

DAYVILLE SCHOOL DISTRICT 16J
P.O. Box C Dayville, OR. 97825

Student
Enrollment
Update

STUDENT NAME _____ DATE _____
GRADE _____

☐ ← Check here if info in shaded box is already on file, or make appropriate changes

Social Security Number _____ Birthdate _____
Parents Name _____ Phone # _____
Mailing Address _____ Work Phone # _____
Personal Physician _____ Phone _____

ETHNIC ORIGIN (Please check one) ☐ Hispanic/Latino ☐ Not Hispanic/Latino

RACE (Choose one or more, regardless of Ethnicity)

- ☐ AMERICAN INDIAN OR ALASKAN NATIVE (origins in any of the people of North, South, or Central America)
☐ ASIAN ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ BLACK OR AFRICAN AMERICAN ☐ WHITE

HEALTH INFORMATION

Does your child have any health problems of which we should be aware, such as:

- ☐ BEE STINGS ☐ FOOD ALLERGY ☐ SKIN DISORDER ☐ DIABETES
☐ ASTHMA ☐ EYE PROBLEMS ☐ ORTHOPEDIC PROBLEM ☐ HEART CONDITION
☐ HAY FEVER ☐ EAR PROBLEM ☐ CONVULSIONS (EPILEPSY) ☐ URINARY ISSUES
☐ OTHER _____

DOES YOUR CHILD TAKE MEDICINE REGULARLY? ☐ YES ☐ NO _____

OTHER IMPORTANT HEALTH INFORMATION _____

EMERGENCY: If a parent/authorized person/personal physician cannot be reached in case of emergency, and if immediate care is necessary in the judgment of school officials, do you authorize school authorities to send the child, properly accompanied, to the closest hospital or doctor?

☐ YES ☐ NO ANY MEDICATION ALLERGIES _____

School Insurance ☐ YES ☐ NO

Personal Insurance Policy & Number _____

EMERGENCY CONTACTS

Neighbors, friends, or relatives who might help in case of illness/accident or emergency closure:

Emergency Contact _____
Name Relationship Phone #

Emergency Contact _____
Name Relationship Phone

Please fill out reverse side too

FIELD TRIPS: The above named student has my permission to participate in all activities scheduled through regular school channels and authorized by the Dayville School, such as field trips, athletic trips, class activities etc. except:

(Parents will be contacted for any field trip which will extend beyond the normal bus schedule)

Please circle any dismissal plans that may apply to your student this year. My child will:

- Ride the bus home
- Be picked up
- Walk home
- Other

For the safety of your child, he/she cannot be released to any person other than the parent or guardian without written permission. If someone other than the parent or guardian is to pick up your child this year please indicate below, or send a note with your child when appropriate. (**unless updated**, this release will be in effect for the entire year)

My child has permission to be released to the following individuals:

Please list any special instructions or considerations that the school, cafeteria, and/or teachers should be aware of concerning your child:

PHOTO RELEASE: Your child's photo may be taken for inclusion in the district publications including web pages and yearbook, local newspapers, or letters relating to school activities.

Please check: ☐ Yes, I give my permission

☐ No, I do not give my permission

I understand it is my responsibility (as a parent/guardian) to update the school should any of the information above change and to be familiar with the information provided in the student handbook and fill out and return any forms contained therein.

Parent Signature _____ Date _____

DAYVILLE SCHOOL DISTRICT 16J
OLD SCHOOL RD. P.O. BOX C
DAYVILLE, OREGON 97825
(541) 987-2412
fax # (541) 987-2155

RECORDS REQUEST

Name _____ Grade _____ Date _____

Birth Date _____ Place of Birth _____ SSN _____

Parent/Guardian _____ Phone # _____

ACCESS/RELEASE OF EDUCATION RECORDS:

By law, both parents, whether married, separated or divorced, have access to the records of a student who is under 18 unless the district is provided evidence that there is a court order, state statute, or legally binding document revoking these rights to a specific individual.

I understand that I have the right to review my child's student records, the right to a hearing to challenge the content of such records, and the right to a copy of the record to be transferred. I hereby waive my right and give permission to:

Last School Attended _____ Phone # _____

Address of School _____

*to release all **TRANSCRIPTS, GRADES, ATTENDANCE RECORDS, TEST RESULTS, HEALTH RECORDS, SPECIAL EDUCATION RECORDS, CIM/CAM RECORDS, or OTHER PERTINENT EDUCATION RECORDS** to Dayville Schools.*

Parent/Guardian Signature _____ Date _____

Relationship to Student _____

New Students are encouraged to register as quickly as possible so that we may obtain records from their previous school before classes begin.

DAYVILLE SCHOOL DISTRICT 16J

Dear Parent/Guardian:

*Children need healthy meals to learn. Dayville School offers healthy meals every school day. Breakfast costs \$1.25; lunch costs \$2.25. Your children may qualify for free meals or for reduced price meals. Reduced price is **free** for breakfast and **\$0.40** for lunch.*

1. **Should I fill out an application if I got a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call Lori Smith, 541-987-2412 ext. 101 if you have questions.
2. **Do I need to fill out an application for each child?** No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Dayville School - P.O. Box C – Dayville, OR. 97825 (Attn: Lori Smith)**
3. **Who can get free meals?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) benefits, TANF or FDIPIR can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
4. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court can get free meals. Any foster child in the household can get free meal regardless of income.
5. **Can homeless, runaway and migrant children get free meals?** Please call Lori Smith, 541-987-2412 ext. 101 to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
6. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart.
7. **If my child is eligible for free or reduced price meal benefits, when will the meal benefits begin?** Meal benefits for new applications cannot start until an application is approved. Please provide a lunch or money for a paid lunch until you receive notice that the application is approved.
8. **I get WIC. Can my child(ren) get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
9. **My children receive Oregon Health Plan benefits. Can they get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
10. **Will the information I give be checked?** Yes, we may ask you to send written proof.
11. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year.
12. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Kathryn Hedrick, Dayville School – P.O. Box C – Dayville, OR. 97825
(541) 987-2412 ext. 103
13. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
14. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you. Foster children may be included as household members. If you live with other people who are economically independent (for example, people you do not support, who do not share income with you or your children and who pay a pro-rated share of expenses), do not include them.
15. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
16. **We are in the military; do we include our housing allowance?** If you get an off-base housing allowance, it must be counted as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
17. **My spouse is deployed to a combat zone. Is combat pay counted as income?** Combat pay is excluded if it is received in addition to the service member's basic pay; because of the deployment; and not received before being deployed.
18. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or Text "FOOD" to 877877 or call 1-866-348-6479 (1-866-3-HUNGRY) or visit www.Summerfoodoregon.org

If you have other questions or need help, call Dayville School Office at 541-987-2412 ext. 0.

Sincerely,

Lori Smith, Nutrition Services Coordinator
Dayville School District 16J

INSTRUCTIONS FOR APPLYING

For Supplemental Nutrition Assistance Program (SNAP) benefits OR Temporary Assistance for Needy Families (TANF) Households, do the following:

Part 1: Complete Household information

Part 2: List child(ren)'s name, school, grade, birthday and mark the checkbox, if they are a formally place foster child in the family.

Part 3: Give the name of the person in the household with benefits and their case number, (SNAP) benefits (A11-11-1111) or TANF (AA111 or AAA111)

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Complete Household information

Part 2: List child(ren)'s name, school, grade, birthday and mark the checkbox, if they are a formally place foster child in the family

Part 3: Skip this part

Part 4: Skip this part

Part 5: Sign the form. A Social Security Number is not necessary

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

OR Complete a household application for the entire household including the foster child following instructions for " All Other Households"

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Complete Household information.

Part 2: List child(ren)'s name, school, grade, birthday and mark if child is foster.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself, those children living with you but not attending school and children in school receiving regular income. Do not repeat children listed in part 2 unless they receive regular income. Attach another sheet of paper if you need to.

Column 2 –Gross Monthly Income. Next to each person's name, list each type of income received last month. For example, *Monthly Income:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If your income is paid weekly, every 2 weeks or twice a month, follow the instructions on the back of the application.

Column 3 - List the amount each person got last month from welfare, child support, alimony.

Column 4 – List the amount each person got last month from pensions, retirement, Social Security.

Column 5 – List the amount each person got last month from Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.

Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Part 5: An adult household member must sign the form and list the last four (4) numbers of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

2016-2017 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

NOTICE:

- If you received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district do not complete this application.
- See **Application Instructions** on back of form.

1 HOUSEHOLD INFORMATION

Print name of person completing this application (Last name, First name)

Home Phone or Cell Phone or Work (Circle One)

Name Print

Email address

Mailing Address – Apt #

→ Number living in this household _____
(Write names of all household members on part 2 and/or part 4 of this form)

City State Zip

2 STUDENT INFORMATION

Child's Name (Legal Last name, First name)

School

Grade
(optional)

Birth Date
(optional)

Check if
Foster Child

1. _____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>

3 BENEFITS

If any member of your household receives SNAP or TANF, provide the name and case number of the member receiving benefits

Name

- ☐ SNAP
☐ TANF

Case Number

Go to Part 5 below

Does this household receive FDPIR (Food Distribution on Indian Reservations) ☐ Yes (Go Part 5 and complete)

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

Column 1 List all household members, including children not attending school, and income. Do not include students listed in part 2, unless they receive regular income. (Last name, first name)	Column 2 MONTHLY INCOME (Total earnings & wages before deductions)	Column 3 MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	Column 4 MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	Column 5 OTHER MONTHLY INCOME -Including unemployment and workers comp.	Column 6 Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)

I certify (promise) that all of the information on this application is true (correct) and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I give purposely false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member

Date Signed

Social Security Number

☐ I do not have a Social Security Number.

X

Month/day/year

(See privacy statement on back)
XXX-XX - _____

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ American Indian & Alaskan Native
☐ Native Hawaiian or Other Pacific Islander

- ☐ Black or African American
☐ White, not of Hispanic origin
☐ Other

I prefer all written correspondence in ☐ Spanish ☐ Russian ☐ Other _____

7 I do not want my information shared with State children's health insurance programs. Sign here:

I have a child (or children) who does not have any kind of health coverage – neither private health insurance nor Oregon Health Plan/Healthy Kids. I am interested in free or reduced cost health coverage for at least one of my children. ☐ Yes ☐ No

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____

Number in household: _____

Date Withdrawn: _____

☐ Free based on:

- ☐ SNAP/TANF/FDPIR
☐ Foster child categorical
☐ household income

☐ Reduced based on:

- ☐ household income

☐ Denied – Reason:

- ☐ income too high
☐ incomplete application

Determining Official's Signature : _____ Date _____

Application Instructions

- If your household receives **SNAP, TANF or FDPIR**, complete parts 1, 2, 3 and 5; parts 6 and 7 are optional.
 - If you do not receive these benefits and your **income** is below the guidelines, complete parts 1, 2, 4, 5; parts 6 and 7 are optional.
 - If you are a household with a **FOSTER CHILD**, complete parts 1, 2, 4, and 5; parts 6 and 7 are optional.
- Any income fields left blank will be counted as zeros. Please be careful that you meant to leave income fields blank.*

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Part 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans. Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

Household members who are seasonal workers or work less than 12 months: Project annual rate of income to accurately represent actual circumstances then divide by 12. The resulting amount is the projected monthly income.

Note: Money received from a business or farm owned by you should be reported as "net income." *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

FEDERAL INCOME GUIDELINES

Your children may qualify at least for reduced price meals if your household income falls within the limits of this chart.

Household Size	Reduced Price Meals				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	21,978	1,832	916	846	423
-2-	29,637	2,470	1,235	1,140	570
-3-	37,296	3,108	1,554	1,435	718
-4-	44,955	3,747	1,874	1,730	865
-5-	52,614	4,385	2,193	2,024	1,012
-6-	60,273	5,023	2,512	2,319	1,160
-7-	67,951	5,663	2,832	2,614	1,307
-8-	75,647	6,304	3,152	2,910	1,455
For each additional family member add	7,696	642	321	296	148

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS and OTHER INFORMATION

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information but if you do not, we cannot approve your child for free or reduced price meals. You must include the last 4 digits of the social security number of the adult household member who signs the application. The last 4 digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We may share the information on this form with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will only be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov
This institution is an equal opportunity provider.

In the event that your student should need to take medication during school or school activities, this form must be completed and turned in to the school office along with the medication (in the original container).

This form applies to all medications including prescriptions, over-the-counter medications (Tylenol, cold tablets, etc.), and even vitamins.

**Request for Medication
Administered
During School Attendance**

Name of Student _____ Date _____

Medication _____ Dosage _____

Date Started _____ Reason for Rx _____

Special instructions: _____

The school keeps a *small supply* of OTC (over the counter) medications *for emergency purposes* – please circle any of the following that you would like to give the school staff permission to administer to your child as needed (per label instructions)

IBUPROFIN

BENADRYL

TYLENOL

The school is not able to supply medication for frequent or daily use.

Students who regularly require OTC medications need to bring their own (in original bottle...checked in to the office)

I hereby give my permission for _____ to take the above medication(s) at school (or school related activities, trips, etc.) as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.

Parent/Guardian Signature

Date

OTC permissions are considered in effect for the entire school year unless otherwise indicated or cancelled by the parent/guardian.

SCHOOLMESSENGER

Dayville School's Automated Call System - keeping you informed by phone/text/email.

Please enter your information below and check the relevant boxes

Emergency = any emergency situation, closure, health hazard (School/Non School refers to where students are *when the call goes out*)
General Notices = bulletins, updates, schedule changes, etc. ("Just a reminder, Friday January 27th is a regular school day")

Student Name _____ Grade _____

Phone Number: _____

☐ School Hours Emergency ☐ Non School Hours Emergency ☐ General Notices ☐ School Surveys

Phone Number: _____

☐ School Hours Emergency ☐ Non School Hours Emergency ☐ General Notices ☐ School Surveys

Phone Number: _____

☐ School Hours Emergency ☐ Non School Hours Emergency ☐ General Notices ☐ School Surveys

Phone Number: _____

☐ School Hours Emergency ☐ Non School Hours Emergency ☐ General Notices ☐ School Surveys

Email: _____

☐ School Hours Emergency ☐ Non School Hours Emergency ☐ General Notices ☐ School Surveys

Email: _____

☐ School Hours Emergency ☐ Non School Hours Emergency ☐ General Notices ☐ School Surveys

Email: _____

☐ School Hours Emergency ☐ Non School Hours Emergency ☐ General Notices ☐ School Surveys

Email: _____

☐ School Hours Emergency ☐ Non School Hours Emergency ☐ General Notices ☐ School Surveys

*If you have more phone numbers/emails you want to add...please feel free to list them on the back of this page.
(Tip: Did you list your student's cell phone number?)*

If you have any questions on this form, or the automated call system - please contact the school office
at (541) 987-2412 ext. 0

Thank you for taking the time to update this information!

Please return completed form to school office.



Dayville High School
2016-17
Athletic Participation Form

Student Name _____

Address _____ Phone _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

The above named student has my permission to participate in all activities scheduled through regular school channels and authorized by the Dayville School Board including field trips, athletic events and trips, class activities, and any other that may be duly scheduled, with the exception of _____.

In order to participate in a sport, students must furnish proof of insurance or purchase the available school insurance (information available in school office).

My child is insured through _____

Policy # _____

I authorize school officials to secure the services of a physician and/or hospital in the event it is deemed necessary for my child by authorized school authorities and I, the undersigned, accept full responsibility for the cost of treatment for any injury which my child may incur while participating in extracurricular programs that may/may not be covered by the insurance noted above.

Parent/Guardian Signature _____ Date _____

Office Use Only					
Date of Physical	_____	Registration Complete	_____	Fees Paid (SB) (TXT) (Fall) (Winter) (Spring)	

School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2010

NAME: _____

BIRTHDATE: ____/____/____

ADDRESS: _____

PHONE: (____) _____

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability. Explain any YES answers on back.

Medical Provider: Please review with the athlete details of any positive answers.

YES	NO	Don't Know	
			1. Has anyone in the athlete's family died suddenly before the age of 50 years?
			2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
			3. Does the athlete have asthma (wheezing), hay fever, other allergies, or carry an EPI pen?
			4. Is the athlete allergic to any medications or bee stings?
			5. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
			6. Has the athlete ever had a head injury or concussion?
			7. Has the athlete ever had a hit or blow to the head that caused confusion, memory problems, or prolonged headache?
			8. Has the athlete ever suffered a heat-related illness (heat stroke)?
			9. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
			10. Does the athlete take any prescribed medicine, herbs or nutritional supplements?
			11. Does the athlete have only one of any paired organ (eyes, kidneys, testicles, ovaries, etc.)?
			12. Has the athlete ever had prior limitation from sports participation?
			13. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or tiring easily?
			14. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
			15. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
			16. Has the athlete ever been hospitalized overnight or had surgery?
			17. Does the athlete lose weight regularly to meet the requirements for your sport?
			18. Does the athlete have anything he or she wants to discuss with the physician?
			19. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
			20. Are you unhappy with your weight?
			21. FEMALES ONLY
			a. When was your first menstrual period? _____
			b. When was your most recent menstrual period? _____
			c. What was the longest time between menstrual periods in the last year? _____

Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a registered athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

Signed: _____
Parent/Guardian

Date: _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2010

NAME: _____				BIRTHDATE: ____/____/____	
Height: _____	Weight: _____	% Body Fat (optional): _____	Pulse: _____	BP: ____/____ (____/____/____)	
Vision: R 20/____ L 20/____	Corrected: Y N	Pupils: Equal _____ Unequal _____	Rhythm: Regular _____ Irregular _____		

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes / Ears / Nose / Throat			
Lymph Nodes			
Heart: Pericardial activity			
1 st & 2 nd heart sounds			
Murmurs			
Pulses: brachial / femoral			
Lungs			
Abdomen			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder / arm			
Elbow / forearm			
Wrist / hand			
Hip / thigh			
Knee			
Leg / ankle			
Foot			

* Station-based examination only

CLEARANCE

_____ Cleared

_____ Cleared after completing evaluation / rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Medical Provider: _____ (print or type) Date: _____

Address: _____ Phone: (____) _____

Signature of Medical Provider: _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

SUGGESTED EXAM PROTOCOL FOR THE PHYSICIAN

Revised May 2010

MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

MURMUR EVALUATION – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

MARFAN'S SCREEN – Screen all men over 6'0" and all women over 5'10" in height with echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 standard deviation below mean
7. Myopia
8. Ectopic lens

CONCUSSION -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Once an athlete is cleared to return to play they should proceed with activity in a stepwise fashion to allow their brain to readjust to exertion. The athlete may complete a new step each day. The return to play schedule should proceed as below following medical clearance:

- Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.
- Step 2: Running in the gym or on the field. No helmet or other equipment.
- Step 3: Non-contact training drills in full equipment. Weight training can begin.
- Step 4: Full contact practice or training.
- Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by a health care provider.

581-021-0041 Form and Protocol for Sports Physical Examinations

The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination May 2010" that must be used to document the physical examination and sets out the protocol for conducting the physical examination. Medical providers conducting physicals on or after June 30, 2010 must use the form dated May 2010.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) Website www.osaa.org.

Stat. Auth: ORS 326-051

Stats. Implemented: ORS 336.479

Hist.: ODE 24-2002, f. & cert. ef. 11-15-02; ODE 29-2004(Temp), f. & cert. ef. 9-15-04 thru 2-25-05; ODE 4-2005, f. & cert. ef. 2-14-05

Calendar Color Key	
	Winter/Spring Breaks
	Teacher Only Days
	Holidays
	Half Days
	School Day

August 2016

Sun	Mo	Tu	We	Th	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Student Days: Teacher Days: Holidays:

September 2016

Sun	Mo	Tue	We	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Student Days: Teacher Days: Holidays: 1

October 2016

Sun	Mo	Tue	We	Th	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Student Days: Teacher Days: Holidays: 0

November 2015

Sun	Mo	Tue	We	Th	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Student Days: Teacher Days: Holidays: 1

December 2016

Sun	Mo	Tu	We	Th	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Student Days: Teacher Days: Holidays: 1

Dayville School

Grant County District No. 16J
2016/17 School Calendar

August

16 Teacher Prof Development
17 All Staff Return
TBA HS First Day of Practice
22 First Day of School

September

5... Labor Day

October

14 State In-service Non-Contract
21 Grant County PDev
27 End of 1st Quarter (40)
28 Grading Day

November

3-4 Parent Teacher Conf
11 Veteran's Day
TBA HS First Day of Practice
23 Early Release
24 Thanksgiving Holiday

December

19-30 Winter Break
25... Christmas Holiday

January

1 New Year's Holiday
3 Return to School
19 End of 1st Semester (38q/78)
20 Grading Day
16. MLK Jr. Holiday
23 First Day of Second Semester

February

20. Presidents' Day Holiday

March

TBA HS First Day of Practice
10 Teacher Pro Dev Day
20-24 Spring Break

April

6 End of 3rd Quarter (40)
7 Grading Day
13-14 Parent/Teacher Conferences

May

29... Memorial Day Holiday

June

3 Graduation time TBD
7 Last Day of School
Early Release at 12:30 pm (Teachers all day)
8-9 Teacher Work Days/PD
End of Qtr(37) Sem(77)

January 2017

Sun	Mo	Tu	W	Th	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Student Days: Teacher Days: Holidays: 2

February 2017

Sun	Mo	Tu	W	Th	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

Student Days: Teacher Days: Holidays: 1

March 2017

Sun	Mo	Tu	W	Th	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

Student Days: Teacher Days: Holidays: 0

April 2017

Sun	Mo	Tu	W	Th	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Student Days: Teacher Days: Holidays: 0

May 2017

Sun	Mo	Tue	We	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Student Days: Teacher Days: Holidays: 1

June 2017

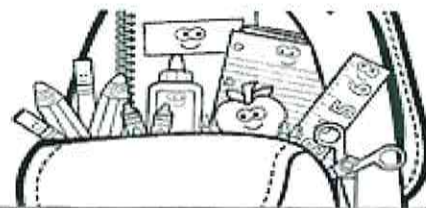
Sun	Mo	Tue	We	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Student Days: Teacher Days: Holidays:

Student Days: Teacher Days: Holidays: 8

Dayville School

2016-2017 School Supply List



<p><u>Kindergarten</u></p> <p>Pencil box 1 Spiral Notebook 1 "Pee Chee" Style Pocket Folder Clean Gym Shoes</p>	<p><u>Grades 1-2</u></p> <p>Pink Pearl Eraser and Eraser Pencil Tops Colored Pencils 3 Spiral Notebooks 3 "Pee Chee" Style Pocket Folders Pencil box Clean Gym Shoes (Velcro if possible)</p>
<p><u>*Grades K-2:</u></p> <p>Please NO rolling backpacks, binders, or ball point pens. Please label initials on EVERY item</p>	
<p><u>Grades 3-5</u></p> <p>1 set of 5 subject divider tabs 4 qty 100 page spiral notebooks (single subject) Markers (fine and regular tip) 1 Pink Eraser (or a box of pencil top erasers) Pencil Sharpener School Supply Box (Pencil Box large enough to hold flash drive, markers, colored pencils, 2 regular pencils and pencil sharpener) Gym Shoes (labeled with name to remain at school)</p>	<p><u>MIDDLE SCHOOL - Grades 6-8</u></p> <p>5- 1" Binders 2 sets - 5 Subject Divider Tabs 4 - Folders (bottom pocket) 4 - 100 page Spiral Notebooks (single subject) Markers (fine tip and regular tip) Highlighters (yellow, blue, pink) Colored Pencils Calculator PE Clothes: T-Shirt, Shorts, Socks, Gym Shoes labeled with name (remain at school) Sturdy Backpack</p>

The school will provide: pencils, loose leaf notebook paper, Kleenex, scissors, and flash drives (1 per student)

SCHOOL SUPPLIES NEED NOT BE NEW.

MANY ITEMS (binders, calculators, backpacks, etc.) may be re-used from year to year.

*If purchasing school supplies is a financial hardship, please contact the school office - there are several local programs which offer assistance in this area.

HIGH SCHOOL ~ 9-12th GRADE

pens, paper, pencils, ruler, calculator, notebooks appropriate to subjects taken, dividers, 3-ring binders, etc.

LANGUAGE ARTS - Red pen, pencils or blue/black pens, 3-ring binder, and notebook paper.

MATH - protractor

SCIENCE/AG - notebooks, 3 ring binder (2" or larger), pens, highlighter

PE/SPORTS - CLEAN 'gym only' shoes, shorts, socks & t-shirt

SHOP - may be required to purchase materials on a per/project basis

FEES & PARTICIPATION REQUIREMENTS

6-12th Grade: Student Body Fee \$15.00 Text Book Deposit \$20.00 Purchase Yearbook (optional) \$15.00

JH and HS Athletics ~ Sports Participation Fee: \$10 each season/per student

Current Participation form, proof of health insurance, and current Sports Physical on file with school office