



EAGLE BRIEF

August 27, 2020



Parents and Guardians,

This week teachers and staff prepared the building and classrooms for student arrival. There are few more important items we wanted to share below that pertain to the start of the year.

1. School will begin September 8th at 8:00am. Doors will not open until 7:50am.
2. The school building will not open until 7:50am each morning. Students will enter, go through a temperature check and head to their locker then classroom. There will be no morning recess or breakfast in the cafeteria. Breakfast will be served in the classroom. **Please do not drop your student off before this time, they will not be permitted in the building.**
3. Parents and guardians will not be allowed in the building as long as we remain in Phase 4. Please keep this in mind during the first week of school. You are welcome to walk them to the entrance, but only students will be permitted into the building. The entrance will also be locked during the school day. **If you plan to bring anything to your student, please call the office prior to your arrival so they can meet you at the door.**
4. You will not be set up for transportation unless you have made contact with the school. Routes will be different than last year and you must confirm with the school you need transportation if you wish to be included on the new route list. You will be contacted with your new pick up and drop off time.
5. Masks will be required upon entrance onto the bus or into the building. Please be sure your student has a mask prior to the September 8 start date.
6. 5th, 6th, 7th, and 8th graders will change for PE class. Students in these grades will have a full hour of gym every other day. Dressing for PE class will start the second week of school.
7. Elementary students will remain in their classroom the entire day, except for lunch and recess time. Their specials classes will be held within their regular classroom or possibly outdoors, weather permitting.
8. Secondary students will remain in one classroom for the majority of their day, except for lunch. The grade level assigned classrooms are attached.
9. Class supply lists will be posted to our website and Facebook page as soon as possible.
10. Schedules for 6th-12th graders attending class in person have been assigned in Skyward. Please have your student check his or her schedule. If there are any issues, or you would prefer a mailed copy please contact the office.
11. School will dismiss early on Fridays at 1:50pm. (Unless it is scheduled as a half day on the calendar.)
12. The regular school day Monday through Thursday will go from 8:00am to 3:00pm. All scheduled half days will run from 8:00am to 11:20am.
13. Attached are two forms that must be completed. They can be returned to the school with your child on the first day. If you have any questions regarding these forms, please contact Mrs. Sancrant at 989-856-2311 x101.

We realize this is a lot of information, but want to keep you as up to date as possible. We appreciate you taking the time to read it all.

Thank you and as always, **GO EAGLES!**

School District Name
 Address 1
 Address 2
 City, State Zip
 Phone:
 Email:

Household Information Survey

SCHOOL USE ONLY
 Approved for:
 1 2

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to _____ (school name).

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children _____ →

PART B. CURRENT BENEFITS - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

PART C. STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a **Page 2**.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone	Work Phone	Email Address
<small>By providing your email address you may be contacted via email by the district</small>		

Scheurer Wellness Clinic Parent/Guardian Consent

I give consent for my child to receive services at the Scheurer Wellness Clinic. By signing this consent I certify that I am the legal guardian and legal custodian of the student listed below. I understand I may withdraw my consent at any time with written notice and I understand it is my responsibility to be sure the Scheurer Wellness Clinic has received my withdrawal of consent.

I further authorize the Scheurer Wellness Clinic to release information regarding treatment to other medical or mental health providers when needed for coordination of care. I further authorize both the Scheurer Wellness Clinic and my child's primary care provider to exchange health care information for the purpose of continuity and coordination of care. I give permission to the Scheurer Wellness Clinic to obtain a copy of my child's immunization record from the Michigan Care Improvement Registry (MCIR), the school office or the local health department and record updates as needed.

I understand that as an entity of Scheurer Healthcare Network, the Scheurer Wellness Clinic participates in and recognizes the rules of the Health Information Portability and Accountability Act (HIPAA). In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their Protected Health Information (PHI). The individual is also provided the right to request confidential communications or communications by alternative means such as to a cell phone instead of the home phone.

I understand that if anyone involved in my child's care has an exposure to any of my child's blood or other body fluids, a blood or tissue test may be performed on my child without consent to detect the presence of human immunodeficiency virus (HIV) or other communicable diseases.

The Scheurer Wellness Clinic may confirm, for school attendance purposes only, the dates and times that a student was in the clinic. Protected Health Information will not be communicated to school administration.

This consent will be considered active for the entire school year, unless I withdraw my consent in writing. I understand I may withdraw my consent for service upon written notice to the Scheurer Wellness Clinic at any time.

2020-2021 School Year

Student Name: _____

Parent/Guardian Signature: _____

***Parental Consent is not required for crisis intervention or emergency care.
Emergency care/crisis intervention will be provided, with parental notification to follow.***

Scheurer Wellness Clinic Student Health History

To be completed by parent/guardian

Student Last Name:		First Name:		Middle Initial:
Date of Birth:	Age:	Male <input type="checkbox"/>	Grade:	Female <input type="checkbox"/>
Street/Mailing Address, City, Zip Code:				

Parent/Guardian Last Name:	First Name:	Relationship to Student:
Home Phone #	Cell #	Work #
Parent/Guardian Last Name:	First Name:	Relationship to Student:
Home Phone #	Cell #	Work #
Name of Emergency Contact:	Relationship to Student:	Phone #:
Pharmacy Preference:	Pharmacy Location:	Pharmacy Phone #:
Preferred method of contact: <input type="checkbox"/> Phone -- <input type="radio"/> Home <input type="radio"/> Cell <input type="checkbox"/> Written Communication <input type="checkbox"/> Other:		
Name of Student's Family Dr./NP/PA:		
Date of Student's Last Well Child Exam:	Date of Student's Last Sports Physical:	

Please X the YES column if any of these conditions apply to the student or X the N/A box

<u>Condition</u>	<u>Yes</u>	<u>Condition:</u>	<u>Yes</u>	<u>Condition</u>	<u>Yes</u>
Asthma		Epilepsy		Pneumonia	
ADD/ADHD		Fainting		Seizures	
Anemia		Frequent Urination		Shortness of Breath	
Backaches		Heart Problems		Skin Disorder	
Bipolar Disorder		Headaches/Migraines		Sore Throats	
Bladder Problems		High Blood Pressure		Substance Abuse	
Diabetes		Joint Problems		Vision Problems	
Depression		Kidney Disease		Other Conditions:	
Eating Disorder		Nosebleeds			
Eczema/rashes		Pounding of Heart			

Indicate any allergies your child has:

Food Allergies:	Medication Allergies:	Environmental Allergies	Other Allergies:

Does the student carry an Epi-Pen?	Where is Epi-Pen stored?	Has student used the Epi-Pen in the past?

Please indicate surgeries or hospitalizations the student has had:

Surgeries:	Hospitalizations:

Please list any other concerns you have regarding your child:

Daily Medications: List any medications the student takes *regularly*.

<u>Name of Medication</u>	<u>Dosage</u>	<u>Frequency</u>
1.		
2.		
3.		
4.		

Would you like the clinic to administer any of your child's daily medications?

- Yes - Please complete separate Daily Medication Administration form.
- No
- N/A

Scheurer Wellness Clinic stocks the following items:

- | | | |
|---------------------------|----------------------|---------------------------------|
| Benadryl | Antibiotic Cream | Albuterol (nebulizer treatment) |
| Claritin (24 hr. Allergy) | Hydrocortisone Cream | Guaifenesin (cough expectorant) |
| Motrin (Ibuprofen) | Silvadene Cream | Thera Tears (eye lubricant) |
| Tylenol (Acetaminophen) | Anbesol | Antacid |
| Icy Hot | | Cough Drops |

Check one:

- I give permission for my child to take the above medications if indicated per standard clinic treatments.
- I give permission to use above medications *except* _____
- Scheurer Wellness Clinic **DOES NOT** have my permission to give any medications to my child.

Sign:

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



CLASS LOCATION **2020-2021**



6th Grade: Mrs. Feltner's room

7th Grade: Mr. Miller's room

8th Grade: Mrs. Mueller's room

9th Grade: Mr. Leppek's room

10th Grade: Mrs. Merlington's room

1st Hour

11th/12th: Gym (PE 11/12)

11th/12th: Mr. Parker's room (Physics)

11th/12th: Mr. Everson's room (AP English)

2nd Hour

11th: Mr. Everson's room (Algebra 2)

12th: Mr. Parker's room (English 12)

11th/12th: Ms. Jordan's room (AP Physics)

3rd Hour

5th Band....6th PE one day

6th Band....5th PE the next day

11th: Mr. Everson's room (English 11)

12th: Mr. Parker's room (Govt/Econ)

4th Hour

7th Band....8th PE one day

8th Band....7th PE the next day

11th/12th: Mr. Everson's room (Pre-Calc & Calc)

11th/12th: Mr. Parker's room (Online)

5th Hour

Elementary Specials: Elementary classrooms

11th/12th: Mr. Parker's room (Digital Media)

6th Hour

9th-12th: Mr. Shilakes' room (Band)

9th-12th : Mrs. Merlington's room (STEM)

*Online classes will be held in the computer lab, except for 5th hour.