



STONY POINT HIGH SCHOOL

AN INTERNATIONAL BACCALAUREATE WORLD SCHOOL

Greetings Stony Point Tigers!

I officially welcome everyone to the 2021-2022 school year! I hope that you are enjoying your last few days of summer and have some great stories to share. If you can believe it, we are busy preparing to return for the fall. As we are heading into a new school year, like all new school years, it is a time of new beginnings. I am privileged to have the opportunity to continue to serve as the Stony Point High School Principal. It is an honor to work with our highly qualified and dedicated staff, our wonderful students, supportive families, and amazing community. As you know, the high school years are such a critical time in the development of skills and mindset that will stay with them for the rest of their lives. I look forward to working with and supporting each and every one of you to make this school year a memorable success!

This summer, many of our staff members have been continuing their professional development to ensure that the best strategies will be used to educate your child. They have attended numerous days of training and they are prepared to ensure students are receiving the best education with research based best practices. Our staff have been working hard in preparing their classrooms and lesson plans that promise to make for another exciting and productive year. We give many thanks to our custodial crew who have been working diligently to prepare our campus for the start of the new school year. All we await for now is our awesome SPSHS Tigers.

SPHS spent quite a bit of time aligning all aspects of our Vision and Mission with the goals of Round Rock ISD. Our Campus Improvement Plan is focused on Student Success, Teacher Preparedness, Student Safety and Respect for all. We will continue to increase the positive culture that has been created and take all of our students to the next level of academic excellence. We will ensure that our students are ready to face the world upon their graduation and take their rightful place in our global community.

You may have noticed that over the past several years, our mantra has been "Get The Point". We will continue to stress the importance of Pride/Perseverance, Ownership, Intellectual Capacity, Nobility and Team Work. These attributes will ensure a healthy outlook upon their lives and communities in which they live. I want all of our students to expect success in life and seize every opportunity to which they are presented. As we accomplish this goal as a team of staff and students, this will become the evidence that our students truly do "Get The Point"!

Enjoy the remaining days of summer! I look forward to seeing all of the new and familiar faces as we return to school. **Remember, students begin on August 18, 2021.**

See you Soon!

Anthony Watson, Principal

En español





STONY POINT HIGH SCHOOL

AN INTERNATIONAL BACCALAUREATE WORLD SCHOOL

¡Saludos tigres de Stony Point!

¡Quiero oficialmente darles a todos, la bienvenida al año escolar 2021-2022! Espero que estén disfrutando sus últimos días de verano y tengan algunas buenas historias para compartir. Si pueden creerlo, estamos ocupados preparándonos para regresar para el otoño. A medida que nos dirigimos a un nuevo año escolar, así como en todos los años anteriores, son momentos de nuevos comienzos. Es un privilegio tener la oportunidad de continuar ejerciendo como director de Stony Point High School. Tengo el honor de trabajar con nuestro personal altamente calificado y dedicado, nuestros extraordinarios estudiantes, familias tan solidarias y una comunidad increíble. Como saben, los años en la escuela preparatoria son momentos críticos donde se desarrollan las habilidades y el modo de pensar que permanecerán con ellos por el resto de sus vidas. ¡Espero ansiosamente trabajar y apoyar a todos y cada uno de ustedes para que este año escolar sea un éxito memorable!

Este verano, muchos de los miembros de nuestro personal han continuado con su desarrollo profesional para garantizar que se usarán las mejores estrategias para educar a su hijo. Han asistido a numerosos días de capacitación y están preparados para asegurar que los estudiantes reciban la mejor educación con las mejores prácticas basadas en la investigación. Nuestro personal ha estado trabajando arduamente para preparar sus solones de clase y planeando las lecciones que prometen hacer este año escolar emocionante y productivo. Le damos las gracias a nuestro equipo de conserjes que han estado trabajado diligentemente para preparar nuestra escuela para el comienzo del nuevo año escolar. Lo único que estamos esperando por ahora es nuestros increíbles Tigres SPHS.

SPHS dedicó mucho tiempo alineando todos los aspectos de nuestra Visión y Misión con los objetivos de Round Rock ISD. Nuestro Plan de Mejoramiento Escolar se enfoca en el éxito del estudiante, la preparación del maestro, la seguridad del estudiante y el respeto por todos. Continuaremos aumentando la cultura positiva que se ha creado y llevaremos a todos nuestros estudiantes al siguiente nivel de excelencia académica. Nos aseguraremos de que nuestros estudiantes estén listos para enfrentar el mundo después de su graduación y ocupar el lugar que les corresponde en nuestra comunidad global.

Es posible que haya notado que en los últimos años, nuestro lema ha sido "Entender el Punto". Continuaremos enfatizando la importancia del orgullo/perseverancia, responsabilidad, capacidad intelectual, nobleza y trabajo en equipo. Estos atributos garantizarán una visión saludable de sus vidas y comunidades en las que viven. Quiero que todos nuestros estudiantes tengan éxito en la vida y aprovechen cada oportunidad que se les presenta. Al lograr esta meta como un equipo de personal y estudiantes, ¡esto se convertirá en la evidencia de que nuestros estudiantes realmente "Entienden el Punto"!

¡Disfruten los días restantes de verano! Espero ver todas las caras nuevas y familiares cuando regresemos a la escuela. Recuerde, los estudiantes comienzan el 18 de agosto del 2021.

¡Los veo pronto!

Anthony Watson, Director



STONY POINT HIGH SCHOOL

2021-2022

1801 Tiger Trail/Round Rock, TX 78664
512-428-7000/512-428-7280 fax
www.roundrockisd.org/stonypoint



UPDATED 8/4/21

| 2021 August 2021 | | | | | | |
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| October | | | | | | |
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BACK TO SCHOOL NIGHT
August 31st

ADVANCED ACADEMICS
PARENT NIGHT
October 7

FUTURE TIGER NIGHT
January 26

Nine-Weeks Periods
1st Aug 18 – Oct 15
2nd Oct 18 – Dec 16
3rd Jan 5 – Mar 10
4th Mar 21 – May 26

PROGRESS REPORTS
(Approximate date)
Sept 3
Sept 24**
UIL Eligibility
Nov 5
Dec 3
Jan 21
Feb 11
Apr 1
April 22
May 13

REPORT CARDS
(Approximate date)
Oct 22
Jan 7
Mar 25
Jun 3 (mailed)

PSAT
10th & 11th – Oct 13

SAT – Mar 23

EOC Testing Windows
Dec 7 - 10
Apr 5 - 8
May 2 - 6

AP & IB Testing Window
May 2 - May 20

Prom:
TBA

Homecoming Game
Sept. 10 vs. Del Valle

Graduation:

May 25, 2022 @ 12pm

A Days

C Day
Periods 1-8 (no flex)

e = Semester/Final Exams

Student/Staff
Holiday

Staff Development
Student Holiday

[]

Begin-End Grading Period

| 2022 January 2022 | | | | | | |
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| February | | | | | | |
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| March | | | | | | |
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| April | | | | | | |
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| May | | | | | | |
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| 22 | ^e 23 | ^e 24 | ^e 25 | ^e 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |



2021-2022

Round Rock ISD

DISTRICT CALENDAR

roundrockisd.org

* Based on 435 minute day

Elementary School 7:40-2:55
Middle School 8:20-3:35
High School 9:05-4:20

| | |
|--|---|
| | Student Holiday/ Staff Development Day/ Teacher Work Day |
| | Student & Staff Holiday |
| | First/ Last Days of School |
| | Nine- Weeks Grading Period |

| August 2021 | | | | | | |
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| September 2021 | | | | | | |
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| October 2021 | | | | | | |
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| November 2021 | | | | | | |
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| December 2021 | | | | | | |
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| January 2022 | | | | | | |
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| February 2022 | | | | | | |
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| March 2022 | | | | | | |
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| April 2022 | | | | | | |
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| May 2022 | | | | | | |
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| June 2022 | | | | | | |
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| July 2022 | | | | | | |
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August

9-17.....Staff Development/ Preparation
18.....First Day of School for Students

September

6.....Labor Day/ Student and Staff Holiday
27.....Student Holiday/ Staff Development

October

11.....Student Holiday/ Staff Development
Day/Teacher Work Day

November

1.....Student Holiday/ Staff Development
22-26.....Thanksgiving Break/ Student and
Staff Holiday

December

16.....Last Day of Classes/ First Semester Ends
17.....Teacher Work Day
20-31.....Winter Break/ Student and Staff Holiday

January

3-4.....Student Holiday/ Staff Development
17.....Martin Luther King, Jr. Day/ Student and
Staff Holiday

February

21.....Student Holiday/ Staff Development

March

11.....Student Holiday/ Staff Development
14-18.....Spring Break/ Student and Staff
Holiday

April

15.....Student and Staff Holiday

May

26.....Last Day of Classes/ Second Semester
Ends
27.....Teacher Work Day
30.....Memorial Day/ Staff Holiday

NOTE: TEA Staff Development Waiver allows for 2100 minutes towards 5 days of Staff Development during school year

Board Approved 2-20-20
Board Amended 7-15-21



2021-2022

Round Rock ISD

CALENDARIO DEL DISTRITO

roundrockisd.org

Escuela Primaria 7:40-2:55
Escuela Secundaria 8:20-3:35
Escuela Preparatoria 9:05-4:20

*Basado en un día de 435 minutos

| | |
|--|--|
| | Día feriado para los estudiantes/Día de desarrollo del personal/Día de trabajo de los maestros |
| | Día feriado para los estudiantes y el personal |
| | Primer/Último día de clases |
| | Período de calificación de nueve semanas |

| Agosto 2021 | | | | | | |
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| Septiembre 2021 | | | | | | |
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| Octubre 2021 | | | | | | |
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| Noviembre 2021 | | | | | | |
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| Diciembre 2021 | | | | | | |
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| Enero 2022 | | | | | | |
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| Febrero 2022 | | | | | | |
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| Marzo 2022 | | | | | | |
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| Abril 2022 | | | | | | |
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| Mayo 2022 | | | | | | |
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| Junio 2022 | | | | | | |
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| Julio 2022 | | | | | | |
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Agosto

9-17.....Preparación/Desarrollo del personal
18.....Primer día de clases para estudiantes

Septiembre

6.....Día del trabajo/Día feriado para estudiantes y el personal
27.....Día feriado para estudiantes/Día de desarrollo del personal

Octubre

11.....Día feriado para estudiantes/Día de desarrollo del personal/Día de trabajo de los maestros

Noviembre

1.....Día feriado para estudiantes/Día de desarrollo del personal
22-26.....Acción de Gracias/Día feriado para estudiantes y el personal

Diciembre

16.....Último día de clases/Termina el 1er semestre
17.....Día del trabajo de los maestros
20-31.....Vacaciones de invierno/Día feriado para estudiantes y el personal

Enero

3-4.....Día feriado para los estudiantes/Día de desarrollo del personal
17.....Día de Martin Luther King Jr./Día feriado para estudiantes y el personal

Febrero

21.....Día feriado para estudiantes/Día de desarrollo del personal

Marzo

11.....Día feriado para estudiantes/Día de desarrollo del personal
14-18.....Vacaciones de primavera/Día feriado para estudiantes y el personal

Abril

15.....Día feriado para estudiantes y el personal

Mayo

26.....Último día de clases/Termina el 2do Semestre
27.....Día de trabajo de los maestros
30.....Día de los Caídos/Día feriado para el personal

NOTA: La Exención para el Desarrollo del Personal de TEA permite 2,100 minutos hacia 5 días de desarrollo del personal durante el año escolar

Aprobado por la Mesa Directiva el 2-20-20
Modificado por la Mesa Directiva el 7-15-21



Stony Point High School

1801 Tiger Trail

Round Rock, Texas 78664

Mr. Anthony Watson, Principal



| Period | Duration | Times | Students | Notations |
|------------|-------------|---------------|--------------------|---|
| 1st/5th | 75 Minutes | 9:05 - 10:20 | Class | |
| | 5 Minutes | 10:20 - 10:25 | Passing period | |
| 2nd/6th | 79 Minutes | 10:25 - 11:44 | Class | Attendance 10:35 & Announcements |
| | 5 Minutes | 11:44 - 11:49 | Passing period | |
| A Lunch | 30 Minutes | 11:49 - 12:19 | A Lunch | Report to Cafe |
| 3rd/7th | 98 Minutes | 12:24- 2:04 | Class | Back to Class |
| 3rd / 7th | 35 Minutes | 11:49 - 12:24 | Class | Report to Class |
| B Lunch | 30 Minutes | 12:24 - 12:54 | B Lunch | Release at 12:22 to Cafe |
| 3rd / 7th | 65 Minutes | 12:59 - 2:04 | Class | Back to Class |
| 3rd / 7th | 68 Minutes | 11:49 - 12:59 | Class | Report to Class |
| C Lunch | 30 Minutes | 12:59 - 1:29 | C Lunch | Release at 12:57 to Cafe |
| 3rd / 7th | 30 Minutes | 1:34 - 2:04 | Class | Back to Class |
| 3rd / 7th | 107 minutes | 11:49 - 1:34 | Class | Report to Class |
| D Lunch | 30 Minutes | 1:34 - 2:04 | D Lunch | Release at 1:32 to Cafe |
| | 5 Minutes | 2:04 - 2:09 | Passing period | |
| Tiger Hour | 51 Minutes | 2:09 - 3:00 | T. Time Assignment | |
| | | 3:00 - 3:05 | Passing | |
| 4th/8th | 75 Minutes | 3:05 - 4:20 | Class | |
| | | | | |

| | Tiger Hour | | | | Tiger Time |
|-------|------------|---------|-----------|----------|------------|
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| A Day | 1 | 2 | 3 | 4 | 3 |
| B Day | 5 | 6 | 7 | 8 | 7 |

UPDATED 8/13/2021



Dress and Grooming (All Grade Levels)

Please read.

The district's dress code is established to teach grooming and hygiene, prevent disruption, and minimize safety hazards. Students and parents may determine a student's personal dress and grooming standards, provided that they comply with the following:

- ☐ No clothing featuring pictures, emblems, writings, or slogans that are lewd, offensive, risqué, vulgar, obscene, provocative, or that convey hate messages or racially, religiously, or ethnically demeaning messages may be worn (including jewelry or accessories).
- ☐ No apparel or accessories shall depict tobacco products, alcoholic beverages, drugs or any other dangerous, prohibited, or controlled substance
- ☐ No attire or grooming that identifies, condones, depicts, or promotes a student as part of an unauthorized group, such as a gang.
- ☐ No clothing or accessories that promote violence, weapons, bombs, illegal acts, or anything that could be construed as provocative or offensive or otherwise distract from the learning environment, as determined by the administrators
- ☐ No bedroom attire (pajamas, slippers, etc.)
- ☐ No clothing that is too tight such as spandex/lycra unless worn with a dress, skirt, or tunic (using the standards that are applied to shorts, skirts, and skorts)
- ☐ No holes in apparel that expose any areas that are not allowed by this dress code

Pants, jeans, shorts, skirts, and skorts

- ☐ Shorts, skirts, and skorts must be at finger-tip or mid-thigh length as measured with relaxed shoulders
- ☐ Pants, jeans, shorts, skirts, and skorts must be worn at the hip and cover undergarments

Shirts, Blouses, Sweatshirts, Sweaters, Vests, Jackets, Coats

- ☐ No strapless tops, spaghetti-strap tops, backless, halters, large armholes, or off-the shoulder tops
- ☐ No low necklines (which reveal cleavage)

BACK PAGE



- ☐ No see-through or mesh shirts, when shirt worn underneath does not meet this dress code
- ☐ Tops must meet the beltline and must not reveal undergarments or skin
- ☐ No full-length jackets and coats such as those commonly referred to as “trench coats” or “dusters”

Eyewear and Accessories

- ☐ Sunglasses shall not be worn in the building
- ☐ No metal-studded collars, choker chains, armbands, wristbands, chains, or other metal studded accessories are permitted
- ☐ Piercings/accessories that pose a safety concern or are distracting are prohibited
- ☐ No wheeled footwear

Headgear

- ☐ Hats, caps, sweatbands, scarves, bandanas, doo-rags, hoods, and other headgear shall not be worn inside campus buildings without administrative approval.

If the principal determines that a student's grooming or clothing violates the school's dress code, the student will be given an opportunity to correct the problem at school. If not corrected, the student may be assigned to in-school suspension for the remainder of the day, until the problem is corrected, or until a parent or designee brings an acceptable change of clothing to the school.

Repeated offenses may result in more serious disciplinary action in accordance with the Student Code of Conduct.



Attendance Information

Attendance Office Hours: 8:15 am – 4:30 pm
Lucy Elston-Stanesic, Attendance Specialist 512-428-7021
Fax number: 512-428-7280 (Attention: Lucy Stanesic)
Lucy_Elston-Stanesic@RoundRockISD.ORG

When your child is sick and does not attend school, you are not required to call in and report an absence. **HOWEVER, within 48 hours following an absence that is NOT school related, a student MUST present a signed note from his/her parent/guardian to the Attendance Office explaining why he/she was absent. You may submit via the SPHS website under report an absence. (It must be sent from the parent/guardian email address we have on file).** Please include Student name, ID, reason for absence and parent /guardian's phone number.

Please note: if a student is absent 5 or more consecutive days a Doctor's note will be required, upon the students return to school.

Upon returning from a medical appointment or court appointed appointment, the student must turn in the note to the Attendance Office **within 48 hours of the absence.**

To receive credit in a class, a student must attend at least **90 percent** of the days the class is offered. A student who attends at least 75 percent but fewer than 90 percent may receive credit for the class if he or she completes a plan, approved by the principal that allows the student to fulfill the instructional requirements for the class.

We will be implementing our Tardy Calculator system. When a tardy is recorded, you will receive an email immediately alerting you to the tardy.

A student is considered tardy to class if he/she is outside of the classroom without a hall pass when the tardy bell rings. Teachers follow the guidelines to ensure that all students have the same requirements for attendance. Once the tardy bell rings, students entering the classroom will be counted tardy on attendance by the teacher.

****Note for Reporting Student Absence is on back of this form****





ROUND ROCK
INDEPENDENT SCHOOL DISTRICT

Note for Reporting Student Absence

Round Rock ISD policy requires a written note from the parent/guardian for all student absences.

*Health care professional appointment **MUST** be supported by a document
such as a note from the health care professional.*

Please complete the notification

Date of absence(s): _____

Student Name: _____

Student ID#: _____ Grade: _____

Reason: (Check box)

☐ Illness ☐ Other: _____

Parent/Guardian Signature: _____

Date: _____



ROUND ROCK
INDEPENDENT SCHOOL DISTRICT

Nota para reportar la ausencia del estudiante

La política del distrito de Round Rock ISD requiere una nota escrita del padre/guardián
para todas las ausencias de los estudiantes.

**La cita del profesional de la salud DEBE ser apoyada por un documento
tal como una nota del profesional de la salud.**

Por Favor Complete la notificación

Fecha(s) de la ausencia: _____

Nombre del estudeiante: _____

ID# del estudeiante: _____ Grado: _____

Motivo: (casilla de verificación)

☐ Enfermedad ☐ Otro: _____

Firma del Padre/Tutor: _____

Fecha: _____



STONY POINT HIGH SCHOOL

EARLY PICK-UP REQUEST FORM

No pick-ups permitted after 3:55 p.m. due to bus traffic in front of the school.

NOTE: Parking in the fire lane in front of the school is prohibited. Please do not park there.

Parking spaces are available in front of the school and in the parking lot across from the football field.

***** This printable form is available on our website. *****

This note must be delivered to the Front Office **before school** in order to receive a pass to leave class and be waiting in the office at the designated time. Your student will be sent to your vehicle once the parent/guardian ID is verified at the Visitor Intercom system in front of the school.

DATE: _____

STUDENT: _____ ID#: _____

PICK UP TIME: _____

☐

Doctor

☐

Dentist

☐

Other _____

Only those adults listed on your student's account, with photo ID, will be permitted to sign your student out of school.

☐ Please check if your student is allowed to drive him/herself off campus. The school will contact you for confirmation.

(Parent/Guardian signature and phone number are required.)

PARENT/GUARDIAN SIGNATURE: _____

PHONE NUMBER: _____

En español





STONY POINT HIGH SCHOOL

SOLICITUD PARA RECOGER A SU ESTUDIANTE TEMPRANO

No se permite recoger a su estudiante después de las 3:55 p.m. debido al tráfico de autobuses en frente de la escuela. **NOTA: Está prohibido estacionarse en la línea para bomberos frente a la escuela. Por favor, no se estacione allí. Hay espacios de estacionamiento disponibles frente a la escuela y en el estacionamiento frente al campo de fútbol.**

**** Este formulario imprimible está disponible en nuestro sitio web. ****

Esta nota debe ser entregada en la oficina **antes de entrar a clases**, con el fin de recibir un pase para salir de clase y esperar en la oficina a la hora designada. Su estudiante será enviado a su vehículo una vez que se verifique la identificación del padre/tutor legal en el sistema de intercomunicación para visitantes frente a la escuela.

FECHA: _____

ESTUDIANTE: _____ NO. DE IDENTIFICACIÓN: _____

HORA QUE SERÁ RECOGIDO: _____ ☐ Doctor

☐ Dentista

☐ Otro _____

Solo los adultos que están en la cuenta de su estudiante, con una identificación con foto, podrán firmar la salida de su estudiante de la escuela.

☐ Marque aquí si su estudiante tiene permiso de salir manejando solo de la escuela. La escuela se pondrá en contacto con usted para confirmarlo.

(Se requiere la firma del padre/tutor legal y el número de teléfono.)

FIRMA DEL PADRE/TUTOR LEGAL: _____

NÚMERO DE TELÉFONO: _____



Welcome Back Stony Point Families!!

We are so excited to have all our students back this year. We feel the 2021-2022 school year is going to be great.

Here in the nurse's office we need to make sure we have a few things from you to make sure your student's year runs smoothly.

1. ***First we need your student's up to date immunization record or affidavit if we don't already have it.***
2. ***Next we will need doctor's orders for any prescription medications your student may need to take during the school day, also signed by the parent.***
3. ***Over the counter medications that you want your student to have on-hand at school in the nurse's office as needed will need paperwork filled out by the parent and signed.***

All medications must be brought in by the parents **and** will not be accepted by the student. All medication forms are located on the [nurses tab](#) on the Stony Point website. There you will also find the forms for self-carry medications, which are only rescue inhalers and epi pens. The website also has forms for seizure action plans for your doctor to fill out.

If you are looking to turn in a physical form that is done with the athletics trainers.

Amy Triola, RN BSN

512-428-7007

School Photos 2021-2022

Seniors, Class of 2022

Senior Photo Dates:

Tuesday through Friday, October 5-8, 2021

Senior photos will be taken during English classes. Each teacher will be assigned a specific date. Students should make sure they get photo day ordering information and their assigned photo date from their English teachers by October 1st. ACC students who are seniors will also have their photos taken during these dates. These include Tuxedo/Drape photos and optional Cap and Gown photos.

Senior Retake Date:

Tuesday, November 30, 2021

Senior photo retakes will be taken during all lunches. Students can pick up retake information from their English teachers or the school's main office during the week of November 15-19.

Seniors

Portraits may also be taken at the Photo Texas studios. Contact them for more information.

Don't forget to pre-order your yearbook by going to yearbookforever.com

Clubs and Groups Photo Days: January 13-14, 2022!

Grades 9-11 and Faculty/Staff

Photo Dates:

Thursday and Friday, September 16-17, 2021

Grades 9-11 photos will be taken through English classes. Students should make sure they get a photo day packet/pre-pay order form from their English teachers by August 30.

Retake Date:

Thursday, November 4, 2021

Grades 9-11 and Staff photo retakes will be taken during all lunches. Students can pick up retake information from their English teachers or the school's main office during the week of October 28th.



Need more information?

Contact journalism teacher *Holly Nichols* at
holly_nichols@roundrockisd.org or 512-428-7243

or

Contact *Photo Texas* at: 1(800) 883-6463 (512) 617- 7780
6500 River Place Blvd.
Building 4, Suite 101
Austin, TX 78730



everychild.onevoice.®

PTSA Membership Dues Support

- *SPHS PTSA student and faculty scholarships*
- *Tigers in Service*
- *Staff Appreciation*
- *RRISD Clothes Closet*
- *SPHS Library*
- *AP Exam Assistance*
- *Noel Grisham Scholarship*
- *Project Graduation*
- *Student Activities*
- *State and National PTA programs*

PTSA Member Benefits

- ✓ *Eligibility for Scholarship opportunities*
- ✓ *Discounts at Schlitterbahn, Sea World, Fiesta Texas, Great Wolf Lodge, and Texas Rangers*
- ✓ *Discounts at Dell, Costco, Hotels.com and 1-800 Flowers, etc.*
- ✓ *Local Discounts including Sing Orthodontics, Sock Hop Inflatables and more*

PLEASE JOIN YOUR STONY POINT PARENT TEACHER STUDENT ASSOCIATION!

We are a diverse group of parents, teachers and community members excited about the future of kids at Stony Point High School. Join us and help make a difference in hundreds of lives—including the one's closest to your heart.

At this stage in your child's life, it is more important than ever to stay involved in their education. In fact, over 500 independent studies show that when parents are involved in their children's education, it makes a tremendous difference.

Joining the PTSA makes this job a little easier. We provide an excellent opportunity for parents to meet one another, get comfortable with the school and it's staff, and support each other's common goals. Plus, we have a lot of fun in the process!

Your PTSA needs your unique talents, whether it's volunteering a few hours a month or a few hours a year, serving on the Board, attending meetings or sharing your ideas on our website ...

Come join us!

Fill Out the information below or visit JoinPTA.com to become a member today!

Member 1: _____ Personal Email: _____

Member 1 Type(circle 1) parent/guardian, grandparent, faculty, student(grade____)

Member 2: _____ Personal Email: _____

Member 2 Type(circle 1) parent/guardian, grandparent, faculty, student(grade____)

Member 3: _____ Personal Email: _____

Member 3 Type(circle 1) parent/guardian, grandparent, faculty, student(grade____)

Member 4: _____ Personal Email: _____

Member 4 Type(circle 1) parent/guardian, grandparent, faculty, student(grade____)

Total Members x \$10 _____

Sponsor a teacher \$10 _____

Additional Donation _____

TOTAL _____

Payment Type

- ☐ Credit Card- Pay at JoinPTA.org or campus event
- ☐ Cash- May turn in to lock box in SPHS main office
- ☐ Check # _____ Make out to SPHS PTSA and include DL#. May turn in to lock box in main office

Your membership dues are appreciated and there is no expectation of time or money outside of this however, if you would like to become involved with a fun group of positive people motivated to make our school a GREAT place for students and teachers please consider the opportunities below:

Volunteer Opportunities I May Be Interested In(circle any that may apply):

Food donation for staff appreciation days

Work at PTSA table at events

Corporate sponsorship for businesses

Board Member Role

How can we best reach you with corporate sponsorship information?

☐ Email _____ ☐ Phone: _____



ROUND ROCK

INDEPENDENT SCHOOL DISTRICT

Risk Management & Compliance

George Scherer
RM Director
512.464.5454

Verenice Martinez
RM Coordinator
512.464.5035

Jody Barriga
RM Specialist
512.464.5128

Traci Zimmerhanel
Records Specialist
512.464.5468

August 1, 2021

Dear Parents/Guardians,

State law does not allow school districts to assume the medical costs of an accident or injury that may occur at the school or school sponsored events. Therefore, the District has contracted with Sport Underwriters Inc. to offer voluntary student accident insurance to Round Rock ISD students for the 2021/2022 school year. This insurance will coordinate benefits with other policies your children may have.

The annual accident insurance options are as follows:

| | |
|---|-----------|
| At School Coverage | \$ 40.00 |
| 24 Hour Coverage | \$ 150.00 |
| Football (Full Season) | \$ 300.00 |
| Football (Spring Football) | \$ 125.00 |
| At School Coverage + Football (Full Season) | \$340.00 |
| At School Coverage + Spring Football | \$165.00 |
| 24 Hour Coverage + Football (Full Season) | \$450.00 |
| 24 Hour Coverage + Spring Football | \$275.00 |

In order to enroll, the filled out application along with a check for the premium made payable to the administrator must be mailed to the address listed on page 7 of the application. An enrollment form is required for each child participating in the plan.

For questions or further information, please call 1-800-749-6458

Sincerely,

George J Scherer
Director of Risk Management and Compliance



Risk Management & Compliance

George Scherer
RM Director
512.464.5454

Verenice Martinez
RM Coordinator
512.464.5035

Jody Barriga
RM Specialist
512.464.5128

Traci Zimmerhanel
Records Specialist
512.464.5468

1 de agosto de 2021

Estimados Padres/Guardianes,

La ley del estado no permite que los distritos escolares asuman los costos médicos de un accidente o de una lesión que puedan ocurrir en la escuela o en los acontecimientos patrocinados por la escuela. Por lo tanto, el distrito ha firmado un contrato con la compañía Sport Underwriters Inc. que ofrecerá un seguro voluntario de accidente a los estudiantes del Distrito Escolar de Round Rock para el año escolar 2021-2022. Este seguro coordinará beneficios con otras pólizas que sus hijos tengan.

Las opciones anuales del seguro de accidente son las siguientes:

| | |
|--|-----------|
| Cobertura escolar | \$ 40.00 |
| Cobertura las 24 horas del día | \$ 150.00 |
| Fútbol Americano (temporada completa) | \$ 300.00 |
| Fútbol Americano (temporada de primavera) | \$ 125.00 |
| Cobertura escolar + Fútbol Americano (temporada completa) | \$ 340.00 |
| Cobertura escolar + Fútbol Americano (temporada de primavera) | \$ 165.00 |
| Cobertura las 24 horas del día + Fútbol Americano (temporada completa) | \$ 450.00 |
| Cobertura las 24 horas del día + Fútbol Americano (temporada de primavera) | \$ 275.00 |

Para inscribirse, envíe por correo la solicitud completa junto con un cheque por la prima, pagado al nombre del administrador a la dirección que figura en la página 7 de la solicitud.

Si tiene preguntas o le gustaría recibir más información, por favor llame al 1-800-749-6458

Atentamente,

George J Scherer
Director de Manejos de Riesgos y Complimiento

Primary Voluntary Student Accident Plan
Underwritten by: AXIS Insurance Company
Administrator: Sportunderwriters.com, Inc

AT SCHOOL COVERAGE \$40.00

Participating in or attending any Policyholder sponsored activity, excluding high school football, or while traveling to or from the Insured Person's residence and the Policyholder's premises on days when the Insured Person has regularly scheduled classes or at any other time if traveling by transportation furnished or approved by the Policyholder. School Covered Activities: 1. regularly-scheduled classroom instruction; 2. regularly-scheduled and supervised recess or lunch period; 3. a study period or special instruction period supervised by a member of the School's faculty; 4. a Supervised and Sponsored School Activity; or 5. Covered School Travel.

24 HOUR COVERAGE \$150.00

The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs any time while insured by this Policy. Exclusions This coverage will not be in effect while the Insured Person is participating in any activity, including tryouts, practice or any competitions or games for

Interscholastic High School tackle football for students in the 10th grade or above, or Junior High and Middle School students participating with students in the 10th grade or above in Interscholastic tackle football.

FULL FOOTBALL SEASON \$300.00 SPRING FOOTBALL \$125.00

Practice or play of high school football in accordance with the rules of the state high school athletics authority. Group or team travel supervised by the Policyholder to or from a practice or play is covered if in a vehicle furnished or approved by the Policyholder. The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs while He is participating in or attending one of the following sports Covered Activities: 1. regularly-scheduled practice or training; 2. regularly-scheduled competition or exhibition game; 3. a scheduled tryout, workout session or team meeting; 4. a Supervised and Sponsored Sports Activity; or 5. Covered Sports Travel.

ACCIDENT MEDICAL BENEFIT

The policy provides benefits for loss due to a Covered Injury up to the Total Maximum for all Accident Medical Benefits of \$50,000 for each Covered Accident. There is no deductible. The benefit limit for Covered Losses from any one Motor Vehicle Accident is \$2,500. Medical treatment must be provided by a qualified, licensed Physician and must begin within 90 days from the date of the Covered Accident. Benefits will be payable for Covered Expenses incurred within 52 weeks from the date of the Covered Accident up to the maximum Benefit Amount per service as shown on the Schedule of Benefits of the Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Covered Loss must occur within 365 days of the Covered Accident. Principal Sum: \$5,000. Dismemberment Benefit: \$10,000. Exposure and Disappearance is included.

| Covered Loss | Benefit Amount |
|---|-----------------------------------|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Dismemberment Benefit |
| Loss of Sight of Both Eyes | 100% of the Dismemberment Benefit |
| Loss of Speech and Hearing (in Both Ears) | 100% of the Dismemberment Benefit |
| Loss of One Hand or Foot and Sight in One Eye | 100% of the Dismemberment Benefit |
| Loss of One Hand or Foot | 50% of the Dismemberment Benefit |
| Loss of Sight in One Eye | 50% of the Dismemberment Benefit |
| Loss of Speech | 50% of the Dismemberment Benefit |
| Loss of Hearing (in Both Ears) | 50% of the Dismemberment Benefit |
| Loss of Hearing in One Ear | 25% of the Dismemberment Benefit |
| Loss of Thumb and Index Finger of the same Hand | 25% of the Dismemberment Benefit |

SCHEDULE OF ACCIDENT MEDICAL BENEFITS

Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made by the Company.

| Covered Expenses | Benefit Percentage and Other Limits |
|---|--|
| Expanded Medical Benefit For Covered Sports Conditions | 100% of Usual and Customary Charges (Covered Sports Conditions: bursitis; sprains; hernia; muscle tears; tendonitis; and repetitive motion injuries) |
| Heart and Circulatory Conditions Covered Heart and Circulatory Conditions | 100% of Usual and Customary Charges heat exhaustion; heart attack; cardiac arrest, stroke; burst aneurysm |
| Inpatient Hospital Services Room and Board Expenses Intensive Care Unit Private/Semi-Private Room | \$250 per day subject to maximum of \$1,000 \$200 per day |
| Miscellaneous Expenses In-Hospital Physiotherapy Nurse Services Orthopedic Appliances Pre-Admission Tests | 80% of Usual and Customary Charges subject to maximum of \$1,200 Included in above maximum Included in above maximum Included in above maximum Included in above maximum |
| Ambulatory Medical Center | \$350 maximum |
| Emergency Room Treatment | \$200 maximum |
| Physician Services | |
| Surgery | 50% of Usual and Customary Charges subject to maximum of \$1,250 |
| *Allowance is calculated: 100% of Usual and Customary Charges for the 1 st procedure, 50% of Usual and Customary Charges for the 2 nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals. | |
| Assistant Surgeon | \$315 maximum |
| *Allowance is calculated: 25% of Usual and Customary Charges for the surgery performed as indicated above. | |
| Anesthesia and its Administration | \$315 maximum |
| *Allowance is calculated: 25% of Usual and Customary Charges for the surgery performed as indicated above. | |
| Use of Physician's Surgical Facilities Physician Assistant Second Opinion or Consultation In-Hospital Visits Office Visits | \$350 maximum Not covered \$50 maximum \$40 first visit, \$25 for subsequent visits. Limited to one visit per day. \$40 first visit, \$25 for subsequent visits. Limited to one visit per day. |
| Outpatient X-ray | \$250 maximum |
| Outpatient CT Scan, MRI and Laboratory Tests | \$300 maximum |
| Outpatient Physiotherapy | \$25 per visit subject to maximum of 10 visits (includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment) |
| Outpatient Nursing Services | 100% of Usual and Customary Charges |
| Ambulance Services (Air and Ground) | \$150 maximum |
| Medical Equipment Rental | \$75 maximum (Includes Orthopedic devices) |
| Medical Services and Supplies | \$75 maximum |
| Dental Services | \$150 per tooth |
| Prescription Drugs | \$25 maximum |
| Eyeglasses, Contact Lenses, Hearing Aids | \$150 maximum |

COMMON EXCLUSIONS

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

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;

5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting

from an Accidental external cut or wound or Accidental ingestion of contaminated food;

8. voluntary ingestion of any narcotics, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;

9. injuries compensable under Workers' Compensation law or any similar law;

10. operating any type of vehicle or Conveyance while under the influence of alcohol or narcotics or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;

11. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;

12. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;

13. aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity unless the Company receives a written medical release from the Insured Person's Physician;

14. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or

15. benefits will not be paid for services or treatment rendered by any person who is: a. employed or retained by the Policyholder; b. living in the Insured Person's household; c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or d. the Insured Person.

ACCIDENT MEDICAL BENEFIT LIMITATIONS AND EXCLUDED EXPENSES

Limitation for Contributory School and/or Sports Coverage: If benefits are payable for any Covered Loss under this Policy and under another blanket accident insurance policy issued by the Company for which the Policyholder pays the entire premium:

1. benefits will be payable first under that policy; and
2. the total benefits payable under both policies will not exceed the maximum benefit amount in the policy that provides the greater maximum.

Limitation For Motor Vehicle Accidents: Benefits will be paid for Covered Expenses incurred for treatment of Covered Injuries that result directly and independently of all other causes from a Covered Loss that occurred while the Insured Person was riding in or driving a Motor Vehicle. Benefits will not exceed the Benefit Amount shown in the Schedule of Benefits.

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

1. cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
2. any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
3. examination or prescriptions for, or purchase, repair or replacement of wheelchairs, braces, appliances, orthopedic braces, or orthotic devices;
4. repair or replacement of existing dentures, partial dentures, braces or bridgework;
5. repair or replacement of existing artificial limbs, eyes and larynx.
6. treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Accident, unless the Company has received a written medical release from his Physician;

In no event will the Company's total payments for the Insured Person exceed the Total Maximum for all Accident Medical Benefits shown in the Schedule of Benefits.

Disclaimers

THIS IS A BLANKET ACCIDENT ONLY POLICY.

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

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

The coverage is underwritten by AXIS Insurance Company under group policy form series number BACC-001-0909-SCH-TX

ENROLLMENT FORM

| | |
|---|-----------------------------------|
| Student's Last Name | |
| Student's First Name and Middle Initial | |
| Birth Date (MM/DD/YYYY) | |
| Grade, and Phone Number | |
| Home Street Address | |
| City, State, and Zip | |
| School System/District | |
| School Name | |
| Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. | |
| Signature of Parent or Guardian, and Date | |
| My signature above certifies that I have read and understand this brochure and agree to accept the terms and conditions stated herein. | |
| Check your selection: | |
| <input type="checkbox"/> 1. At-School Coverage | \$40.00 Premium Rate Per Student |
| <input type="checkbox"/> 2. 24-Hour Coverage | \$150.00 Premium Rate Per Student |
| <input type="checkbox"/> 3. Full Football Season | \$300.00 Premium Rate Per Student |
| <input type="checkbox"/> 4. Spring Football | \$125.00 Premium Rate Per Student |
| <input type="checkbox"/> 5. At School + Football (full season) | \$340.00 Premium Rate Per Student |
| <input type="checkbox"/> 6. At School + Football (spring) | \$165.00 Premium Rate Per Student |
| <input type="checkbox"/> 7. 24 hour + Football (full season) | \$450.00 Premium Rate Per Student |
| <input type="checkbox"/> 8. 24 hour + Football (spring) | \$275.00 Premium Rate Per Student |

Effective Date: Insurance becomes effective for the Eligible Person who enrolls and agrees to make the required contributions, on the latest of the following dates: 1. the Policy Effective Date; 2. the date the person becomes eligible; 3. the day after the Company receives the Eligible Person's completed enrollment form and the required premium payment. In no event will insurance for the Eligible Person become effective before the Policy Effective Date.

Termination of Insurance: Insurance for the Insured Person will end on the earliest of: 1. the date the person is no longer in an Eligible Class; 2. the end of the period for which the last premium is made; or 3. the date this Policy ends. Termination does not affect a claim for a Covered Loss due to a Covered Accident that occurs before the termination date. However, in no instance will benefits extend beyond the earliest of: 1. the end of the Benefit Period; and 2. the date benefits equal to any applicable benefit limit or maximums, as shown in the Schedule of Benefits, have been paid

HOW TO ENROLL

1. Decide whether you want the At-School, 24 Hour, Full Football or Spring Football coverage
2. Fill out the enrollment form and enclose the form along with a check or money order made payable to the Administrator shown for the correct amount. An enrollment form is required for **each** child.
3. Mail envelope to CBG Services Corp., PO Box 164195, Austin, TX 78716.

Your cancelled check or money order stub will be your receipt and confirmation of payment. Please write the student's name and school name on your check.

FOR QUESTIONS, INQUIRIES, AND INFORMATION CONTACT

p: 1 (800) 749-6458

Combined Benefits Group
PO Box 164195
Austin, TX 78716



How to file a Medical Claim

(For Special Risk, Sports, Campers, Youth Groups, and Participant Accident Insurance Policies) Attached is a claim form for your accident policy.

Please forward claims and questions to the following address: 90 Degree Benefits

PO Box 6540

Harrisburg, Pa 17112

Ph: 1-800-427-9308

Fax: (717) 652-8328

Email: Student.Insurance@90degreebenefits.com

Step 1: The Participating Organization (NOT the Parent, Claimant or Agent) should:

- Fully answer each item in Part I, The Participating Organization Statement.
- Read the fraud warning statement on page 3 and sign the form where indicated in Part I.

Step 2: The Parent/Guardian or Adult Claimant Should:

- Fully answer each item in Part II, including the claimant's personal information, parent's information, along with other insurance information.
- In order to ensure we receive complete claim information, we require providers to submit standardized itemized bills (called "UB04" for hospital charges and/or a "CMS-1500" for physician charges).
- Providers may bill us directly. If they do, please ensure a completed claim form has first been submitted to our office.
- If other insurance exists, include the other insurance company's corresponding Explanation of Benefits (EOBs). **We are Primary over State provided Insurance (i.e. all Medicaid programs) and Non-active Duty TRICARE.**
- Unless proof of payment is submitted with the medical bill (a copy of the check, a medical bill that indicates the claimant has made all or partial payment, or zero balance information) claim payment is sent directly to the medical providers.
- Review Part III, Authorizations
- Read the fraud warning statement on page 3 and sign where indicated on the bottom of the Claim Form.

Helpful information for submitting claims

- A fully completed Claim Form is required for each accident/injury. Claims submitted with incomplete information will be sent back to injured party, to complete missing information.
- The acceptance of a claim form by an insurance company is not an admission of coverage.
- The claimant must seek treatment, resulting in a medical expense, within 90 days of the injury. Contact our office for verification.
- Written proof of loss must be furnished to the Company within 90 days after the date of the Covered Loss or as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Step 3: Submit the Completed Notice of Claim (Claim Form) via either by mail, fax, or email listed above.

Please note: if sending information via email, it is only used to receive incoming information. Any questions about claims please call our office.

AXIS 02/2020

1. Please Fully Complete This Form
2. See Filing Instructions Attached
3. Mail To

90 Degree Benefits
PO Box 6540
Harrisburg, PA 17112
Phone: 1-800-427-9308
Fax: 717-652-8328

Email: Student.Insurance@90degreebenefits



PART I - PARTICIPATING ORGANIZATION STATEMENT

| | | | | | |
|--|-------------------------------------|---|---|------------------------------|-----------------------------|
| Policy Number: | | Organization Name: | | Event, Activity, or Sport: | |
| Claimant's Name (Injured Person) | | The Injured Person Was A: | | Date and Time Of Accident: | |
| | | <input type="checkbox"/> Participant <input type="checkbox"/> Staff Member <input type="checkbox"/> Other | | | |
| Place Where Accident Occurred: | | Type of Injury: (Indicate Part Of Body Injured - e.g. broken arm, etc.) | | | |
| Describe How Accident Occurred - Provide All Possible Details: | | | | | |
| Dental Claims | Indicate Which Teeth Were Involved: | | Describe Condition of Injured Teeth Prior To Accident: | | |
| | | | <input type="checkbox"/> Whole, Sound & Natural <input type="checkbox"/> Filled <input type="checkbox"/> Capped <input type="checkbox"/> Artificial | | |
| Did Accident (Check Yes or No for Each of The Following): | | | | | |
| A. During A Participating Organization Sponsored & Supervised, or Sanctioned Activity? | | | | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| B. On Activity Premises: | | | | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| C. While Traveling Directly and Uninterruptedly to Or From the Activity? | | | | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| D. During A Participating Organization Practice or Competition? | | | | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| E. Did Injury Result in Death: | | | | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| Signature of Participating Organization Representative: | | | Name & Title of Participating Organization Representative: | | Date: |

PART II - PARENT, RESPONSIBLE PARTY, OR GUARDIAN STATEMENT

| | | | | | | | |
|---|--|--------------------------------------|--|--|--|-----------------------------|--|
| Best Contact Number (Included Area Code): | | Social Security Number (Of Injured): | | Gender (Of Injured): | | Date of Birth (Of Injured): | |
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| Address (in which information should be mailed to): | | | | | | | |
| Do you/spouse/parent have medical/health care, or are you enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through an employer, a parent's employer, or other source? <input type="checkbox"/> YES <input type="checkbox"/> No | | | | | | | |
| If yes, name of insurance company: _____ | | | | Policy #: _____ | | | |
| Are you eligible to receive benefits under any governmental plan or program, including Medicare? | | | | <input type="checkbox"/> YES <input type="checkbox"/> No | | | |
| If yes, please explain: _____ | | | | | | | |
| Mother (Guardian's) primary employer name, address & telephone: _____ | | | | | | | |
| Father (Guardian's) primary employer name, address & telephone: _____ | | | | | | | |

PART III - AUTHORIZATIONS

| | |
|--|-------------|
| I authorize medical payments to physician or supplier for services described on any attached statements. If not signed, provide proof of payment. | |
| SIGNATURE: _____ | DATE: _____ |
| I authorize any physician, medical professional, hospital, covered entity as defined under HIPPA, insurer or other organization or person having any records, dates or information concerning the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records or all such records in their entirety to AXIS Insurance Company or its designated administrator. A photo static copy of this authorization shall be considered as effective and valid as the original. | |
| I agree that should it be determined at a later date there is other insurance (or similar), to reimburse AXIS Insurance Company to the extent of any amount collectible. I understand that any person who knowingly and with the intent to defraud or deceive any insurance company; files a claim containing any material by false, incomplete, or misleading information, may be subjected to prosecution for insurance fraud. | |
| SIGNATURE: _____ | DATE: _____ |

Important Notice

- ❖ ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ❖ ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ❖ ***For residents of the District of Columbia:*** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ❖ ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ❖ ***For residents of Maine, Tennessee and Washington:*** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ❖ ***For residents of Oregon:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of Maryland:*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ❖ ***For residents of New York:*** 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ❖ ***For residents of Oklahoma:*** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ ***For residents of Pennsylvania:*** 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- ❖ ***For residents of Texas:*** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ❖ ***For resident of Virginia:*** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.