

# NORTHVIEW HIGH SCHOOL

## Daily Announcements Wednesday, April 17<sup>th</sup>, 2019

FREE PEER TUTORING! Tuesdays and Thursdays 3:20pm-4:20pm

### Wednesday, April 17: ISTEP Sophomores

JV Baseball @ Cascade  
Varsity Baseball @ NHS  
Big Brothers/Big Sisters @ Eastside  
Winter Guard Tryouts 6:30pm

### Thursday, April 18:

FFA Field Trip to Parke County @ 6:30am  
Auto Shop Field Trip to Ivy Tech @ 8:15am  
Softball @ NHS  
JV Baseball @ NHS  
Track @ NHS  
Tennis @ South Vermillion  
Art Show in the NHS Auditorium @ 6pm  
Winter Guard Tryouts 6pm

### Friday, April 19:

NO SCHOOL

### Saturday, April 20:

German Club Field Trip 8am  
Tennis @ Crawfordsville  
Golf @ Terre Haute South  
Baseball @ Plainfield



### Important Dates:

#### April 18-25

Prom Ticket Sales

#### April 19

Good Friday-No School

#### May 3

Prom

- Cheer Tryouts will be April 26<sup>th</sup> with workshops taking place April 24<sup>th</sup> and 25<sup>th</sup>. More information can be found at the end of the announcements.
- **Applications for Prom Court can be found outside of Mrs. Leohr's room, E209. All forms must be turned in by 3:15pm on April 18<sup>th</sup>.**
- We are extending the deadline for Summer PE forms. They are two sided, so be sure you fill out the enrollment form and the ISU Liability Release. Forms can be found at the end of the announcements or in the Guidance Dept.
- **Northview Color Guard tryouts will be held on April 18<sup>th</sup> at 6:00pm in the Northview gym. Tryout routines will be taught at two workshops on April 16<sup>th</sup> and 17<sup>th</sup> from 6:30-8:30pm. No previous experience is necessary. Contact the band office for more information.**
- Any next year Junior or Senior wanting to belong to Connect-4, may pick up an application in room F218. Applications can also be found at the end of the announcements.
- **The Art Department in collaboration with the FACS Department will be sponsoring a Spring Arts Festival on April 18<sup>th</sup> starting at 6pm. The show will take place in the Northview Auditorium at 6pm. See the attached flyer for more information.**
- Prom ticket sales will start April 18<sup>th</sup> and end April 25<sup>th</sup>. Tickets are free for Seniors and \$25 for Juniors and dates. A flyer is attached with more information.

- Junior Parents...Post Prom Committee needs your help! Attached is an information sheet for parents and volunteers. Please return your volunteer slip right away to Northview, c/o Danna Johnson.
  
- **Are you someone who has pride in your community and would like to gain some volunteer hours to put on college and scholarship applications? If so, than the “Be a Good Neighbor” program is for you. You will do things in your community such as helping patrons load their carts and vehicles at the local grocery store, cleaning up and beautifying our local parks, and planting flowers around our community. You will also receive a T-shirt for your volunteer services. Dates that students can volunteer are: April 13th, and May 4th. Email Ms. Casassa if you are interested. (On April 13<sup>th</sup> the next community activity will take place at the CYL baseball field helping them clean-up and prep the fields for their season kickoff).**
  
- The Swope is holding their Annual Student Art Show and 4 of our students have been accepted and 2 of them received Merit Awards. It is hard to even be accepted by the Swope at all so these students should be very proud of themselves. Please congratulate the following students who again prove how amazing our Northview Student Body is.
  1. Kacia Hutchison’s Pen & Ink drawing “Hemingway in Points” .....Accepted and Merit Award
  2. Annabelle Fogleman’s Sculpture “Georgia” .....Accepted and Merit Award
  3. Kaylyn Batchelor’s Photo Manipulation Social issue.....Accepted
  4. Kacia Hutchison’s sculpture “Witch Doctor” .....Accepted
  5. Abby Bailey’s “Untitled” sculpture.....Accepted

The Show Starts Saturday April 6<sup>th</sup> and can be viewed until May 19<sup>th</sup> at the Swope in Terre Haute.
  
- **Breakfast and Lunch menus can be found online at: <https://in02200674.schoolwires.net/ccs>**  
**Lunch account payments will not be accepted during lunch.** All deposits must be made before 10:30 am if you want it applied that day. For your convenience, we have a drop box in the cafeteria for payments. **If you would prefer to make online payments, go to [www.myschoolbucks.com](http://www.myschoolbucks.com) and register for a free account. They also offer a mobile app for your smartphone that will enable you to view recent purchases, check balances and receive low balance alerts.**
  
- **Reminder:** All attendance issues need to go through the Attendance Office. This includes absences, tardies, and doctor’s notes for absences. If you will be absent from school please have a parent or legal guardian call Mrs. Eppert at 812-448-2661 Ext. 1211.
  
- *A complete list of events and activities can be found on the NHS calendar:*  
<https://in02200674.schoolwires.net/ccs>

# Athletics

➤ **Super Ticket Prices & Info:** Students - \$35, Elementary through high school students, Athletes - \$25 Northview students with a current IHSAA physical on file w/AD, Senior Citizens - \$35, Age 65+ Adults - \$75, Post high school included as adults, Family Pass - \$220 (Individual tickets for 2 adults and all elementary through high school students who are immediate family members living in the household) **10 contest admission tickets** - \$45 (A pass is issued to one individual and can be used for 10 admissions to Northview contests. You may use up to 10 admissions (self and family/friends) for one game. When 10 admissions have been used the card will become invalid. You may add 10 more admissions at any time for \$45. With this ticket all persons using it must enter at the same time.) **NO SUPER TICKETS OR 10 CONTEST ADMISSIONS TICKETS WILL BE ISSUED AT THE GATE ON THE DAY OF A GAME. Tickets must be purchased by NOON on game day to be activated that night. Please see the Bookkeeper at Northview to purchase tickets.**

➤ **WEIGHT ROOM SCHEDULE:**

M-W-F 7:15-8:15 AM *FOOTBALL LIFT TIMES*  
M-W-F 3:30-4:30 PM *ALL ATHLETES WELCOME*

**SPORTS SCHEDULE FOR THE WEEK OF APRIL 15<sup>th</sup>:**

**04/17:** JV Baseball 5:30pm @ Cascade  
Varsity Baseball 5:30pm vs West Vigo @NHS

**04/18:** Softball 5pm vs Clay City @ NHS  
JV Baseball 5pm vs Terre Haute South @NHS  
Track 5pm vs West Vigo/Greencastle @ NHS  
Tennis 5:15pm @ South Vermillion

**04/20:** Tennis 9am @ Crawfordsville  
Golf 9am @ Terre Haute South  
Baseball 10am @ Plainfield

# CHEER TRYOUTS



## **Must Have:**

- Physical on file
- Completed Application with 3 character references, current grades, and recent photo.
- Attend at least 1 workshop
- Great leadership skills
- Positive Attitude
- Outstanding Character

**Workshops:** *Held in the Main Gym at NHS*

Wednesday April 24th 6:30-8:30

Thursday April 25th 6:30-8:30

**Tryouts:** Friday April 26th @ 5:30 NHS Main Gym

Pick up an application pack in the Main Office,

Guidance Office Rm. G216 @NHS

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**GET YOUR**  
**2019 YEARBOOK**  
**NOW!**

***\$63 - Full Color Book!***

Order online at

<https://yearbookforever.com/>

or stop by the front office today!

Orders will be taken up until Friday, May 3



Dear Junior Parents and Knight Supporters,

We are making plans for the 2019 Northview Post Prom to be held immediately after the Prom which will take place on May 3. This event will be held at the Strive 365 Complex in Terre Haute from 12:30 AM-2:30 AM. There will be food, games & prizes for all students who attend. More details will be provided to students later.

The Junior class parents are responsible for organizing & funding the Post Prom event. To accomplish the goal of a safe & memorable night for our students, **WE NEED YOUR HELP!** We are fortunate to receive donations from local businesses to help fund it. This year, we are asking each Junior parent to donate a minimum of just \$10 to this event. You will find enclosed a self-addressed envelope for your convenience in mailing your donation. If you prefer, you may send your donation via our PayPal account [northviewpostprom2019@gmail.com](mailto:northviewpostprom2019@gmail.com) & use the option "sending money to a friend". There will be no charge for either party if you choose that option. Your student may also bring the donation to the main office in the envelope provided, to Danna Johnson's attention. All checks can be made payable to: **NORTHVIEW HIGH SCHOOL POST PROM COMMITTEE** and mailed to:

Northview High School  
Post Prom Committee  
ATTN: Danna Johnson  
3150 West State Road 340  
Brazil, IN 47834

**Also, please return the bottom portion of this form to Danna's attention, letting us know how you can help.**

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Parent Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

I can help in the following ways:

- \_\_\_\_\_ volunteer to set up before Post Prom
- \_\_\_\_\_ volunteer to work during the Post Prom event from 12:30 AM-2:30 AM
- \_\_\_\_\_ volunteer to help clean up after Post Prom
- \_\_\_\_\_ volunteer with whatever needs done

If you have any questions, please contact Danna Johnson at 812-890-6186 or Andrea Williams at 812-239-6644. To plan accordingly, we would like to receive all donations/volunteer forms by March 22<sup>nd</sup>. The committee and the students thank you and appreciate your support.

Sincerely,

The Northview Post Prom Committee





# **PROM TICKETS**



**Prom tickets will be sold in the east end of the cafeteria here at Northview before and after school April 18th-25th .**

**No tickets will be sold during class.**

**Seniors, your tickets are free, however you still need to pick them up during that time.**

**Juniors and dates are \$25 a ticket. Dates must be between the ages of a freshman in high school and 20 years old.**

**If your date doesn't attend Northview you will need to fill out a form you can get in the main office for students who don't attend school here and turn it in to Mr. Kikta ASAP.**

**Only juniors or seniors can purchase tickets and you must show a photo ID in order to get your tickets.**

**You will be charged \$10 extra for tickets purchased after April 25th.**

**EVEN SENIORS!**

**NO TICKETS WILL BE SOLD THE DAY OF PROM!!**



**ART SHOW**  
*Doors open at 6pm to view artwork!*

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**FASHION SHOW**  
*Begins at 6:30 pm*



**APRIL  
18TH  
6PM**

**FACS DEPARTMENT WILL HAVE SAMPLES TO TASTE!**

Come join us!  
Northview High School  
Auditorium

A decorative floral border on the right side of the text, featuring small red, black, and white flowers on green stems.

FOR MORE INFORMATION, SEE FACS OR ART DEPARTMENT





# Prom Court!!!!



It's that time of year again. We are Accepting applications for Prom Court April 15<sup>th</sup> –April 19<sup>th</sup> at 3:15pm. We need Juniors to apply for prince and princess and Seniors to apply for king and queen! Who will rule Northview? Application are outside of Mrs. Leohr's art room E209 and need to be returned to Mrs. Leohr in room E209 or E211 by 3:15pm Friday April 19<sup>th</sup>. Voting will be the following week! Good Luck!



**NORTHVIEW HIGH SCHOOL**  
**APEX 2018-2019 SUMMER SCHOOL**



**CREDIT RECOVERY:** \_\_\_\_\_ **CREDIT ACCRUAL:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

\_\_\_\_\_ **STN:** \_\_\_\_\_

**Day Phone Number:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Evening Phone Number:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_

**Teacher/Supervisor of Course:** \_\_\_\_\_

**Please Check Time:**

\_\_\_\_ During School

\_\_\_\_ Before/After School

**A \$20.00 fee per semester class will be on the book rental.**

**Grading Scale**

100	A+	88-89	B+	78-79	C+	68-69	D+
93-99	A	83-87	B	73-77	C	63-67	D
90-92	A-	80-82	B-	70-72	C-	60-62	D-

*59 and below does not earn credit; must have an average score of 60 or above in each module to pass.*

1. I have read and understand the responsibilities and expectations of this learning contract.
2. I understand that any student who does not fulfill the course requirements, responsibilities and /or expectations of this learning contract will not earn credit and may be dropped from the APEX program.
3. A student will receive one opportunity per course per high school career.

**Student Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Upon completion of an APEX course:** **Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_

CLAY COMMUNITY SCHOOLS  
SUMMER SCHOOL STUDENT ENROLLMENT FORM

Class will be held at Northview High School  
May 28 - June 17, 2019 7:30-11:30am Mon-Fri.

APEX Class(es) : \_\_\_\_\_

Course Cost is \$20.00 (due at time of registration)

School Last Attended: \_\_\_\_\_ Grade you will be in 2019-2020 \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Mailing Address) (City, State) (Zip Code)

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Student ID # \_\_\_\_\_

S.S. #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M or F

Parent/Guardian (who child lives with): \_\_\_\_\_

Mother/Guardian Work Place: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Father/Guardian Work Place: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

**Emergency Information:** Person other than parents to call if your child is ill. This person has your permission to take the child home when called.

Name #1: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #2: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information:**

Doctor: \_\_\_\_\_ Location: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Does this child have any disease, physical handicap or allergies? Yes or No

Describe: \_\_\_\_\_

Please sign indicating permission to treat student if an emergency happens at school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature to approve APEX course indicated above: \_\_\_\_\_

*\*Attendance is mandatory and students are only allowed 1 absence. Students with more than 1 absence will be removed from the class without a grade. Students with more than a 15 minute tardy to class will be counted absent.*

*\*Transportation is not provided by Clay Community Schools. Transportation arrangements are the responsibility of the student and their parent/guardian.*

*\*\*Please complete the back of this Summer School APEX Application.*

CLAY COMMUNITY SCHOOLS  
SUMMER SCHOOL STUDENT ENROLLMENT FORM

Class will be held at Northview High School  
May 28 - June 17, 2019 7:30-11:30am Mon-Fri

Circle the class: English 9 10 11 12 Semester: 1 or 2

School Last Attended: \_\_\_\_\_ Grade you will be in 2019-2020 \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

(Mailing Address) (City, State) (Zip Code)

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Student ID # \_\_\_\_\_

S.S. #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M or F

Parent/Guardian (who child lives with: \_\_\_\_\_

Mother/Guardian Work Place: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Father/Guardian Work Place: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

**Emergency Information:** Person other than parents to call if your child is ill. This person has your permission to take the child home when called.

Name #1: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #2: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information:**

Doctor: \_\_\_\_\_ Location: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Does this child have any disease, physical handicap or allergies? Yes or No

Describe: \_\_\_\_\_

Please sign indicating permission to treat student if an emergency happens at school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Attendance is mandatory and students are only allowed 1 absence. Students with more than 1 absence will be removed from the class without a grade. Students with more than a 15 minute tardy to class will be counted absent.*

*\*Transportation is not provided by Clay Community Schools. Transportation arrangements are the responsibility of the student and their parent/guardian.*



## LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE AND MEDICAL TREATMENT AUTHORIZATION

This is a legally binding Release and Authorization executed by \_\_\_\_\_ (the "Participant") whose address is \_\_\_\_\_, to Indiana State University, Terre Haute, Indiana 47809 (the "Institution").

I, the undersigned, request that I be granted permission to participate in the following activity:

\_\_\_\_\_ ( the "Activity"), to be held at the following location: ISU Sycamore Outdoor Center, Brazil, Indiana.

In consideration of the Participant being permitted to participate in the Activity, I do release, waive, forever discharge, and covenant not to sue the Institution, its governing board, officers, agents, employees, and any students acting as employees ("Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs and expenses of any nature which Participant may have or which may hereafter accrue to Participant arising out of or related to any loss, damage, or injury, including but not limited to, suffering and death, that may be sustained by Participant or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while Participant is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I understand and agree that Releasees do not have medical personnel available at the location of the Activity. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE AND MEDICAL TREATMENT AUTHORIZATION.**

IN WITNESS WHEREOF, I have caused this Release and Authorization to be executed

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

E-mail: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Co-signature of parent or guardian if Signer is under 18 years of age.)



CLAY COMMUNITY SCHOOLS  
SUMMER SCHOOL STUDENT ENROLLMENT FORM

Class will be held at Northview High School  
May 28 - June 17, 2019 7:30-11:30am Mon-Fri

**Algebra 1-2**

School Last Attended: \_\_\_\_\_ Grade you will be in **2019-2020** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

(Mailing Address) (City, State) (Zip Code)

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Student ID # \_\_\_\_\_

S.S. #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M or F

Parent/Guardian (who child lives with: \_\_\_\_\_

Mother/Guardian Work Place: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Father/Guardian Work Place: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

**Emergency Information:** Person other than parents to call if your child is ill. This person has your permission to take the child home when called.

Name #1: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #2: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information:**

Doctor: \_\_\_\_\_ Location: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Does this child have any disease, physical handicap or allergies? Yes or No

Describe: \_\_\_\_\_

Please sign indicating permission to treat student if an emergency happens at school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Attendance is mandatory and students are only allowed 1 absence. Students with more than 1 absence will be removed from the class without a grade. Students with more than a 15 minute tardy to class will be counted absent.*

*\*Transportation is not provided by Clay Community Schools. Transportation arrangements are the responsibility of the student and their parent/guardian.*

CLAY COMMUNITY SCHOOLS  
SUMMER PE SCHOOL STUDENT ENROLLMENT FORM  
**CLASS COST IS \$50.00 (Payment must be received before Monday, April 15, 2019.)**  
Payments can be mailed to Northview H.S., C/O Registrar, 3150 W. St. Rd. 340, Brazil, IN 47834

BASIC PHYSICAL EDUCATION    1<sup>st</sup> Sem. \_\_\_\_\_ 2<sup>nd</sup> Sem. \_\_\_\_\_ Student ID # \_\_\_\_\_  
School last attended \_\_\_\_\_ Grade you will be in 2019-2020 \_\_\_\_\_

LAST NAME:- \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: M OR F

PARENT/GUARDIAN WHO CHILD LIVES WITH: \_\_\_\_\_

MOTHER/GUARDIAN WORK PLACE: \_\_\_\_\_ WORK PHONE#: (\_\_\_\_) \_\_\_\_\_

FATHER/GUARDIAN: WORK PLACE: \_\_\_\_\_ WORK PHONE #: (\_\_\_\_) \_\_\_\_\_

EMERGENCY INFORMATION: PERSON OTHER THAN PARENTS TO CALL IF YOUR CHILD IS ILL. THIS PERSON HAS YOUR PERMISSION TO TAKE THE CHILD HOME WHEN CALLED.

NAME #1: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME #2: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MEDICAL INFORMATION:

DOCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DOES THIS CHILD HAVE ANY DISEASE, PHYSICAL HANDICAP OR ALLERGIES? YES OR NO

DESCRIBE: \_\_\_\_\_

Field trips:

Terre Haute Skate World: May 31 - Report to Northview at 7:00am / Return at 1:00 pm

Brazilian Lanes: June 4 and June 11, Report to Northview at 7:00 am. Students will be transported to the Brazilian Lanes. They will need to be picked up at 1:00pm. \*Transportation will not be provided back to Northview.

ISU Field Campus in Brazil: June 7, Report to ISU Field Campus at 7:00 am and be picked up at ISU Field Campus at 1:00 pm. \*Transportation will not be provided.

Turkey Run State Park: June 14, Report to Northview at 7:00am / Return to Northview at 1:00 pm.

Forest Park Pool: June 17, Report to the Forest Park Pool at 9:00am and be picked up at 12:00 pm. \*Transportation will not be provided.

PLEASE SIGN INDICATING PERMISSION FOR FIELD TRIPS LISTED AND PERMISSION TO GIVE TYLENOL AND/OR TREAT STUDENT IF AN EMERGENCY HAPPENS AT SCHOOL.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STARTING DATES AND TIMES: The following dates are tentative and could change if the school calendar changes due to school cancellations.

CLASS WILL BE HELD AT NORTHVIEW HIGH SCHOOL

DATES: May 28, 2019 through June 17, 2019

TIMES: 7:00AM TO 10:00 AM EVERY MONDAY, WEDNESDAY AND THURSDAY

7:00AM TO 1:00 PM \*DOUBLE DAYS\* -EVERY TUESDAY AND FRIDAY

**\*\*Attendance is mandatory. Students who are absent more than 4 hours of class time will be removed from the class with a failing grade.**

**TRANSPORTATION to Northview High School IS NOT PROVIDED BY CLAY COMMUNITY SCHOOLS. TRANSPORTATION ARRANGEMENTS ARE THE RESPONSIBILITY OF THE STUDENT AND THEIR PARENT OR GUARDIAN.**

Connect 4 Application Form

**Due APRIL 25, 2019**

Connect 4 is a group of caring people that 'adopt' a group of freshmen, mentor them with advice about school and getting involved. We also speak out against Bullying, try to make them feel more welcome by decorating their lockers and send out locker notes every grading period to remind them to do well. Meet with freshmen on a monthly basis to check on their academics and help them problem solve how to do better.

Activities we do:

1. Attend Freshmen Orientation Night (usually a few days before the start of school)
2. Freshmen Lunch – all of 4<sup>th</sup> period sometime in September.
3. Cocoa & cram 1<sup>st</sup> semester study session
4. Meet with freshmen during homeroom time at least once a semester. Some freshmen more targeted than others
5. Cookies & cram 2<sup>nd</sup> semester study session

**What we hope to do:**

Name \_\_\_\_\_ grade next year \_\_\_\_\_

Why you want to be a member: \_\_\_\_\_

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4 signatures of teachers or administrators that by signing this, agree you would be a good, positive role model and mentor. Mrs. Sparks will not sign this form.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

**TURN IN THIS FORM and signed code of conduct NO LATER THAN FRIDAY, APRIL 25<sup>TH</sup> DIRECTLY TO MRS. SPARKS (room F218) AND SCHEDULE AN INTERVIEW TIME FOR THE MORNINGS ON MAY 1 TO MAY 4**

Phone number \_\_\_\_\_

t-shirt size \_\_\_\_\_