



# WALK THROUGH REGISTRATION

## THURSDAY, AUGUST 11

### 11AM - 6PM

**Pick up your ID Card, class schedule (at your assigned time), shop the newest spirit wear, grab some food, find your classes, and see your friends! Students must be in dress code.**

**Save time by purchasing your WTR items online at <https://clovisusd.revtrak.net/clovis-north-area>. Select "Clovis North High School" then "Walk-Through Registration". All forms of payment accepted.**



### FEATURING:

- **BRONCO STUDENT STORE**
- **CAMPUS TOURS**
- **DUTCH BROS (11AM-2PM)**
- **KONA ICE (1PM-5PM)**
- **TACO TRUCK (ALL DAY)**

*Parent Volunteers needed!*

Brought to you by the  
CNEC Bronco Foundation



**CLOVIS NORTH EDUCATIONAL CENTER**

**WALK-THROUGH REGISTRATION**

**THURSDAY, AUGUST 11, 2022**

**GRANITE RIDGE**

**FLYERS**

**CLOVIS NORTH EDUCATIONAL CENTER**

**WALK-THROUGH REGISTRATION**

**THURSDAY, AUGUST 11, 2022**

**COUNSELING**

**CENTER**

**FLYERS**



There's no magic formula for choosing a college or deciding on a future career but exploring your options in Xello is a great place to begin. Xello is a complete college and career planning program that is FREE for all Clovis Unified students.

Through Xello you can...

1. Explore Colleges & Careers
2. Take Career Assessments
3. FREE SAT/ACT Test Prep
4. Search and Apply for Scholarships
5. Create a Resume, Record Community Service Hours, Leadership Positions, Awards Received, and More!

## A proven model for student success

Based on academic and user research, Xello's award-winning program puts the student at the center of their planning experience. They build personalized plans for the future, and the skills and knowledge to persist.



Build Self-Knowledge



Explore Options



Create a Plan



Learn & Reassess

### How to access Xello:

#### From a school computer

- Login to the computer *Username:* firstlast001 *Password:* your CUSD password
- Click on tab at the top labeled Clever.com
- Click on the 4-colored box
- Click on Xello app

#### From your personal computer

- Go to Clever.com
- Choose login as student
- In the high school box, type in Clovis North High School -- Clovis Unified
- Login to your CUSD Single Sign in Account
- Click on the Xello app

**CLOVIS NORTH EDUCATIONAL CENTER**

**WALK-THROUGH REGISTRATION**

**THURSDAY, AUGUST 11, 2022**

**OPTIONAL**

**FLYERS**



**Clovis North Educational Center**  
**2022-2023 School Year**  
**CLUB EXCLUSION FORM**



I do not wish my student to participate in the clubs & organizations listed below.  
List any additional clubs on the back of this form.

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

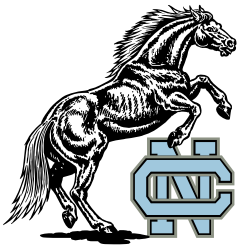
Student Name: (Please Print) \_\_\_\_\_

Student Grade: 7    8    9    10    11    12

Parent/Guardian Name: (Please Print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**CLOVIS NORTH EDUCATIONAL CENTER**  
**GRANITE RIDGE INTERMEDIATE SCHOOL ◊ CLOVIS NORTH HIGH SCHOOL**  
**“Home of the Broncos”**

Clovis North High School/Granite Ridge Intermediate  
 English Learner Advisory Committee (ELAC)

Dear Parents,

Clovis North High School/Granite Ridge Intermediate is in the process of forming the English Learner Advisory Committee (ELAC) for the 2022-23 school year. The ELAC is required for schools with an enrollment of 21 or more English Learners (EL). At Clovis North High School, the ELAC will meet four times a year during the lunch period.

The purpose of the ELAC is to advise the principal, and staff on:

- The development of a detailed school plan for English Learners submitted to the Governing Board.
- The development of the school’s needs assessment.
- Administrators of the school’s language census.
- Efforts to make parents aware of the importance of regular school attendance.

Parents on the ELAC are elected by their peers; therefore, parents elect parents. School sites with 21-50 EL students should have an ELAC membership of at least eight (8) people. Four of the eight must be parents; of which two must be parents of EL students. School sites with 51 or more EL students should have an ELAC membership of at least ten (10) people. Five of the ten must be parents; of which four must be parents of EL students. All parents shall be the parents /guardians of the English learners at the school site. The first step is to determine the number of parents/guardians of English learners that need to be on the committee. Other parents/guardians of students at the school may serve on this committee as long as they were elected by the parent/guardians of English learners. The other members may be teachers, resource teachers, bilingual instructional assistants, principals, and other parents that may include a parent/guardian of a reclassified EL Student. Parents/ guardians of EL students, not employed by the District, shall constitute the majority of the committee membership (51% or more).

Clovis North High School has an EL enrollment of 34 and requires an ELAC membership of 8, of which 2 must be parents of EL students.

Granite Ridge Intermediate has an EL enrollment of 30 and requires an ELAC membership of 8, of which 2 must be parents of EL students.

If you are interested in serving on the ELAC, complete the form below and return it to the office by September 2, 2022.

Sincerely,

Carlos Zuniga  
 Learning Director

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**CIRCLE ONE: CLOVIS NORTH HIGH SCHOOL or GRANITE RIDGE**  
**ELAC NOMINATION FORM FOR PARENT MEMBERS**

\_\_\_\_\_ Yes, I am interested in becoming a member of the English Learner Advisory Committee

Name \_\_\_\_\_ Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Please return to Carlos Zuniga, Silverado Office by September 2, 2022  
 2770 E. INTERNATIONAL AVE. • FRESNO, CALIFORNIA 93730 • 559-327-5000

Joshua Shapiro, Ed.D., *Principal*  
 Jonathan Bowns, Alicynne Chaney, *Deputy Principals*  
 Katie Scalzo, Whitney Swillis,  
 Kaitlyn Vargas, Carlos Zuniga, *Learning Directors*



# ATHLETIC PACKETS ARE NOW DIGITAL ONLY

In an effort to expedite our athletic packet process, all Granite Ridge and Clovis North sport packets are to be completed digitally using Permission Click!

\*The medical release completed by your physician will still be a signed hard copy and uploaded to your Permission Click submission prior to participation in sports.

You can complete the digital forms at any time by going to <https://permission.click/gZ2aX/us#/signee> The link can also be found on the CNEC /Granite Ridge Athletics website.

Our new athletic packet process can be used for our upcoming **ATHLETICS PHYSICAL NIGHT on May 24<sup>th</sup> from 5:30 to 8:00 PM in the Clovis North Large Gym.**

Complete your athletic physical early and start the 2022-2023 school year ready to compete in co-curricular activities!

Here's how:

1. Go to <https://permission.click/gZ2aX/us#/signee> and complete all the digital athletic packet forms.
2. Bring \$25 CASH for each student needing a physical (no checks will be accepted).
3. Complete the form for physical clearance at the event and upload to your permission click submission and you're set!

If you have questions about the online forms or process, please call the CNEC Athletics Office at (559)327-5055.

## GO BRONCOS!





## Are you a Medical Provider?

### We need your help!



The Athletic Office at Clovis North Educational Center (CNEC) is looking for licensed Medical Physicians (MD's, PA's, DO's and NP's) to assist in the Annual Sports Physical Night held at the end of each School Year. This event is a Fundraiser for the Athletic Department and also is a convenient way for our Bronco student-athletes to get their Sports Physicals completed for the next school year. We would appreciate your generous donation of time and expertise to serve the student-athletes of our CN community. The services are provided at little cost to most athletes and for those who have a need, no cost is required. Your donation of time can make this possible.

***Physical Night will be held on Wednesday May 24, 2023***

We are seeking medical providers that are willing to donate 3 hours (5:00-8:00pm) of their time to this event. If you or someone you know are interested in helping us provide this service, please complete the form below and email [staceybelmont@clovisusd.k12.ca.us](mailto:staceybelmont@clovisusd.k12.ca.us)

If you have any questions about the Physical Night event, please contact

Stacey Belmont at (559) 327-5062

Thank you in advance for your consideration... GO BRONCOS!

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

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

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

Credential: MD PA NP DO

Do you prefer to see (Please circle): Females Males Both

Are you a CNEC parent? Yes No If yes, students name: \_\_\_\_\_

Shirt Size (Please circle): Adult S M L XL XXL

**2022-2023**  
School Year

# Student Accident & Sickness Insurance



Enroll online at  
[www.myers-stevens.com](http://www.myers-stevens.com)

*Arranged and Administered by:*



myers | stevens | toohey





## WHY STUDENT INSURANCE IS IMPORTANT

Some families have little or no financial resources to fall back on during an unexpected emergency. Uncovered costs of medical care following an injury or illness may be a serious problem for families.

## MYERS-STEVENS & TOOHEY CAN HELP!

Our plans can provide useful insurance protection for your children. They can even be used to assist with the high co-insurance, deductibles and other cost sharing requirements common to many of today's health plans. To assist you during unforeseen emergencies and help expand your choice of provider, your school has partnered with us to offer voluntary coverage for accidents or illnesses.

## WITH OUR PLANS:

- Use the doctor or hospital you want...no restrictions!
- Enhanced Concussion Benefits added
- Enrollment is easy - online, mail and fax
- Every enrollee receives personalized ID cards as proof of coverage





Our Best Plan .....	4
Our Accident Plans.....	5
Compare Plans .....	5
Accident Plan Benefits.....	6
Additional Plan & Features .....	7
How to Enroll.....	8
Frequently Asked Questions .....	9
How to File a Claim .....	9
Exclusions & Limitations.....	10

# OUR BEST PLAN

## Student Accident & Sickness Plan

In these challenging times, we are pleased to offer your students 24-hour coverage anywhere in the world for both accidental injuries **AND sickness**.

**\$50,000 Maximum per Sickness      \$200,000 Maximum per Accident**  
**\$50 Deductible (Disappearing\*) Per Condition**

**Students (Grades P-12) may enroll in this plan.** Covers Injuries sustained and Sickness commencing anywhere in the world, 24 hours a day, while your student is insured under this School Year's plan (including interscholastic sports, **except high school tackle football**). This plan does not cover routine or preventative care.

**NOTE** – Participation in commercial camps or clinics may be covered under this plan.

**Coverage begins** at 11:59 pm on the day that Myers-Stevens & Toohey Co., Inc. (herein called *the Company*) receives a completed enrollment form and payment of premium.

**Coverage ends** at 11:59 pm on the last day of the month for which payment has been made. Coverage may be continued for up to 12 calendar months, or through September 30, 2023, whichever comes first, provided the required payments are made.



### 1st payment: \$208

*(Covers remainder of month in which you enroll and 1 additional month) Subsequent Payments: \$169 a month, billed every 2 months.*

### Plan Benefits

We will pay benefits only for Covered Injuries sustained or Covered Sickness commencing while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable Charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. Applicable benefits mandated by the state of residence will be included in the covered expenses.

You may take your child to any provider you choose; however, seeking Treatment through a *First Health* contracted provider may reduce your out-of-pocket costs- see page 10 for details. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).

COVERED EXPENSES	BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	80%
Inpatient Hospital Miscellaneous Charges	80% to \$4,000/Day
Intensive Care Unit	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%
Emergency Room Physician Charges	100%
Outpatient Surgical (room & supplies)	80% to \$5,000
Doctor Non-Surgical Treatment & Exam/ Telemedicine (excluding Physical Therapy) Including consultation (when referred by attending Doctor)	80%
Doctor's Surgical Expense	80%
Assistant Surgeon Services	80%
Anesthesiologist Services	80%

COVERED EXPENSES	BENEFIT MAXIMUMS
Physiotherapy (includes related office visits) when prescribed by a Physician	80% to \$2,000
X-Ray Examinations (including reading)	80%
Diagnostic Imaging MRI, Cat Scan	80%
Ambulance Expenses Ground or Air (from site of an emergency directly to hospital)	100%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	80%
Durable Medical Equipment	80%
Out-Patient Prescription Drugs (for Injuries only)	80%
Dental Services (including dental x-rays) made necessary by Injury to whole, sound, and natural teeth for Treatment due to a covered Accident	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	100% to \$750
Aggravations or Re-Injury of an Injury	\$500
Medical Evacuation & Repatriation	100% to \$10,000

\* May be satisfied by other primary insurance.

Additional benefits to this plan may be found on Page 7!

# OUR ACCIDENT PLANS

Premiums for these plans are paid only **ONCE** for the entire school-year.

## Full-Time 24/7 Accident Plans cover injuries

- ✓ Both in and out of school
- ✓ 24 hours a day, 7 days a week
- ✓ Anywhere in the world
- ✓ While participating in all interscholastic sports (**except high school tackle football**)

**NOTE** – Students (grades P-12) and school employees may enroll in these plans. Participation in commercial camps or clinics may be covered under these plans.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>	⇒ Compare these levels on page 6
<b>Rates per School Year:</b>	<b>\$328</b>	<b>\$276</b>	<b>\$225</b>	

## School-Time Accident Plans cover injuries

- ✓ On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- ✓ While participating in or attending School-sponsored and directly supervised School Activities\* including interscholastic athletic activities and non-contact spring football (**except interscholastic high school tackle football**)
- ✓ While traveling directly and without interruption to or from residence and School for regular attendance; or School and off campus site to participate in School-sponsored and directly supervised School Activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time

**NOTE** – Students (grades P-12) may enroll in these plans. Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>	⇒ Compare these levels on page 6
<b>Rates per School Year:</b>	<b>\$79</b>	<b>\$68</b>	<b>\$53</b>	

## Interscholastic High School Tackle Football Accident Plans cover injuries

- ✓ Caused by covered accidents occurring while practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league
- ✓ While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus site for such activities provided travel is arranged by and is at the direction of the School

**NOTE** – Students (grades 9-12) may enroll in these plans. Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>	⇒ Compare these levels on page 6
<b>Rates per School Year:</b>	<b>\$339</b>	<b>\$295</b>	<b>\$235</b>	

**Additional benefits to these plans may be found on Page 7!**

**Coverage Begins** at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium.

- Coverage Ends**
- **Full-Time (24/7)** at 12:01 am on the date School begins regularly scheduled classes for the 2023-2024 School Year.
  - **School-Time** and **Interscholastic High School Tackle Football** at 11:59 pm on the closing date of regular classes for the 2022-2023 School Year.

## WHICH PLAN(S) BEST FITS YOUR NEEDS?

	Covers Sickness 24/7 anywhere in the world	Covers Accidents in school, excluding Tackle Football grades 9-12	Covers Accidents 24/7 anywhere in the world, excluding Tackle Football grades 9-12	Covers Interscholastic Tackle Football grades P-8	Covers Interscholastic Tackle Football grades 9-12
<b>Student Accident &amp; Sickness Plan</b>	✓	✓	✓	✓	
<b>Full-Time (24/7) Accident Plan</b>		✓	✓	✓	
<b>School-Time Accident Plan</b>		✓		✓	
<b>Interscholastic High School Tackle Football Plan</b>					✓



\*See Definitions on page 10 for more details concerning "School Activities".

# ACCIDENT PLAN BENEFITS- WHICH OPTION BEST FITS YOUR NEEDS?

We will pay benefits only for Covered Injuries sustained while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable Charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. Applicable benefits mandated by the state of residence will be included in the covered expenses.

You may take your child to any provider you choose; however, seeking Treatment through a *First Health* contracted provider may reduce your out-of-pocket costs. To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).

Covered Benefit Levels	Low Option	Mid Option	High Option
<i>Plan Name</i>	<i>MAXIMUMS PER ACCIDENT</i>		
<b>Tackle Football Accident Plan</b>	\$25,000	\$50,000	\$75,000
<b>Full-Time 24/7 Accident Plan</b>	\$50,000	\$100,000	\$150,000
<b>School-Time Accident Plan</b>	\$25,000	\$50,000	\$75,000
<b>Deductible (disappearing*) - per condition</b>	\$100	\$50	\$0
<i>Covered Expenses</i>	<i>BENEFIT MAXIMUMS</i>		
<b>Hospital Room &amp; Board - Semi Private Room Rate</b>	80%	85%	90%
<b>Inpatient Hospital Miscellaneous Charges</b>	80% to \$2,000/Day	85% to \$2,500/Day	90% to \$3,000/Day
<b>Intensive Care Unit</b>	80%	85%	90%
<b>Hospital Emergency Room (room &amp; supplies) incurred within 72 hours of an Injury</b>	100%		
<b>Emergency Room Physician Charges</b>	100%		
<b>Outpatient Surgical (room &amp; supplies)</b>	80% to \$2,500	85% to \$3,000	90% to \$5,000
<b>Doctor Non-Surgical Treatment &amp; Exam/Telemedicine</b> (excluding Physical Therapy) Including consultation (when referred by attending Doctor)	80%	85%	90%
<b>Surgeon Services</b>	80%	85%	90%
<b>Assistant Surgeon Services</b>	80%	85%	90%
<b>Anesthesiologist Services</b>	80%	85%	90%
<b>Physiotherapy</b> (includes related office visits) when prescribed by a Doctor	80% to \$500	85% to \$750	90% to \$1,000
<b>X-Ray Examinations</b> (including reading)	80% to \$500	85% to \$750	90% to \$1,000
<b>Diagnostic Imaging</b> MRI, Cat Scan	80%	85%	90%
<b>Ambulance Expenses Ground or Air</b> (from site of an emergency directly to hospital)	100%		
<b>Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces</b>	80%	85%	90%
<b>Durable Medical Equipment</b>	80% to \$400	85% to \$750	90% to \$1,000
<b>Out-Patient Prescription Drugs</b> (for Injuries only)	80%	85%	90%
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	80%	85%	90%
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	100% to \$750		
<b>Aggravations or Re-Injury of an Injury</b>	\$500		
<b>Medical Evacuation &amp; Repatriation</b>	\$0		

\* May be satisfied by other primary insurance.



*Even if your child has other coverage, our plans can expand the choice of providers and can be used to help with uncovered expenses and cost-sharing requirements (e.g. large deductibles, coinsurance and co-pays) common to many health plans today.*





## ADDITIONAL PLAN AND FEATURES

### Dental Accident Plan (\$75,000 Maximum)

- Covers Injuries to teeth caused by covered Accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.
- **Benefits are payable at 100% of the Usual, Customary and Reasonable charges for Treatment of Injured teeth, including repair or replacement of existing caps or crowns.** We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
- The coverage provides a "Benefit Period" of Accident dental benefits for up to one year from the date of first Treatment. The benefit period for an Injury may be extended each year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of Injury that further Treatment will be deferred to a later date.



**\$16 purchased separately or \$12 when added to any plan(s) purchased**

**Coverage Begins** at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium.

**Coverage Ends** at 12:01 am on the date School begins regularly scheduled classes for the 2023-2024 School Year.



### ENHANCED COVERAGE FOR CONCUSSION

*(Applies to all plans except Dental Accident)*

If the Insured is diagnosed with a concussion as a result of an Injury received while participating in a Covered Activity, and the Insured is prohibited from participating in Interscholastic Sports as a result of the School's formal concussion protocol, benefits for the treatment of that concussion will be paid at 100% of the Usual, Customary and Reasonable charges with no deductible, subject to all other terms and conditions of the Plan.



### ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT, PARALYSIS, COUNSELING, AND HEART OR CIRCULATORY MALFUNCTION

*(Applies to all plans except Dental Accident)*

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily Injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

Accidental Death	\$10,000
Single dismemberment or entire loss of sight in one eye	\$25,000
Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia	\$50,000
Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable costs of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to	\$5,000
Heart or circulatory malfunction death benefit payable for Loss of Life due to Heart, Circulatory or Pulmonary Malfunction that occurs within 72 hours of participation in a covered activity that is causally connected to such Malfunction (not applicable in the State of Nevada)	\$10,000

# HOW TO ENROLL



For IMMEDIATE confirmation of enrollment, skip the steps below and [click here](#) (or go to [www.myers-stevens.com](http://www.myers-stevens.com)) to apply online



Thank you for enrolling your child! To avoid any delay in coverage, please follow these 3 easy steps below:

**Select** the plan(s) you wish to purchase below:

- The Student Accident & Sickness Plan will provide our highest level of coverage.
- Our Accident Plans may be purchased on an individual basis or combined with additional coverage (for example, Full-Time Accident + Dental).

**Complete** the enrollment form below. Please note, we are unable to accept enrollments over the phone.

**Purchase and Return** You may either:

-  Fax both sides of the completed Enrollment Form to **(949) 348-2630**. You must pay by credit card by completing the payment area below. **Sorry, we cannot accept personal checks or Money Orders by fax.**
-  Mail both sides of the completed Enrollment Form to Myers-Stevens & Toohey, 26101 Marguerite Pkwy, Mission Viejo, CA 92692. You may pay by credit card by completing the payment area below or enclose a check or Money Order made payable to Myers-Stevens & Toohey.

**PLEASE DO NOT SEND CASH**

**2022-2023 Enrollment Form** Complete all information (please print) and return to Myers-Stevens & Toohey Co., Inc.

## Our BEST Plan

**Student Accident & Sickness - 1st Payment**  \$208

You will be billed \$338 every 2 months thereafter.  
Coverage cannot exceed 12 calendar months or run past Sept. 30, 2023.

## Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$339	<input type="checkbox"/> \$295	<input type="checkbox"/> \$235
Full-Time (24/7)	<input type="checkbox"/> \$328	<input type="checkbox"/> \$276	<input type="checkbox"/> \$225
School-Time	<input type="checkbox"/> \$79	<input type="checkbox"/> \$68	<input type="checkbox"/> \$53
Dental Accident	<input type="checkbox"/> \$16 Purchased Separately <input type="checkbox"/> \$12 When added to any plan(s) purchased		

**Total Amount Due** \$

Print Parent or Guardian Name

\_\_\_\_\_ First Name Last Name

I enroll for the coverage checked above. I understand premiums cannot be refunded or converted.

X \_\_\_\_\_

Parent or Guardian Signature

Date

For Residents of California: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Arizona, Indiana, Missouri, and Nevada: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

Student Name First Middle Last

Student Birthdate Month Day Year

Mailing Address Apt. #

City State Zip Code

Parent Daytime Phone Number

Parent Email Address

District Name

School Name Grade

**ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND CANNOT BE REFUNDED OR CONVERTED**

**Method of Payment** Note: \$25.00 service charge for Returned Checks and declined Credit Cards  **Check/Money Order** (Make payable to: Myers-Stevens & Toohey Co., Inc.) or  **Mastercard or Visa**



**Important:** If paying by credit card, complete this form. Your amount of charge will appear as "MYERS-STEVENS & TOOHEY 800-827-4695 CA" on your statement.



\$ \_\_\_\_\_  
Amount Card Number Exp. Date MO. YR. 3 Digit Control #

I authorize Myers-Stevens & Toohey Co. Inc. to deduct the premium payment, plus a 3% processing fee, from my credit card. If enrolling in the *Student Accident & Sickness Plan*, I am authorizing the initial premium payment and understand that I will be invoiced every 2 months for the subsequent payments.

X \_\_\_\_\_  
Signature of Cardholder

## Auto-Charge Option

Available for your convenience is the option to have your bi-monthly payments automatically charged to your credit card.

By initialing here \_\_\_\_\_, I hereby authorize Myers-Stevens & Toohey to charge the above credit card \$338, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2022/2023 school year until I notify Myers-Stevens & Toohey in writing prior to the next payment date.

## FREQUENTLY ASKED QUESTIONS

### I'm in a hurry! What is the quickest way to enroll?

Click [HERE](#) (or visit [www.myers-stevens.com](http://www.myers-stevens.com)) to enroll online, complete the enrollment process and your ID card will be emailed to you immediately!

### If I have other insurance, why do I need this coverage?

Our plans can expand your choice of providers for your child and can be used to help cover high deductibles, high co-insurance and other cost-sharing obligations common to many of today's health plans.

### Can I take my child to any doctor or hospital?

**YES!** However, your out-of-pocket costs could be less using a *First Health* contracted provider. To find participating doctors/hospitals nearest you, call **800-226-5116** or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com)

### If my child has a covered injury or sickness, will benefits for that same injury or sickness be extended if they re-enroll next year?

Once maximum benefits have been paid or the benefit period ends (generally, from one to two years depending on the plan) no further benefits for that injury or sickness will be made. The *Dental Accident Plan* is the only exception. See this brochure for details.

### Are accident-only rates paid every month?

**NO!** Accident-only rates are one-time charges for the entire School Year.

### Do the Interscholastic Tackle Football or School-Time plans cover camps and clinics sponsored and organized by groups other than my child's school?

**NO!** However, such camps and clinics may be covered under our *Full-Time 24/7* or *Student Accident & Sickness* plans. Call us for guidance!

### Can interscholastic high school tackle football be covered?

**YES!** But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

### Still need help or have questions?

Go to [www.myers-stevens.com](http://www.myers-stevens.com) or call us for prompt, personalized assistance at (800) 827-4695.



## HOW TO FILE A CLAIM

Each claim is assigned to one of our experienced examiners who will diligently guide family members, school staff, medical providers and any other parties involved throughout the entire process from A to Z. Our examiners apply their specific and highly technical knowledge to ensure accurate and expedited processing.

Should an accident or sickness occur, please follow these 4 easy steps:

1. Report School-related Injuries within 60 days if you reside in California or 72 hours if you reside in Arizona, Indiana, Missouri, or Nevada.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of loss.
3. At the same time, please file a claim with any other applicable insurance or Health Care Plan.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



#### Myers-Stevens & Toohey Co., Inc.

26101 Marguerite Parkway  
Mission Viejo, CA 92692-3203

Office 800-827-4695 | Fax 949-348-2630 | [claims@myers-stevens.com](mailto:claims@myers-stevens.com)

CA License #0425842

The Insurance Company

CHUBB®

ACE American Insurance Company  
436 Walnut St., Philadelphia, PA 19106

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. The terms and conditions of coverage are set forth in the policies issued in the states in which the policy is delivered under form number AH-11648a. Complete details may be found in the policies which can be found on file with the district office. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

# EXCLUSIONS

## Benefits are not payable for any of the following or loss that results from them:

1. Dental care or Treatment including damage to or loss of dentures or bridges or damage to existing orthodontic equipment. This exclusion does not apply to care of teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy and rendered within 12 months of the Accident.
2. War or any act of war, declared or undeclared.
3. Participation in a Riot; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician. (Not applicable in the State of Nevada)
6. Practice or play in interscholastic high school tackle football (except as specified in the Coverage Descriptions); intercollegiate sports; semi-professional sports; or professional sports. (Does not apply to the *Dental Accident Plan*.)
7. Treatment, services, or supplies provided: by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
8. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law (including, but not limited to group, group type, and individual automobile "No-Fault" coverage (excluding School Vehicle coverage).
9. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
10. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School.
11. Treatment, services, or supplies provided or paid for by any governmental program or law, except Medicaid.
12. Mental or Nervous Disorders.
13. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
14. Injury sustained as a result of riding in or on, entering or alighting from, a two or three wheeled motor vehicle. (Does not apply to the *Dental Accident Plan*.)
15. Nonmalignant warts, moles, or lesions.
16. Any Expenses related to the treatment of tonsils, adenoids, epilepsy, seizure disorder, congenital weakness, or hernia.
17. Supplies, except as otherwise provided in the Policy.
18. Routine physical examinations and routine testing; preventative testing or Treatment; screening examinations or testing in the absence of Injury.
19. Elective Treatments and voluntary testing.
20. Treatment of osteomyelitis. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
21. Pathological fractures, hernia, detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including but not limited to, the payment of claims.

## Requirements and Limitations

Aggravations of injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a Motor Vehicle are limited to a \$25,000 maximum benefit. Some Motor Vehicle injuries are not covered - see exclusions above for details. School-time and high school tackle football injuries must be reported to the School within 60 days of the date of Injury if you reside in California or 72 hours if you reside in Arizona, Indiana, Missouri, or Nevada. The first Physician's visit must be within 120 days after the Accident occurs. A claim form must be filed with Myers-Stevens & Toohy Co., Inc. within 90 days after the date of loss. The School-Time, Tackle Football and Full-Time (24/7) plans pay for covered expenses incurred within up to 104 weeks from the date of injury. The Student Accident & Sickness and Dental Accident plans pay for covered expenses incurred within up to 52 weeks from the date of first treatment, however, should the Injury sustained under the Student Accident & Sickness plan require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible - see plan details.

## Facility of Payment

Whenever payments that should have been made under the Policy are made by any other policy, the Company reserves the right to pay over to any plan making such other payments, any amounts the Company determines are warranted in order to satisfy the intent of this provision. The amounts paid are considered benefits paid under the Policy and, to the extent of such payments, the Company shall be fully discharged from liability under the Policy. In no event will the Company pay more than the benefits payable under the Policy for all policies providing the same or similar benefits issued to the Policyholder and underwritten by the Company.

## Definitions

An **Accident** is defined as a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in Injury or loss covered by this Policy. **Heart and Circulatory Malfunction** means myocardial infarction, angina pectoris, coronary thrombosis, cardiac arrest or a cerebral vascular accident. An **Injury** is defined as Accidental bodily harm sustained by the Covered Person that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. **Medically Necessary** is defined as the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the Company, are: (1) consistent with the symptoms or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Insured Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Pulmonary Malfunction** means failure of the lungs to operate in the normal manner. **Sickness** is defined as illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. **School Activities** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

## Excess Provision:

In order to keep premiums as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount. (In Arizona: Does not apply to the Sickness-Only coverage under the *Student Accident & Sickness Plan*.)

**IMPORTANT NOTICE:** SOME PLANS REFERENCED WITHIN PROVIDE SHORT-TERM, LIMITED DURATION SICKNESS BENEFITS. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (OFTEN REFERRED TO AS "MAJOR MEDICAL COVERAGE") AND DO NOT SATISFY A PERSON'S INDIVIDUAL OBLIGATION TO SECURE THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT (ACA). FOR MORE INFORMATION ABOUT THE ACA, PLEASE REFER TO WWW.HEALTHCARE.GOV.

## ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND CANNOT BE REFUNDED OR CONVERTED

For a brochure in Spanish, or for assistance in Spanish, please call 800-827-4695  
Para un folleto en Español, o para asistencia en Español, por favor llame a 800-827-4695



## ***CLOVIS NORTH EDUCATIONAL CENTER***

### ***ATTENDANCE / MAIN OFFICE***

#### ***QUICK-TIPS***

**A PHOTO ID WILL BE REQUIRED WHEN CHECKING A STUDENT OUT OR COMING ONTO CAMPUS.**

**ALL VISITORS MUST CHECK-IN THROUGH THE MAIN OFFICE.**

#### **TO CLEAR FULL DAY ABSENCES:**

CALL ATTENDANCE HOTLINE AT 327-5066 OR SUBMIT THROUGH PARENT CONNECT [REPORT ABSENCE](#) LINK.

#### **MORNING TARDIES:**

STUDENTS ARRIVING LESS THAN 30 MINUTES LATE WITHOUT PARENT CALL OR MEDICAL NOTE REPORT DIRECTLY TO CLASS. AFTER 30 MINUTES, STUDENT MUST CHECK IN THROUGH MAIN OFFICE (EVEN IF ARRIVING DURING PASSING PERIOD).

#### **OFF-CAMPUS PASSES:**

CALL ATTENDANCE OFFICE AT 327-5011 OR 327-5012 THE MORNING OF, OR AT LEAST 3 HOURS PRIOR TO, STUDENT DEPARTURE. (PASSES ARE NOT ISSUED FOR NON-SENIOR STUDENT DRIVERS WITH LUNCHTIME DEPARTURE EXCEPT FOR VERIFIED MEDICAL APPOINTMENTS.) NON-DRIVERS MUST BE SIGNED OUT BY PARENT/GUARDIAN THROUGH OFFICE.

#### **LUNCHES:**

DROP-OFF COUNTER IS LOCATED OUTSIDE STUDENT SERVICES OFFICE.

#### **DROPPING OFF SCHOOL-RELATED ITEMS:**

ITEMS MAY BE DROPPED OFF AT MAIN OFFICE FOR STUDENT TO PICK-UP BETWEEN CLASSES, AT LUNCH, OR AFTER SCHOOL. STUDENTS ARE RESPONSIBLE FOR PICKING UP ITEMS AND WILL NOT BE NOTIFIED BY OFFICE.

#### **INDEPENDENT STUDY INQUIRIES:**

CALL SHALEECE COVINGTON AT 327-5088 FOR INFORMATION OR TO INITIATE AN INDEPENDENT STUDY CONTRACT.

***FOR MORE DETAILED INFORMATION, PLEASE SEE PARENT/STUDENT HANDBOOK AND CNEC WEBSITE***

**<http://cneccusd.com/students-and-parents/attendance>**



**AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL**

<b>Name of Student</b>	<b>Date of Birth</b>	<b>Grade</b>	<b>School</b>	<b>Date</b>
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**California Education Code 49423** defines certain requirements for administration of medication "...any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician statement." CUSD Board Policy No. 2401 does not allow students to administer their own medication without written permission as stated above.

Additionally, CUSD Administrative Regulation No. 2401 indicates that school personnel are **prohibited** from administering any over-the-counter or prescription medications including, aspirins, vitamins, antihistamines, etc. unless the medication is accompanied with **written permission from both the parent/guardian and physician**. The medication must be clearly labeled and sent to school in a container from the pharmacy and **will be kept in the school office unless otherwise directed by the physician**.

**All medication orders will be automatically discontinued at the end of the school year after summer school.**  
**New orders are required each school year.**

PLEASE RETURN THIS FORM TO YOUR SCHOOL HEALTH OFFICE

**\*\*\*\*PHYSICIAN USE ONLY\*\*\*\***

**1. Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_ **Reason/Diagnosis:** \_\_\_\_\_

**Route:**  Oral  Inhalation  Nasal  Topical  Intramuscular  Subcutaneous  Other \_\_\_\_\_

**Medication Start Date:** \_\_\_\_\_ **Stop Date:** \_\_\_\_\_

If DAILY, Time (s) to be given: \_\_\_\_\_

If AS NEEDED (prn), Frequency:  Every 4 to 6 hrs.  Every 6 to 8 hrs.  Other \_\_\_\_\_

**FOR INHALER, EPINEPHRINE AUTO-INJECTORS or other medications approved by physician only.**

Self- Carry - **Student demonstrates competence.**  Self- Pace PE

Stored in the Health Office

Other instructions or precautions-possible reactions: \_\_\_\_\_

**2. Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_ **Reason/Diagnosis:** \_\_\_\_\_

**Route:**  Oral  Inhalation  Nasal  Topical  Intramuscular  Subcutaneous  Other \_\_\_\_\_

**Medication Start Date:** \_\_\_\_\_ **Stop Date:** \_\_\_\_\_

If DAILY, Time (s) to be given: \_\_\_\_\_

If AS NEEDED (prn), Frequency:  Every 4 to 6 hrs.  Every 6 to 8 hrs.  Other \_\_\_\_\_

**FOR INHALER or EPINEPHRINE AUTO-INJECTORS ONLY or other medications approved by physician only**

Self- Carry - **Student demonstrates competence.**  Self- Pace PE

Stored in the Health Office

Other instructions or precautions-possible reactions: \_\_\_\_\_

**3. Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_ **Reason/Diagnosis:** \_\_\_\_\_

**Route:**  Oral  Inhalation  Nasal  Topical  Intramuscular  Subcutaneous  Other \_\_\_\_\_

**Medication Start Date:** \_\_\_\_\_ **Stop Date:** \_\_\_\_\_

If DAILY, Time (s) to be given: \_\_\_\_\_

If AS NEEDED (prn), Frequency:  Every 4 to 6 hrs.  Every 6 to 8 hrs.  Other \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Physician's Signature:** \_\_\_\_\_ **Physician's NPI #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**



Name of Student	Date of Birth	Grade	School	Date
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**\*\*\*\*PARENT/GUARDIAN COMPLETES THIS PAGE\*\*\*\***

Parent Request For Assistance with Medication at School

**Responsibility of the Parent or Guardian**

1. Parents/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/guardians will assume full responsibility for the supply and transportation of all medications.
3. Parents/guardians may administer medication to their child on a scheduled basis arranged with the school. Students are not permitted to carry prescribed or over-the-counter medication on school campus.
4. Parents/guardians may pick up unused medications from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.
5. Each medication is to be in a separate pharmacy container prescribed for the student by a California licensed health care provider.
6. Each over-the-counter medication is to be in its original sealed container and prescribed for the student by a California licensed health care provider.

The parent or guardian must complete this page before any medication (prescription or over-the-counter) can be given, or taken, at school. This form must be renewed at the beginning of each school year or with any change in medication.

**Parent Request for School Assistance with Medication**

I understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student (with the exception of medications accompanied by appropriate physician instructions).

All medication orders will be automatically discontinued at the end of the school year-summer school. New orders are required each school year.

**A.**

**For MEDICATIONS KEPT IN THE SCHOOL HEALTH OFFICE only:** I hereby request that the staff of my child's school assist in giving medication to my child during school hours as stated in the physician instructions. I also give permission to contact the physician for consultation and exchange of information as needed.

**Signature of parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**B. For Medication SELF CARRY only:** I hereby request that my student carry and self-administer his/her medication as ordered by his/her physician. I understand that if my student does not follow the rules and responsibilities of carrying his/her medication, he/she will lose the privilege of carrying such medication. I also give permission to contact the physician for consultation and exchange of information as needed.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

# Type 2 Diabetes Information

Pursuant to California *Education Code* Section 49452.7, this type 2 diabetes information is for local educational agencies to provide to parents and guardians of incoming seventh grade students beginning July 1, 2010.

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The California Department of Education developed this type 2 diabetes information in collaboration with the California Department of Public Health, American Diabetes Association, California School Nurses Organization, and Children's Hospital of Orange County. Also see [available translations](#) of this information.

## Description

### Type 2 diabetes is the most common form of diabetes in adults.

Until a few years ago, type 2 diabetes was rare in children, but it is becoming more common, especially for overweight teens.

According to the U.S. Centers for Disease Control and Prevention (CDC), one in three American children born after 2000 will develop type 2 diabetes in his or her lifetime.

### Type 2 diabetes affects the way the body is able to use sugar (glucose) for energy.

The body turns the carbohydrates in food into glucose, the basic fuel for the body's cells.

The pancreas makes insulin, a hormone that moves glucose from the blood to the cells.

In type 2 diabetes, the body's cells resist the effects of insulin, and blood glucose levels rise.

Over time, glucose reaches dangerously high levels in the blood, which is called hyperglycemia.

Hyperglycemia can lead to health problems like heart disease, blindness, and kidney failure.

## Risk Factors Associated with Type 2 Diabetes

**It is recommended that students displaying or possibly experiencing the risk factors and warning signs associated with type 2 diabetes be screened (tested) for the disease.**

### Risk Factors

Researchers do not completely understand why some people develop type 2 diabetes and others do not; however, the following risk factors are associated with an increased risk of type 2 diabetes in children:

**Being overweight.** The single greatest risk factor for type 2 diabetes in children is excess weight. In the U.S., almost one out of every five children is overweight. The chances are more than double that an overweight child will develop diabetes.

**Family history of diabetes.** Many affected children and youth have at least one parent with diabetes or have a significant family history of the disease.

**Inactivity.** Being inactive further reduces the body's ability to respond to insulin.

**Specific racial/ethnic groups.** Native Americans, African Americans, Hispanics/Latinos, or Asian/Pacific Islanders are more prone than other ethnic groups to develop type 2 diabetes.

**Puberty.** Young people in puberty are more likely to develop type 2 diabetes than younger children, probably because of normal rises in hormone levels that can cause insulin resistance during this stage of rapid growth and physical development.

## Warning Signs and Symptoms Associated with Type 2 Diabetes

Warning signs and symptoms of type 2 diabetes in children develop slowly, and initially there may be no symptoms. However, not everyone with insulin resistance or type 2 diabetes develops these warning signs, and not everyone who has these symptoms necessarily has type 2 diabetes.

Increased hunger, even after eating  
Unexplained weight loss  
Increased thirst, dry mouth, and frequent urination  
Feeling very tired



Blurred vision  
Slow healing of sores or cuts  
Dark velvety or ridged patches of skin, especially on the back of the neck or under the arms  
Irregular periods, no periods, and/or excess facial and body hair growth in girls  
High blood pressure or abnormal blood fats levels

## Type 2 Diabetes Prevention Methods and Treatments

Healthy lifestyle choices can help prevent and treat type 2 diabetes. Even with a family history of diabetes, eating healthy foods in the correct amounts and exercising regularly can help children achieve or maintain a normal weight and normal blood glucose levels.

**Eat healthy foods.** Make wise food choices. Eat foods low in fat and calories.

**Get more physical activity.** Increase physical activity to at least 60 minutes every day.

**Take medication.** If diet and exercise are not enough to control the disease, it may be necessary to treat type 2 diabetes with medication.

The first step in treating type 2 diabetes is to visit a doctor. A doctor can determine if a child is overweight based on the child's age, weight, and height. A doctor can also request tests of a child's blood glucose to see if the child has diabetes or pre-diabetes (a condition which may lead to type 2 diabetes).

## Types of Diabetes Screening Tests That Are Available

**Glycated hemoglobin (A1C) test.** A blood test measures the average blood sugar level over two to three months. An A1C level of 6.5 percent or higher on two separate tests indicates diabetes.

**Random (non-fasting) blood sugar test.** A blood sample is taken at a random time. A random blood sugar level of 200 milligrams per deciliter (mg/dL) or higher suggests diabetes. This test must be confirmed with a fasting blood glucose test.

**Fasting blood sugar test.** A blood sample is taken after an overnight fast. A fasting blood sugar level less than 100 mg/dL is normal. A level of 100 to 125 mg/dL is considered pre-diabetes. A level of 126 mg/dL or higher on two separate tests indicates diabetes.

**Oral glucose tolerance test.** A test measuring the fasting blood sugar level after an overnight fast with periodic testing for the next several hours after drinking a sugary liquid. A reading of more than 200 mg/dL after two hours indicates diabetes.

Type 2 diabetes in children is a preventable/treatable disease and the guidance provided in this information sheet is intended to raise awareness about this disease. Contact your student's school nurse, school administrator, or health care provider if you have questions.

## References

[American Diabetes Association Clinical Journal](#) 

[Helping Children with Diabetes Succeed: A Guide for School Personnel](#) 

[KidsHealth](#) 

[Mayo Clinic](#) 

[National Library of Medicine and National Institutes of Health's MedLine](#) 

[Centers for Disease Control and Prevention](#) 

**Questions: Coordinated School Health and Safety Office | 916-319-0914**

# Granite Ridge Yearbook

**\$65.00:** August 1 – 31, 2022

**\$75.00:** September 1, 2022 – March 17, 2023

**Please follow the steps below to reserve your Yearbook Online:**

**(Note: this must be paid separately and will not be on the RevTrak Online Web Store)**

This is the only way to guarantee you will receive a 2023 Yearbook

**(Note: We will not be purchasing additional yearbooks to sell at the end of the school year)**

1. Visit Pictavo Community at: [commpe.pictavo.com](http://commpe.pictavo.com)
2. Tap Shop My School
3. Use School Code: 707502
4. Find your product: 2023 Granite Ridge School Yearbook
5. Enter student information: Student Name on School Records, No Nicknames Please.
6. Add to Cart & Check Out to complete your purchase!

# Picture Day

on 08/23/22

## New This Year!

Gallery Codes will be sent home on Picture Day.

Access your gallery to view & purchase online - quick & easy!

All orders will be sent directly to your home.



**CLOVIS NORTH EDUCATIONAL CENTER**

**WALK-THROUGH REGISTRATION**

**THURSDAY, AUGUST 11, 2022**

**FOUNDATION**

**FLYERS**

# CNEC BRONCO FOUNDATION

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## OUR MISSION:

The Bronco Foundation proudly advocates for academic excellence and co-curricular enrichment at Clovis North Educational Center. We collaborate with parents, school administrators and staff, and the community at large to promote and provide the best educational experience for students through essential funding, volunteer support and parent communication.

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**As the only school-wide parent support group,  
the Bronco Foundation carries out this mission by:**

- Providing volunteer support for activities and events throughout the year
- Raising and distributing funds to help each of our students reach their fullest potential
- Advising administration of parent and student needs and concerns

## MEMBERSHIP BENEFITS

- Participation via volunteer opportunities throughout the year
- Direct connection to the school through contact with our Board of Directors and regular newsletters
- The satisfaction of knowing you actively support programs and services  
that directly benefit all Clovis North and Granite Ridge students**

## HOW TO JOIN

To join the Bronco Foundation, simply visit **broncofoundation.com** or complete the membership form below and bring to Walk Thru Registration with payment on August 11, 2022.

# BRONCO FOUNDATION MEMBERSHIP LEVELS

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**BRONCO BOOSTER \$40**

Donate to the Bronco Foundation General Fund to support all students and staff at CNEC

**BRONCO PROTECTOR \$100**

Donate to the Bronco Foundation General Fund to support all students and staff at CNEC and contribute to our Grant Program, which provides funding for academic and co-curricular programs

**BRONCO GUARDIAN \$250**

Help fund the above and provide direct support for CNEC's College and Career Day AND receive 2 Bronco Blankets

**BRONCO DEFENDER \$500**

Support our General Fund and Grant Program, plus college scholarships for deserving Clovis North seniors AND receive 2 articles of CNEC gear plus 2 Bronco blankets

**BRONCO CHAMPION \$1000**

Support our General Fund and Grant Program, plus our Turn-it-in anti-plagiarism software used by all CN students AND receive an All-Seasons Sport Pass for 2 plus 2 Bronco blankets

**BRONCO HERO \$2500**

Your very generous donation will provide funds for use at our principal's discretion and to support our General Fund AND receive an All-Seasons Sport Pass for 2, 2 Bronco blankets, and CNEC gear

---

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

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

Student Name/Grade: \_\_\_\_\_

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





# 2022 BACK TO SCHOOL SPIRIT WEAR



**BLACK AND WHITE BUNDLE \$25**

**CREWNECK  
SWEATSHIRT**

**\$35**

**Order your 2022 Back to School gear during online REGISTRATION**

AVAILABLE IN  
YOUTH LARGE &  
ADULT SM – XXXL  
(Both shirts must be  
same size)

*Prices will go up in the Student Store  
after Registration*

*\$30 for T-shirt Bundle*

*\$40 for Crewneck Sweatshirt*

Please order  
via online registration  
(CUSD RevTrak). Items  
will be available for pick  
up at Walk Through  
Registration on August  
11th, or later in the  
Student Store.



*Brought to you by the Bronco Foundation*



# THE CNEC STUDENT STORE

The on-campus destination for all of your Bronco merchandise, plus snacks and beverages during lunch and after school.

STORE IS LOCATED ON CAMPUS BETWEEN THE GRANITE RIDGE AND CLOVIS NORTH QUADS

In Store Regular Hours of Operation:  
12:30 to 1:15 & 3:15 to 3:45 – M–F, School Days

**ALSO AVAILABLE ONLINE AT:**

**CNECBRONCOSTORE.SQUARE.SITE**

Follow us on Social Media  
@ Clovis North Bronco  
Foundation



The Bronco Foundation proudly maintains and runs the Student Store. All proceeds go directly to improving the CNEC experience for all of our students.