lincoln’s B-Day
February 26.....	Teachers’ Institute (No student Attendance)
March 01.....	No School- Casimir Pulaski Day
March 12.....	Sixth Progress Report Distributed
March 29.....	Spring Break Begins
April 5.....	Classes Resume
April 10.....	ACT at ACHS
April 23.....	Seventh Progress Report available On-line
April 28 & 29.....	PSAE Testing
May 15.....	Prom
May 18.....	Honors Night
May 20 & 21.....	Senior Final Exams - Tentative
May 24, 25, 26.....	Semester 2 Final Exams – Tentative
May 26.....	Tentative Last Day of School if no emergency days are used
May 31.....	No School – Memorial Day
May 23, 2010.....	Graduation (Tentative)
	<i>Semester 2 exam dates pending no emergency days used.</i>
June 7.....	First day of summer school

Parent/Guardian please note:

Graduation is a formal ceremony and the culmination of hard work on the part of the teachers and students of Antioch Community High School. Students are reminded to wear attire appropriate for this occasion.

Blue jeans, shorts, t-shirts, ripped clothing and gym shoes are not acceptable for this occasion. Any student who is not dressed appropriately for graduation may be removed from the line-up prior to the start of the ceremony.

ATTENTION

Textbook Pick-up Procedure

Freshman will receive their books
during freshman orientation
on August 11, 2009

Who: Seniors, Juniors and Sophomores

What: Textbook pick-up

When: Tuesday, August 4 and Thursday, August 13

Time: 8 a.m. - 3 p.m.

Where: Antioch High School Auxiliary Gym

Students bring your hall lock. You may put your books in your locker when you pick them up!



Yearbooks On Sale Now



Orders are now being accepted for the 2010 Antioch Community High School yearbook. Approximately 90% of students order the book during registration, and ordering now lets you make one payment for your fees and yearbook. The price is \$55. This flyer will give you most of the information you need to know, but if not, you can also email us at mthompson@sequoits.com.

What's in the book?

Our 2010 yearbook will contain approximately 168 pages, all in full color, covering events from the first day of school through graduation. Month by month, the staff will document the school year for all activities and academic areas in words and pictures. All students who have a school portrait taken will appear with their classes in the portrait section. Student recognition ads will again be an important part of our yearbook. We expect 2010 to be another award-winning year for our yearbook journalism program. Check us out at www.sequoits.com/yearbook.

Can I get my name embossed on the cover?

To have your name embossed in foil on the cover of your book, order a name-embossed cover for an additional \$5. Name embossing is available only until March 1.

When will I get my yearbook?

We plan to distribute yearbooks on Tuesday, August 6, 2010. To give you a yearbook in June, we'd have to send the final material to the printer in February. You'd miss almost half of the school year. Instead, we work right up to the last day of school to make your yearbook a complete record of the school year.



What if I miss the pickup day?

You can still pick it up once school starts. We'll hold your book for you until December 1. But after that all unclaimed books will be sold. Get your book before then because there are no refunds.

What if I move?

We can ship your book to you. Send \$3 for postage to Yearbook Staff, Antioch Community High School, 1133 Main Street, Antioch, IL 60002. Your book will arrive in early September.

ACHS Literary Magazine: *Finesse*

PRE-ORDER FORM



Finesse is the student produced literary magazine representing ACHS and its students. We accept a wide range of writing and artwork, including, but not limited to: poetry, short stories, excerpts of stories, paintings, digital art, and drawings!

Finesse has been chosen by the National Council of Teachers of English as one of the best literary magazines in the state of Illinois.

YES

I want to reserve my very own copy of the ACHS literary magazine! I am enclosing a \$5 check, addressed to ACHS.

Student Name _____ Graduation Year _____

Address _____

2009 SEQUOIT PRIDE 2010

A Member of the Antioch Sequoits Booster Club, Inc.

A 501(c)3 organization as defined by the Internal Revenue Service

P.O. Box 4282, Antioch, IL 60002

Dear Parent and/or Guardian: You are cordially invited to become a member of Sequoit Pride, the parent booster club for ACHS. The booster club sells spirit wear, engraved bricks and beverages in the vending machines, it also helps with Teacher Appreciation and the Senior Picnic. We are always happy to have new members join us and help with our activities. The profits from our sales are used to fund some of the “extras” at school. You can read the current list of our contributions on our webpage. Your membership fee is used for these items.

Sequoit Pride’s purpose and Mission Statement: To promote and encourage the academic, artistic, athletic and extra-curricular pursuits of student life at Antioch Community High School; and to enhance school spirit throughout the school and community through the provision of resources and financial assistance to their organized activities.

Please complete the membership form and make checks payable to **Sequoit Pride**. Your email address will be used to deliver meeting updates and information about Sequoit Pride activities. You may print out this form and mail it to the address shown above or you may complete it on-line and pay via [PayPal](#).

Please print

Last Name _____ First Name _____


Address* _____ Spouse _____

* List town if other than Antioch

Phone Number _____ Email Address _____

Please circle your preferred method of contact.

Membership Level: Please remember – You may use as a tax deduction!

- Gray Level \$10.00
- Cardinal Level \$60.00 Includes a 4” x 8” engraved brick.* 
- Family Pass \$150.00 See back for details (Includes an 8” x 8” engraved brick*)

*Please complete the brick order form on the Sequoits webpage: www.sequoits.com

ACHS Students for the 2009/2010 School Year:

Student’s Name	Year of Graduation:	Participates in the following activity/club/sport:
	2010 2011 2012 2013	
	2010 2011 2012 2013	

	2010 2011 2012 2013	
	2010 2011 2012 2013	

If you would like to help with any of the Sequoit Pride activities, please check the box and a member will contact you.

DISTRICT 117 FAMILY PASS

- The District 117 Family pass allows admittance to both ACHS and Lakes athletic and fine arts events;
- Pass excludes ISHA Tournament Events and Special Event Fundraisers
- Pass is not transferable
- Pass must be shown at each event
- Pass issued to members living in one household.
- Includes an 8” x 8” brick

Please print names of family members to be included on your District 117 Family Pass

1.

2.

3.

4.

5.

6.

Office Use: Date _____ Level: G C F Amount\$ _____ Cash Check Paypal



AMPS is a parental support association that facilitates the enrichment of our students lives through their participation in Music, Drama, and Art at Antioch Community High School by...

- Ensuring that the arts are an important part of the curricular program
- Encouraging attendance at our students performances or shows
- Assisting our Fine Arts Educators in managing events
- Sponsoring receptions following events to demonstrate appreciation and gratitude to our students
- Providing financial support for trips, camps and scholarships for students with fiscal needs
- Helping to reduce individual out-of-pocket expenses for trips and camps
- Coordinating fund-raising events
- Soliciting local community support

Dear Parent or Guardian,

In an effort to keep you informed about the latest Fine Arts performances and exhibitions occurring at Antioch Community High School by our Fine Arts Department, please fill out the information sheet below and have your student return it to their Fine Arts Instructor or the main office.

Student Name(s) _____
 (Last) (First) (Graduating Class Year)

Student's Organization: ___ Band ___ Choir ___ Color Guard ___ Art ___ Drama

Parent/Guardian Name(s): _____
 (Last) (First)

Mailing Address: _____
 (Street and Apartment #)

 (City, State, Zip Code)

Telephone: Home: _____ Work: _____
 (Optional) Cell: _____

Email: _____
 (Optional)

Please place a "X" by all that may apply below. You may check multiple entries.

Notification Preferences:

Preference for AMPS Notifications: ___ email ___ Webpage ___ U.S. Postal Service

Contributions:

Would you be able to assist with any of the following goods or services ?

- ___ Baked Goods ___ Chaperone ___ Food Distribution ___ Stage assistance (Performances)
- ___ Publicity ___ Props setup ___ Costumes ___ Equipment handling, moving and loading
- ___ Sound ___ Electrical ___ Other (please specify) _____

Please be informed that AMPS respects your privacy and shares no information outside of the Organization. Information provided will only be used internally for the benefit of AMPS, and the Students' participating in the Fine Arts programs at Antioch Community High School during the 2009 – 2010 school year.



Antioch Community High School

1133 Main Street • Antioch, Illinois 60002

PHONE: (847) 395-1421 • FAX: (847) 395-2435 • WWW.SEQUOITS.COM

Dear Parents:

Antioch Community High School and Lakes Community High School use MEALTIME, a computerized food service system which makes it possible for students to have a debit account for lunch purposes. Other features of the system are:

- Parents are able to place money in a debit account by sending a check to the school office or paying online by credit card. Instructions need to be provided on how to deposit money if divided amongst more than one student. The student's name and pin number **MUST** be included to ensure the check is deposited correctly. The funds are available within 24 hours, no matter which school they attend.
- To make lunch payments into your child's account, money may be applied weekly, monthly, or for the whole year. The district has contracted with Rev Trak to accept online credit card payments through a secured website tied to the district website.
- To ensure additional security, when purchasing food, a student will swipe their ID card or use their personal identification pin number. Free lunch students are indistinguishable from pre-paid, free and reduced and full-price students.
- Healthy choices are available for students. Salads, fresh vegetables and fruit are a few of the healthy options.
- If you have any questions please feel free to call the café directly between the hours of 7:00 a.m.-2:00 p.m. ACHS 847-838-7186
LCHS 847-838-7128

We are pleased to bring this convenient service to all of our school families.

Serving the community and educating students since 1915

Antioch Community High School, being a community of learners with a vision of excellence, is committed to providing an educational experience that encourages all learners to develop to their fullest potential, to engage in life long learning, and to be responsible members of society.

CHOOSE YOUR COVERAGE PLAN

One Time Premium

For The School Year 2009-2010

SCHOOL TIME COVERAGE (Accident Only)

Economy Plan: \$20.00
 Basic Plan: \$37.00
 Deluxe Plan: \$64.00

The School Time plan provides coverage while an insured student is in or on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. This also includes supplied and supervised travel directly to and from such sponsored activities; and school sponsored and supervised sports, excluding 9th, 10th, 11th, and 12th grade interscholastic football.

AROUND THE CLOCK COVERAGE (Accident Only)

Economy Plan \$90.00
 Basic Plan \$155.00
 Deluxe Plan \$229.00

Around the Clock coverage applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date of the policy. This coverage includes school sponsored and supervised sports, excluding 9th, 10th, 11th, and 12th grade interscholastic football.

INTERSCHOLASTIC FOOTBALL COVERAGE (Fall)

Economy Plan \$145.00
 Basic Plan \$225.00
 Deluxe Plan \$299.00

INTERSCHOLASTIC FOOTBALL COVERAGE (Spring Training Only)

Economy Plan \$51.00
 Basic Plan \$68.00
 Deluxe Plan \$105.00

- Provides coverage for 9th, 10th, 11th, & 12th grade interscholastic football only.
- **School Time and Around the Clock coverage is not included with this Premium Payment.**

COMPLETE YOUR ENROLLMENT FORM

- Complete enrollment form.
- Make check or money order payable to Markel Insurance Company. **Do not send cash.**
- Write your child's name on your check or money order.
- Mail check or money order and completed enrollment form to Markel Insurance Company. **Please do not return to your child's school.**
- Your cancelled check or money order stub will be your receipt and confirmation of payment.
- Keep this brochure for future reference. Individual policies will not be sent to you.

ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE 2009-2010

School District Name: _____ School Name: _____

Student Last Name: _____

Student First Name: _____

Student Date of Birth: _____ Sex: M F

Student Address: _____ Student Home Phone: (_____) _____

Make check or money order payable to: Markel Insurance Co.

Amount enclosed: \$ _____

Check or money order number: _____

Signature of Parent or Guardian _____ Date _____

Mail To: Markel Insurance Company
 Attn: K-12 Accounting Unit
 P.O. Box 3870
 Glen Allen, VA 23058-3870
 Questions: 800-431-1270

PLAN SELECTION			
Plan	Economy Plan	Basic Plan	Deluxe Plan
School Time	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$37.00	<input type="checkbox"/> \$64.00
Around the Clock	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$229.00
Football (Fall)	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$299.00
Football (Spring)	<input type="checkbox"/> \$51.00	<input type="checkbox"/> \$68.00	<input type="checkbox"/> \$105.00

REVIEW YOUR BENEFITS
Maximum Benefits Paid As Specified Below

The policy provides benefits for loss due to a covered injury up to the maximum benefit as listed below for each injury. Benefits will be paid for covered medical expenses incurred within 52 weeks from the date of Accident up to the maximum benefit per service as scheduled below:

DESCRIPTION OF BENEFITS			
BENEFIT	ECONOMY PLAN	BASIC PLAN	DELUXE PLAN
Plan Maximum	\$25,000	\$25,000	\$50,000
Hospital Room and Board	\$140 per day	\$250 per day	100% of Semi-private
R&B - Intensive Care	\$250 per day/\$1,000 maximum	\$500 per day/\$2,000 maximum	Incl. in Room and Board
Licensed Nurse	Usual and Customary	Usual and Customary	Usual and Customary
Outpatient Emergency Room	\$125	\$250	80% U&C
Outpatient X-ray	\$250	\$400	80% U&C
Outpatient CT Scan/MRI	Payable under X-ray	Payable under X-ray	80% U&C
Ambulance	\$150	\$300	80% U&C
Surgery	50% U&C up to \$1,250	80% U&C up to \$1,750	80% U&C
Anesthetist/Assistant Surgeon	25% of Surgical	25% of Surgical	25% surgical
Outpatient Consultant	\$44	\$88	80% U&C
Outpatient Physician	\$20	\$35	80% U&C
Outpatient Day Surgery	\$350	\$600	80% U&C
Outpatient Physical Therapy	\$10 per visit, 10 visit max	\$20 per visit, 10 visit max	80% U&C; 10 visit maximum
Outpatient Durable Medical Equipment	\$75	\$150	\$300
Dental Injury	\$150 per tooth	\$300 per tooth	\$5,000
Outpatient Prescription Drugs	\$25	\$50	Included to maximum
Replacement of Eyeglasses, Hearing Aids	\$75	\$100	\$500
Motor Vehicle Limit	\$2,500	\$2,500	\$5,000
Accidental Death	\$3,500	\$3,500	\$5,000
Accidental Dismemberment	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000

This is only a partial description of the insurance plan. The benefits which are payable are determined in accordance with the terms, conditions, and exclusions of the policy which is on file with the school or district office.

Retain This Description of Coverage For Your Personal Records

Individual policies will not be issued or sent to you. Keep your cancelled check or money order receipt as evidence of payment. This brochure is for illustrative purposes only. It is not a contract of insurance. It is intended to provide a general overview of the insurance program. Please remember only the insurance policy can give actual terms of coverage.

Student's Name: _____
 if premium has been paid, the student whose name appears above has been insured under an accident only policy issued to:
School District: _____
Coverage: Around the Clock School Time
 Football
Paid by Check # _____ **Amount:** _____
Date: _____
Claims Questions: (888)-765-7223

Definitions

- Accident means a sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in Injury to an insured student. Accident does not include a loss contributed to by disease or sickness.
- Injury means bodily harm caused solely by an Accident which occurs while this policy is in force and is the sole cause of the loss.
- Usual and Customary Expense means an expense which (a) is charged for treatment, supplies or medical services medically necessary to treat the insured student's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the expense is incurred.

Additional Facts About the Policy

1. Student Transfer: The policy continues in force anywhere in the world if the insured should relocate prior to the expiration of coverage. Coverage will not exceed the limits shown in this brochure and must be in accordance with accepted standards of medical practice.
2. Cancellation: Coverage under the policy is non-cancelable, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event an insured enters the Military Service.
3. Initial Enrollment: Coverage is effective on the day the enrollment form and premium are received by Markel Insurance Company, but in no event prior to the opening day of school or the first official day of interscholastic athletics or activities.
4. Late Enrollment: There is no premium reduction for any individual who enrolls late in the year.
5. Your cancelled check is your only receipt and notification of coverage.
6. Enrollment: Deadline is 6/15/09

Accidental Death & Dismemberment Limitations

- The loss must result from an Accident, and must take place while the person is insured under the policy. We will not pay for a loss caused in any way by:
 - Bodily or mental infirmity or illness;
 - Medical or surgical treatment; except for surgery which results from an Accident;
 - Taking part in a riot or felony.

Policy Exclusions and Limitations

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

- Expense for treatment on or to the teeth, except for treatment resulting from Injury to sound natural teeth;
- Services normally provided without charge by the policyholder;
- Eyeglasses, contact lenses, hearing aids, and examination for the

- prescription or fitting thereof except as specifically provided herein;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury due to participation in a riot or felony;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered Accident which results in trauma, infection or other diseases of the involved part;
- Treatment of a deviated nasal septum, including submucous resection and/or other surgical corrections, unless the treatment is due to or arises from a covered Injury;
- Air travel, except as a fare-paying passenger on a regularly scheduled flight operated by a commercial airline;
- Injury resulting from any declared or undeclared war;
- Injury while in the armed forces of any country. When an insured person enters such armed forces, we will refund the unearned pro rata premium to the insured person;
- Injury covered by any workers' compensation or occupational disease law;
- Treatment provided in a governmental hospital unless the insured person is legally obligated to pay such charges;
- Infections except pyrogenic or bacterial infections caused by a covered Injury;
- Hernia, unless it results from a covered Injury;
- Injury occurring while the insured person is legally intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- Injury while parachuting or hang gliding; traveling in or on any two, three or four wheeled all terrain motor vehicle; jet skiing, skydiving, glider flying, parasailing, sail planing, bungee jumping; operating, or riding on any snowmobile; skiing, snowboarding; or participating in a rodeo;
- Injury resulting from fighting;
- Play, practice or travel in connection with interscholastic football in which any 9th, 10th, 11th or 12th grade students participate, unless the applicable additional premium is paid;.
- Blisters, insect bites, frost bite, vegetation poisoning and food poisoning;
- Motor vehicle accidents covered by medical benefits coverage in automobile "no fault" and traditional automobile "fault" type contracts.

How To File A Claim

1. Obtain a claim form from your school office or Health Special Risk, Inc. (888-765-7223), and answer all questions in detail (including signatures) on the front of the form.
2. Attach all bills to the completed form and mail to Health Special Risk, Inc. at the address provided on the claim form.
3. Any bills not filed with the claim form should be sent to the company, identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service.