

EDUPRIZE

PK-6 NEWSLETTER



Principal's Message

Dear EDUPRIZE Parents,

Although we finished state testing last week, we still have much to learn and do this quarter. Students will continue to encounter new learning each day followed by practicing and mastering these standards. Along with this, students will have homework and are expected to be in school to participate in all the fun learning!

Last week I listed all of the events we have in quarter 4 and I want to highlight our A+ Celebration on Wednesday,

April 27th from 10-11am. Not only will we celebrate our

prestigious award of A+ School of Excellence, we will also celebrate completion of our school goal of \$65,000 raised at Boosterthon. Yes, that means we will be sumo wrestling! I hope that you will be able to attend our celebration that day. If you can, please check in through building 2 and join us out on the grassy field.



Robin Yeargain, M.A. Ed

K-6 Principal

robin.yeargain@eduprizeschools.net

A few reminders of issues we've been noticing:

1. Bring water to school (no other drinks please)
2. No gum at school

Have a wonderful 3 day weekend!

Kindly,
Robin



Quick References



CALENDAR

April

15th: No School

19th: Parent Meeting for Kinder Early Entry Candidates

B1 Media Center at 5PM

22nd: Sign-up Genius Goes Live

(Kinder TOPS optional conferences)

23rd: Early Childhood Extravaganza

9AM - 11AM at Building 1

25th: PTN Planning Meeting

B1 Media Center 6-8PM

27th: A+ Celebration

On the Field at 10AM

25th-29th: Conference Week

K-6th Grade

28th-30th: EDUPRIZE Gilbert

Theater Company's Lion King Jr.

4/28 & 4/29 at 6PM B3 Theater

4/30 at 10AM B3 Theater

QUICK LINKS

[Website](#)

[Facebook](#)

[PTN Website](#)

[PTN Facebook](#)

21-22 School Calendars



[Pre-K](#)



[Trad Day](#)



[TOPS](#)

22-23 School Calendars



[Trad Day](#)



[Pre-K & TOPS](#)

[K-6th Events Calendar](#)

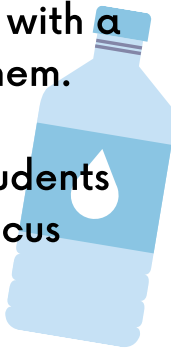
EDUPRIZE UPDATES

Water Bottles!

Parents, PLEASE send your child with a water bottle to school. It is getting hot and students need water throughout the day.

We even have refill stations at our school, but students must come with a bottle to refill in order to use them.

Water is critical for keeping students hydrated, so they can better focus and learn.



Amazon Smile Fundraising

Shop through Amazon Smile and a portion of your purchase will be donated to our organization. Use this [LINK](#) to go to Amazon Smile and add our organization

Your AmazonSmile Impact

Your orders that have supported charity

Remember, only purchases at smile.amazon.com or through AmazonSmile activated in the Amazon Shopping app will support your selected charity.



Your total orders

160 orders

[Learn more](#)

Every little bit counts

When millions of supporters shop at AmazonSmile, charitable donations quickly add up.



You have generated

\$36.25

as of February 07, 2022



Your current charity

Edu Prize Parent Teacher Organization

has received

\$1,794.31

as of November 2021



All US charities have received

\$306,872,769.49

as of November 2021



All worldwide charities have received

\$346,069,668.53

as of November 2021



EDUPRIZE
High School

Mental Health Skills for Teens

Summer Workshop for Students \$150

6th-8th Grade: Monday June 6th- Thursday June 9th

9th-12th Grade: Monday June 13th- Thursday June 16th

8am-11am: Coping Skills

12pm-3pm: Self-Esteem Building

3:15pm-4pm: Meditation & Grounding Application

Workshops are limited to 20 students per grade group.

For questions or to register, please contact devan.hunt@eduprizeschools.net



Project Exploration

FROM THEIR POINT OF VIEW

FOR OUR FINAL PROJECT EXPLORATION INSTALLMENT, I HAVE ASKED THREE OF OUR STUDENTS TO WRITE ABOUT THEIR EXPERIENCES ON OUR TRIP. THIS EDITION FEATURES THEIR POINTS OF VIEW.

SABRINA C. - MRS. TORNOW'S 6TH GRADE PM TOPS

THE PROJECT EXPLORATION TRIP WAS INTERESTING AND A FUN EXPERIENCE. WE GOT TO GO TO MANY DIFFERENT PLACES LIKE THE GRAND CANYON, HORSESHOE BEND, SUNSET CRATER AND MORE! HOWEVER, THERE WERE A FEW DOWNSIDES. THIS INCLUDES THE LONG BUS DRIVES AND THE FOOD. BUT OVERALL, THE TRIP WAS FUN AND INTERESTING.

BRAXTON D. - MRS. DEIST'S 5TH GRADE AM TOPS

RECENTLY, I WAS A PART OF THE PROJECT X TRIP. I LOVED A LOT OF THINGS ABOUT THE TRIP, BUT MY FAVORITE PART ABOUT IT WAS HIKING THE GRAND CANYON. ON THE HIKE I SAW BREATHTAKING VIEWS OF THE GRAND CANYON. I WAS AMAZED BY HOW BIG IT ACTUALLY WAS IN PERSON. THE ROCKS WERE REALLY FASCINATING AND WERE NEARLY 2 BILLION YEARS OLD! WHEN WE WERE HIKING I SAW SNOW. IT WAS COOL TO SEE SNOW BECAUSE YOU DON'T SEE IT OFTEN WHEN YOU LIVE IN THE VALLEY. OVERALL, I HAD A GREAT TIME ON THE PROJECT X TRIP!

JAYLEE P. - MRS. BROWN'S 6TH GRADE

I WOULD RECOMMEND GOING ON THE TRIP FOR MANY REASONS. IN MY OPINION IT'S A GREAT WAY TO LEARN MORE ABOUT YOUR FRIENDS AND JUST HAVE A GOOD TIME. IT WAS MY FIRST TIME SEEING THE GRAND CANYON AND I THOUGHT IT WAS GREAT! I LEARNED MANY NEW THINGS ABOUT THE HISTORY BEHIND IT. YOU'RE ALWAYS BUSY AND DOING SOMETHING INTERESTING. DURING THE BUS RIDES YOU GET TO TALK WITH FRIENDS AND PLAY FUN GAMES TO MAKE UP THE TIME. MY FAVORITE PART WAS REALLY HARD TO DECIDE BUT I PROBABLY ENJOYED THE OBSERVATORY AND THE RAFT RIDE THE BEST. THE HOTEL WAS FUN BECAUSE IT'S JUST YOU AND YOUR FRIENDS AND YOU GET TO HANG OUT. I WAS REALLY SAD TO LEAVE AND I HOPE OTHER KIDS CAN ENJOY AND EXPERIENCE THIS GREAT OPPORTUNITY TOO!

THANKS TO THOSE WHO HAVE FAITHFULLY READ OUR ARTICLES!
JO CAROL BROWN

DID YOU KNOW....

IF you refer a family to EDUPRIZE and they attend our Welcome to EDUPRIZE tour or our special events for new families, like our EDUPRIZE Early Childhood Extravaganza, YOU will be put in for a \$50 credit that can be used for Life Fund or towards a lunch credit?

AND...

IF the family registers to attend EDUPRIZE, both families will receive the \$50 credit! Isn't that AWESOME!!

Please spread the news and invite your friends and neighbors to our amazing, A+ School of Excellence!

*Referring family MUST be reported at the event sign in





PTN Meeting

April 25th at 6pm
in Building 1 library.



Join us to discuss
planning for
events next year.

Jake's Unlimited Event

Confirmation for the 4/14 Jake's
Unlimited Event have been sent.
We look forward to seeing
everyone!

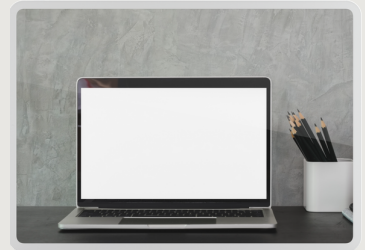


President- Katrina

Vice President- Jenny

Treasurer- Kari

Secretary &
Co-Treasurer- Kristin



Please Visit Our [Website](#)
For Updates & Information

You can contact the PTN at:
ptn@eduprizeschools.net.

www.eduprizegilbertptn.com

EDUPRIZE

NEW POLICY!

Starting school year 2021-2022, school nurses will not be able to hand out OTC medicine, like Tylenol, aspirin, or Neosporin. Parents will need to provide any OTC medicine PLUS a doctor's note in order for it to be administered by the nurse.



EDUPRIZE SCHOOLS

Medication Authorization

If you would like your student to be able to access medication at school, please complete the authorization **FORM** and return to the health office.



EDUPRIZE COVID-19 Protocol

1. Parents should continue to call the school to report a positive COVID-19 case in their household or exposure to COVID-19.
2. Students who are confirmed positive will isolate for 10-days from the onset of symptoms
3. Siblings of a confirmed case (or child of a staff member) who are exposed will quarantine for 10-days from the last contact with the positive COVID case. However, if they are tested on/after the 5th day of exposure and receive a negative result, the quarantine period is reduced to 7 days.
4. If a student/staff tests positive, I email the parents of the classroom where the positive case was reported. This email is to inform parents of the positive case and to monitor their child's health for any symptoms. They should keep students home if they are not feeling well.
5. Students who are not feeling well (non COVID related) will follow our normal policy of 24 hours free of symptoms without the use of medicine. If a child is showing multiple health symptoms (and parents do not want to get them tested) then they will stay home for 72 hours.

Health Office Updates

Medication Pick Up Notice: End of the Year

Dear Parent or Guardian,
Your child needs their medication and or medical supplies/equipment picked up by 2:00 pm on the last day of school.

Any medication/supplies that are not picked up by 2:00 pm on or before the last day of school (May 25th), will be discarded with no exceptions. We are unable to keep medication over the summer break. Please remember that all medication needs to be signed out by an adult.

Thank you for your cooperation,
Eduprize Nursing Staff
(480) 813-9537 ext 1070



CURRENT COVID NUMBERS

- Number of staff and students
Total: 1,766
- Number of **ACTIVE**, positive Covid 19 cases: 0
- Percent positivity: 0.0%
- Number of cases resolved: 339



NOMINATE A GENIUS TEACHER



\$2,500 IN PRIZES

Five Teachers Will Win \$500

In honor of Teacher Appreciation Week coming up in May, we want to help you recognize the teachers around you. Enter the giveaway by nominating a genius teacher who lights up their students' lives. They will have the chance to win \$500 as a thank you!

[Nominate a Teacher](#)



Pre-Kindergarten 2022—2023

EDUPRIZE Gilbert Campus



Fun for FOUR-YEAR-OLDS! Pre-Kindergarten at EDUPRIZE Gilbert will introduce your child to all of the fun

that school can be! Children will acquire a love of learning in a nurturing environment that will teach them how to become successful students. This program is taught by a highly-qualified, Arizona Department of Education-certified teacher and an instructional aide. The teacher is certified in Early Childhood Education and has been chosen for this program because of her love and understanding of young children.

We have two class times available for 2022-2023:

AM Pre-K 7:30 am—12:00 pm regular school days

PM Pre-K 11:00 am—3:30 pm regular school days

There are three schedules to choose from with different fees:

M-F	(5 days per week)	\$1000 per quarter*	\$3600 for the year**
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M/W/F	(3 days per week)	\$670 per quarter*	\$2400 for the year**
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T/Th	(2 days per week)	\$470 per quarter *	\$1690 for the year**
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*First quarter payment due at time of registration to secure the space.

**The discounted price is offered if annual tuition is paid in full at original time of registration.

All fees are **non-refundable and non-transferable** once paid.

Student requirements for enrollment:

Students must be 4 years old by August 31, 2022

Students must be **fully** potty-trained

Parent responsibilities:

Send a snack and water bottle for your child daily

Drop off and pick up your child on time daily



To apply:

Please apply online at www.eduprizeschools.net. You may apply for future years at any time to be placed on our waiting list! Registration for the following school year typically takes place in January—April. You will receive communications throughout the process to keep you informed!

NERDING



EDUPRIZE
SCHOOLS

This Summer at EDUPRIZE in building 4!

Classes open to Eduprize students and the larger community. Spread the word for us!

SUMMER STEM CLASSES



JUNE 6 - JULY 8 | \$195 per week long class

GRADES 1-3

(entering fall 2022)

- Use The Force
- Robotics with Ozobots
- Secrets of Slime
- Space Explorers
- Intro to Code
- Dino Discovery
- Zoology
- Mythical Forest: Art & Engineering

GRADES 4-7

(entering fall 2022)

- 3D Printing
- Escape: Lost Cities
- Graphic Design
- Virtual Reality
- Racer Engineers
- Electric Inventions
- Wizard Science
- Sphero Robotics & Programming
- Space Tech & Engineering



NERDING specializes in cutting-edge, exciting STEM classes for kids! We believe in preparing children for the 21st century by teaching core principles in science, technology, engineering, and "making". We have quickly become a valley leader in STEM education due to our engaging teacher-developed curriculum, thoughtful grade level groupings, low student-to-teacher ratio, and only hiring the very best certified and experienced teachers. Watch your nerd's STEM interest and passion skyrocket with our unique class topics and modern technology, all in a safe, professional, and fun environment. Your nerd will further their skills or discover what kind of nerd they are at Nerding!

Mon Tue Wed Thu Fri

AM Classes \$195
9:00 - 12:00

Attending both AM & PM classes? Pack lunch and stay.

PM Classes \$195
1:00 - 4:00

SIGN UP WEEK-BY-WEEK

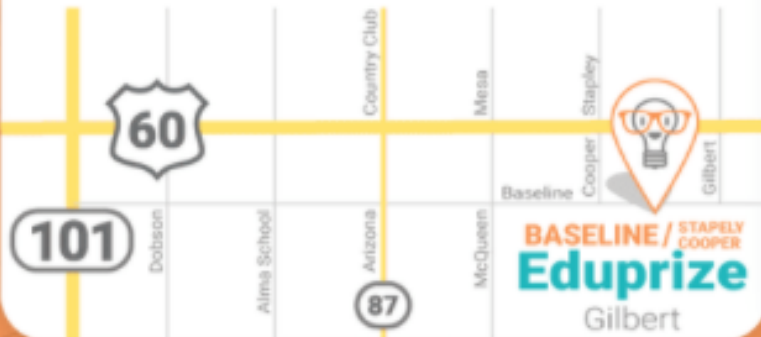
Build Your Summer

Classes run weekly June 6 - July 8. Half-day and full-day options. Our flexible schedule fits with your summer plans. Each class is \$195, one week long, Mon-Fri, 3 hours per day, with engaging hands-on lessons. Register for an AM and PM class to stay all day and pack your own lunch. Register online at NERDING.org

GILBERT

Great Location

1383 E Baseline Rd, Gilbert (Bldg 4)



PROFESSIONAL & EXPERIENCED

Certified Teachers

All with classroom experience and general awesomeness.
10:1 nerd to teacher ratio
Plus, adult assistants in each class



Micah & Niecy
Founders

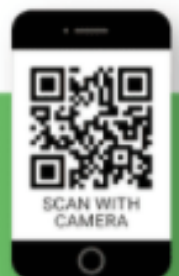
Invented, guided, and powered by 2 local nerds!

"We're here to answer all of your questions.
Hope to see you and your nerd soon!"

833-NERDING | nerds@nerding.org

Registration opens March 5th and closes the week before each class begins.

Register at NERDING.org



Campus Students & Campus Parents

Logging into the App

1. Download the app at the [App Store](#) or [Google Play](#).
2. Search for your District Name (Eduprize) and State. Select your district from the list.
3. Enter your Username and Password. (If you haven't create an account, please email: april.talley@eduprizeschools.net)
4. Click Log In!

Logging in from a Web Browser

1. Visit <https://eduprizeaz.infinitecampus.org/campus/portal/parents/eduprize.jsp>
2. Enter your Username and Password. (If you haven't create an account, please email: april.talley@eduprizeschools.net)
3. Click Log In!



We're Hiring!



The Special Education Team is looking to hire a paraprofessional to work with upper elementary/junior high students up to 28 hours per week.

Must have a high school diploma or equivalent.

Must be 21 years or older.

Pay is dependent on experience.

**For more information email:
maria.rosetti@eduprizeschools.net**

**EDUPRIZE
SCHOOLS**



**Part-time carpool and lunch aide with flexible hours.
\$12.50 an hour**

**Times needed are: 7:00 - 8:10AM, 10:25 AM -1:10 PM,
2:30-3:45 PM (may choose any or all shifts)**

**Great for stay at home moms, retirees and college
students, 21 years and older.**

Education: High school or equivalent (Preferred)

If interested email: tym.britton@eduprizeschools.net



**We are looking for enthusiastic and
loving substitute teachers!**

We offer:

- **Competitive pay: \$18.75/hour (certified certificates)
\$17.50/hour (sub certificates)**
- **Flexible schedules: Traditional, AM or PM schedules.
Choose the days you'd like to work!**
- **Incredible kids and staff that will make you feel like part
of the EDUPRIZE family!**

Education: Teaching or Sub Certificate required

**If interested, please email:
emily.yeaman@eduprizeschools.net**



Add **www.studentinsurance-kk.com** to your school's website

Adding a link to your school's website may make it easier for parents to enroll their students in your endorsed student insurance plan. Our website, www.studentinsurance-kk.com, provides easy online enrollment. You can choose from simply adding a simple text link or something more descriptive

Suggested samples for adding www.StudentInsurance-KK.com to your school/district website:

As you select a listing from the samples below, please set up your choice with a hyperlink to <http://www.studentinsurance-kk.com>

1. Simple Text Options (with hyperlink)

- example a. **Enroll in Student Insurance Here**
example b. **Quote/Buy Student Insurance Online**

2. Descriptive Text Options (with hyperlinks)

- example a. **Student Accident Insurance** and the following paragraph either directly below or as a popup option. The paragraph also contains 2 hyperlink options (in bold).

*Our school/district has selected the **Student Insurance Plan** from K&K Insurance Group to make reliable coverage available to parents. If you don't have other insurance, this plan may be a resource to consider. Additionally, even if you have other coverage, this plan can help fill expensive "gaps" caused by deductible and co-pays. Coverage may be purchased at any time during the school year by visiting www.studentinsurance-kk.com.*

- example b. **Student Accident Insurance** and the following paragraph either directly below or as a popup option. The paragraph also contains 1 hyperlink option (in bold).

*Our school/district has selected the **Student Insurance Plan** from K&K Insurance to make reliable coverage available to parents. Coverage may be purchased at any time during the school year by visiting www.studentinsurance-kk.com.*

If you do not have the ability to add links to your website, simply pass this sheet along to the technology team responsible for your school/district website. You may encourage individual schools to add this to their own sites as well. If you need additional assistance, please send an email to info@studentinsurance-kk.com.

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

www.studentinsurance-kk.com



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

K-12 Accident Plans available through your school:

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

How to Enroll Online

Enrolling online is easy and should take only a few minutes. Go to **www.studentinsurance-kk.com** and click the **"Enroll Now"** button.

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

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

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

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

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

Cómo inscribirse en línea

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

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

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

2021-2022 Student Accident Coverage

Serviced by: **K&K Insurance Group, Inc.** Phone: 855-742-3135

Remember to visit our website for faster enrollment: www.studentinsurance-kk.com
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.

ACCIDENT ONLY COVERAGE: The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

SCHEDULE OF BENEFITS: *Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.*

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
Inpatient Hospital Services		
Room & Board Expenses: (Private/Semi-private room rate)	Up to \$150 per day	80% of Usual and Customary Charges
Miscellaneous Expenses	\$600 maximum per day	\$1,200 maximum per day
Physician's Visits: (Limited to one visit per day)	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
Ambulatory Medical Center	\$1,000 maximum	\$1,200 maximum
Emergency Room Treatment: (Treatment must be rendered within 72 hours from the time of the injury)	\$150 maximum	\$300 maximum
Surgery: (*Allowance is calculated: 100% of Usual and Customary Charges for the 1st procedure, 50% of Usual and Customary Charges for the 2nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.)	\$1,000 maximum	\$1,200 maximum
Assistant Surgeon	100% of Usual and Customary Charges (*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)	100% of Usual and Customary Charges (*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)
Anesthesia and its Administration	100% of Usual and Customary Charges (*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)	100% of Usual and Customary Charges (*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)
Outpatient		
Outpatient Physician Visits: (Limited to one visit per day)	\$40 first day/\$25 each subsequent visit day	\$60 first day/\$40 each subsequent visit day
Outpatient X-ray:	\$200 maximum	\$600 maximum
Outpatient Diagnostic Imaging Services: (CT Scan, MRI)	\$300 maximum	\$600 maximum
Outpatient Laboratory:	\$50 maximum	\$300 maximum
Outpatient Physiotherapy: (Limited to one visit per day. Includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)	\$30 first day/\$20 each subsequent day/ 5 days maximum	\$60 first day/\$40 each subsequent day/ 5 days maximum
Ambulance Services: (Air and Ground)	\$300 maximum	\$800 maximum
Medical Equipment Rental: (Includes Orthopedic devices)	\$75 maximum	\$140 maximum
Dental Services:	\$10,000 maximum per policy term	\$10,000 maximum per policy term
Prescription Drugs:	\$75 maximum	\$200 maximum
Consultant:	\$200 maximum	\$400 maximum
Replacement of Eye Glasses, Contact Lenses or Hearing Aids:	100% of Usual and Customary Charges	100% of Usual and Customary Charges

THIS IS A BLANKET ACCIDENT ONLY POLICY.

U.S. Insurance coverage is underwritten by AXIS Insurance Company under group policy form series number BACC-001-0909, et al. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected.

THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

Choose Your Coverage Plan: *One-Time Payment For Accident Coverage*

PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW

Coverage Effective Date: A person's coverage takes effect at the later of the date his or her completed student accident enrollment form and premium is received by the company or the effective date of the policy issued to his or her school or school district.

Coverage Termination Date: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be an eligible person per the definition below. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

	Low Option	High Option
24-Hour Accident Around-the-clock. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football	\$85.00	\$125.00
24-Hour Accident Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	\$28.00	\$40.00
At-School Accident During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.	\$26.00	\$34.00
High School Football Play or practice of regularly scheduled football.	\$134.00	\$208.00
High School Football (Spring Only) For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.	\$58.00	\$88.00
High School Football and At-School Accident (Covers all athletics)	\$160.00	\$242.00
High School Football and 24-Hour Accident (Covers all athletics)	\$219.00	\$333.00

About Your Coverage

1. **ELIGIBLE PERSONS:** students of the policyholder who enroll and make the required premium contribution for the coverage selected are Eligible Persons under the Policy. Depending on the coverage selected, coverage may continue after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy is on file with the school district and is a non-renewable policy. The student coverage selected is non-renewable and requires the student to re-enroll each school year.
3. This is a limited benefit policy.
4. **COVERAGE EFFECTIVE DATE:** Insurance becomes effective for a student who enrolls and makes the required premium contribution on the latest of the following dates:
 - a. the Policy Effective Date;
 - b. the date the Company receives student's completed enrollment form and the required premium payment.In no event will insurance for the Eligible Person become effective before the Policy Effective Date.
5. **COVERAGE TERMINATION DATE:** Coverage ends on the earlier of the date: he or she is no longer an Eligible Person, the end of the 1 year coverage term or the date the School's policy ends. All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim for a Covered Accident that occurs before the termination date.
6. **LATE ENROLLMENT:** Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year.
7. **CANCELLATION:** Your coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company.

Enroll online at:

www.StudentInsurance-kk.com

or by mail using attached enrollment form.


1. Complete and detach the enrollment form.
2. Make check or money order payable to AXIS Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child's name on your check or money order.
4. Mail completed enrollment form with payment back to:
**K&K Insurance Group,
P.O. Box 2338
Fort Wayne, IN 46801-2338**
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference.
Individual policies will not be sent to you.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

Administered by:

K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338

 Cut out card and retain for your records

STUDENT INSURANCE CARD

Student's Name _____

If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: _____

Accident Only Coverage: ☐ 24-HOUR ☐ 24-HOUR (Summer Only Coverage)
☐ AT-SCHOOL ☐ FOOTBALL ☐ FOOTBALL (Spring Only)

Paid by Check # _____ Amount Paid: _____ Date Paid: _____

Policy # _____

Underwritten by: AXIS Insurance Company
Claims Questions: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

- intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
- commission or attempt to commit a felony or an assault;
- commission of or active participation in a riot or insurrection;
- declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
- flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
- travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
- sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- injuries compensable under Workers' Compensation law or any similar law;
- operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;
- the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
- an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
- aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity unless the Company receives a written medical release from the Insured Person's Physician;
- participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
- medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered injury; or
- benefits will not be paid for services or treatment rendered by any person who is:
 - employed or retained by the Policyholder;
 - living in the Insured Person's household;

EXCLUDED EXPENSES

The following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided:

- cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
 - any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
 - examination or prescriptions for, or purchase, repair or replacement of wheelchairs, braces, appliances, orthopedic braces, or orthotic devices;
 - treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
 - services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
 - repair or replacement of existing artificial limbs, eyes and larynx;
 - treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Accident, unless the Company has received a written medical release from his Physician.
- In no event will the Company's total payments for the Insured Person exceed the Total Maximum for all Accident Medical Benefits shown in the Schedule of Benefits.
- Other Exclusions that apply to this Benefit are in the Common Exclusions Section.

ACCIDENT ONLY DEFINITIONS:

Covered Injury means Accidental bodily injury:

- which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force;
- which results directly and independently from all other causes from a Covered Accident; and
- which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

Accident or Accidental: means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

Covered Expenses: means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

Medically Necessary: means medical services that:

- are essential for diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed;
- meets generally accepted standards of medical practice; and
- are ordered by a Physician and performed under His care, supervision or order.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS:

Covered Loss must occur within 365 days of the Covered Accident. Not more than the Aggregate Limit of \$500,000 will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. This Aggregate Limit of Indemnity is payable only once, should more than one Condition of Coverage apply. We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

COVERED LOSS	BENEFIT AMOUNT
Loss of Life	\$10,000
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of Speech and Hearing (in Both Ears)	\$10,000
Loss of One Hand or Foot and Sight in One Eye	\$10,000
Loss of One Hand or Foot	\$5,000
Loss of Sight in One Eye	\$5,000
Loss of Speech	\$5,000
Loss of Hearing (in Both Ears)	\$5,000
Loss of Hearing in One Ear	\$2,500
Loss of Thumb and Index Finger of the same Hand	\$2,500
Exposure and Disappearance	Included

Student Accident Enrollment Form (School Year 2021-2022)

Student's Last Name: _____

Student's First Name: _____

Student's Middle Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of School District (required): _____

Name of School: _____

Grade Level: ☐ Pre-K/Headstart ☐ Kindergarten/Elementary ☐ Middle School ☐ High School/Above

Signature of Parent or Guardian: _____

Date: _____ Email Address: _____ Phone Number: _____

Student Insurance Plan Options — Check Your Selection:

Accident Only Coverage Plans	Low Option + Policy Administration Fee	High Option + Policy Administration Fee
24-HOUR	<input type="checkbox"/> \$85.00 + \$5.00 fee = \$90.00	<input type="checkbox"/> \$125.00 + \$5.00 fee = \$130.00
24-HOUR, Summer Only	<input type="checkbox"/> \$28.00 + \$5.00 fee = \$33.00	<input type="checkbox"/> \$40.00 + \$5.00 fee = \$45.00
AT-SCHOOL	<input type="checkbox"/> \$26.00 + \$5.00 fee = \$31.00	<input type="checkbox"/> \$34.00 + \$5.00 fee = \$39.00
HIGH SCHOOL FOOTBALL, Full Year	<input type="checkbox"/> \$134.00 + \$5.00 fee = \$139.00	<input type="checkbox"/> \$208.00 + \$5.00 fee = \$213.00
HIGH SCHOOL FOOTBALL, Spring Only <i>For New Players</i>	<input type="checkbox"/> \$58.00 + \$5.00 fee = \$63.00	<input type="checkbox"/> \$88.00 + \$5.00 fee = \$93.00
HIGH SCHOOL FOOTBALL and AT SCHOOL <i>Covers all athletics</i>	<input type="checkbox"/> \$160.00 + \$5.00 fee = \$165.00	<input type="checkbox"/> \$242.00 + \$5.00 fee = \$247.00
HIGH SCHOOL FOOTBALL and 24-HOUR <i>Covers all athletics</i>	<input type="checkbox"/> \$219.00 + \$5.00 fee = \$224.00	<input type="checkbox"/> \$333.00 + \$5.00 fee = \$338.00
TOTAL AMOUNT DUE: (including Policy Administration Fee) \$ _____		\$ _____

Enclose check for total payment payable to: **AXIS INSURANCE COMPANY.**

Checks, money orders, or credit cards accepted.

DO NOT SEND CASH

IMPORTANT NOTICE - FRAUD WARNING

For your protection Arizona law requires the following statement to appear on the form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Mail this completed form with payment back to: **K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338**

Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card

First Name: _____ MI: _____ Last Name: _____

Billing Address (if different than above)

Street # _____ Address _____ Apt # _____

City: _____ State: _____ Zip: _____

Card Number: Expiration Date: Month: Year:

Cardholder signature: _____

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)