



DAKOTA INDIANS

Our vision is to prepare all students to make positive contributions in an ever changing world.

Our Mission is that Dakota Community Unit School District #201 will educate our Students by providing quality and diverse learning opportunities while collaborating with the community.

February 2018

STUDENT SERVICES

Kevin Cline-Academic Advisor
Peggy Dieken-School Counselor
Brittney Gerstner-Psychologist
Katie Ries-School Counselor
Diane Scaduto-Nurse

Scholarships Available:

- CBAI Community Banking Scholarship: February 6, 2019
- Community Foundation of Northern Illinois Scholarships: February 1, 2019
- Grow Ag Leaders Scholarships: February 6, 2019
- Mercyhealth Nursing Scholarships: February 8, 2019
- Mediacom World Class Scholarship: February 15, 2019
- Harlan Rigney Memorial Scholarship: February 18, 2019
- Merle and Beulah Iserman Scholarship: March 1, 2019
- Odd Fellows Scholarship Program: March 1, 2019
- Amvet Scholarship Program: March 1, 2019
- Mason and Scottish Rites Scholarships: April 1, 2019
- Citizen's State Bank Scholarship: April 5, 2019
- Dakota Opportunities in Education (DOE) Scholarship: April 5, 2019
- Wanda Herrmann Scholarship: April 5, 2019
- Austin Rux Scholarship: April 12, 2019

Highland Community College Foundation Scholarships: April 1, 2019 *log on to www.highland.edu for information or to download forms.

The HCC Foundation has thousands of dollars available to students in a wide variety of areas. The applications are short and easy to fill out. I urge all students who are even considering attending HCC to explore this option.

***ALL SCHOLARSHIP APPLICATIONS ARE NOW AVAILABLE ON THE DISTRICT WEBSITE. GO TO THE HIGH SCHOOL PAGE (www.dakota201.com) AND SELECT THE GUIDANCE TAB.**

Pre-Registration: All students in grades 6-11 will be pre-registering for the 2019-2020 school year during February and March. **Pre-registration will all be conducted online. All course selections for next year will be requested via Skyward.** Mr. Cline will be visiting classes to discuss courses and the process to be used.

There will be a special pre-registration night for **8th graders and their parents** to help them plan and register for high school on **Monday, March 4th**, beginning at 6 p.m. in the cafeteria. A formal email invite will be sent out in mid-February.

HCC Placement Testing: All Juniors (Feb 8th) and Sophomores (Feb 1st) will be going to Highland Community College to take their placement tests to determine eligibility for dual credit courses. Permission slips were distributed in English classes.

PSAT: All 8th graders (March 7), freshman and sophomores (April 9) will be taking the PSAT exam this spring. This preliminary SAT test will help prepare students for the mandatory college entrance exam taken in April of their junior year. The test will also give students a predictor as to how they will score on their future SAT test and see how close they are to meeting college readiness standards.

Highland Community College Quick Start Registration: This year's HCC registration day will be **April 16th**. All students wishing to enroll at HCC will be bused to Freeport where they will take their placement tests, meet with an advisor, register for fall classes and tour the campus. They will also see a number of excellent presentations on financial aid, campus activities, etc. Students do **not** have to attend this event if they would rather register on their own, although this is a much more enriching experience. More details will follow.

SAT Testing: All Juniors will take their required SAT exam right here at DHS on **April 9th**. More details will follow.



What should your college-bound senior be doing during the month of February?

1. Parents and students should file their 2019-2020 FAFSA as soon as possible this month. Time is running out!
2. Be sure to tell Mr. Cline what colleges you need your 7th semester transcripts sent to (all 4-year colleges that you are still seriously considering).
3. Begin attacking local scholarships that are beginning to pop-up on the bulletin board and scholarship website.
4. If you are a future HCC student, begin researching and completing Highland's many scholarships.



NURSE'S NOTES

Reminder for parents of students in K, 2nd and 6th grade: It is required to submit a dental examination record for these grades. The nursing office has many students that have still not been submitted for this year. It must be turned in by the first part of May. If you have not scheduled your child for a visit please do so ASAP. It often takes some time to get into dental office schedules. A dentist from Smile Illinois is coming to Dakota February 11th/12th. Applications are required. If you wish to apply please contact the nursing office.

It is cold and flu season. If your child was not feeling well in the evening and/or first thing in the morning, please check them closely before sending them to school. Check for the following symptoms which could be contagious or indicates your child may need to see the doctor: fevers, vomiting, diarrhea, red eyes with itching and drainage, rashes of unknown origin, coughing, sore throats, or earaches. If showing any of these symptoms it may be best to keep your child home until the symptoms subside or the doctor clears them to return to school. They are to be symptom free without the use of over the counter pain/fever reducing medicine for 24 hours before returning to school. These guidelines were established to help prevent the spread of illness to all students and staff in the district. If you have any questions the nurse can be reached at 844-632-5682.

FEBRUARY IS DENTAL HEALTH MONTH

Brushing is not enough:

Studies have shown that twice daily brushing helps to remove food and plaque from the surface of your teeth. It is important to brush your teeth daily so plaque, which is a clear sticky coating, doesn't have a chance to build up on tooth surfaces. Using toothpaste with fluoride also helps prevent cavities by strengthening the tooth surface. Children may need assistance in proper brushing to clean all tooth surfaces until they get the hang of it themselves.

Daily flossing is also important in caring for your teeth. Using dental floss daily helps remove plaque buildup and particles of food lodged between your teeth where your toothbrush can't get to. Plaque and food particles form the basis for cavities and gum disease as well as a potential cause of bad breath and loss of teeth.

Eating a diet rich in fruits, vegetables, nuts, and whole grain breads/cereals and dairy is not only nutritious but it is good for your teeth because it doesn't contain refined sugar. You can't eliminate sugar completely from your diet but cutting down on it and brushing/flossing after eating is a good step to avoid dental problems.

So remember:

1. Brush twice daily
2. Floss daily
3. See a dentist 1 – 2 times a year for a thorough dental check up
4. Eat healthy foods
5. Avoid refined sugar foods
6. Change your toothbrush at least twice a year, sooner if bristles are splayed

Music Department

Upcoming Events:

February 7 HS Pep Band performs at home basketball game
February 8 HS Pep Band performs at home basketball game
February 12 HS Pep Band performs at home basketball game
February 19 6th – 8th Music Solo & Ensemble Contest

@ Dakota HS

March 2 IHSA Solo and Ensemble Contest @ Stockton HS

March 15 NUIC Conference Music Festival @ River Ridge HS



Mark Your Calendars!!!

“Annie” will be performed on April 4, 5 and 6 @ 7:00pm at Dakota High School. We have 60 students comprising the cast and crew of this year’s musical! You will not want to miss this musical!

Solo and Ensemble Contests:

The students in Sixth Grade, Junior High and High School Band and Choir are busy preparing for the upcoming solo and ensemble contest season. The solo and ensemble contests give the students a new venue to hone their skills and perform music in a chamber setting. Students will perform in many types of events including solos, duets, trios, quartets and choirs. Each performance is evaluated by a qualified judge and comments are given back to the student in regard to bettering their skills and musicianship.



ATHLETIC BOOSTER NEWS






Save the Date: We are planning another fun filled evening at The Grand River Hall on March 30th. Mark your calendar and plan to attend the Spring Fling. The band, Cherry Bomb, will be performing and there will be numerous silent auction baskets filled with fantastic items. We hope many will join us in a fun filled night.



Also, we have a **Mattress Sale** coming up April 13. Our high school gym will be transformed that day into a showroom of various types of mattresses to be ordered. All mattresses will be covered with 5-10 year warranties. Along with mattresses, there will also be mattress covers, pillows, and sheets available for purchase. Hope to see you there.

MENU

FEBRUARY 2019

Monday	Tuesday	Wednesday	Thursday	Friday
<p>MENU SUBJECT TO CHANGE</p> <p><small>HG = Whole Grain Nutritional information is available in the office.</small></p>	<p>1% MILK SERVED WITH EVERY MEAL</p> <p><i>Juice & Fruit served with every breakfast</i></p>			<p>1 <i>Cereal</i></p> <p>Goulash Potatoes Pears</p> <p>Nat Wear Red Day</p>
<p>4 <i>Breakfast Sandwich</i></p> <p>Mac & Cheese w/ Ham Mixed Veggies Mixed Fruit</p> <p>Nat Thank a Mail Carrier Day</p>	<p>5 <i>Breakfast Pizza</i></p> <p>Taco Pasta Green Beans Applesauce</p> <p>Safer Internet Day U.S.</p>	<p>6 <i>Scrambled Eggs</i></p> <p>Soup & Sandwich Carrots Mandarin Oranges Frozen Gogurt</p> <p>Nat Frozen Yogurt Day</p>	<p>7 <i>Pancakes & Sausage</i></p> <p>Sub Sandwich Pasta Salad w/ Veggies Peaches</p> <p>Send a Card to a Friend Day</p>	<p>8 <i>Biscuit & Gravy</i></p> <p>Pizza Green Beans Applesauce HS-Crackers</p> <p>Nat Kite Flying Day</p>
<p>11 <i>Breakfast Sandwich</i></p> <p>Pizza Baked Beans Peaches</p> <p>Nat Inventors Day</p>	<p>12 <i>Breakfast Burrito</i></p> <p>Walking Taco Corn Apples & PB Condiments</p> <p>Nat Plum Pudding Day</p>	<p>13 <i>Breakfast Casserole</i></p> <p>Pasta Bake Broccoli Mixed Fruit</p> <p>Nat Tortellini Day</p>	<p>14 <i>Muffin & Sausage</i></p> <p>Beef Stew Carrots Berries</p>  <p>Nat Organ Donor Day</p>	<p>15 <i>ES - Cereal</i></p> <p>Early Release 11:30</p> <p>SIP Day</p>
<p>18</p> <p>NO SCHOOL</p> 	<p>19 <i>Bagel Topper</i></p> <p>Nachos w/ Meat Corn & Beans Pineapple</p> <p>Nat Choc Mint Day</p>	<p>20 <i>Breakfast Burrito</i></p> <p>Cheeseburger Mac Coleslaw Cherries</p> <p>Nat Cherry Pie & Love Your Pet Day</p>	<p>21 <i>Doughnut & Bacon</i></p> <p>Orange Chicken Rice Broccoli Mandarin Oranges Egg Roll</p> <p>Nat Sticky Bun Day</p>	<p>22 <i>Biscuit & Gravy</i></p> <p>Lasagna Roll-Up Green Beans Pears Bread Stick</p> <p>Nat Skip the Straw Day</p>
<p>25 <i>Breakfast Sandwich</i></p> <p>Pizza Mixed Veggies Peaches</p> <p>Nat Clam Chowder Day</p>	<p>26 <i>Banana Bread & Cheese Stick</i></p> <p>Taco Corn Apples & PB</p> <p>Nat Tell A Fairy Tale Day</p>	<p>27 <i>Oatmeal & Bacon</i></p> <p>Mac & Cheese w/ Ham California Blend Banana</p> <p>Nat Retro Day</p>	<p>28 <i>Pancakes & Sausage</i></p> <p>Chicken & Waffle Lettuce Salad Fresh Orange</p> <p>Rare Disease Day</p>	



THE DENTIST IS COMING TO YOUR SCHOOL!

Our school has joined with Smile Illinois to offer in-school dental care at **NO COST*** to you.

Taking care of your child's teeth is important to keep them healthy.

EASY & CONVENIENT - A state licensed dentist will regularly check your child's mouth & teeth, as well as provide a cleaning, fluoride treatment and apply sealants, as needed. A dental report card will be sent home with your child. Includes initial dental care & follow-up visits. **SIGN AND RETURN TO YOUR SCHOOL TODAY!**

PLEASE COMPLETE

Child's Legal Name		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		City	State Zip
School		Teacher	Grade
Parent/Guardian Name		Phone () ()	
Email		Alt Phone () ()	
MEDICAL INFORMATION - Check each condition that applies to your child. Approx. date of last dental visit _____			
<input type="checkbox"/> Allergies (list below)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Latex Allergy
<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Blood Disorders	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Anemia	<input type="checkbox"/> Chronic Sinusitis	<input type="checkbox"/> Growth Problems	<input type="checkbox"/> Hearing
<input type="checkbox"/> Cancer	<input type="checkbox"/> Fainting	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Pregnancy (teens)
<input type="checkbox"/> Shunts or artificial joints	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Heart Valve replacement
		<input type="checkbox"/> Heart Murmur (requiring pre-medication)	<input type="checkbox"/> Heart Murmur (NOT requiring pre-medication)
		<input type="checkbox"/> Thyroid	<input type="checkbox"/> Ear aches
		<input type="checkbox"/> Speech difficulties	<input type="checkbox"/> Seizures
		<input type="checkbox"/> Other (explain below)	<input type="checkbox"/> Tobacco/drug use
What type of water does your child drink?		<input type="checkbox"/> City water	<input type="checkbox"/> Well water
		<input type="checkbox"/> Bottled water	<input type="checkbox"/> Filtered water
List allergies _____		Name/phone # of child's physician _____	
Use space below to provide additional details on your child's health, including antibiotic pre-medication requirements. List current medications. Attach another page as needed.			
IF CHILD HAS MEDICAID/ALL KIDS			
Enter Child's 9-digit Medicaid Recipient ID Number HERE:		Circle one of the following: DENTAQUEST: Aetna, BCBS, Cigna, Humana, IlliniCare AVESIS: Molina LIBERTY: Harmon, Meridian, Family Health Network	
*Medicaid & All Kids cover 100% of treatment		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OR Child's Social Security # (if available)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
IF CHILD HAS PRIVATE INSURANCE			
Group # _____		Ins. Company name (other than Medicaid) _____	
Name of Insured Adult _____		Ins. Phone _____	
Member ID/Policy # _____		Employer name _____	
		Co. phone _____	
		BIRTH DATE of Insured Adult _____	
		Social Security # of insured adult _____	
IF CHILD HAS NO DENTAL INSURANCE			
If paying for services, staple check or money order to this form & make payable to: Smile Illinois.			
<input type="checkbox"/> I will pay the reduced fee of \$67.00 for a dental cleaning, screening, fluoride and sealants per visit.			

READ & SIGN BELOW

I request that the dentist perform preventive dental care on my child which includes exam, cleaning, fluoride, and sealants as needed. This permission includes future dental visits. This also gives permission for IDPH quality assurance audits to be performed & providers to return to my child's school to recheck my child's sealants. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS FORM and understand and agree to its terms.

SIGN & DATE HERE

DATE _____

OFFICE USE ONLY	
	exam
	prophy
	fluoride
	sealants
	screening

For your privacy, please fold & secure.

QUESTIONS: 1-888-833-8441 FAX: 1-888-330-4331 Visit us at: mobiiledentists.com

Elliot P. Schlang, D.D.S. P.C., General Dentist & Dental Director
8770 W. Bryn Mawr Ave., Suite 1300, Chicago, IL 60631
©Elliot P. Schlang, D.D.S. P.C., 2015

ESPAÑOL AL REVERSO

IL-PREVE-009 10/15



IMPORTANT NOTICE & CONSENT / AVISO IMPORTANTE Y CONSENTIMIENTO

I understand and authorize Elliot P. Schlang, D.D.S. P.C. (Provider) and its affiliated dentists to provide the following services for the named child for whom I am the custodial parent or legal guardian: dental exam, teeth cleaning, fluoride treatment, & dental sealants. While it is unlikely your child could be harmed by preventive dental care, in rare cases, the products we use may cause allergic reaction. (For additional information regarding the benefits and risks of preventive dental care, please call the number provided.) I authorize & direct Provider to bill & collect payment from any Medicaid, insurance, or other payor. If I have private dental insurance, I will be billed for & agree to pay any deductibles and/or co-pays. Treatment by the in-school dentist may affect future benefits that your child may receive under private insurance, Medicaid or CHIP. Unless I have made pre-arrangements to attend, and am there at the time of service, services will be provided without my presence. We may send you text messages about the school dental program. Message and/or data fees may be charged by your wireless service provider; to discontinue, reply "STOP" to any message received from us. You also agree to receive pre-recorded and/or auto-dialed telephone calls relating to the school dental program at the land-line and/or mobile telephone numbers provided on this consent form. I have received the Notice of Privacy Practices (NPP) attached to this form and consent to the release of my child's medical record information, including records obtained from other providers, and any HIV/AIDS, communicable disease, sexually transmitted disease, drug and alcohol, and anemia information. I authorize release of such information by Provider to any responsible payor and/or administrative service provider and their subcontractors for use and disclosure relating to my child's treatment, payment for services and health care operation purposes. This signed consent authorizes my child's initial and future dental visits. I may withdraw this consent at any time in writing.

Entiendo y autorizo a Elliot P. Schlang, D.D.S. P.C. (Proveedor) y a sus dentistas afiliados a proveer los siguientes servicios al niño(a) mencionado del cual soy el padre custodio o tutor legal: examen dental, limpieza de los dientes, tratamiento de fluoruro, y sellantes. A pesar de que no es probable de que su niño(a) sea dañado durante los cuidados dentales preventivos, en raras ocasiones, los productos que utilizamos pudieran causar una reacción alérgica. (Para más información sobre los beneficios y los riesgos del cuidado dental preventivo, por favor llame al número proporcionada.) Autorizo y dirijo al proveedor a facturar y recolectar pago de Medicaid, seguro privado o tercera persona. Si tengo seguro dental privado, será facturado y acuerdo a pagar cualquier deducible y/o co-pago. El tratamiento realizado por el dentista escolar pudiera afectar los beneficios de su niño en un futuro bajo su cobertura privada, Medicaid o CHIP. Al menos de que allá hecho algún arreglo previamente para atender y estoy ahí al momento de los servicios, el servicio será proveído sin mi presencia. En ocasiones podremos mandarle un texto sobre el programa dental escolar. Cobros de mensaje o/y de datos pueden ser aplicados por su proveedor de servicios inalámbrico; para discontinuar, responda "STOP" a cualquier mensaje que reciba de nosotros. Usted también acepta recibir transmisión pre grabada y/o auto llamadas telefónicas relacionadas con el programa dental escolar a los numeros telefonicos que usted proporciona en esta forma de consentimiento. He recibido el Aviso de Prácticas Privadas (NPP) adjuntas a este formulario y el consentimiento para la divulgación de la información y/o expediente médico de mi hijo(a), incluyendo los registros obtenidos de otros proveedores, y cualquier otra enfermedad como: VIH/SIDA, enfermedades contagiosas, enfermedades de transmisión sexual, drogas, alcohol, y anemia. Yo autorizo la divulgación de dicha información por parte de proveedores para cualquier pagador responsable y/o proveedor de servicios administrativos y de sus subcontratistas para el uso y divulgación de información relacionada con el tratamiento de mi hijo(a), pago para el mantenimiento y operación de cuidado dental. Esta forma de consentimiento firmada autoriza la visita dental inicial y visitas de seguimiento. Puedo retirar mi consentimiento en cualquier momento por escrito.

KEEP FOR YOUR RECORDS

ELLIOT P. SCHLANG, DDS - GENERAL DENTIST, DENTAL DIRECTOR

General Dentists - James Adams, DDS, Susan Aah, DDS, Kathleen Barro, DDS, Indejil Barwa, DDS, Kahina Caldwell, DMD, Patricia Cristofoletti, DMD, Beverly Hadley, DDS, Michael Henry, DDS, Lourjine Jean-Michel, DDS, Jade Johnson-Speller, DDS, Kevin King, DDS, Charles Kneeder, DMD, Nolan Lathrop, DMD, Yvonne McLeod, DDS, Anthony Mical, DDS, Cynthia Michalik, DDS, Celia Mimms, DDS, Rita Phipp, DDS, Karen Schichtel, DDS, Larry Shapiro, DMD.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. KEEP FOR YOUR RECORDS

OUR LEGAL DUTY

The privacy of your medical information is important to us. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. We will notify you if your unsecured medical information is breached.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician, school nurse, or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our business operations such as reviewing the competence or qualifications of healthcare professionals and evaluating practitioner and provider performance.

Your Authorization: Uses or disclosures not otherwise described in this Notice may be made only with your written authorization. In addition, we must obtain your written authorization to sell your medical information or to use or disclose your information for marketing goods or services to you where we are paid to make the communication. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends and Persons Involved in Your Care: We may disclose your health information to a family member, friend or other person involved in your care to the extent necessary to help with your healthcare or with payment for your healthcare. We may also disclose your medical information to disaster relief organizations to help locate individuals during a disaster. We may also use or disclose your medical information to notify, or assist in the notification, of a family member, a personal representative or a person responsible for your care of your location, general condition or death. If you do not want us to disclose your medical information to family members or others in these circumstances, please notify our HIPAA Officer at 888-833-8441.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Public Safety: We may need to disclose medical information to law enforcement officials, such as in response to a search warrant or a grand jury subpoena, or to assist law enforcement officials in identifying or locating an individual, to report deaths that may have resulted from criminal conduct, and to report criminal conduct on our premises.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose your medical information to military authorities of Armed Forces or foreign military personnel under certain circumstances; to authorized federal officials for lawful intelligence, counterintelligence, or other national security activities, and to protect the president, and to a correctional institution or law enforcement official having lawful custody of an inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters, emails or text messages).

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure surveys. These activities are necessary for the government to monitor the health care system, the outbreak of disease, governmental programs, compliance with civil rights laws and to improve patient outcomes.

Lawsuits and Disputes: We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process.

Other Uses and Disclosures: As permitted or required by law, we may use or disclose your medical information for research purposes, to organizations that handle and monitor organ donation and transplantation, for workers' compensation or similar programs to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness, for public health activities such as to prevent or control disease, injury or disability, to report reactions to medications or problems with products, to notify people of recalls of products they may be using, to notify a person who may have been exposed to, or is at risk for contracting or spreading a disease; to medical examiners to identify a deceased person or determine cause of death; or to funeral directors to carry out their duties.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information and fax your request to the number at the end of this Notice.

Disclosure Accounting: You have the right to receive a list of some disclosures we or our business associates have made of your health information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we restrict our use or disclosure of your health information. We are not required to agree to your request except when disclosures would be to your health plan, you (or someone on your behalf other than your health plan) has paid in full for your health care, the disclosure relates to payment or health care operations, and the disclosure is not otherwise required by law. If we agree to the restriction, however, we will abide by that agreement (except in an emergency).

Alternative Communication: You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations specified in your written request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form upon request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

Contact Officer: HIPAA Officer

Phone: 888-833-8441

Fax: 888-330-4331

email: hipaaoofficer@tribalprograms.com

Effective Date: August 1, 2015

Dakota CUSD #201

February 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 HSBB @ Pecatonica 6:00	2 HSGB FS @ Eastland HSWR Regionals @ Mt. Carroll Start time TBA
3	4 HSBB (H) vs Orangeville 6:00 JHGB (H) vs Orangeville 5:30	5 HSBB @ Aquin 6:00 JHGB @ Orangeville 5:30	6 HSGB @ Polo Regional 6:00	7 HSBB vs Polo (H) 6:00	8 Parent's Night Out by N.H.S. HSBB vs Durand (H) 6:00 HS Wrestling Sectionals 4:30	9 High School Winter Formal Dance 7pm - 10pm HS Wrestling Sectionals 8:00
10	11 JHGB vs South Beloit (H) 5:30 HSBB vs Polo (H) 6:00 Mobile Dentist	12 HSBB vs Milledgeville (H) 6:00 JHGB @ South Beloit 5:30 Mobile Dentist	13 PTO Meeting 3:30 HSBB @ Aquin 6:00 Academic Bowl @ Pec 4:00	14 JHGB @ Lena 5:30 Academic Bowl @ Pearl City 4:00 HSWR State Finals (Ind.)	15 Early Release 11:30 SIP Day HSBB @ Forreston 6:00 JH Skip Trip HSWR State Finals (Ind.)	16 HSBB FS @ Eastland JHGB @ Orangeville 3:00 HSWR State Finals (Ind.)
17	18 No School President's Day	19 6th-8th Grade Solo/Ensemble Contest at DHS Dual Credit Night 6:00 School Board 6:00	20 Dakota Athletic Booster Meeting 6:30	21 JHGB vs Aquin (H) 5:30	22 JHGB @ Aquin 5:30	23
24	25 JHGB vs Forreston (H) 5:30	26 Faculty vs Seniors Basketball Game 6:00 \$2 Student \$3 Adults JHGB @ Durand, 5:30	27	28 JHGB Conf Tourn (H)		

Educational Rights of Illinois' Children & Youth in Homeless Situations

It's your right.....Do you know someone who is homeless and has children or teens needing to get to school?

ATTENDANCE IS IMPORTANT TO SCHOOL SUCCESS.

Homeless children have the right to:

- Stay in their old school OR
- Go to the school near where they are staying.
- Immediate enrollment, even without records
- Transportation to school, if needed.

Illinois schools have people called liaisons who work to help children and teens who are homeless get to school and stay there. If you have any questions about the educational rights of homeless children and youth in Illinois, you can call any of the following:

Your Local School Homeless Liaison: Bob Prusator (844) 632-5682

The Opening Doors Project: Adult Learning Resource Center (847) 803-3535

Regional Office of Education #8 <http://homelessed.net>

Illinois Coalition to End Homelessness (708) 848-0503

Information Hotline IL State Board of Education (800) 215-6379

