



Independent School District No. 787

Browerville Public Schools

P.O. Box 185
620 Park Avenue
Browerville, MN 56438
Phone: (320) 594-2272
Fax: (320) 594-8105
<http://www.browerville.k12.mn.us>

Scott Vedbraaten, Superintendent
Patrick Sutlief, Principal
Wayne Petermeier, Activities Director

August, 2019

Dear Parents,

Welcome to the 2019-2020 school year at Browerville Public Schools!

There are some important forms that must be completed and signed. We ask that your child bring these to school on the first day. For more information "Parent Packs" this year will be on our Browerville High School website. If you wish to have a copy of the parent pack, you are more than welcome to request one from the High School office.

There will be an Open House for the Elementary School on Wednesday evening, August 29, from 6:00-7:00 P.M. Children and their parents will be able to tour the elementary school, see their classrooms and meet their teacher. The first day of school is Tuesday, September 3 2019. Tiger "Kinder Camp" for the class of 2032 will be held Thursday, August 29, 2019.

A nutritious breakfast and noon lunch will again be available for all students. Applications for free and reduced lunches are included in this packet. Each family should complete this form and return to the office. The State and Federal Child Nutrition Program reimburses our school for these lunches. The more free and reduced lunches we serve the higher our reimbursement rate and this helps keep our costs down. Please call me if you need help in completing the Hot Lunch form.

Should you have any questions throughout the school year, please feel free to contact me.

Sincerely,

Scott Vedbraaten
Superintendent

*** Please be sure to Sign the 2019-2020 Emergency Form in both places.***

SV/jlh
Enclosures

August,

Dear Parents,

Keeping parents informed and involved helps to assure student safety and improve student success. That is why the Browerville Public School decided to implement a new system called 'Honeywell Instant Alert for Schools' in March of 2009.

'Instant Alert for Schools' is a valuable tool for notification and communication. Within minutes of an emergency, we can use the 'Instant Alert' to deliver a single, clear message to all of our parents or guardians by telephone, cell phone, e-mail, pager or PDA in a combination. 'Instant Alert' will be used to notify you of a school closing due to inclement weather and is an equally effective way to keep you informed of everyday activities, such as event times and locations as well as schedule changes.

'Instant Alert' is Internet based, allowing each family to maintain a secure, password protected online profile. Include in this letter is an instruction sheet for accessing the system. **IF YOU WERE SATISFIED WITH THE PHONE/CELL PHONE/EMAIL CONTACT FROM THIS PAST SPRING – YOU DO NOT NEED TO CHANGE ANYTHING.** You can log into your profile at any time to update your contact information. Maintaining the accuracy of your profile will increase the ability for us to keep you informed. The same information that is included in the JMC school directory information has been transferred to the 'Honeywell Instant Alert System'. Your landline phone, cell phone, and email have been set as the initial contact points. You may add or delete contact points within your 'Instant Alert' profile.

Your online profile enables you to:

- **Input changes in your personal contact information**
- **Select which type of school information you would like to receive on each of your contact devices**
- **Add contact information of other caretakers of your children, such as a grandparent or neighbor**
- **View the alerts that have been sent to you in the past**

If you need assistance with your profile, please go to: <https://instantalert.honeywell.com> and click on the Help Request link on the lower right hand side of the page, or contact the school at (320) 594-2272. Be sure to set your e-mail spam filter to receive e-mail from Honeywell.com. If you do not have access to a computer, please feel free to come to the school to use our facilities. We hope you enjoy the new communication service.

Sincerely,


Scott Wedbracket
Superintendent

Browerville Public School

DENIAL OF RELEASE OF DIRECTORY INFORMATION

Please note: Your child's photo will not be in the yearbook or in class pictures if you sign this document. Your child's name will not appear in athletic or music programs if you sign this.

I understand that by signing this Denial of Release of Directory Information, that affected student's name will not appear on some lists such as honor rolls. Further, I understand that I am denying release of all directory information list below.

Pursuant the Notice of Designation of Directory Information, directory information MAY NOT be released without my expressed written consent:

Directory Information:

- *Student's name
- *Student's address
- *Student's telephone listing
- *Student's photograph
- *Student's date of birth
- *Student's major field of study
- *Student's dates of school attendance
- *Student's grade level completed (i.e., first grade, tenth grade, etc)
- *Student's enrollment status (full-time or part time)
- *Student's participation in officially recognized activities/sports
- *Student's height and weight, if a member of an athletic team
- *Student's athletic physical examination expiration date
- *Student's degrees, honors, and awards received
- *Student's most recent educational agency or institution attended
- *Student's parent(s) name, address and telephone number
- *Student's photographs, videotapes and other visual representations for school-approved publications, yearbooks, newspapers, public presentations school social media, and web pages

Submitting this Denial of Release of Directory Information does NOT affect the release of directory information to Military Recruiters. In order to make all directory information about a student private to the public in general, including military recruiting officers, the parent/guardian or eligible student must complete the form below and also complete and submit a Denial of Release of Information to Military Recruiters.

The designation of directory information about a student as private will remain in effect for the current school year only. Return completed and signed copy to the Building Principal or Superintendent of Schools by September 30.

Signed _____
(Parent/Guardian/Eligible Student)

Address _____

Date _____

Student Affected _____

Address _____



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Scott Vedbraaten, Superintendent
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August, 2019
Dear Parents,

Attached is important information regarding our school breakfast and noon lunch program for the 2019-2020 school year. Browerville food service staff work very hard to provide an excellent breakfast and noon lunch for our students. Much of the state and federal funding to our school is determined by the total student population who qualify for free or reduced lunch. These funds enable our district to maintain strong academic programs. So as you can see, it is **extremely important that you review and apply for free and/or reduced lunches.**

Carefully examine the materials to determine if your family qualifies for free or reduced meals. **PLEASE RETURN THE COMPLETED APPLICATION for EDUCATIONAL BENEFITS (FREE/REDUCED FORM) TO THE OFFICE BY MONDAY, AUGUST 30, 2019.** This will allow us to have all information in place for the first day of school, Tuesday, September 3, 2019. (Free and reduced forms are accepted anytime during the school year.) **No charging will be all allowed if the lunch accounts exceed a negative amount of \$100.00 or more.** (Your child will not be allowed a hot lunch, they will be provided a peanut butter sandwich.)

All students will be issued a number that they will submit to the cashier at the end of the lunch line. **All meals, extra milk, and second lunches(5-12) are to be prepaid.** Lunch payments can be made at the district office each morning from 8:00-8:25, or during office hours if these times will not work for you. **Please send a prepayment prior to the start of school** so that appropriate accounts may be set up for your child. Breakfast and lunch costs for the 2019-2020 school year are:

Breakfast: K-12 FREE Lunch: K-12 \$ 2.75
Extra Breakfast: Adults and Students \$2.75
Extra Milk: \$.40 Extra Lunch: 5-12 \$3.25 (all students including free/reduced)

Students who have special dietary needs such as lactose intolerance or diabetic concerns may receive alternative menu items. Contact the food service department to inform us of those specific needs. Please call me if you have questions about the Application for Educational Benefits (Free/Reduced Lunch Application) or the lunch program. Thank you for your continued support of our school programs!

Sincerely,

Scott Vedbraaten,
Superintendent

**Please return
application form
Immediately!**

Dear Parent of Guardian:

To apply for free or reduced-price school meals, complete the enclosed Application for Educational Benefits according to the instructions below, and return the completed application to school immediately. Also, our school qualifies for certain education funds or discounts based on the number of students who qualify for free or reduced-price meals.

Browerville Public School serves breakfast and lunch each school day. Breakfast is provided free of charge for each student thanks to a generous donation from the Browerville Lions Club and a grant from the Minnesota Department of Education.

Elementary children may buy lunch for \$2.75. High school students may buy lunch for \$2.75. Extra milk is \$.40. Children may also get meals free or at a reduced price. The reduced price is \$.40 for lunch. All meals served must meet nutritional standards established by the U.S. Department of Agriculture. However, if a child has been determined by a physician to have a disability and the disability prevents the child from eating the regular meal, this school will make modifications or substitutions prescribed by the physician at no additional charge. **Please note that all second lunches for 5-12th grade students will be charged \$3.25 regardless of their free/reduced status.**

Verification: If you submit an application and it is approved, the application may be verified at any time during the school year by the school and the Minnesota Department of Education. School officials may require documentation that your children are eligible for free or reduced-priced meals. Your child's eligibility status for free or reduced-priced meals may be verified with any data available for this purpose, including data from MN Departments of Human Services, Economic Security and Revenue.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You may also ask for a fair hearing. You may do this by calling or writing:

Bob Bryniarski
311130 Co. 16
Browerville, MN 56438

Confidentiality: Information you provide on the Application for Educational Benefits is private data. School officials will use the information you provide on household income or participation in MFIP, Food Stamp, or FDPIR programs only to determine your household's eligibility for free or reduced-price school meals or for other USDA child nutrition programs.

Your child's eligibility status for free or reduced-price meals is also private data and will not be release for any other purposes without parent or guardian's consent in writing. The eligibility status of a student may be released to persons directly connected with a federal education program, a state health or education program administrated by a state agency of a school, or any federal, state, or local nutrition program that has similar participation requirements to the National School Lunch Program. School officials may also send information about other programs or benefits that may be of interest to households that qualify for free and reduced-priced meals. School meal eligibility information is also used for statistical purposes, without identification by name.

At public school districts, each child's school meal eligibility status (eligible for "free," "reduced-price," or "paid" school meals) is recorded on a state-wide computer system used by all Minnesota school districts to report data to the Minnesota Department of Education, as required by state law. The Department uses this information to (1) administer state and federal programs, (2) calculate compensatory revenue for public schools, and (3) judge the quality of the state's educational program.

Reapplication: You may apply for free or reduced-price meals at any time during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, unemployment, a newly placed foster child, or receive MFIP/Food Stamp/FDPIR benefits for your children, submit an application at that time.

Help with Application: If you have any questions or need help in filling out the application form, please contact:

Scott Vedbraaten, Superintendent
320-594-2272.

We will notify you when your application is approved or denied.

IN OPERATION OF THE CHILD NUTRITION PROGRAMS, NO CHILD WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, GENDER, COLOR, NATIONAL ORIGIN, AGE, OR DISABILITY. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, WRITE IMMEDIATELY TO THE USDA DIRECTOR, OFFICE OF CIVIL RIGHTS, ROOM 326-W WHITTEN BUILDING, 1400 INDEPENDENCE AVE. SW, , WASHINGTON, D. C. 20250

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2019-20 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions, not take-home pay**). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2019 through June 30, 2020.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Add for each additional person	8,177	682	341	315	158

Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

Step 2: Case Number

If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3.

Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- **Child Income.** If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult Income.** Report the names of adult household members and income earned in this section.
 - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
 - **Gross Earnings from Work.** For each income, check the box to show how often the income is received: weekly, bi-week, twice per month, or monthly.
 - List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
 - **Self-employment or Farm Income.** List the net income per month or year after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
 - **All Other Gross Income.** List gross incomes before deductions from any other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.
- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. The total household members is reported.

Step 4: Signature and Contact Information An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

2019-20 Application for Educational Benefits

Complete one application per household. Please use pen (not a pencil).

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information.

Child's First Name	MI	Child's Last name	School	Grade	Birthdate	Foster Child (✓)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDIPIR? Medical assistance does not qualify. If YES > Enter SNAP, MFIP or FDIPIR Case Number _____ then go to STEP 4 (Do not complete STEP 3) If NO > Go to STEP 3.

STEP 3: Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1.

B. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report.

Child Income	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members sections.

Name of Adult Household Members (First and Last) List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Gross earnings from Work Report income before deductions or taxes, for each source in whole dollars (no cents).				Net Income from Self-Employment				All Other Gross Income such as SSI, Unemployment, Public Assistance, Child Support, and others on Page 2					
	Weekly	Bi-Weekly	2x Month	Monthly	Monthly	Yearly	Monthly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXX-XX-____ Check if no SSN: Total Household Members (Children and Adults) _____

STEP 4: Contact information and adult signature. Mail or return completed form to: (School/District Information) _____

"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."

I have checked this box if I do not want my information shared with Minnesota Health Care Programs as allowed by state law.

Printed name of adult signing form _____

Street Address (if available) Apt# _____ City _____ Zip _____

Signature of Household Adult _____ Daytime Phone _____

Determining Official's Signature _____ Date _____

Confirming Official's Signature _____ Date _____

Do not fill out: For School Use Only

Annual Income Conversion:
 Weekly x 52
 Bi-Weekly x 26
 Twice a Month x 24
 Monthly x 12

All Total Income (include child and adult income)	Weekly	Bi-Weekly	2x Month	Monthly	Annualize	Household Size	Categorical Eligibility	Free	Reduced	Denied
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Selected for Verification – attach Verification Tracker

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"> Earnings from work Social Security Disability Payments Survivor's Benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security A Parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

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

OPTIONAL: Children's Racial and Ethnic Identities

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. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR 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.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Nondiscrimination statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, you have two options: 1. Complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at [Filing a Program Discrimination Complaint as a USDA Customer](#) and at any USDA office; or, 2. Write a letter addressed to USDA; provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by one of the following methods:

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

This institution is an equal opportunity provider.

BROWERVILLE PUBLIC SCHOOL

2019-2020 Personnel List

ADMINISTRATION: Mr. Scott Vedbraaten, Superintendent
Mr. Patrick Sutlief, Principal
Mr. Wayne Petermeier, Activities Director/Dean of Students

OFFICE PERSONNEL: Mrs. Darla Schaefer, Business Manager
Ms. Jill Hegseth, Administrative Secretary
Mrs. Stacia Ness, Administrative Secretary

TEACHERS: Mrs. Sara Struss, Kindergarten
Mrs. Angela Reed, Kindergarten
Mrs. Wendi Emery, First Grade
Mrs. Lexi King, First Grade
Mrs. Kristine Johnson, Second Grade
Mrs. Jenna Biermaier, Second Grade
Mrs. Julie Massmann, Third Grade
Mrs. Kristina Petermeier, Third Grade
Mrs. Mary Irsfeld, Fourth Grade
Mrs. Katelyn Biggs, Fourth Grade
Mr. Matthew Doss, Fifth Grade
Mrs. Jill Wendel, Fifth Grade
Mr. Chris Johnson, Sixth Grade
Mr. Harrison Gravning, Sixth Grade
Mr. Craig Johnson, CTK/Title One
Mrs. Erica Myers, Title One
Ms. Katie Peterschick, Title One
Mrs. Jacqueline Bennett, Special Education
Mrs. Jennifer Burns, Health Occupations/School Nurse
Mrs. Kelly Camacho, Special Education
Mr. Daniel Custer, Industrial Technology/Building Trades
Mrs. Stephanie Eckel, English
Mrs. Cortiney Engelmeyer, Speech Clinician
Mr. Benjamin Evenson, Spanish
Ms. Brianna Granby, Choir/ Elem. Music
Mrs. Jody Hagenson, Art
Mrs. Sheri Johnson, Special Education Pre-School
Mrs. Kim Keeville, Special Education
Mrs. Lindsay Kugel, School Counselor
Mr. Rollie Lais, Agriculture, Drivers Education
Mr. Andrew Lancaster, Physical Education/Health
Ms. Susan Lowe, Science
Mr. Jeff Marxer, Mathematics
Mr. Jeffrey Myers, Special Education
Ms. Jennifer Murch, Special Education
Mrs. Holly Norton, Special Education
Mrs. Denise Olander, Business Education

Mr. Jason Peterschick, Social Studies
Mr. John Peterson, Physical Ed/Adaptive Physical Ed.
Mr. Kendell Proell, Physical Education/Health
Mr. Brandon Puck, Mathematics
Mr. Bob Schueller, Social Studies
Mr. Charlie Stier, Music
Mrs. Melissa Suttief, Social Worker
Mrs. Sonja Toews, Speech Clinician/Therapist
Ms. MerriAnne Werder, Science
Ms. Cheryl Wyatt, English

ANCILLARY:

Ms. Yesica Ambriz, Special Education Aide
Mrs. Emily Berg, Special Education Aide
Mrs. Pam Buysse, Special Education Aide
Mrs. Peggy Carlson, Media Aide
Mrs. Patricia Gritz, Special Education Aide
Mr. Jarid Johnson, Special Education Aide
Mrs. Nancy Johnson, Aide/Playground Aide
Mrs. Samantha Kruse, Special Education Aide
Mrs. Mary Lisson, Special Education Aide
Mrs. Diane Mack, Special Education Aide
Mrs. Carrie Murch, Special Education Aide
Mrs. Barb Noland, Special Education Aide
Mrs. Debra Olson, Special Education Aide
Mrs. Victoria Rowe, Special Education Aide
Mrs. Laura Stier, Nurse's Assistant/Special Education Aide
Mrs. Jessica Tabatt, Special Education Aide
Mrs. Deanna Warren, Special Education Aide
Mrs. Laura Williams, Special Education Aide
Mr. Roger Irsfeld, Technology Coordinator

COOKS:

Mrs. Ann Noska
Mrs. Karen Spandl
Mrs. Beth Brown
Mrs. Jennifer Bruder
Mrs. Lacey Long
Mrs. Jelynda Solid

CUSTODIAL:

Mr. William Buhl
Mr. Lawrence Schmidt
Mr. Mike Pulliam
Mr. Pat Johnson

BROWERVILLE PUBLIC SCHOOLS 2019-2020 EMERGENCY and INFORMATION FORM

Type _____ Relation _____

NAME OF PARENT(S) / GUARDIAN(S): _____

ADDRESS: _____ HOME PHONE #: _____

WORK 1 #: _____ WORK 2 #: _____ CELL 1 #: _____

Email _____ CELL 2 # _____

LIST NEIGHBORS, FRIENDS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD(REN) IF YOU CANNOT BE REACHED:

Type _____ Relation _____

Type _____ Relationship _____

NAME: _____

NAME: _____

HOME PHONE #: _____

HOME PHONE #: _____

WORK PHONE # _____

WORK PHONE # _____

CELL PHONE # _____

CELL PHONE # _____

IN CASE OF AN ACCIDENT, OR SERIOUS ILLNESS, AND THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO SEEK MEDICAL ATTENTION FOR MY CHILD AS NEEDED.

****NOTE:** *The school will not assume the responsibility for taking students to medical facilities not located in Browerville.*

Occasionally a student asks for medication for headaches or pain. According to Minnesota State Law the school nurse cannot administer medication without your permission, so please consider the following permission request from our health office personnel. Our school also utilizes a licensed pest control service firm for the prevention and control of rodents, insects, and other pests in and around the building. Please make a note in the comment section if you need to be notified before the building is sprayed.

Please list all your children attending Browerville Public School:

Student Name(s)	Grade	Tylenol *Yes/No	Ibuprofen *Yes/No	Comments:
1.				
2.				
3.				
4.				
5.				
6.				

* A YES response gives the school nurse/assistant permission to give the student the recommended dosage of Tylenol or Ibuprofen according to his/her age or weight when necessary. Respond NO if you do not want your students to be administered Tylenol or Ibuprofen.

**Please see back page to list all health related issues with your child(dren).*

.....
PERMISSION SLIP FOR LOCAL FIELD TRIPS:

The above listed child(ren) have my permission to go on all local field trips – both busing and walking. Individual permission slips will be sent home for field trips taken any distance out of town.

*** Parent/Guardian Signature:** _____ **Date:** _____

**BROWERVILLE PUBLIC SCHOOLS
2019-2020 EMERGENCY and INFORMATION FORM**

My child, _____ receives medication for _____, which is
prescribed by Dr. _____. He/she should be limited in the following activities: _____



Please list all food allergies in the space below:

Please list all Drug allergies in the space below:

*** Parent/Guardian Signature: _____ Date: _____**

M	T	W	TH	F	
AUGUST					
	20	21	22	23	
26	(27)	(28)	29	30	2 Teacher Days
SEPTEMBER					
2	3	4	5	6	Holiday/ School Begins
9	10	11	12	13	
16	17	18	19	20	
23	24	25	26	27	20 Student/20 Teacher
30					
OCTOBER					
					21 Student/21 Teacher
	1	2	3	4	
7	8	9	10	11	
14	15	16	17	18	Fall Holiday
21	22	23	24	25	
28	29	30	31		
NOVEMBER					
				1	End of 1st Quarter
4	5	6	7	8	Conferences/No School
11	12	13	14	15	
18	19	20	21	22	Holiday
25	26	27	28	29	18 Student/19 Teacher
DECEMBER					
2	3	4	5	6	
9	10	11	12	13	
16	17	18	19	20	
23	24	25	26	27	Winter Break
30	31				15 Student/15 Teacher

Key: () Workshop Day; No school for Students
 No School for Students/Teachers
 Quarter End
 School Begins for Students
 Evening Conferences; School is in Session

Fall Conferences
 November 7 Conferences

M	T	W	TH	F	
JANUARY					
21 Student/22 Teacher					
Winter Break/ School Resume					
6	7	8	9	10	
13	14	15	16	17	
20	21	22	23	24	Workshop
27	28	29	30	31	
FEBRUARY					
19 Student/19 Teacher					
3	4	5	6	7	
10	11	12	13	14	
17	18	19	20	21	Holiday
24	25	26	27	28	
MARCH					
22 Student/22 Teacher					
2	3	4	5	6	
9	10	11	12	13	
16	17	18	19	20	End of 3rd Quarter
23	24	25	26	27	
30	31				
APRIL					
20 Student/20 Teacher					
Spring Holiday/Snow Day					
6	7	8	9	10	
13	14	15	16	17	
20	21	22	23	24	
27	28	29	30		
MAY					
16 Student/18 Teacher					
4	5	6	7	8	
11	12	13	14	15	
18	19	20	21	22	End of 4th Quarter/Workshop
25	(26)	(27)	28	29	Holiday
GRADUATION MAY 17					



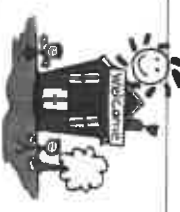



PLC/Early Release Dates: October 16, November 27,
 December 20, February 14, March 20, and April 9

1st Quarter 42 Student
 2nd Quarter 44 Student
 3rd Quarter 43 Student
 4th Quarter 43 Student

172 Student Days
 178 Teacher Days

One snow day - April 13

Subject to Change AUGUST/SEPTEMBER 2019 Subject to Change

Sun.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
11	FB/VB Practices Begins School Board Meeting 6:00		 7th Grade/New Student Orientation 7:00 P.M. FB Picture night 6:30	 		9th Annual Letterman's Golf
18	JH VB Practice Begins JH FB Practice Begins	Faculty/Staff Workshop VB home BH 4:45	Faculty/Staff Workshop Elementary Open House 6:30-7:30 p.m.	Tiger Kinder-Camp 9:00 9/10FB @ Osakis 11:00 VB @ Menahga 4:45	FB host Osakis 7:00	VB Scrimmage @ DGF - TBD FB Scrimmage in Browerville 9 A.M.
25	Labor Day - No School	School Begins VB vs Swanville 4:45 9th FB host LP/GE 4:30 JHVB @ Swanville 4:30	 	VB @ Upsala 4:45 JH FB vs Parker's Prairie 4:30 JHVB host Upsala 4:30	FB @ Parker's Prairie 7:00	VB host Browerville Invitational 9:00 A.M.
8	School Board Meeting 6:00 9/10 FB host Parker's Prairie 4:30	VB @ LPGE 4:45 JHVB host LPGE 4:30	 Elm. Picture Day	H.S. Picture Day	FB @ KMS 7:00 (Murdock)	
15	VB @ Sebeka 4:45 9/10 FB host KMS 4:30 JH VB host Sebeka 4:30	VB host Royallon 4:45 JH FB @ Osakis 4:30 JHVB @ Royallon 4:30		VB host Upsala 4:45 (Parents' Night) JHVB @ Upsala	FB host Benson 7:00 (Parents' Night)	VB @ Parkers Prairie Tour. 9:00 A.M.
22	9/10FB @ Benson 5:00	JH FB @ BBE 5:00 Belgrade	 		FB @ BBE 7:00 (Belgrade)	
29	Homecoming Coronation 2:00 VB host Pillager 5:00 9/10 FB host BBE 4:30 JH VB @ Pillager 4:30	VB host LPGE 4:45 (Homecoming Game) JHVB @ LPGE 4:30		VB vs Osakis 4:45 JH VB @ Osakis 4:30 JH FB vs WCA 4:30	FB host USA 7:00 (Homecoming Game) Homecoming Dance following FB game	

Upcoming Dates: Early Release Oct. 16 @12:30 MEA Oct 17 & 18

Subject to Change

*****Browerville Public School Activity Calendar*****

Subject to Change

SEPTEMBER 2019 ~ BREAKFAST MENU

Subject to change

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Labor Day No School 2	Muffin Toast Fruit or Juice Milk 3	French Toast Stix w/Syrup Fruit Toast, Milk 4	Cereal Toast Fruit Milk 5	Cinnamon Roll Fruit or Juice Toast Milk 6
Cereal Toast Fruit Milk 9	Long John Fruit Toast Milk 10	Omelet Or Yogurt Toast/Fruit Milk 11	Cereal Fruit Toast Milk 12	Muffin Fruit or Juice Toast Milk 13
Cereal Fruit Toast Milk 16	Cinnamon Roll Fruit or Juice Toast Milk 17	Pancake w/Syrup Fruit Toast Milk 18	Cereal or Yogurt Fruit Toast Milk 19	Muffin Fruit or Juice Toast Milk 20
Cereal Fruit Toast Milk 23	Long John Fruit or Juice Toast Milk 24	Egg + Cheese Sand. Or Yogurt Fruit Toast Milk 25	Cereal Fruit Toast Milk 26	Cinnamon Roll Fruit or Juice Toast Milk 27
Cereal Fruit Toast Milk 30	Muffin Fruit or Juice Toast Milk Oct. 1	French Toast Stix w/Syrup Fruit Toast, Milk 2	Cereal Fruit Toast Milk 3	Cinnamon Roll Fruit or Juice Toast Milk 4

* Browerville Public School Breakfast Calendar *** All Meals Served w/ 8 oz. Skim, 1%, or Choc. Skim Milk

SEPTEMBER 2019~LUNCH MENU

****SUBJECT TO CHANGE****

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
LABOR DAY No School 2	Hamburger on Bun Tri Taters Seasoned Peas Fruit Milk 3	Chicken Fajita's w/fixings Seasoned Corn Tomatoes Milk 4	Pepperoni Pizza Seasoned Green Beans Broccoli Fruit Milk 5	Creamed Chicken Mashed Potatoes Seasoned Corn Dinner Roll Fruit, Milk 6
Chicken Tenders Mashed Potatoes w/Gravy Seasoned Green Beans Fruit Milk 9	Taco In a Bag W/fixings Seasoned Corn Tomatoes Fruit Milk 10	Chicken Chow Mein or Meatballs, Rice Seasoned Green Beans Fruit Milk 11	Sloppy Joe on a Bun French Fries Romaine Lettuce salad Fruit Milk 12	Chicken Noodle Soup w/crackers Toasty Dog Broccoli/Baby Carrots Fruit Milk 13
California Burger w/ Lettuce, tomato, onion Tri Taters w/ketchup Fruit Milk 16	Spaghetti w/ Sauce Romaine Lettuce Salad Baby Carrots Garlic Bun/Fruit Milk 17	Shrimp Poppers Mashed Potatoes Seasoned Corn Fruit Milk 18	Chicken Patty on Bun Chips/Salsa Cucumbers + Baby Carrots Fruit/Milk 19	Pepperoni Pizza Seasoned Green Beans Broccoli Fruit Milk 20
Popcorn Chicken Mashed Potatoes Seasoned Corn Fruit Milk 23	Pizza Hot dish. Toasted Cheese Sand. Romaine Lettuce Baby Carrots/Garlic Bun Milk 24	Corn Dogs Seasoned Potatoes Beans Fruit Milk 25	Chicken Quesadilla w/ fixings Seasoned Corn Cherry Tomatoes Fruit/Milk 26	Hot Turkey on a Bun Mashed Potatoes w/gravy Seasoned Peas Fruit/Milk 27
Hamburger on Bun Tri Taters Seasoned Peas Fruit Milk 30	Chicken Drumsticks Mashed Potatoes w/gravy Seasoned Green Beans Dinner Roll/ Fruit Milk Oct. 1	Pepperoni Pizza Seasoned Green Beans Baby Carrots Fruit Milk 2	Chicken Fajita's w/fixings Mixed Vegetables Cherry Tomatoes Fruit/Milk 3	Hot Ham + Cheese Mashed Potatoes Seasoned Corn Fruit Milk 4

*** Browerville Public School Lunch Calendar *** All Meals Served w/8oz. Skim, 1%, or Choc Skim Milk***

“Tigers” Student Fall Season Ticket Information

We offer season tickets to students to encourage increased attendance at athletic events. Student season tickets for Sports are available to all Browerville students in grades K-12. Student Season tickets are \$10.00 each and are good for admission to all home games for fall and winter. An individual ticket for students grades K-12 is \$3.00 for each event. This fall there are 13 home events, all for \$10.00. All fall tickets may be purchased in the High School Office or at the gate.

SEASON Tickets available during 2019-2020

Adult Single Game	\$5.00
Adult Year Pass	\$50.00
Student Single Game	\$3.00
Student Fall Pass	\$10.00
Student Winter Pass	\$10.00
65 and older	No Charge

VARSITY FOOTBALL

<u>DATE</u>	<u>OPPONENT</u>	<u>SITE</u>	<u>TIME</u>
8/12	Practice Begins		
8/24	Contact Scrimmage	Home	9:00
8/30	Osakis	Home	7:00
9/6	Parker's Prairie	Away	7:00
9/13	KMS	Away	7:00
9/20	Benson~PN	Home	7:00
9/27	BBE	Away	7:00
10/4	USA~Homecoming	Home	7:00
10/11	Royalton	Away	7:00
10/16	LPGE	Home	7:00
10/22	Section Quarter Finals	TBD	6:00
10/26	Section Semi Finals	TBD	7:00
11/2	Section Finals	St. Cloud State	12:30
	State Quarter Finals	TBD	
		Metro	
	State Semi-Finals	Dome	

Subject to Change

VARSITY VOLLEYBALL

<u>Date</u>	<u>Opponent</u>	<u>Site</u>	<u>Time</u>
8/12	Practice Begins		
8/24	Concordia (DGF Scrim)	Away	TBD
8/27	Bertha-Hewitt	Home	6:00
8/29	Menahga	Away	5:00
9/3	Swanville	Home	6:00
9/5	Upsala	Away	6:00
9/7	Browerville Invite	Home	9:00
9/10	LPGE	Away	6:00
9/12	Osakis	Away	6:00
9/16	Sebeka	Away	6:00
9/17	Royalton	Home	6:00
9/21	Parkers Prairie Tourn.	Away	9:00
9/26	Upsala	Home	6:00
9/30	Pillager	Home	9:00
10/1	LPGE	Home	6:00
10/3	Osakis	Home	6:00
10/8	Verndale	Away	6:00
10/14	BBE	Home	6:00
10/15	Swanville	Away	6:00
	Prairie Conference	TBD	

Subject to Change

