

# WELCOME BACK

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## CONTACT US

Griswold Community School  
District  
20 Madison Street  
Griswold, IA 51535  
Office: 712-778-2154  
Fax: 712-778-2161

Looking forward to another great school year! – Mr Henrichs, Superintendent

Click around! You can easily access the desired section by clicking on the headline under the index.

## LET'S GET CONNECTED



Have you signed up for Tiger Text Alerts? To stay in the loop, sign up for texts by going to our website, click on "Parents/Family" tab, then click "Sign up for Tiger Text Alerts" OR scan the QR code! For a current list of school happenings and events go to our website and find the district calendar.

# NEED TO KNOW

We are busy preparing for our students to come back to school! Here are a few things that you need to know:

**8/1-8/8 - ONLINE REGISTRATION**

**8/21- ELEMENTARY MEET YOUR TEACHER NIGHT | 4 - 6 PM**

**8/21- 6TH GRADE ORIENTATION | AUDITORIUM | 6 PM**

**8/23 - FIRST DAY OF SCHOOL \*\* 2 HR. EARLY DISMISSAL \*\***

**8/25 - SCHOOL PICTURE DAY**

**8/28 - FIRST DAY OF PRE-SCHOOL**

**10/3 - SCHOOL PICTURE RETAKE DAY**

## **Returning Students**

Parents of returning students will need to register their students online through the parent portal at [www.griswoldschools.org](http://www.griswoldschools.org)

*Registration will be open August 1st - 8th*

Online registration will not open until 9:00 AM on August 1st. Per JMC, registration is not meant to be done on a cell phone. Please use an iPad, laptop, or computer to register your student(s). If you do not have computer access, we will have computers available at the MS/HS during registration week for you to use. If you need help accessing your parent portal or have general questions regarding the registration process, please contact Monica Brandt at 778-2154 or [mbrandt@griswoldschools.org](mailto:mbrandt@griswoldschools.org)

## **New Students**

**(Including New Preschool + Kindergarten Students)**

Parents of new students will need to register their students in person at the School Office on August 8th from 9:00 am - 3:00 pm.

## **Fees**

### **Book Fee**

We require a \$30 book fee per student (K-12) Please make sure this fee is paid before August 23rd. This can be dropped off at the School Office or new this year - pay online! Please note, this fee can be waived or reduced if your student qualifies for free or reduced priced school meals. To apply for a waiver please complete the Student Fee Waiver or the waiver portion of the Free / Reduced Price Meals Application.

### **Athletic Passes**

Athletic passes are available to purchase for attendance to home events. The prices are as follows:

Adult Annual Pass - \$100

Senior Citizen Annual Pass - \$80

Students from Other Districts - \$40

All Home events for Griswold Students K-12th grade are FREE of charge.

# CONTACT US

*Our students and families are important to us - please note our contact information and reach out if you have any questions or issues!*



**Superintendent**  
David Henrichs



**MS/HS Principal**  
Stephanie (Lajko) Brady



**Elementary Principal**  
Nigel Horton

## **Superintendent's Office**

712-778-2152

Fax 712-778-4145

Dan Rold, Business Manager

Hannah Bierbaum, Supt. Secretary

Eric Baker, Technology Coordinator

## **Transportation**

712-778-2166

Jeb Peck, Transportation Director

## **Main Office**

712-778-2154

FAX 712-778-2161

## **MS /HS**

Deb Arp, Secretary

Monica Brandt, Guidance Secretary

Troy Nicklaus, Athletic Director

## **Elementary**

Michele Kirchhoff, Secretary

*All school employees have a school email address. Emails are the first initial last name@griswoldschools.org*

## **School Board**

The School Board meets on the third Monday of each month at 5:30 p.m. to discuss and act upon school district business. All meetings will be held in the conference room unless otherwise noted.

Ryan Askeland (P)	Expires 2023	At-large
Erika Kirchhoff (VP)	Expires 2023	District #1 (Lewis)
Scott Hansen	Expires 2023	District #2 (Griswold)
Aaron Houser	Expires 2025	At-large
Rob Peterson	Expires 2025	At-large
Scott Peterson	Expires 2025	District #3 (Elliott/Grant)
Don Smith	Expires 2025	District #4 (Griswold/Lyman)

# JMC - PARENT PORTAL

## New this Year!

JMC has a fresh new look that will be released this year. Don't worry! It still has all the same functionalities, just with a fresh new feel. Any questions on how to use it? Ask Monica, our Student Data specialist!

We are also excited to be able to take book fee payments along with lunch account payments online through JMC this year! Each transaction paid online will be charged a flat \$4 convenience fee.



The screenshot shows the old login interface. At the top left is a logo with a man and a woman. To the right is the text 'JMC INC.' and 'STUDENT RECORD MANAGEMENT SOFTWARE'. Below this is a 'School Year' dropdown menu set to '2023-2024'. There are input fields for 'Username:' and 'Password:'. A checkbox labeled 'Change password' is present. Below that is a 'Language:' dropdown menu set to 'English'. At the bottom is a 'Login' button and two links: 'Forgot your password?' and 'Forgot your username?'.



# SCHOOL SUPPLIES

2023-24

## GRISWOLD ELEMENTARY

### PRESCHOOL:

- Full size backpack (no wheels)
- 2 boxes of tissues
- change of clothes (shirt, pants, underwear, 2 pair of socks - appropriate for the season)
- 2 large containers of clorox wipes
- children will be asked to provide snacks during the year. List will be provided in the first month.
- thin blankets or towel for rest time
- 2 rolls of paper towels
- ziplock bags (gallon-boys, quart-girls)
- paint shirt (old t-shirt)
- 2 containers of baby wipes
- other toileting needs if necessary

### KINDERGARTEN:

- 1 bottle Elmers white school glue
- backpack
- 2 boxes of 24 crayons
- regular size towel for rest time (NO mats)
- 1 box ziplock plastic storage bags (gallon-boys, quart or snack-girls)
- 1 package glue sticks
- 3 three-prong plastic folders
- 2 boxes kleenex
- 1 large eraser
- 5 pencils (sharpened)
- 1 container clorox wipes
- head phones (not earbuds)
- 1 package baby wipes
- Expo SKINNY dry erase marker
- plastic supply box (pencil box)
- Scissors (fiskars, blunt tip)

### FIRST GRADE: *(please label student's items with their name)*

- 1 highlighter
- 2 boxes kleenex
- 1 box snack ziplock bags (girls)
- 1 box gallon ziplock bags (boys)
- 3 wide ruled spiral notebooks - 1 subject
- BLACK dry erase EXPO markers
- head phones (not earbuds)
- \*these will be left at school and passed on to 2nd grade\**
- 1 (1") 3 ring binder
- 2 large erasers
- 3 plastic folders (no fasteners)
- 2 containers clorox wipes
- 24 #2 sharpened pencils (no name on them)
- 2 packages glue sticks
- 2 boxes of 24 pack of crayons
- Scissors (fiskars)
- 1 pencil supply box (5"x8")

### SECOND GRADE:

- 2 packages of 4 glue sticks
- 2 large pink erasers
- Scissors (Fiskars if possible)
- 4 wide rule notebooks
- 1 binder (2 inch) with pocket cover
- 2 packages EXPO dry erase markers -1 of each fine tipped & thick tipped
- 1 package loose leaf wide lined paper
- 1 package 48 #2 sharpened pencils (Tyconderoga or American brand)
- 1 box quart ziplock bag (boys)
- 1 box gallon ziplock bags (girls)
- 3 2-pocket folders
- 1 plastic pencil box
- 3 containers of clorox wipes
- 1 highlighter
- 1 1-inch binder with pocket cover
- 2 boxes kleenex
- 1 bottle of glue
- head phones (not earbuds)
- 2 plastic folders
- 2 boxes of 24 Crayola crayons
- 1 backpack
- 1 package of colored pencils

### THIRD GRADE:

- 2 small glue sticks
- 1 package of 4 EXPO dry erase markers
- 1 box of kleenex
- school bag / back pack
- head phones (not earbuds)
- markers
- plastic pencil box (5"x8")
- 2 packages of wide-ruled loose leaf paper
- colored pencils
- 2 containers clorox wipes
- scissors
- 2 spiral notebooks, wide-ruled
- 4 pocket folders
- 1 box 24 pack Crayons
- 1 package 3"x3" sticky notes
- 24 #2 sharpened pencils and pencil sharpener

# SCHOOL SUPPLIES

2023-24

## FOURTH GRADE:

- 1 package colored pens
- colored pencils
- erasers
- 2 boxes kleenex
- 3 highlighters
- 2 packages 3"x3" sticky notes
- 1 package 3"x5" notecards
- plastic pencil box
- 1 package dry erase markers
- 1 inch white 3-ring binder
- scissors
- loose leaf paper
- 5 spiral or composition notebooks
- 1 package of markers
- 1 pair of ear buds OR head phones
- back pack
- #2 pencils
- 5 2-pocket folders
- 2 glue sticks
- 2 containers clorox wipes
- 1 box ziplock bags (quart-boys, gallon-girls)

## FIFTH GRADE:

- Plastic pencil box
- 3 boxes of kleenex
- 3 2-pocket folders
- 2 containers clorox wipes
- erasers (pencil top and/or big single)
- 1 package dry erase markers
- 1 pair of ear buds OR head phones
- back pack
- 1 package 1 1/2"x2" sticky notes
- 3-ring binder (1 1/2")
- 1 package 3-ring binder dividers with pockets
- 1 package 3"x5" notecards
- #2 pencils (no mechanical)
- 2 spiral notebooks
- 2 packages loose leaf paper
- 1 package 3"x3" sticky notes

## GRISWOLD MIDDLE SCHOOL SUPPLIES:

### FOR 6TH-8TH GRADE:

- 1 highlighter
- red checking pens
- glue sticks
- accordion folder with 7 or more pockets OR pocket folders per subject (5-8)
- wooden pencils, erasers, and blue/black pens (mechanical pencils are NOT recommended)
- large paper bags for book covers, NOT fabric
- ART: sketch book (any size)
- scissors
- colored pencils and crayons (8 or 16 pack)
- earbuds OR head phones
- hand held pencil sharpener for colored pencils
- PE necessities including socks, indoor shoes, shorts, shirt, deodorant, towel
- SCIENCE: notebook, folder, colored pencils

### ADDITIONAL 7TH GRADE ITEMS:

- 7th grade Family Consumer Science supplies to make shorts: 1 1/2 yard fabric and 1 large spool of all-purpose thread to match, 1 yard of 1" elastic
- READING: 7th - 2 notebooks

### ADDITIONAL 8TH GRADE ITEMS:

- READING: 2 notebooks
- ENGLISH: for 4th quarter 3-ring binder and page protectors (must have clear cover and back), tri-fold display board (3 ft. tall)
- PRE-ALGEBRA: Texas Instruments TI-30x-IIS Calculator

**NOTE: LOCKERS ITEMS SUCH AS PENCIL HOLDERS/MIRRORS MUST BE MAGNETIC-NO TAPE STUDENT LOCKERS are 11" wide x 11" deep. Do not buy big book bags - they don't fit.**

## GRISWOLD HIGH SCHOOL SUPPLIES

- Pencils, erasers, and blue/black pens, notebooks
- PE: socks, indoor shoes, shorts, shirt, deodorant, towel
- SCIENCE: highlighters, notebook, folder, hard-bound permanent notebook, colored pencils
- MATH & PREALGEBRA: Texas Instrument TI-30x-IIS calculator (NEW)
- BUSINESS/21st CENTURY/ACCOUNTING: Texas Instrument TI-30x-IIS calculator
- ART: Sketchbook

# SCHOOL MEALS



Our Kitchen crew is excited to offer nutritious meals to our students again this year! The District encourages all families to fill out a Free/Reduced Price Meal Application to see if they qualify in a reduction of price or free meals.

Who can get Free or Reduced Price Meals?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price 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 at or below the limits on the Federal Income Eligibility Guidelines below. (Requires submitting an Application for Free and Reduced Price Meals/Milk.)

To obtain an application for Free/Reduced lunches, [click here](#) or email Hannah Bierbaum at [hbierbaum@griswoldschools.org](mailto:hbierbaum@griswoldschools.org)

## Meal Prices

During the regular school board meeting held June 19th, the Board of Directors approved no increase for student lunch prices for 2023-2024. Amendments related to the Healthy, Hunger-Free Kids Acts of 2010 require schools to annually review their paid lunch revenue to assure compliance with the PLE (Paid Lunch Equity) requirement. Below are the amounts that will be deducted from the student and adult accounts for school meals.

**To deposit funds into your students lunch account, you can either give cash/check to the front office or pay online through JMC.**

Students	Extras	Adults
Breakfast (PK-12)   \$1.80	Milk, Juice, Toast   \$0.65	Breakfast   \$2.30
Lunch (PK-5)   \$2.50	Dessert, Potato, Fruit/Veggie   \$0.75	Lunch   \$4.85
Lunch (6-12)   \$2.70	Bag of chips   \$1.00	



***Please note, negative balance accounts will not be allowed to purchase extra items or a la cartes until the negative balance is paid.***

# NURSE'S CORNER

## Meet our School Nurses!

We are looking forward to being able to provide nurse services every day this year! Blair Rush, RN will be joining our nurse staff. Together, Ann and Blair will oversee all aspects of health services, policies, and programs in the school community. The school nurse provides students healthcare to minimize absenteeism and promote equal access to education. If you are in need of additional school health related information to assist the well being of your child or a related form, please visit the District Nurse page on our website by clicking [here](#).

## Screenings Information

Throughout the school year, there are various screenings that may be performed by the school nurse or school personnel. The Griswold Community School District understands that it is your implied consent that these screenings can be done with your student, unless you notify the school at the beginning of the year that you do not want some or any of them done.

These include:

- Vision Screenings (Preschool and Kindergarten)
- Hearing Screenings (Greenhills AEA)
- Dental Screenings (Kindergarten)

Please keep in mind that all screenings are done in a professional manner, and that student privacy is always honored in this school district. If you have any questions, please contact the school.

**Elementary Parents:** Please fill out the **School Health & Screenings Exemption Form** if you do not want your child to participate in some or all of the screenings.

## Dental Screening

Iowa law requires any student entering Kindergarten and 9th Grade provide the school proof of a dental screening. The purpose of this law is to improve the oral health of Iowa's children. For students in Kindergarten and 9th grade, screenings must occur no earlier than 1 year before enrollment and no later than 4 months after enrollment.

All students entering the 9th grade must have proof of a dental screening. Proof of a dental screening must be provided on the Certificate of Dental Screening form provided by the Iowa Department of Public Health. (This form is included in this newsletter and is on the Griswold School Website.) The screening must be completed by a dentist or dental hygienist. Your provider should complete the Certificate of Dental Screening form, for you to return to the school office. This is a requirement for the 2023-2024 school year.

# IMMUNIZATIONS

Make sure your child(ren) are up to date on their immunizations! Click [here](#) for the CDC's recommendation for Child and Adolescent Immunization Schedule. If you have a medical or religious exemption to the administration of immunizations please complete the proper paperwork and return to the Nurse's office prior to the first day of school. Exemption paperwork can be viewed [here](#).

## **Required Immunizations:**

### ***7th and 12th Graders***

The Iowa Department of Public Health made changes to the Iowa Immunization law in the 2017/18 school year. This change requires that all students entering 7th and 12th grade have a Meningococcal vaccine booster before school starts in the fall. Meningococcal disease is a life threatening illness that is caused by bacteria that infects the brain, blood, and spinal cord. It easily spreads in crowded settings.

- All students entering 12th grade must have proof of having the Meningococcal and Tdap vaccine before school starts in August, unless the student has a Certificate of Immunization Exemption.
- All students entering 7th grade must have proof of having both the Meningococcal and the Tdap vaccines before school starts in August, unless the student has a Certificate of Immunization Exemption.

There will be no grace/extension period for the implementation of this requirement. If you have any questions please contact the school nurse.

# DRESS CODE

Appropriateness is the criterion for dress and grooming for school. Wearing apparel may not feature representations of alcoholic beverages, tobacco, other controlled substances, sexual innuendoes, and/or relate to violence. NO head coverings such as hats, bandanas, etc. Shirts and outfits that expose the midriff are not allowed in the building. Clothing with spaghetti straps, halter tops, asymmetrical tank top, strapless tops, and all similar apparel are not be worn in the building. Shorts and skirts will be long enough to reach the tip of the thumb of the students extended arm. Jeans must be worn above the hips and underwear must not show. No under clothing is to be shown at any time. White sleeveless undershirts are considered underwear. T-shirts that are modified by ripping the inseam out are only to be worn if there is another shirt underneath. No exposure of the rib cage is allowed. Chains may be worn as jewelry only; they may not be used to attach wallets, etc. Slippers are not appropriate footwear for school. Students who wear such clothing will have it confiscated and be given alternative clothing to wear. On the first offense, the student may pick up the shirt or any other item in question at the end of the day. On any subsequent offense, the shirt or any other items confiscated will not be given back until the end to the school year, and only to a parent. Dress code is in effect at all school activities home and/or away. The dress code will be evaluated this fall and is subject to change.

# BUS INFORMATION

**Dear Parent/Guardian:**

If your child(ren) is/are scheduled to be a regular passenger on one of our school buses, or will ride the bus on special occasions, their safety is of great concern to all of us. Every precaution is taken for the children to arrive at their destination safely. Driving a bus is a difficult and responsible task. The driver's entire attention must be on their driving responsibility at all times. Anything which happens to divert their attention immediately endangers the safety of the riders. It is absolutely necessary for children to conduct themselves in the proper manner.

All students must observe the regulations on the back of this letter. In order to avoid any misunderstanding which might occur at some future date, the procedures described will be followed in case of an infraction of the rules.

When a violation occurs:

1. The bus driver will complete a "Bus Conduct Notice" which goes to the building principal.
2. The principal will talk to the student. The original will be given to the child for delivery to you. Every effort will be made to call.
3. If serious or habitual infractions occur, the child will be denied school transportation.

Please review the attached regulations with your child(ren).

We sincerely hope you will cooperate in helping make our buses safe for all the children.

Sincerely,

Griswold Schools Administration  
Superintendent David Henrichs, Principals Nigel Horton and Stephanie Brady



*The Griswold Community School District Board of Directors has authorized the use of recording devices on school district buses. The recording devices will be used to monitor student behavior to maintain order on the school buses to promote and maintain a safe environment. Students and parents are hereby notified that the content of the recording may be used in a student disciplinary proceeding. The content of the recording are confidential student records and will be retained with other student records. Recordings will only be retained if necessary for use in a student disciplinary proceeding or other matter as determined necessary by the administration. Parents may request to view the recording of their child if the recordings are used in a disciplinary proceeding involving their child.*

## **Student Conduct on School Transportation - Board Policy 711.2**

Students utilizing school transportation will conduct themselves in an orderly manner fitting to their age level and maturity with mutual respect and consideration for the rights of the school vehicle driver and the other passengers. Students who fail to behave in an orderly manner will be subject to disciplinary measures. The driver will have the authority to maintain order on the school vehicle. It is the responsibility of the driver to report misconduct to the building administrator. The board supports the use of video cameras on school buses used for transportation to and from school as well as for field trips, curricular or extracurricular events. The video cameras will be used to monitor student behavior and may be used as evidence in a student disciplinary proceeding. The videotapes are student records subject to school district confidentiality, board policy and administrative regulations. After two (2) warnings for bad conduct, the building principal will have the authority to suspend transportation privileges of the student or impose other appropriate discipline. It is the responsibility of the superintendent, in conjunction with the building principal, to develop administrative regulations regarding student conduct and discipline when utilizing school district transportation.

## **Student Conduct on School Transportation Regulation - Policy 711.2R1**

All persons riding in school district vehicles will adhere to the following rules. The driver, sponsor or chaperones are to follow the school bus discipline procedure for student violations of this policy. Video cameras may be in operation on the school buses.

1. Bus riders will be at the designated loading point before the bus arrival time.
2. Bus riders will wait until the bus comes to a complete stop before attempting to enter.
3. Riders must not extend arms or heads out of the windows at any time.
4. Aisles must be kept cleared at all times.
5. All bus riders will load and unload through the right front door. The emergency door is for emergencies only.
6. A bus rider will depart from the bus at the designated point unless written permission to get off at a different location is given to the driver.
7. A rider may be assigned a seat by the driver.
8. Riders who damage seats or other equipment will reimburse the district for the cost of the repair or replacement.
9. Riders are not permitted to leave their seats while the vehicle is in motion.
10. Waste containers are provided on all buses for bus riders' use.
11. Permission to open windows must be obtained from the driver.
12. Classroom conduct is to be observed by students while riding the bus except for ordinary conversation.
13. The driver is in charge of the students and the vehicle, and the driver is to be obeyed promptly and cheerfully.
14. Students will assist in looking after the safety and comfort of younger students.
15. A bus rider who must cross the roadway to board or depart from the bus will pass in front of the bus (no closer than 10 feet), look in both directions and proceed to cross the road or highway only on signal from the driver.
16. Students will not throw objects about the vehicle nor out through the windows.
17. Shooting paper wads, squirt guns or other material in the vehicle is not permitted.
18. Students will keep feet off the seats.
19. Roughhousing in the vehicle is prohibited.
20. Students will refrain from crowding or pushing.
21. The use or possession of alcohol, tobacco or look-alike substances is prohibited in the vehicle.
22. The Good Conduct Rule is in effect.

# GET INVOLVED

There are several organizations that support the Griswold Community School District. If you are looking to get involved - this is a great start!



## **TEAMMATES**

TeamMates is a student mentoring program. TeamMates mentors and students meet once per week during the academic year. If you're interested in being a part of the program contact Charity Mundorf at [cmundorf@griswoldschools.org](mailto:cmundorf@griswoldschools.org) or click the TeamMates logo above for more information on the program.

## **GRISWOLD TIGER PARENT TEACHER ORGANIZATION (PTO)**

Griswold's PTO proudly supports our District's teachers and families through a variety of fundraisers and events. Make sure to follow them on Facebook! Search for Griswoldtigerspto. If you're interested in being involved contact [Griswoldpto@gmail.com](mailto:Griswoldpto@gmail.com).

## **GRISWOLD YOUTH SPORTS, inc.**

We have a variety of youth sports programs available for our students. If you are interested in more information on youth schedules or upcoming sports seasons follow Griswold YOUTH sports, inc on Facebook or email [griswoldyouthsports1@gmail.com](mailto:griswoldyouthsports1@gmail.com) with any questions you have. They are always looking for volunteers to be coaches or for help in the concession stands. Contact a Youth Sports board member for more information!

## **GRISWOLD SPORTS BOOSTERS**

Griswold Sports Boosters is a non-profit organization that supports the Griswold Athletic Department through concession sales at home sporting events. The Sports Boosters are always looking for more volunteers and supporters. There are multiple levels of support to choose from. Contact [sportsboostergriswold@gmail.com](mailto:sportsboostergriswold@gmail.com) for membership information. Another way to show your support is through participation in the Annual Golf Tournament and Auction. The Tournament will be held August 26th at 10 am. The Auction will be held following the tournament at the Griswold Community Building at 5 pm! Make sure you are following the Griswold Sports Boosters on Facebook for updates throughout the year!

## **BECOME A SUBSTITUTE TEACHER**

We are always looking for more substitute teachers. If you are interested in becoming a substitute you will need to obtain a substitute teaching authorization. The AEA now has a self-paced course making it even easier to obtain! Click [here](#) for more information or contact Hannah Bierbaum at [hbierbaum@griswoldschools.org](mailto:hbierbaum@griswoldschools.org)

# NEW STAFF

Our Administration and School Board is motivated to find staff who are invested in our community and have strong leadership qualities to ensure the best learning environment for our students. Please join us in welcoming the following individuals to our staff! We are excited they chose to join the Griswold Schools Team!

Amy Akers - K-12 School Counselor

Eric Baker - Technology Coordinator

Gina Doell - MS/HS Custodian

Scott Franks - Elementary Night Custodian

Megan Jones - MS / HS English / Language Arts Teacher

Taylor Lary - Elementary Paraprofessional

Maggie Nordmeyer - 4th Grade Teacher

Blair Rush - Part-time Nurse

Mallorie Wookey - Preschool Teacher

*\*\* staff hired as of 7/19/2023 \*\**

# ANNUAL NOTIFICATIONS

## **August 2023 - Asbestos Notice**

Each six months our Maintenance Director, Kevin Farr, completes a periodic inspection of all asbestos containing materials to check on their condition.

**ASBESTOS AND HEALTH:** In attempting to come to terms with asbestos in buildings, several issues must be considered. Until recently, the asbestos mineral was used in thousands of better constructed buildings as a fire retardant. Hundreds of thousands of tons were used in school buildings, hospitals, shopping centers, and homes within the past several decades. The purpose was to prevent fires from starting or a building from collapsing once a fire had started. Asbestos is commonly found in floor and ceiling tile, acoustical soundproofing, on structural reinforcing in decorative coatings, in pipe and heating equipment insulations, roof materials, carpet glue, and even concrete. Of most concern are areas of asbestos-bearing materials which can be easily crumbled under pressure. Such materials create a potential for asbestos fiber release.

Exposure to airborne asbestos (tiny mineral particles which can be inhaled), especially in heavy doses, has been found to relate to several forms of cancer. Children and young adults who are exposed to asbestos are probably at greater risk than older people of developing certain asbestos related diseases. The Environmental Protection Agency has developed guidelines for schools to identify asbestos within buildings and the Chart Services has designed a system for determining relative risks and suggesting appropriate safety responses.

What Does All This Mean? Asbestos found in schools can be dealt with safely and responsibly. The Environmental protection Agency states: It is important to note that not all friable (easily pulverized) asbestos containing material need be removed from schools. Once the material has been identified, a program can be implemented to insure that the material is maintained in good condition and that appropriate precautions are followed when the material is disturbed for any reason.

School officials began the risk assessment process by having buildings inspected and analyzing any suspect materials. A management plan has been developed. The management plan can be seen at any of the school offices.

If you have any questions regarding the Asbestos Maintenance Program call David Henrichs at 778-2152, LEA Designated Asbestos Program Manager

## **Post Secondary Enrollment Options Act:**

The state of Iowa has established a program called the "Post Secondary Enrollment Options Act." This act makes it possible for the 11th and 12th grade students to take college courses for which the local district is obligated to pay expenses up to \$250, not including travel. The course must be one that is not currently offered at the local school and must be nonsectarian. The accepted course must be taken through an eligible Iowa post secondary school. See the counselor for further information.

## **Abuse of Students:**

Pursuant to Chapter 232 of the Iowa Code, abuse of children may fall in either of the two categories: (1) The non-accidental physical injury of a student as a result of the action of an agency employee or (2) Sexual offenses of misconduct as defined by Iowa Code, Chapter 709. The investigators for the alleged abuse of a student by an employee are: Level One - High School Counselor 778-2154; Level Two - Cass County Sheriff - 243-2206.

## **Disabilities Act:**

Griswold Community School District is committed to complying with the requirements in Section 504 of the Vocational/Rehabilitation Act of 1973, and Americans with Disabilities Act is seeking information from adults with disabilities in our community.

1. Do you have a physical or mental disability, and do you have a child enrolled in our school? (Are you deaf, have a physical disability, or serious medical condition(s) etc.? We are responsible for providing you access to parent-teacher conferences and other programs and activities, including graduation.
2. Are you or do you know of an individual with a disability that may attend a function in our building (graduation ceremony)? We would like to be aware of this in case there are physical barriers in accessing our building. If you have special needs as detailed above, please contact the following: Mr. David Henrichs, Griswold Community School, 712-778-2512.

Schools have adopted a sequentially developed Health/Human Development Curriculum for grades K-12. Healthy safety classes are taught in the science curriculum in K-5th grades. Parents and guardians may have their child excused from the class when human growth and development topics are taught. The students will incur no penalty but may be required to complete an alternative assignment that relates to the class and is consistent with assignments required of all students in the class. Parents wishing to have their student excused from the human growth and development topics should contact the building principal to secure the required excuse form. Information relating to the human growth and development topics and when they will be taught can be obtained by contacting the classroom teacher.

## **Homeless Students:**

In accordance with Chapter 3, Iowa Administrative Code, The Griswold Schools encourage homeless children and youth to enroll in school. For more information, please contact Nigel Horton at 778-2154. The format of the posting is a local decision. Sample postings can be downloaded from the DE website at <https://www.educateiowa.gov/pk-12/title-programs/title-x-part-c-homeless-education>. Definition should be as defined in Chapter 33 of Iowa Administrative Code: Chapter 33 of Iowa Administrative Code defines "Homeless child or youth" as a child or youth from the age of 3 years through 21 years who lacks a fixed, regular, and adequate nighttime residence and includes the following:

1. A child or youth who is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; is living in a motel, hotel, trailer park, or camping grounds due to the lack of alternative adequate accommodations; is living in an emergency or transitional shelter; is abandoned in a hospital; or is awaiting foster care placement;
2. A child or youth who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
3. A child or youth who is living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting; or
4. A migratory child or youth who qualifies as homeless because the child or youth is living in circumstances described in paragraphs "1" through "3" above.

**Medication Policy:**

Some students may need prescription and nonprescription medication to participate in their educational program. Medication shall be administered when the student's parent or guardian provides a signed and dated written statement requesting medication administration and the medication is in the original, labeled container, either as dispensed or in the manufacturer's container. When administration of the medication requires ongoing professional health judgment, an individual health plan shall be developed by the licensed health personnel with the student and the student's parent. Students who have demonstrated competence in administering their own medications may self-administer their medication. A written statement by the student's parent shall be on file requesting co-administration of medication, when competence has been demonstrated. By law, students with asthma or other airway constricting diseases may self-administer their medication upon approval of their parents and prescribing physician regardless of competency. Persons administering medication shall include the licensed registered nurse, parent, physician, and persons who have successfully completed a medication administration course reviewed by the Board of Pharmacy Examiners. A medication administration course and periodic update shall be conducted by a registered nurse or licensed pharmacist, and a record of course completion kept on file at the agency. A written medication administration record shall be on file. Medication shall be stored in a secured area unless an alternate provision is documented. Emergency protocols for medication-related reactions shall be posted. Medication information shall be confidential information.

# FORMS

Please complete the following forms as applicable. Note, forms required of ALL ages will be included with the online registration process. Make sure to read carefully before completion, as your student might not meet one of the categories.

- **Housing Information Form** - To be completed by ALL students
- **School Bus Registration Form** - Please complete if you plan to utilize school district transportation.
- **Parental Authorization and Release Form for the Administration of Medication to Students** - Complete if you wish for your child(ren) to be able to receive medication during the school day.
- **Athletic Pre-participation Physical Exam Form** - Only need to be completed by 6th -12th grade students that plan to participate in athletics.
- **Concussion in High School Sports Form** - Only need to be completed by 6th -12th grade students that plan to participate in athletics.
- **Dental Screening Form** - Iowa Law requires any student entering Kindergarten and 9th Grade provide the school proof a dental screening.
- **Iowa Department of Public Health Certificate of Vision Screening** - Iowa Law requires any student entering Kindergarten and 3rd grade to provide the school proof of a vision screening.
- **School Health & Screenings Exemption Form** - Only to be completed by elementary parents that don't want their children to participate in screenings provided by the district during the school day.
- **Free / Reduced Meals Application** - Complete if you believe your student(s) might be eligible for free or reduced meals. Do not complete if you have already received notification of direct certification.
- **Student Waiver of Fees Application** - Students that are eligible for free or reduced meals have the opportunity to waive student fees such as the annual book fee. Complete if your student is eligible.
- **Authorization for Releasing Student Directory Information** - This form only needs to be completed if you do NOT want the school district using your student(s) information for school related publications such as the yearbook, honor roll, graduation programs, sports rosters, musical/drama production programs, etc.

#### *Notice of Nondiscrimination*

*It is the policy of the Griswold Community School District not to discriminate on the basis of race, color, national origin, sex disability, religion, creed, age (for employment), marital status (for programs), sexual orientation gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact Secondary Principal, Griswold Community Schools, Box 280, Griswold, Iowa 51535, 712-778-2154. 16*

## Housing Information Form

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Grade: \_\_\_\_\_

Address (C, S, Z) : \_\_\_\_\_ ( Permanent or Temporary)

**Please choose which of the following situations the student currently resides in (you can choose more than one)**

\_\_\_\_ House or apartment with parent/guardian

\_\_\_\_ Motel, car or campsite

\_\_\_\_ Shelter or other temporary housing

\_\_\_\_ With friends or family members (other than or in addition to parent/guardian)

**If you are living in a shared housing, please circle all the following reasons that apply:**

\_\_\_\_ Loss of income

\_\_\_\_ Economic situation

\_\_\_\_ Temporarily waiting for housing or apartment

\_\_\_\_ Provide care for a family member

\_\_\_\_ Living with boyfriend/girlfriend

\_\_\_\_ Loss of employment

\_\_\_\_ Parent/Guardian is deployed

\_\_\_\_ Other (please explain)

**Are you a student living apart from your parents or guardians? Yes No**

### Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations.
2. Transportation to the school of origin for the regular school day.
3. Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that is offered to the other students

Any questions about these rights can be directed to Nigel Horton, 712-778-2154 or the State Coordinator.

By signing below, I acknowledge that I have received and understand the above rights.

---

Signature of Parent/Guardian/UHY Youth

Date

---

Signature of McKinney-Vento Liaison

## SCHOOL BUS REGISTRATION FORM

In order for your student to receive school transportation, you must complete this form. If a completed form is not received by August 11, 2023, the school will assume you do not need transportation and cannot guarantee pick up/drop off for the first week of school.

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list all students in your household that require School Transportation.

	Student Last Name:	Student First Name	Grade for 2023-2024
1.			
2.			
3.			
4.			

Please circle AM, PM, or both to indicate what time and where the school bus should pick up and drop off your child(ren):

- AM   PM   Griswold - Bouchers Bus Stop - near 5th and Montgomery Streets
- AM   PM   Griswold - Library Bus Stop - 505 Main Street
- AM   PM   Griswold - City Park Bus Stop - near Whitney and Montgomery Streets
- AM   PM   Griswold - Burnside's Bus Stop - near 4th and Madison Streets
- AM   PM   Lewis - Water Tower Bus Stop - near 4th and Main Streets
- AM   PM   Lewis - Park Bus Stop - near Market and Nebraska Streets
- AM   PM   Lewis - Old Elementary School Bus Stop - near 1st and California Streets
- AM   PM   Elliott - Library - 403 Main Street
- AM   PM   Elliott - City Park - near 2nd and Linden Streets
- AM   PM   The following rural address: \_\_\_\_\_

*By signing this form, I understand that school transportation for my child(ren) is a privilege, not a right and as such, may be revoked for safety and disciplinary issues if they arise.*

\_\_\_\_\_  
 Signature of Parent/Legal Guardian                      Date

**\*\*Please note, you will be contacted concerning bus pick up time prior to school starting. Please make sure to have your student ready to load the bus a few minutes before the bus arrives.\*\***

Office Use: Route Bus #: \_\_\_\_\_ Route Bus Driver: \_\_\_\_\_

# PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION OR SPECIAL HEALTH SERVICES TO STUDENTS

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Print Student's Name (Last), (First), (Middle)      Birthday      School      Grade      Date

School medications and special health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service. Electronic signatures meet the requirement of written signatures.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of the medication, the medication dosage, time(s) to administer, route to administer, and date.
- Authorization is renewed annually and as soon as practical when the parent notifies the school that changes are necessary.
- Over-the-counter medications do not require a prescriber signature and information.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Medication/Health Care      Dosage      Route      Time at School

Special Health Services and instructions:

\_\_\_\_\_  
\_\_\_\_\_

Special Directives, Signs to Observe and Side Effects: \_\_\_\_\_  
\_\_\_\_\_

Discontinue/Re-Evaluate/Follow-up Date      \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Prescriber's Signature      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Address      \_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Additional Information      \_\_\_\_\_  
Business Phone

# IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Please complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Home Address (Street, City, Zip): \_\_\_\_\_

School District: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

## History Form:

List past and current medical conditions.

\_\_\_\_\_

Have you ever had a surgery? If "yes", list all past surgical procedures.

\_\_\_\_\_

Medicines and Supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional).

\_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (to medicines, pollen, food, stinging insects, etc.)

\_\_\_\_\_

**PHQ-4:** Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response)

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

*(A sum of  $\geq 3$  is considered positive on either subscale [Questions 1 and 2, or Questions 3 and 4] for screening purposes)*

SCORE: \_\_\_\_\_

In the section below, if you answer "yes" to any questions, please explain further in the space provided at the end of this form. Circle any questions you don't know the answer to.

General Questions:

Y N

- Do you have any concerns that you would like to discuss with your provider?
- Has a provider ever denied or restricted your participation in sport for any reason?
- Do you have any ongoing medical issues or recent illnesses?

Heart Health Questions:

Y N

- Have you ever passed out or nearly passed out during or after exercise?
- Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?
- Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?
- Has a doctor ever told you that you have any heart problems?
- Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography?
- Do you get lightheaded or feel shorter of breath than your friends during exercise?
- Do you have high blood pressure or high cholesterol?

Questions about your Family:

Y N

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

Bone and Joint Questions:

Y N

- Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?
- Have you had an X-ray, MRI, CT scan or physical therapy for any reason?
- Do you have a bone, muscle, ligament or joint injury that bothers you?
- Do you currently, or have you in the past worn orthotics, braces or protective equipment for any reason?

Medical Question:

Y N

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

FEMALES only:

Y N

- Have you ever had a menstrual period?
- How old were you when you had your first menstrual period?
- When was your most recent menstrual period?
- How many periods have you had in the last 12 months?

EXPLAIN "Yes" answers here:

---

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

Signature of Athlete: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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

# Physical Examination *(To be filled out by medical provider)*

Consider additional questions as below:

Y N

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?
- Do you drink alcohol or use any other drugs?
- Have you taken prescriptions medications that were not yours or outside of their intended use?
- Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt and a helmet?
- Do you use condoms if you are sexually active?

## EXAMINATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

BP: \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ ) Pulse: \_\_\_\_\_ Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected Y / N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)</li> </ul>		
Eyes, ears, nose and throat <ul style="list-style-type: none"> <li>• Pupils equal &amp; Hearing</li> </ul>		
Lymph Nodes		
Heart <ul style="list-style-type: none"> <li>• Murmurs (auscultation standing, auscultation supine, and ± Valsalva)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>• Herpes Simplex Virus, lesions suggestive of MRSA or Tinea Corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, hand, and fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional <ul style="list-style-type: none"> <li>• May include: Duck Walk, Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

- Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings or a combination of those.

# Medical Eligibility Form

Student Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

I acknowledge and give consent for a copy of this entire form to be kept in the student's school record. I agree that should student's health change in any way that would alter this form that I will inform the school as soon as possible.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Shared Emergency Information *(To be filled out by athlete/athlete's caregiver)*

Allergies:

\_\_\_\_\_

Medications:

\_\_\_\_\_

Other Information:

\_\_\_\_\_

Emergency Contacts:

<u>Name</u>	<u>Relationship</u>	<u>Contact Information</u>
_____	_____	_____
_____	_____	_____

## Participation Eligibility *(To be filled out by medical provider)*

- Medically Eligible for sports without restriction.
- Medically Eligible for all sports without restriction with recommendations for further evaluation or treatment of:  
\_\_\_\_\_
- Medically eligible for certain sports:  
\_\_\_\_\_
- Not medically eligible pending further evaluation  
\_\_\_\_\_
- Not medically eligible for any sports

Recommendations:

\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined in this form. A copy of the physical examination findings is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional:

\_\_\_\_\_

# HEADS UP: Concussion in High School Sports

**Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:**

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, **must be immediately removed from participation** if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided** by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.
- (4) Definitions:
  - “**Contest official**” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.
  - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
  - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.
  - “**Medical clearance**” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

**What is a concussion?**

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

**What parents/guardians should do if they think their child has a concussion?**

1. Teach your child that it's not smart to play with a concussion.
2. **OBEY THE LAW.**
  - a. Seek medical attention right away.
  - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
3. Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

**What are the signs and symptoms of concussion?**

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

**Signs Observed by Parents or Coaches:**

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

**Symptoms Reported by Student-Athlete:**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

**STUDENTS**, If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

**PARENTS/GUARDIANS**, You can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

**IMPORTANT: Students (grades 7-12) participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.**

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Printed Name \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Grade \_\_\_\_\_ Student's School \_\_\_\_\_

## CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.  
**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

### **Student Information** (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YY):
--------------------	---------------------	----------------------

### **Screening Information** (health care provider must complete this section)

**Date of Dental Screening:** \_\_\_\_\_

**Treatment Needs** (check **ONE** only based on screening results, prior to treatment services provided):

**No Obvious Problems** – the child's hard and soft tissues appear to be visually health and there is no apparent reason for the child to be seen before the next routine dental checkup.

**Requires Dental Care** – tooth decay<sup>1</sup> or a white spot lesion<sup>2</sup> is suspected in one or more teeth, or gum infection<sup>3</sup> is suspected.

**Requires Urgent Dental Care** – obvious tooth decay<sup>1</sup> is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

<sup>1</sup> Tooth Decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.  
<sup>2</sup> White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.  
<sup>3</sup> Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

**Screening Provider** (check **ONE** only): (Ninth grade screening must be provided by DDS/DMD or RDH.)

DDS/DMD     RDH     MD/DO     PA     RN/ARNP

Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Business Address: \_\_\_\_\_

Signature and Credentials of Provider or Recorder\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Recorder: An authorized provider (DDS/DMD, RDH MD/DO, PA, or RN/ARNP) may transfer information on this form from another health department. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.  
Children should have a complete examination by a dentist at least once a year.  
**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**



# Iowa Department of Public Health

## CERTIFICATE OF VISION SCREENING

Pursuant with Iowa Code Chapter 641.52

**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

### **Student Information** (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent/Guardian Telephone Number:	Student Address:	
Zip Code:		

**Screening Information** vision testing requirements can be accomplished either through a screening (see below) or with a comprehensive eye exam (see other side). Screening provider must complete this section *or parents may attach a copy of vision screening results given to them by a provider.*

<p><b>Date of Vision Screening:</b> _____</p> <p><b>Result: (Please check):</b> <input type="checkbox"/> Pass or <input type="checkbox"/> Fail</p> <p><b>Testing method: (Please check)</b> <input type="checkbox"/> Vision Screening <input type="checkbox"/> Photo Screen <input type="checkbox"/> Other: _____</p> <p><b>Visual Acuity: (if available)</b> <input type="checkbox"/> With Correction <input type="checkbox"/> Without Correction</p> <p>Right Eye _____ Left Eye _____</p> <p><b>Referral to eye health professional: (Please check)</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
--

Business Name/Source of Screening: (please print name of provider office or if provided by school nurse, name of school)

Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Signature and Credentials of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten **and** again before enrollment in the 3<sup>rd</sup> grade.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and 3<sup>rd</sup> grade and no later than six months after the date of the child's enrollment in Kindergarten and 3<sup>rd</sup> grade.

**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

**Eye Exam Section**

Pursuant with Iowa Code Chapter 280.7A

**To the Parent or Guardian:** The Iowa Optometric Association strongly recommends that to fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. **If you choose to** take your child to an eye care professional for a comprehensive eye exam, this side of the form should be filled out and signed by the eye care professional and returned to the school nurse or teacher by your child.

<b>Visual Acuity</b>	<b>At Distance</b>		<b>At Near</b>	
<input type="checkbox"/> Without correction	R20/	L20/	R20/	L20/
<input type="checkbox"/> With present correction	R20/	L20/	R20/	L20/
<input type="checkbox"/> With new correction	R20/	L20/	R20/	L20/

**External Eye Health**

- Normal     Other

**Internal Eye Health**

- Normal     Other

**Vision Analysis**

**R      L**

- |                          |                          |                        |                          |                           |
|--------------------------|--------------------------|------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Normal eyesight        | <input type="checkbox"/> | Eye teaming difficulty    |
| <input type="checkbox"/> | <input type="checkbox"/> | Nearsighted (myopia)   | <input type="checkbox"/> | Crossed-eyes (strabismus) |
| <input type="checkbox"/> | <input type="checkbox"/> | Farsighted (hyperopia) | <input type="checkbox"/> | Eye focusing difficulty   |
| <input type="checkbox"/> | <input type="checkbox"/> | Astigmatism            | <input type="checkbox"/> | Sensitivity to light      |
| <input type="checkbox"/> | <input type="checkbox"/> | Amblyopia              |                          |                           |

Other \_\_\_\_\_

**Vision Correction Recommendations**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No correction necessary           | To be worn for:                               |   |
| <input type="checkbox"/> No change in present prescription | <input type="checkbox"/> Constant wear        | <input type="checkbox"/> Near vision only |
| <input type="checkbox"/> New prescription needed           | <input type="checkbox"/> Distance vision only | <input type="checkbox"/> As needed        |

**To the Eye Care Professional:** Please sign and date this form after the examination.

Dr. Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**School Health & Screenings Exemption Form (2023-2024)**  
***(Elementary Students only)***

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_, do not wish to have the following school health activities and/or screenings to include my student (circle all that apply):

\* vision screenings

\* hearing screening (Greenhills AEA)

\* dental screenings (kindergarten)

\_\_\_\_\_  
Parent's Signature                      Date

*Please return this signed form to the Elementary office before August 23, 2023.*



20 Madison St. - Griswold, Iowa 51535

David Henrichs, Superintendent

712-778-2152

Fax 712-778-4145

[dhenrichs@griswoldschools.org](mailto:dhenrichs@griswoldschools.org)

Stephanie Brady, MS/HS Principal

712-778-2154

Fax 712-778-2161

[sbrady@griswoldschools.org](mailto:sbrady@griswoldschools.org)

Nigel Horton, PK-5 Principal

712-778-2154

Fax 712-778-2161

[nhorton@griswoldschools.org](mailto:nhorton@griswoldschools.org)

## PARENT/GUARDIAN INFORMATION LETTER FOR FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION Frequently Asked Questions About Free and Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. The Griswold Community School District offers healthy meals every school day. Breakfast costs \$1.80; lunch costs \$2.50 for PK-5<sup>th</sup> grade, \$2.70 for 6<sup>th</sup>-12<sup>th</sup> grade. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. Return or mail the completed application to: **Attn: Hannah Bierbaum, GCSD, 20 Madison St, Griswold, IA 51535.**

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-formerly Food Assistance in Iowa), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price 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 at or below the limits on the Federal Income Eligibility Guidelines below and submit an application for free and reduced price meals/milk.

### FEDERAL INCOME ELIGIBILITY GUIDELINES for SCHOOL YEAR 2023-2024

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional family member:	9,509	793	397	366	183

2. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your notification, contact: Hannah Bierbaum, GCSD, 20 Madison St, Griswold, IA 51535, 712-778-2152, [hbierbaum@griswoldschools.org](mailto:hbierbaum@griswoldschools.org) immediately as eligibility for free or reduced price meals is extended to all

school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from the Iowa Department of Health and Human Services (DHHS), submit this letter to your children's school. You may add any students living in your household who are not listed on the letter. Also, if someone in your household receives SNAP or FIP benefits and you did not receive either of these letters, you may complete an application listing the case number as this will qualify all school age children in your household for free meals. If you were informed that your children will get reduced price meals, see the income guidelines above and if you feel you would qualify for free meal benefits, complete an application for free and reduced price meals.

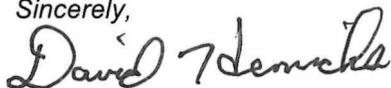
3. **WHAT IF WE HAVE FOSTER CHILDREN?** Households with foster and non-foster children may choose to include the foster child as a household member, as this may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
4. **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 contact: Nigel Horton, homeless liaison, 712-778-2154 or [nhorton@griswoldschools.org](mailto:nhorton@griswoldschools.org)
5. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No, complete the applications for free and reduced price school meals for all the students in your household. We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
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, through **October 4<sup>th</sup>, 2023**. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carryover period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.
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 complete and send in an application.
8. **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.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, we may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
10. **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 or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to your school officials. You also may ask for a hearing by calling or writing to: David Henrichs, 20 Madison St, Griswold, IA 51535, 712-778-2152, [dhenrichs@griswoldschools.org](mailto:dhenrichs@griswoldschools.org)
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 the 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, or receive Family Subsistence Supplemental Allowance payments, 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. DO I NEED TO PROVIDE MY SOCIAL SECURITY NUMBER? Only the last four digits of the Social Security Number of the household's primary wage earner or another adult household member (or an indication of "none") is needed.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a Supplemental Worksheet and attach it to your application. Contact Hannah Bierbaum, 20 Madison St, Griswold, IA 51535, 712-778-2152, hbierbaum@griswoldschools.org to receive a Supplemental Worksheet.
17. WHO CAN GET FREE MILK? If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, are not eligible to receive free milk.
18. 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, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for Hawki information. A school waiver form is available from your school.
19. CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS? If a child has a disability, as determined by a licensed medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
20. DO I NEED TO REPORT MY RACE AND ETHNICITY? It is optional to complete the racial/ethnic portion of the application.
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, call Hannah Bierbaum at 712-778-2152 or email hbierbaum@griswoldschools.org

*Sincerely,*



**Superintendent, David Henrichs**  
[dhenrichs@griswoldschools.org](mailto:dhenrichs@griswoldschools.org)  
**712-778-2152**

### **USDA Nondiscrimination Statement:**

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, 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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Iowa Non-Discrimination Statement:** "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14<sup>th</sup> St. Des Moines, IA 50319-1004; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

#### **Information Statement**

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 submit all needed information, 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 social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) 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 programs rules.

**2023-2024 Iowa Application for Free and Reduced Price School Meals/Milk** Complete one application per household. Use a pen (not a pencil).

Please read "How to Apply for Free and Reduced Price School Meals" for more information on completing this application.

STEP 1	List ALL Household Members who are infants, children, and students up grade 12 (if more spaces are required for additional names, attach the supplemental worksheet)												
<b>Definition of Household Member:</b> "Anyone who is living with you and shares income and expenses, even if not related." Children in <b>Foster care</b> and children who meet the definition of <b>Homeless, Migrant</b> or <b>Runaway</b> are eligible for free meals. We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.	Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	<b>OPTIONAL</b>		
					Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.								
												<b>Ethnicity</b>	<b>Race</b>
												H=Hispanic or Latino N=Non-Hispanic/Latino	A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander

STEP 2	Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDPPIR? If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3).
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Write only one case number in this space. Medicaid and EBT card numbers are **NOT acceptable**. Case Number: \_\_\_\_\_

STEP 3	Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	Apply Online: _____
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<b>A. Total Number of All Household Members</b> (Children + Adults)	<b>B. Last Four Digits of Social Security Number (SSN)</b> of Adult Household Member (last 4 digits) XXX-XX-	<b>C. Check No SSN</b> (adult):
---	--	---------------------------------

**D. All Adult Household Members (include yourself):** List all Household Members not listed in STEP 1 **even if they do not receive income**. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Applications with blank income fields will be processed as complete. **If more spaces are required for additional names, attach the supplemental worksheet.** The sources of income for adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes.

Names of All Adult Household Members	Gross Earnings from Work/All Other Income					Gross Public Assistance/Child Support/Alimony					Gross Pension/Retirement								
	How Often? (mark "X" in box)										How Often? (mark "X" in box)								
	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly						
First and Last Names. Include children who are temporarily away at school or in college.	\$					\$					\$								
	\$					\$					\$								
	\$					\$					\$								
	\$					\$					\$								

<b>E. Child Income:</b> Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here. The sources of income for children section will help you with the Child Income.	<b>Total Income Received by All Children</b>	How Often? (mark "X" in box)				
	\$	Weekly	Bi-weekly	2x Month	Monthly	Yearly

STEP 4	Contact Information and Adult Signature	PAGE TWO CONTAINS MORE INFORMATION
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"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."

Signature of adult completing the form	Printed name of adult completing the form	Today's Date
Street Address (if available)	Apt. #	City
	State	Zip
	Daytime Phone (optional)	Email (optional)

**DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY** Return completed form to:

Annual Income Conversion	x52 Weekly	x26 Bi-Weekly	x24 2x Month	x12 Monthly	Yearly	Total Income: \$ _____	Application #: _____	Date Received: _____
<b>Household Size:</b> _____	<input type="checkbox"/> ERROR PRONE APPLICATION							
Signature and Effective Date of Determining Official			Signature and Date of Confirming Official			Signature and Date of Verification Follow-Up		
Application	<input type="checkbox"/> Income <input type="checkbox"/> Foster Child <input type="checkbox"/> FIP/SNAP <input type="checkbox"/> Head Start (confirmation required) <input type="checkbox"/> Homeless/Migrant/Runaway-Local Official confirmation Required							
Eligibility Determination	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Free Milk <input type="checkbox"/> Application Denied <input type="checkbox"/> Incomplete <input type="checkbox"/> Over Income Limits							

**Low-Cost Health Insurance for Children**

If your children do not have health insurance, many families getting free or reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free and reduced price meal eligibility information with Medicaid and Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name and address. Medicaid and Hawki can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose or to share it with any other entity or program. You are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced price meals. **If you do NOT want your information shared with Medicaid or Hawki, you must tell us by completing the information below.** If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This will avoid another contact.

My signature below indicates I DO NOT want school officials to share information from my free and reduced price meal application with Medicaid or Hawki.

Parent/Guardian Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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 submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) 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.

**USDA Nondiscrimination Statement:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, 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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

**\*Do not mail applications to this address, only complaints of discrimination.**

**Iowa Non-Discrimination Statement:** "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14<sup>th</sup> St. Des Moines, IA 50319-1004; phone number 515- 281-4121, 800-457-4416; website: [https://icrc.iowa.gov/.](https://icrc.iowa.gov/)"

**Return completed form to:**  
Hannah Bierbaum, GCSD  
20 Madison St.  
Griswold, IA 51535  
OR  
[hbierbaum@griswoldschools.org](mailto:hbierbaum@griswoldschools.org)

This institution is an equal opportunity provider.

Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>

**Waiver Information**

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees, including the book fee and drivers education fees. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees ONLY. I certify that I am the parent/guardian of the child(ren) for whom application is being made. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

Signature of Parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

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

## Optional Supplemental Worksheet 2023-2024 Iowa Application for Free and Reduced Price School Meals/Milk

### Additional Children in Your Household (not listed on page 1)

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL	
				YES	NO					Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.	
										Ethnicity	Race
										H=Hispanic or Latino N=Non-Hispanic/Latino	A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander

**Any income earned by the above listed children should be included under Step 3 D on the first page of the application.**

### Additional Adults in Your Household (Not listed on page 1)

Names of All Adult Household Members	Gross Earnings from Work/All Other Income					Gross Public Assistance/Child Support/Alimony				Gross Pension/Retirement			
	How Often? (mark "X" in box)					How Often? (mark "X" in box)				How Often? (mark "X" in box)			
	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly
First and Last Names. Include children who are temporarily away at school or in college.													
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			

#### Self-Employment Income Calculations

**This guidance will assist you in calculating the amount to report if you engage in farming, are self-employed or have income from other sources.**

Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less the operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040 or 1040-SR and Schedule 1. Add together the amounts reported on the following lines:

- Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7 \$ \_\_\_\_\_
- Business Income or (Loss) Schedule 1 Part 1, LINE 3 \$ \_\_\_\_\_
- Other Gains or (Losses) Schedule 1 Part 1, LINE 4 \$ \_\_\_\_\_
- Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5 \$ \_\_\_\_\_
- Farm Income or (Loss) Schedule 1 Part 1, LINE 6 \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (**Computed Monthly Income \$ \_\_\_\_\_** Gross Annual Income ÷ 12)

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household, even if your children attend more than one school in **Griswold Community School District**. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. **Completed applications should be mailed or returned to Griswold Community Schools, 20 Madison St, Griswold, IA 51535** If at any time you are not sure what to do next, please contact **Hannah Bierbaum; 712-778-2152, hbierbaum@griswoldschools.org**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

**STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO AND INCLUDING GRADE 12.**

Tell us how many infants, children and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include all members in your household who are:  
 Children age 18 or under **and** are supported with the household's income;  
 In your care under a foster arrangement or qualify as homeless, migrant or runaway youth;  
 Students attending **Griswold Community School District**, *regardless of age*.

- A) List each child's name and date of birth.** Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.
- B) Is the child a student?** Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend the Griswold Community School District. If you marked 'Yes' write where the child attends school and write the grade level of the student in the "Grade" column to the right.
- C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are *ONLY* applying for foster children, after finishing STEP 1, go to "STEP 4". Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- D) Are any children homeless, migrant or runaway?** If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**
- E) Share children's racial and ethnic identities (optional).** Next to each child's name, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

**STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN the Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) OR FDPIR?**

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

The Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa)  
 The Family Investment Program (FIP)  
 The Food Distribution Program on Indian Reservations (FDPIR)

- If 'NO', go to **STEP 3. (Leave the rest of STEP 2 blank)**
- If 'YES,' provide a case number for **SNAP, FIP, or FDPIR**. You only need to write **one** case number. Case numbers are located on your Notice of Decision. **Go to STEP 4.**

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes.

Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums or any other amounts taken from your pay.

Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be investigated.

- A) Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- B) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided.
- C) You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

#### FOR EACH ADULT HOUSEHOLD MEMBER:

- D) List all adult household member’s name.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.**

#### Who should I list here?

When filling out this section, please include **all** adult members in your household who are:

Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

**Do not include:**

People who live with you but are not supported by your household’s income AND do not contribute income to your household.

Children and students already listed in Step 1.

**Report earnings from work.** Refer to the chart below titled “Sources of Income for Adults” and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are self-employed or farm owner, you will report your net income. If you need assistance with this, ask your children’s school for the Supplemental Worksheet which has self-employment calculations.

#### What if I am self-employed?

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask your school for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

**Report income from public assistance/child support/alimony.** Refer to the chart below titled “Sources of Income for Adults” and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If

income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

**Report income from pensions/retirement/all other income.** Refer to Table 2 below titled “Sources of Income for Adults” and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

**Table 1. Sources of Income for Adults**

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

**E) Report all income earned or received by children.** Refer to the table below titled “Sources of Income for Children” and report the combined gross income for ALL children listed in Step 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them with the rest of your household (income from a part-time job or from any funds provided to the child for the child’s personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

**What is Child Income?**

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

**Table 2. Sources of Income for Children**

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> <li>• Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>• A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)</li> </ul>
<ul style="list-style-type: none"> <li>• Social Security <ul style="list-style-type: none"> <li>○ Disability Payments</li> <li>○ Survivor’s Benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A child is blind or disabled and receives Social Security benefits.</li> <li>• A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from person <i>outside</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>• A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• A child receives regular income from a private pension fund, annuity, or trust.</li> </ul>

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

**All applications must be signed by an adult member of the household.** By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

- A) Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) Print and sign your name and write today's date.** Print the name of the adult signing the application and sign in the box labeled "Signature of adult completing the form."
- C) Mail or return completed form to: Attn: Hannah Bierbaum GCSD, 20 Madison St, Griswold, IA 51535. Please do not mail completed form to the Department of Agriculture as this will delay processing.**
- D) Decline having your information released to Hawki.** If you do not want your household information shared with Hawki, **print, sign and date in the box provided.**
- E) Obtaining translated applications.** If you need a translated application with instructions, they can be found in 49 languages at: <https://www.fns.usda.gov/school-meals/translated-applications>.

## STANDARD FEE WAIVER APPLICATION

Date \_\_\_\_\_ School year \_\_\_\_\_

*All information provided in connection with this application will be kept confidential.*

Name of student: \_\_\_\_\_ Grade in school \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade in school \_\_\_\_\_

Attendance Center/School: \_\_\_\_\_

Name of parent, guardian, or legal or actual custodian: \_\_\_\_\_  
(please print)

Please check type of waiver desired:      Full waiver    \_\_\_                      Partial waiver    \_\_\_

Please check if the student or the student's family meets the financial eligibility criteria or is involved in one of the following programs:

### Full waiver

- \_\_\_ Free meals offered under the Children Nutrition Program (CNP)
- \_\_\_ The Family Investment Program (FIP)
- \_\_\_ Transportation assistance under open enrollment
- \_\_\_ Foster care

### Partial waiver

- \_\_\_ Reduced priced meals offered under the Children Nutrition Program

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Approved: 8/12/1996

Reviewed: 06/20/2022

Revised: 7/16/2018

GRISWOLD COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS

# **AUTHORIZATION FOR RELEASING STUDENT DIRECTORY INFORMATION**

The Griswold Community School District has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act of 1974 (FERPA). A copy of the school district's policy is available for review, upon request.

This law requires the school district to designate as "directory information" any personally identifiable information taken from a student's educational records prior to making such information available to the public.

The school district has designated the following information as directory information:

Student' name, Address, Telephone listing, Electronic mail address, Photograph, Date and place of birth, Major field of study, Dates of attendance, Grade level, Participation in officially recognized activities and sports, Weight and height of members of athletic teams, Degrees, honors, and awards received, The most recent educational agency or institution attended, Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc. (A student's SSN, in whole or in part, cannot be used for this purpose.)

You have the right to refuse the designation of any or all of the categories of personally identifiable information as directory information with respect to your student provided that you notify the school district in writing not later than August 15th of the current school year. If you desire to make such a refusal, please complete and return the slip attached to this notice. New students to the district will have 15 calendar days from the 1st day of attendance to request releasing student directory information.

If you have no objection to the use of student information, you do not need to take any action.

***ONLY complete this form if you do NOT want your student(s) information used in school district communications (sports rosters, yearbook, news articles, etc.)***  
***If you have further questions, contact Hannah Bierbaum at [hbierbaum@griswoldschools.org](mailto:hbierbaum@griswoldschools.org)***

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## **Authorization for Releasing Student Directory Information**

Griswold Community School District Parental Directions to Withhold Student/Directory Information for Education Purposes, for the 2023-2024 school year.

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian/  
Custodian of Child

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

*This form must be returned to your child's school no later than August 23, 2023. Additional forms are available at your child's school.*