



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

July, 2023

Dear Parents,

Welcome to the 2023-2024 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 our "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 23rd, 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 Monday, August 28th, 2023. Tiger "Kinder Camp" for the class of 2036 will be held Thursday, August 24th, 2023 from 9:00 A.M.-2:00 P.M.

A nutritious breakfast and noon lunch will be available for all students free of charge. However, applications for free and reduced lunches are included in this packet. Each family should complete this form and return to the office by August 23rd for our August 25th deadline. 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. In addition the State and Federal Government use the free and reduced rates to calculate a number of other programs, making it extremely important that each family complete the form. 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

SV/ab
Enclosures



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Dear Parent or Guardian-

Due to regulations and changes brought on by the Minnesota Department of Health, the nurse's office and staff will no longer be able to administer over the counter medications such as Tylenol, Ibuprofen, or antacids to your child unless the following guidelines are met:

1. You must supply your own medication in the appropriate container, in its original packaging with the child's name on all packaging.
2. You must provide a physician note for dosing and time of the medication.

If your child is in 7th-12th grade, there is the option for self-administration and personal storage of non-prescription drugs. If this is something you are wanting for your child, we have enclosed a form for that as well.

We understand that this is a significant change, but we must follow these guidelines given to us to remain compliant with the Minnesota Department of Health. We have attached the following forms for you to fill out and return to the nurse's office if any of the above options seem suitable for you and your child. If we do not receive the forms filled out completely along with the medication labeled properly, we will not be able to administer any medications to your child.

If you have any questions please, feel free to reach out to the nurse's office or send an email to one of the following: lstier@browerville.k12.mn.us or jburns@browerville.k12.mn.us.

Scott Vedbraaten

SV/ab

BROWERVILLE PUBLIC SCHOOL
Over-the-Counter (OTC) Medication Administration Authorization Form
****This authorization is only valid for the current school year****

1. Medications must be provided by parents/guardians. School district will NOT provide any medications.
2. With this completed form, students (grades 7-12) may be allowed to carry and self-administer medications listed below. Students in grades k-6 will have all over the counter medications secured in the nurse's office. If you would prefer that your 7-12 grade student have their medication secured in the nurse's office, that is an available option.
3. Student's supply of medication must be in the original container with proper label and dosage instructions. Medication must NOT be expired.
4. Acceptable OTC medications include: acetaminophen (Tylenol), ibuprofen (Advil, Motrin), naproxen (Aleve), antacids (Tums, Pepto Bismol), Lactaid, Pamprin/Midol.
5. OTC medications in the nurse's office will be sent home with the student on the last day of school, any remaining medications will be disposed of lawfully.
6. Approved ISD #787 school personnel administering medication are released from any and all liability in the event of any adverse reaction resulting from the use or administration of the below medications.
7. School nurse and building administration retain final decision to allow student (grades 7-12 only) to carry and self-administer medication and may revoke student's privilege to carry/self-administer at any time, at which time the student's medication would be kept in the nurse's office and administered by school staff.

Parent Request for OTC Medication Administration in School

Student Name: _____ **Date of birth:** ____/____/____

My child is allergic to the following Medications: _____

1. Medication: _____ 3. Medication: _____

2. Medication: _____ 4. Medication: _____

Student Name: _____ **Date of birth:** ____/____/____

My child is allergic to the following Medications: _____

1. Medication: _____ 3. Medication: _____

2. Medication: _____ 4. Medication: _____

Student Name: _____ **Date of birth:** ____/____/____

My child is allergic to the following Medications: _____

1. Medication: _____ 3. Medication: _____

2. Medication: _____ 4. Medication: _____

Student Name: _____ **Date of birth:** ____/____/____

My child is allergic to the following Medications: _____

1. Medication: _____ 3. Medication: _____

2. Medication: _____ 4. Medication: _____

*****Please see otherside for further information*****

Please initial the following:

I have read the above requirements for OTC medications in school.

I have read the "Student Agreement" below and understand my child's role in carrying and self-administering OTC medications.

I understand that my child's privilege to carry and self-administer these medications may be removed if my child fails to follow this agreement.

Parent/Guardian Printed Name: _____

Phone: (c) _____ Phone: (h) _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____

*****Please select only one of the following options*****

7-12th Grade only

I give permission for my above named child to carry and self-administer the listed medications. It is in my best judgment that my child is capable of following administration directions listed on the medication bottle.

I request that the above OTC medication be kept in the nurse's office and administered by school staff. I understand that the medication will be administered according to medication label instructions.

Student Agreement for Self-Administered OTC Medication in School (7-12 grade only)

I understand that self-administration and the ability to carry my OTC medication at school is a privilege and not a right.

I agree to follow label instructions on the medication bottle(s) listed above for how much and how often I can take this medication and understand that I only have permission to carry and self-administer the medication(s) listed above.

I will report to the school nurse if my symptoms do not improve within one hour of taking the medication or if they return before I am able to take another dose (as directed on medication label instructions).

I will report to the school nurse if I feel I am experiencing side effects of the medication.

The school nurse has reviewed medication instructions with me and I understand how to properly self-administer the medication(s).

I WILL NOT share, borrow or distribute these medications with or from any student, under any circumstance.

I understand that if I do not follow these instructions, my privilege to carry and self-administer the above OTC medications may be revoked.

Student Signature: _____ Date: ____/____/____

Student Signature: _____ Date: ____/____/____

Student Signature: _____ Date: ____/____/____

****If you have more than one 7-12 grade student each child will need to sign to carry their own meds****

BROWERVILLE PUBLIC SCHOOLS 2023-2024 EMERGENCY & INFORMATION FORM



NAME OF PARENT(S) / GUARDIAN(S): _____
 ADDRESS: _____ CELL 1 #: _____
 WORK 1 #: _____ WORK 2 #: _____ CELL 2 #: _____
 Email _____ Email _____

LIST ANY EMERGENCY CONTACTS WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD(REN) IF YOU CANNOT BE REACHED.

Relation _____	Relation _____
NAME: _____	NAME: _____
CELL PHONE # _____	CELL PHONE # _____
WORK PHONE # _____	WORK 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.

Our school 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 below if you need to be notified before the building is sprayed.

PLEASE LIST ALL YOUR CHILDREN ATTENDING BROWERVILLE PUBLIC SCHOOLS:

	STUDENT NAME	GRADE	FOOD & DRUG ALLERGIES
1.			
2.			
3.			
4.			
5.			
6.			

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.

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

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

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$ 0.00 ; lunch costs \$ 0.00 .

During the 2023-2024 school year, your child(ren) will receive free meals based on legislation. However, it is essential that you once again complete this application because at public schools, your application also helps the school qualify for education funds and discounts. This means that this form is more than a free and reduced lunch application. It is extremely important to return!

Federal funds help discount the price of school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge.

Return your completed Application for Educational Benefits to: the address below or simply return to the office.

Browerville Public School

P.O. Box 185

Browerville, MN 56438

As mentioned above, it is extremely important to still complete this form even though all students will receive free breakfast and lunch.

Who can qualify for free school meals? Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Alternatively, children can qualify for free school meals if their household income is within the maximum income shown for their household size on the instructions.

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance do not automatically qualify for free meals. Children may be eligible for free or reduced-price school meals depending on other household financial information. Please fill out an application.

Who should I include as household members? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

May I apply if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced-price school meals.

What if my income is not always the same? List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.

Will the income information or case number I give be checked? It may be. We may also ask you to send written proof.

How will the information be kept? Information you provide on the form, and your child's approval for meal benefits, will be protected as private data. For more information see the back page of the Application for Educational Benefits.

If I don't qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

If you have other questions or need help, call 320-594-2272.

Sincerely,

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2023-24 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, 2023 through June 30, 2024.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
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
Add for each additional person	9,509	793	397	366	183

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

- **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. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **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.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, 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.
 - **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
 - **Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

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.

2023-24 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: (School/District Information) _____

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." Read How to Complete the Application for Educational Benefits for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (Y)
						<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, WFP or FDIPIR? Medical assistance does not qualify. If NO - Go to STEP 3.

If YES - enter SNAP, WFP or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3)

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

- A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX- Or Check if adult has No SSN: Total Number of All Household Members (Children + Adults)
- B. Child Income:
Sometimes children in the household earn or receive income, such as from a part time job or SSA. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Monthly	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C. 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. 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 section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs				Report income before deductions or taxes in whole dollars (no cents)	Are you Self-Employed or a Farmer?		Any Other Gross Income							
	Weekly	Bi-weekly	2x Month	Monthly		Monthly	Yearly	Met income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly			
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.	<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"/>	\$

STEP 4: Contact information and adult signature. "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 Program as allowed by state law.

Printed name of adult signing form: _____ Daytime Phone: _____

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

SIGN HERE: Signature of Household Adult _____ Date _____

Do Not Fill Out For School Office Use Conversions to Annualize All Income:	Weekly	X52	<input type="checkbox"/> Verified? Attach Tractor	No change	Yes Verified	No Verified	Reduced	Denied
	Bi-weekly	X26						
All Total Income (include child and adult income)	2x Month	X24	Household Size:	No change	Yes Verified	No Verified	Free	Denied
	Monthly	X12						
\$	Annularize	X1	Household Size:	No change	Yes Verified	No Verified	Free	Denied
	Weekly	X52						
Determining Official Signature: _____ Date: _____								
Confirming Official Signature: _____ Date: _____								

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. Respond to both Step One, *Ethnicity*, and Step Two, *Race*.

- Step One: Ethnicity (check one):** Hispanic or Latino Not Hispanic or Latino
- Step Two: Race (check one or more):** American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 <ol style="list-style-type: none"> 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) <ol 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

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, 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/ad-3027.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

This institution is an equal opportunity provider.



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Scott Vedbraaten, Superintendent
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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 '**JMC Message Center**'.

JMC Message Center is a valuable tool for notification and communication. Within minutes of an emergency, we can use the **Message Center** to deliver a single, clear message to all of our parents or guardians by telephone, cell phone, and an e-mail. **Message Center** 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.

If you have access to the JMC parent portal, we encourage you to log in and verify your contact information. If you do **NOT** have your JMC parent portal set up, please fill out the form included with this mailing and return it to the office.

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. Your landline phone, cell phone, and email have been set as the initial contact points. You may add or delete contact points within your JMC parent portal.

Lunch account can now be paid online right from your **JMC Parent Portal**.

1. Log into your Parent Portal
2. Go to Lunch
3. When you get to that screen you will see the Online Lunch Payment (Family Account) in the top middle of the screen. Click on the link and that will bring you to the Browerville Public Schools online payment.
4. You will need to create a new account, follow all instructions. Please create a unique password.
5. When you have finished, log into your account. You will then see your name.

Please feel free to call the office if you need any assistance, 320-594-2272.

Sincerely,

Scott Vedbraaten
Superintendent

Dear Parents/Guardians,

Parents/guardians will have online access to their child/rens Report Cards, Progress Reports, Attendance Reports, Parent Contact Information and Lunch Accounts through the JMC Online Parent Access. Elementary parents will have access to Lunch Accounts and Parent Contact Information only.

You can access this information by going to our school's website at www.browerville.k12.mn.us and then clicking on the Parent Access Link. Your username is your last name, even if your last name is different then your child's. You will need a password to access your child/rens information. Please send back the attached sheet with your name, Email address and the password you prefer to use. If you have filled this out in the past we still have it on file. If anything has changed or you want to update your preference, please do so on this form.

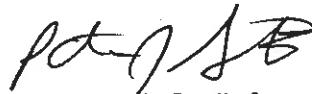
If you do not have access to the internet please check that space on the sheet provided and return to the High School Office. If you choose the email option, we will save on postage and letterhead by emailing Report Cards and Lunch Status Reports. Don't worry if you do not have email address, we will mail out information to those who do not have access.

If you have any questions please do not hesitate to call the main office at 320-594-2272.

Sincerely,



Scott Vedbraaten,
Superintendent



Patrick J. Sutlief,
Principal

Return to High School Office Parent Online Access Information

First and Last Name of Parent(s) _____

Name(s) of Children _____

Password Preferred _____

Email Address _____

Please choose **one** of the options below:

_____ I do not have access to the Internet

_____ I have access to the Internet but choose to have all information mailed

_____ Please save stamps and email me whenever possible

**If any of the information above has not changed,
you do not need to resubmit this form.**

Browerville Public School

DENIAL OF RELEASE OF DIRECTORY INFORMATION

Please BE AWARE:

If you sign this, your child's photo and name will not appear in the yearbook, class photos, athletic programs, music programs, or newspaper articles.

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 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
- *Student's photographs, videotapes and other visual representations for school-approved publications, yearbooks, newspapers, public presentations school social media, and web pages**

If you sign this, it means you do NOT want your child's name or photos in the yearbook, music programs, newspapers, etc.

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 _____

Subject to Change

-AUGUST/SEPTEMBER 2023-

Subject to Change

Sun.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Aug. 13	<p>FB/VB Practices Begins School Board Meeting 6:00</p> <p>14</p>	 <p>VB Scrimmage @ LPGE 9 A.M.</p> <p>15</p>	 <p>Elementary Open House 6-7:00P.M.</p> <p>16</p>	<p>Tiger Kinder Camp 9am</p>  <p>17</p>	<p>Football Pictures 5:00 FB Field</p> <p>18</p>	<p>13th Annual Letterman's Golf</p> <p>19</p>
20	<p>Upcoming Dates: Early Release Oct. 18 @12:30 MEA Oct 19 & 20</p>	<p>7th Grade/New Student Orientation 7:00 P.M</p> <p>Faculty/Staff Workshop 22</p> <p>VB @ Bertha-Hewitt 4:45</p> <p>21</p>	<p>Faculty/Staff Workshop 23</p> <p>VB host Sebeka 4:45</p> <p>30</p>	<p>Faculty/Staff Workshop 24</p> <p>Aug. 31</p> <p>25</p>	<p>NO SCHOOL FB host Menahga 7:00</p>  <p>26</p>	<p>VB Scrimmage @ DGF - TBD FB Scrimmage in Browerville 9 A.M.</p> <p>2</p>
27	<p>JH VB Practice Begins JH FB Practice Begins School Begins</p> <p>28</p>	<p>VB @ Upsala 4:45</p> <p>29</p>	<p>JH FB & VB Pictures TBD</p> <p>7</p>	<p>Sept. 1</p> <p>FB @ ACGC 7:00</p>  <p>8</p>	<p>VB host Browerville Invitational 9:00 A.M.</p> <p>9</p>	<p>2</p>
3	<p>Labor Day - NO SCHOOL</p>  <p>4</p>	<p>VB host LPGE 4:45 JHVB @ LPGE 4:30 JHFB @ USA 4:30</p> <p>5</p>	 <p>6</p>	<p>VB host Osakis 4:45 JHVB @ Osakis 4:30</p> <p>14</p>	<p>FB @ KMS 7:00</p> <p>15</p>	<p>16</p>
10	<p>School Board Meeting 6:00 JVFB host ACGC 5:00</p> <p>11</p>	<p>VB @ Swanville 4:45 JHVB host Swanville 4:30 JHFB host Osakis 4:30</p> <p>12</p>	 <p>13</p>	<p>VB host Upsala 4:45 JHVB @ Upsala 4:30</p> <p>21</p>	<p>FB host USA 7:00 Homecoming</p> <p>22</p>	<p>VB @ Parkers Prairie Tourm.9:00 A.M.</p> <p>23</p>
17	<p>JVFB @ USA 5:00</p> <p>18</p>	<p>VB host Menahga 4:45 JHVB host Menahga 4:30 JHFB @ Parkers Prairie 5:00</p> <p>19</p>	<p>20</p>	<p>VB @ LPGE 4:45 JHVB host LPGE 4:30</p> <p>28</p>	<p>FB host Benson 7:00 Parent's Night</p> <p>29</p>	<p>30</p>
24	<p>JVFB @ Benson 5:00 JHVB host Upsala 4:30</p> <p>25</p>	<p>VB @ Nevis 5:00 JHVB host Nevis 5:00 JHFB @ WCA 4:30</p> <p>26</p>	 <p>27</p>	<p>4</p>	<p>FB @ BBE 7:00</p> <p>6</p>	<p>7</p>
Oct. 1	<p>Subject to Change</p> <p>2</p>	<p>Subject to Change</p> <p>3</p>	<p>*****Browerville Public School Activity Calendar *****</p> <p>4</p>	<p>5</p>	<p>Subject to Change</p> <p>6</p>	<p>7</p>

Subject to Change

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

Subject to Change

August 2023 ~ BREAKFAST MENU

Subject to change


MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				
		1	2	3
7			10	11
14			17	18
21		22	23	24
25				25
FIRST DAY OF SCHOOL Cereal Toast Fruit Juice, Milk	Cinnamon Roll Toast Fruit Juice Milk	Omelet or Yogurt Toast Fruit Juice Milk	Long John Toast Fruit Juice Milk	No School
28	29	30	31	1



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

AUGUST 2023 ~ LUNCH MENU

****Subject to change****

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				
		1	2	3
7			10	11
14		15	16	17
21		22	23	24
25				25
First Day of School Hamburger on a Bun Tri Taters Baby Carrots Fruit Milk	Hot Dog on a Bun Macaroni & Cheese Romaine Lettuce Salad Cucumbers Fruit Milk	Pizza Green Beans Fruit Milk	Chicken Patty on a Bun Chips w/Salsa Celery Cherry Tomatoes Fruit Milk	NO SCHOOL
28	29	30	31	1



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

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

M	T	W	TH	F	
JANUARY					
					21 Student/22 Teacher
	1	2	3	4	5
	8	9	10	11	12
	(15)	16	17	18	19
	22	23	24	25	26
	29	30	31		
FEBRUARY					
				1	2
	5	6	7	8	9
	12	13	14	15	16
	19	20	21	22	23
	26	27	28	29	
MARCH					
					1
	4	5	6	7	8
	11	12	13	14	15
	18	19	20	21	22
	25	26	27	28	29
APRIL					
					21 Student/21 Teacher
	1	2	3	4	5
	8	9	10	11	12
	15	16	17	18	19
	22	23	24	25	26
	29	30			
MAY					
					18 Student/19 Teacher
		1	2	3	
	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	24
	27	28	29	30	31
GRADUATION MAY 18					
PLC/Early Release Dates: October 18, November 9 and 22, December 22, January 31, February 16, March 6 and 28, April 17, and May 16					
1st Quarter 46 Student 2nd Quarter 41 Student 3rd Quarter 43 Student 4th Quarter 42 student					
172 Student Days					
178 Teacher Days					

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 9 Conferences

