

# Sargent Public Schools

## August/September Newsletter

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Dear Parents, Students, and School Community,

Welcome to a new and exciting school year at Sargent Public Schools! I hope you all had a restful and enjoyable summer. As we gear up for another fantastic year of learning and growth, I wanted to take a moment to share some important updates and reminders.

1. Meet the New Faces: We are thrilled to welcome several new members to our school community this year.

□ Anna Lee Gacusan our new 7-12 Math teacher. She comes to us from the Philippines. She has many years of teaching experience and is excited for the opportunity to teach in the United States.

□ Byron Olsen our new Superintendent. Mr. Olsen comes to us from Gering. He has been in the educational field for over 30 years and is passionate about educating children.

□ Darrin Max is the new PK-12 Principal/AD. I have been educating kids for 33 years and love to see our youth grow into great people. We are confident that they will bring a wealth of knowledge and enthusiasm to our school.

2. Attendance: My challenge to all parents of the students of Sargent Public School is to make every attempt to have your child attend school every day. Children are hard to teach if they are not in school regularly. Please communicate with the school office if your child has an appointment that effects their attendance.

3. Communication: Communication is always a point of emphasis to improve on from the school stand point. The administration and teachers will try our hardest to communicate with the parents and the community on all school related issues. We also ask for parents to do their best to communicate with their children's teachers.

4. Respect: No matter where your child is on campus. It could be in the lunch-room, on the playground, on the bus, in the gym, in the bathroom or in the classroom, they are expected to respect each other, their supervisor, school property and each other's property. We need to instill pride within our school district and it starts with respect.

As always, our goal is to provide a safe and positive environment for your children. We look forward to working together to make this school year a memorable and successful one.

Please do not hesitate to reach out if you have any questions or concerns. Here's to a fantastic year ahead!

Warm regards,  
Darrin Max  
Principal, Sargent Public School  
308-572-4119  
darrin.max@sargentpublicschools.org

**Reminder: All 7-12 grade students participating in Sports need to have a Physical before practice starts. Fall Practice starts on August 12th.**

## ATTENDANCE

As we begin a new school year I would like to stress the importance of regular attendance and request your cooperation in maintaining up to date and accurate records for attendance. Parents need to notify the school by 8:30 AM if your son or daughter is going to be gone for part or all of the school day. Please be sure to indicate when and why they will be gone, and if they are absent for medical reasons, have them return with a note from their doctor. Students are reminded that school policy requires homework to be turned in before leaving for a planned absence or activity. Organization and planning are an important part of school success, as well as future success. Parents and teachers need to work together to assure that our students develop good habits and a sense of responsibility toward their commitments.

## CELL PHONES and DRESS CODE

It is each student's responsibility to come to school wearing appropriate attire. The student's apparel shall be neat, clean, safe, and should not disrupt the instructional process. The principal is given the authority and professional discretion in the management of this policy. **The handbook gives more guidance on this topic but a few of the policy's rules are listed below.**

Wearing clothing that is sexually suggestive; features crude, vulgar, or profane language; contains logos that depict tobacco, alcohol, drugs, satanic symbols, hate messages, racial/ethnic slurs, gang affiliations or derogatory connotations is not allowed.

Also part of the dress code—Students are not to wear caps, bandanas, hats, hoods, or sunglasses during school hours. These items are to be stored in the student's locker and should not be carried during the day.

Not part of the dress code, but included in the NEW handbooks is that **Cell Phones, Ear Buds, and Smart Watches will NOT be allowed during class time** - Phones will be stored in a wall pouch during class— if this is going to be a problem for your student consider keeping them at home.

## Fall Activity Meeting

**FOOTBALL, VOLLEYBALL, AND CROSS COUNTRY PARENTS MEETING**  
**Tuesday August 6th at 6:30 in Loup County**

**Football Scrimmage**  
**Friday Aug. 23rd**  
**At 7:00 @ Sargent**

**Volleyball Jamboree Game**  
**Tuesday August 20th vs Ansley -**  
**Litchfield at 6:00 in Ansley**

August 2024

Dear Patrons

Another summer will soon be done and it is time to think about returning to school. School will begin on August 14th at 8:00 with a 1:00 dismissal for the first week of school. School will start at 8:00 and dismiss at 3:36 Monday through Thursday and dismiss at 2:33 on Friday unless we dismiss for heat, weather, in-services etc. Early unscheduled dismissals will be announced on our automated calling system and over K-BEAR, KCNI-KBBN (Broken Bow) and KNLV (Ord) radio stations as well as being posted on the Sandhill's Express and TV websites.

We have enclosed a free and reduced lunch/breakfast application in the this mailing. We encourage your participation. **The number of students participating in the free/reduced priced program directly impacts our state aid and our Title I program as well as other federally funded grant programs.**

In order for our Power Lunch automated lunch/breakfast program to work optimally, we are again asking parents to pre-pay your child/children's lunches and breakfasts. You will be able to go on line to check the balance on your child/children's account at all times. **IF YOU HAVE A NEGATIVE BALANCE THE SCHOOL HAS TO BILL YOU, AND ASK THAT YOU PAY IN A TIMELY MANNER OR THEIR LUNCH OPTIONS WILL BE CHANGED.**

**REMINDERS:** All students entering Kindergarten and 7th grade are required by law to have physical examinations. All students entering Sargent Public Schools from out of state are also required to have a physical examination. State law requires all students to be immunized in order to attend school. If, for some reason, your child/children do not have all required shots, we must have a letter from your doctor explaining why. If your child/children are currently taking medication, you will need to follow the instructions on the enclosed authorization for administration of medication at school form and return to the main office. Students entering school for the first time including Kindergarteners and transfer students from out of state will be required to provide proof of a vision evaluation within six months prior to the student's entrance.

**THE DAILY BULLETIN:** We will continue to put the bulletin out on our schools website daily at [sargentpublicschools.org](http://sargentpublicschools.org).

**THE NEWSLETTER:** Newsletter is available by email upon request, on the schools website [sargentpublicschools.org](http://sargentpublicschools.org), and also on our Facebook page, we will also send one out by mail upon request. If you are interested in receiving the monthly newsletter please call the office and provide us with either your email address or Postal address.

**PHONE MESSAGES:** Students in grades 7-12 will not be called out of class unless it is an obvious emergency. Valuable class time is lost when the office interrupts a class for messages that are not necessary. We ask that you not call your child's cell phone during the school day. If you need to message them realize they should not be able to check messages until lunch time or between classes.

## **OPEN HOUSE**

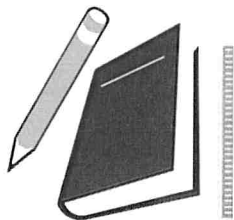
We would like to invite all of our PK-12 families to our 2024 OPEN HOUSE on Tuesday, August 13<sup>th</sup>. We will have a Community Meet and Greet from 5:00-6:00, all Community members welcome to come and meet our new Administration. We will have free hotdogs served from 5:00 to 6:00. There will be a general presentation for all PK-12 Parents at 6:00 in the gym to go over general information and to meet the Sargent Public School Staff. The Elementary teachers will be in their classroom beginning at 6:30 for students and parents to visit the classroom. Parents of 7<sup>th</sup> graders and/or any new students are invited to the required Chrome book meeting that will also begin at 6:30 in the Library. Following the Chromebook meeting Mr. Max will have a 7th grade orientation for students and parents in the Library. After the general presentation staff will be available to assist in getting all paperwork filled out and Lunch application forms taken care of. This is a great chance to meet the staff and hear about some of the things we are doing this year. .

## **Counselor Notes**

To help with the start of the school year time has been set aside to change student schedules, Mrs. Schauda & Mr. Max will be available August 12th-13th 9:00am-4:00pm. Please stop in and see them if you need to make changes.

## **Sargent School Library Book Fair**

**The 2024 book fair will be held September 16th-September 20th.  
More information will be passed on at a later date!**



# Sargent Elementary

## 2024-2025 Recommended Supply List



### Kindergarten: Mrs. Hodges

Pencil box  
Scissors  
1 box 16 regular-sized crayons  
4 glue sticks  
1 pink eraser  
Bookbag (not mini)  
Cap Erasers  
Small water bottle  
1 set of extra clothes  
1 box of baby wipes

### First Grade: Mrs. Taylor

10 #2 pencils, Sharpened  
Cap erasers and 1 large eraser  
1 pencil box or pouch  
2 glue sticks  
2 dry erase markers  
Earbuds/headphones  
1 box of 24 regular crayons  
1 box of 8 classic markers  
Small water bottle  
1 inch 3 ring binder

### Second Grade: Miss Phillipps

10 #2 pencils, Sharpened  
2 Large pink erasers  
1 Box of 24 crayons  
1 Pencil Box  
2 Glue Sticks  
1 Box of Kleenex  
1 Box of 8 classic markers  
Water bottle with a lid  
Earbuds/headphones  
2 BLACK Expo markers

### Third Grade: Mrs. Cooksley

Crayons  
Colored Pencils  
Scissors  
#2 pencils  
pencil box  
2 boxes of Kleenex  
2 big pink erasers  
1 wide ruled composition notebook  
1 wide ruled notebook  
2 pocket folders  
Water bottle  
4 Glue Sticks

(Science)

### Fourth Grade: Mrs. Kirby

#2 Pencils  
1 Big Eraser  
Colored Pencils  
2 College Ruled Notebooks  
5 Pocket Folders (3-hole punched)  
2 Red Pens  
2 Boxes of Kleenex  
4 Dry Erase Markers  
4 Glue Sticks  
1 3 Ring Pencil Pouch  
Earbuds

### Fifth Grade: Mrs. Larsen

#2 Pencils  
1 Big Eraser  
Water Bottle with lid  
Expo Markers  
5 Subject Notebook  
Red Pens  
Pencil Pouch  
Pocket Folders  
1 Box of Kleenex  
Highlighters  
Earbuds-optional  
One whiteboard eraser  
1 Composition Notebook

### Sixth Grade: Mrs. Phillipps

#2 pencils and cap erasers  
Highlighters  
Red Pens  
1 Pocket Folder  
1 box of Kleenex  
4 Composition Notebooks  
Expo Markers  
Earbuds-optional  
Water Bottle w/Lid  
Colored Pencils  
Pencil Pouch for a 3-ring binder  
Erasable Pens-Optional

### Preschool: Miss Krieger

1 box of Sandwich/Quart Ziploc bags  
1 box of Gallon Ziploc Bags  
1 box Kleenex  
1 set of extra clothes  
1 water bottle to leave at school  
2 packages of baby wipes  
1 set of headphones/earbuds  
A backpack

### JH English: Mrs. Busch

1 Subject Notebook wide ruled  
Highlighters  
Folder  
Pencils  
Erasable Pens  
Expo Markers  
Earbuds  
Red Pen

**\*Optional for all students: P.E. shoes for use in the gym only\***

**GET YOUR SCHOOL SUPPLIES NOW!  
SCHOOL BEGINS AUGUST 14, 2024**

**SARGENT PUBLIC SCHOOLS  
BUS SCHEDULE  
2024-2025**

**West Route #1 Bus #13**

Jerry Davenport 527-4119 (school)  
or cell 214-0082

(Paul Ottun)  
(Christina Olson)  
(Luke Smith)  
Juan Acosta-Saenz  
(Troy Schauda)  
Dairy  
Jeff Selko  
(Tom Nelson)  
Lee Vincent  
Josh Hall

**West Union Route # 2 Bus#13**

Larry Folkers – 215-0710(cell)

Dalen Moody  
Leah Forbes  
Terry Horky  
(Casey Moon)  
(Cody Kipp)  
(Amy Mauler)  
(Ben Morse)

**North-East Route #3 Bus 16**

Cathy Davenport 308 214-1039

Justin Meister  
Tabitha Fred  
Sam Grint  
Danielle Huggins

**South-East Route #4 Bus 20**

Jerry Poland 308 870-3036

(Josh Barker)  
Micah Ducharme  
Randy Treptow  
Sue Hazen  
Blair Smith  
Matt Smith  
(Cory Beran)

**Your driver will call to let you know an approximate time your child will be picked up. Please work with your driver to adjust times.**

Please remember to try and call your driver when your child/children are not riding

**Request to Provide Medication During School Hours:  
Cough Drops, Antibiotic Ointment, Acetaminophen (Tylenol) and Ibuprofen**

**If Completing for more than one student – please write name of student next to the dosage** student may have.

**IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:**

Sargent Public School will stock Cough Drops, Antibiotic Ointment, Acetaminophen (Tylenol) 325 mg tablets, Acetaminophen (Tylenol) Liquid and Ibuprofen (Advil) 200 mg tablets and Ibuprofen Liquid in the Main Office. The following consent form will allow your child to be allowed to receive these medications during school hours. **We are required to attempt to notify you by text or phone of your child's request prior to administering the medication.**

Your written consent is required before your child may receive these medications at school. Please complete the entire form. By signing below, you acknowledge the following: You have reviewed the information and agree that your child may safely take the medications. The school nurse or designee has the responsibility of approving your child's use of these medications. Your child's medication may be administered by a nurse, an unlicensed health technician, or other school personnel, determined competent to provide medication as required by Nebraska law.

**PARENTAL CONSENT FOR COUGH DROPS, ANTIBIOTIC OINTMENT, ACETAMINOPHEN AND/OR IBUPROFEN:**

I give permission for \_\_\_\_\_

To receive the following medication:

Cough Drops: \_\_\_\_\_ yes \_\_\_\_\_ no

Antibiotic Ointment: \_\_\_\_\_ yes \_\_\_\_\_ no

Acetaminophen (Tylenol) \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ 1 (325 mg tablet) every 4 hours

\_\_\_\_\_ or 2 (325 mg tablet) every 4 hours

Ibuprofen (Advil) \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ 1 (200 mg tablet) every 6 hours

\_\_\_\_\_ 2 (200 mg tablets) every 6 hours

We will stock Acetaminophen (Tylenol) **liquid (160 mg per 5 ml)** for those who cannot swallow pills. However, we need your child's approximate weight and the dose to be administered

Child's Approximate Weight Only needed if taking LIQUID Medication:

24-35 pounds – 5 ml (1 tsp) or 160 mg \_\_\_\_\_

36-47 pounds – 7.5 ml (1 ½ tsp) or 240 mg \_\_\_\_\_

48-59 pounds – 10 ml (2 tsp) or 320 mg \_\_\_\_\_

60 – 71 pounds – 12.5 ml (2 ½ tsp) or 400 mg \_\_\_\_\_

72-95 pounds - 15 ml (3 tsp) or 480 mg \_\_\_\_\_

**Signature of Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**If you prefer a text**, Phone number to Text \_\_\_\_\_

Or If you prefer a call, phone number to call \_\_\_\_\_



**Sargent Public School Yearly Health Update**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 First MI Last (Circle) Sex: M / F  
 (Print)  
 Grade: \_\_\_\_\_ Guardians Name \_\_\_\_\_ Date: \_\_\_\_\_

**ALERT TO PARENTS:** If your child has a serious medical condition, *it is vital that you discuss this with your School Nurse and teacher(s) immediately.* The school **must** know of **LIFE THREATENING** conditions (for example asthma, diabetes, nut/insect allergies with anaphylaxis) prior to the start of school. Additional forms will be needed.

In order to provide a safe and healthy environment for your child this information will be accessible to the following people: School Nurse, Staff responsible for safety of student, and emergency medical personnel.

**A. Medical History:** Check the ones that apply to your child and describe under the comment section.

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Headaches	<input type="checkbox"/> Concussion:# of _____
<input type="checkbox"/> Anxiety/Panic Attack	<input type="checkbox"/> Hearing Problem	
<input type="checkbox"/> Asthma <input type="checkbox"/> Inhaler	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Food Allergy _____
<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Kidney/Urinary Problems	List: _____
<input type="checkbox"/> Bowel Problem	<input type="checkbox"/> Muscle Disorder	_____
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Neurological Concern	Other: _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Orthopedic Problem	Explain: _____
<input type="checkbox"/> Color Blindness	<input type="checkbox"/> Seizures	_____
<input type="checkbox"/> Epi-Pen	<input type="checkbox"/> Vision Problems	
<input type="checkbox"/> Emotional Concerns		

Comments: \_\_\_\_\_  
 (Use back if needed)

**B. Allergies:** List allergies your child has that may cause a problem at school:

Cause of the allergy: \_\_\_\_\_ Treatment: \_\_\_\_\_

Cause of the allergy: \_\_\_\_\_ Treatment: \_\_\_\_\_

**C. Medication:** (Include prescription, over-the-counter and herbal medication. Use back if more space is needed)

Name:	Used to Treat:	Taken at School?
1) _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2) _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3) _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Before medication of any kind can be administered at school, a medication administration form, available in the office, must be completed by a parent and kept on file.**

E. List any other operations, injuries, hospitalizations. Give Dates: \_\_\_\_\_

F. Does your student wear contact lens? \_\_\_\_\_ Glasses? \_\_\_\_\_

G. Name of Physician: \_\_\_\_\_ Date of Last Appointment: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Date of Last Appointment: \_\_\_\_\_

Name of Optometrist: \_\_\_\_\_ Date of Last Appointment: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Guardian Phone number: \_\_\_\_\_



### Authorization for In-School Medication

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

I give permission for \_\_\_\_\_ to be given the following medication by the school Nurse or other unlicensed trained school personnel:

Name of Medication \_\_\_\_\_

Dosage of Medication \_\_\_\_\_

Date/s to be given \_\_\_\_\_

Time to be given/intervals between doses \_\_\_\_\_ (Example: 12pm, every 4 hours as needed)

Route of Medication \_\_\_\_\_ (Example: oral, in eye, ear, inhaler, to skin)

Purpose of Medication \_\_\_\_\_

Other Instructions \_\_\_\_\_

**Prescription medication:** The medication must be in the original container with a current pharmacy label that includes: student name, medication, dose and time, date of prescription and the physician's name. Medication can only be given as instructed on the label.

**Over the Counter medication:** (Such as Cough Medicine, Cough Drops, Eye Drops (Tylenol and Ibuprofen if you prefer to send your own) ETC) The medication will be provided by the parent, be in the original container, and labeled with student's name, dose and time. Medication can only be given as directed on the bottle for age and dose. Any changes in the manufacturer's recommendation will require a written order from the physician.

Any medication not properly labeled or stored cannot be given at school. No medication can be given without completion of this form. Parents will be notified if requested on form when child takes an "as needed" medicine.

All medications must be stored at the main office (cough drops may be kept in room if the Teacher permits).

Medications for self-management of a condition such as asthma/allergies or diabetes may be kept by student if the following requirements have been met: Written request/authorization of the student's parent/guardian and written authorization of the student's physician. Specific forms are available for this.

I am not aware of any side effects, adverse reactions or any other problems my student is experiencing with this medication. I understand that I am primarily responsible for monitoring the effects of this medication.. The School Nurse has my permission to contact Dr. \_\_\_\_\_ or his designee at \_\_\_\_\_ (phone number) regarding this medication

\_\_\_\_\_  
Parent /Guardian signature

\_\_\_\_\_  
Date

All over the counter medications will be returned with student at the end of the school year unless you contact the school nurse. Parents must pick up prescription medications in Main Office.

# Student Asthma/Allergy Action Plan

*(This Page To Be Completed By Parent/Guardian)*

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Parent//Guardian: \_\_\_\_\_ Phone( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Known Asthma Triggers:** Please check the boxes to identify what can cause an asthma episode for your student.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Exercise                                     | <input type="checkbox"/> Respiratory/viral infections | <input type="checkbox"/> Odors/fumes/smoke      | <input type="checkbox"/> Mold/mildew   |
| <input type="checkbox"/> Pollens                                      | <input type="checkbox"/> Animals/dander               | <input type="checkbox"/> Dust/dust mites        | <input type="checkbox"/> Grasses/trees |
| <input type="checkbox"/> Temperature/weather—humidity, cold air, etc. | <input type="checkbox"/> Pesticides                   | <input type="checkbox"/> Food—please list below |  |
| <input type="checkbox"/> Other—please list: _____                     |   |   |  |

**Known Allergy/Intolerance:** Please check those which apply and describe what happens when your child eats or comes into contact with the allergen..

- Peanuts  \_\_\_\_\_
- Tree Nuts  \_\_\_\_\_
- Fish/shellfish  \_\_\_\_\_
- Eggs  \_\_\_\_\_
- Soy  \_\_\_\_\_
- Wheat  \_\_\_\_\_
- Milk  \_\_\_\_\_
- Medication  \_\_\_\_\_
- Latex  \_\_\_\_\_
- Insect stings  \_\_\_\_\_
- Other  \_\_\_\_\_

**Notice:** If your child has been prescribed epinephrine (such as an EpiPen®) for an allergy, you must provide epinephrine at school. If your student needs a special diet to limit or avoid foods, your doctor will need to complete the form "Medical Statement Form to Request Special Meals and/or Accommodations" which can be found on the website—[www.airenebraska.org](http://www.airenebraska.org)

**Medicines:** Please list medicines used at home and/or to be given at school.

Medicine Name	Amount/Dose	When does it need to be given

I understand that all medicines to be given at school must be provided by the parent/guardian.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by school nurse/nurse designee: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Asthma/Allergy Action Plan

(This Page To Be Completed By Health Care Provider)

Student Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

- Exercise Pre-Treatment:** Administer inhaler (2 inhalations) 15-30 minutes prior to exercise.  PE  Recess
- Albuterol /Levalbuterol HFA inhaler (Proventil, Ventolin, ProAir, Xopenex)  Use inhaler with valved holding chamber
- Albuterol DPI (ProAir RespiClick)  May carry & self-administer quick relief medication

## Asthma Treatment

Give **quick relief medication** when student has asthma symptoms, such as coughing, wheezing or tight chest.

- Albuterol /Levalbuterol HFA - 2-4 inhalations (Proventil, Ventolin, ProAir, Xopenex)
- Use inhaler with valved holding chamber
- Albuterol DPI (ProAir RespiClick) - 2 inhalations
- Albuterol inhaled **by nebulizer** (Proventil, Ventolin, AccuNeb)
- .63 mg/3 mL  1.25 mg/3 mL  2.5 mg/3 mL
- Levalbuterol inhaled **by nebulizer** (Xopenex)
- 0.31 mg/3 mL  0.63 mg/3 mL  1.25 mg/3 mL
- May carry & self-administer quick relief medication

If symptoms do not improve, quick relief medication can be repeated after 10 minutes

### Closely Watch the Student after Giving Quick Relief Medication

If, after 10 minutes:

- Symptoms are better, student may return to classroom **after** notifying parent/guardian

If student continues to get worse, CALL 911 & use the Nebraska Schools' Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions (Anaphylaxis) Protocol

## Anaphylaxis Treatment

Give **epinephrine** when student has allergy symptoms, such as hives, with difficulty breathing (chest or neck "sucking in"), lips or fingernails turning blue, or trouble talking (shortness of breath) or vomiting or collapse.

- EpiPen® 0.3 mg  EpiPen® Jr 0.15 mg
- AUVI-Q® 0.3 mg  AUVI-Q® Jr. 0.15 mg
- AUVI-q® 0.1 mg

Other: \_\_\_\_\_

*Lay person flat on back and raise legs. If vomiting or difficulty breathing, let them lie on their side.*

- Use epinephrine auto-injector immediately upon exposure to known allergen**
- If symptoms do not improve or they return, epinephrine can be repeated after 5 minutes or more**
- May carry & self-administer epi auto-injector

### CALL 911 After Giving Epinephrine & Closely Watch the Student

- Notify parent/guardian immediately
- **Even if student gets better, the student should be watched for more signs & symptoms of anaphylaxis in an emergency facility**

If student does not get better or continues to get worse, use the Nebraska Schools' Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions (Anaphylaxis) Protocol

This Student has the ability to self-manage Student's Health Condition and I authorize Student to self-manage in accordance with this Plan. If medications are self-administered, the school staff must be notified immediately.

**Additional information:** (i.e. asthma triggers, allergens) \_\_\_\_\_

Health Care Provider name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by school nurse/nurse designee: \_\_\_\_\_ Date: \_\_\_\_\_

**August 1, 2024**

Dear Parent/Guardian:

Children need healthy meals to learn. **Sargent Public Schools** offers healthy meals every school day. Breakfast costs **1.65**; lunch costs **PK-6 2.85, 7-12 2.95**. **Your children may qualify for free or reduced price meals.** Reduced price is **.30** for breakfast and **.40** for lunch. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **Thursday September 25<sup>th</sup>** in order to avoid an interruption in meal benefits.

This packet includes an application for free or reduced price meal benefits and a set of detailed instructions. Applicants who qualify for free or reduced price meals also qualify to receive Summer EBT, which provides \$120 in grocery funds on an EBT card mailed to the household during summer break. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Mr. Darrin Max at Sargent Public School**.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Sargent Public School PO Box 366 Sargent, NE 68874**

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Sargent Public Schools** immediately.

5. CAN I APPLY ONLINE? NO

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new

school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Byron Olsen 308-527-4119**.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Sargent Public School 308-527-4119** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, please go online to [ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov) or call 1-800-383-4278.

If you have other questions or need help, call **308-527-4119**.

Sincerely,

**Sargent Public School**

Lunch Program

## Instructions for Completing the Free & Reduced Price School Meals Family Application

**For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

- Part 1:** List each child's name, the school they attend and their grade.  
**Part 2:** Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.  
**Part 3:** Skip this part.  
**Part 4:** Complete this part. An adult must sign the form.  
**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**For households with FOSTER, HOMELESS, MIGRANT or RUNAWAY CHILDREN, follow these instructions:**

**If all children in the household are foster children:**

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Complete this part. An adult must sign the form.  
**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**If some of the children in the household are foster children or are homeless, migrant or runaway children:**

- Part 1:** List all children, the school they attend and their grade. Check the appropriate box.  
**Part 2:** If the household does not have a Master Case Number, skip this part.  
**Part 3:** Follow these instructions to report total household income from last month.  
**Column 1 – Household Members:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.  
**Column 2 - Gross Income and How Often it was Received:** Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

**Earnings from Work** includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

**Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

**Public Assistance/Child Support/Alimony** includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

**Pensions/Retirement/All Other Income** includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.



**Household Size:** Enter the total number of people in your household.

**Social Security Number:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**Please note:** Children who meet the definition of homeless, migrant or runaway, are eligible for free meals. However, the school district must have documentation on file from a migrant coordinator, homeless/runaway liaison or the district's Direct Certification list to approve the child for free meals.

**For ALL other households, follow these instructions:**

**Part 1:** List all children, the school they attend and their grade.

**Part 2:** If the household does not have a Master Case Number, skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column 1 – Household Members:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

**Column 2 - Gross Income and How Often it was Received:** Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

**Earnings from Work** includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

**Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

**Public Assistance/Child Support/Alimony** includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

**Pensions/Retirement/All Other Income** includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.

**Household Size:** Enter the total number of people in your household.

**Social Security Number:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.



Return Completed Application to: **Sargent Public School PO Box 366, Sargent, NE 68874**

**Part 1: Children in School**

List names of all children in school ( <b>First, Middle Initial, Last</b> ). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Homeless, Migrant, Runaway	
			Foster Child <input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:   
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income – You must tell us how much and how often.**

<b>1. Household Members</b> List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's <b>personal</b> use income must be listed.	<b>2. Gross Income (before taxes) and How Often it was Received</b>					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often
Total Number of Household Members: (Children and Adults) _____	Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____				Check if no SSN <input type="checkbox"/>	

**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

*"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable State and Federal laws."*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address (if available): \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Part 5: Children's Ethnic and Racial Identities – Optional**

**Check one Ethnic Identity:** – and – **Check one or more Racial Identities:**

Hispanic or Latino       Asian       Black or African American       Native Hawaiian or other Pacific Islander  
 Not Hispanic or Latino       White       American Indian or Alaskan Native

**Do Not Fill Out the Section Below - For School Use Only**

Annual Income Conversion:      Weekly X 52;      Every 2 weeks X 26;      Twice a month X 24;      Monthly X 12

Total Household Size: \_\_\_\_\_

Total Income: \_\_\_\_\_ per \_\_\_\_\_

Year     Month     2 X Mo     Every 2 Wks     Week

<input type="checkbox"/> Free Income <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)	<input type="checkbox"/> Reduced Income <input type="checkbox"/> Denied Reason for denial: <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete application
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Signature of Determining Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**FOR THE VERIFICATION PROCESS ONLY:**

Signature of Confirming Official: _____	Date Confirmed: _____	Date Withdrawn From School: _____
Signature of Verifying Official: _____	Date Verified: _____	

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART for School Year 2024-25						
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly	
1	27,861	2,322	1,161	1,072	536	
2	37,814	3,152	1,576	1,455	728	
3	47,767	3,981	1,991	1,838	919	
4	57,720	4,810	2,405	2,220	1,110	
5	67,673	5,640	2,820	2,603	1,302	
6	77,626	6,469	3,235	2,986	1,493	
7	87,579	7,299	3,650	3,369	1,685	
8	97,532	8,128	4,064	3,752	1,876	
Each additional person:	9,953	830	415	383	192	

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

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (833) 256-1665 or (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

# August 2024

SUN	MON	TUE	WED	THURS	FRI	SAT
				1	2	3
4	5	6 SWAY Testing 7-12 grade FB & VB 1:00 in Sargent  High School Fall Sports Parent Meeting 6:30 @ Loup County	7	8	9	10
11	12 Teachers Inservice  First Day of Fall Sports Practice  Board of Education Meeting 7:00pm	13 Teacher Inservice  Open House 5:00 Community Meet & Greet 6:00 General Information Meeting in Gym	14 First Day of Classes 1:00 dismissal	15 1:00 Dismissal	16 1:00 Dismissal	17
18	19	20 Jamboree VB Game @ Ansley 6:00	21	22	23 FB Sports Drink Scrimmage 7:00 Sargent	24
25	26 1st Day of Pre-school	27	28	29 Cross Country @ Burwell 10:00  VB Dual vs Stuart @ Taylor 6:00 Varsity only	30 FB vs Oneill St. Mary's @ Taylor 7:00	31 State Fair FFA

# September 2024

-Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 State Fair FFA  No School Labor Day	3	4 FFA District 10 Range Judging @ Sargent	5 Cross Country @ Ainsworth 4:00  VB Tri @ Sargent vs Ansley Litchfield/ Anselmo Merna 5:00/6:00/7:00	6 FB vs Riverside @ Cedar Rapids 7:00	7
8	9 Homecoming Week begins	10 Cross Country @ Centura 3:00  JV FB vs Anselmo Merna @ Merna 5:00  Board of Education Meeting 7:00	11 FFA District Range Judging @ Atkinson	12 JV VB vs Arthur county @ Arthur County 4:00  VB Dual vs Arthur County @ Arthur County 5:00	13 Homecoming  FB vs Pleasanton @ Taylor 7:00	14 Seven Valleys VB Tournay @ Callaway 9:30
15	16 Cross Country @ Neligh Oakdale 4:00  JH FB vs Ravenna @ Sargent 4:30  JV FB vs Ravenna @ Sargent 6:00	17 VB Tri vs North Central & Pleasanton @ Sargent 5:00/6:00/7:00	18	19 FFA Area 4 Range Judging @ Burwell  1:00 Dismissal Parent Teacher Conferences  Parent Teacher Conferences 2:30-7:00	20 No School Staff Development  FB vs CWC @ Chambers 7:00	21 VB CWC Round Robin @ Bartlett 10:00
22	23 JH VB vs North Central @ Taylor 2:30  JH FB vs North Central @ Taylor 4:00  JV VB @ Taylor vs North Central 5:30  JV FB vs N. Central @ Taylor 5:30	24 FBLA Fall Leadership Conference @ Kearney  JV VB Dual vs Central Valley @ Sargent 6:00  VB vs Central Valley @ Sargent 7:00	25 FFA State Range Judging @ Chase County	26 Lions Club Van 11:00	27 Cross Country @ Ord 4:00  FB vs Palmer @ Sargent 7:00	28 VB Tournament @ Brady 10:00
29	30 JH VB vs South Loup 2:30 @ Callaway  JH FB vs South Loup 4:30 @ Callaway  JV VB vs South Loup @ Callaway 4:30  JV FB vs South Loup @ Callaway 6:00					