

# NORTHVIEW HIGH SCHOOL

## Daily Announcements Monday, May 13<sup>th</sup>, 2019

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

- Monday, May 13:** AP Physics Testing 12pm  
Senior Awards Program 7pm in the NHS Auditorium  
JV Baseball @ NHS
- Tuesday, May 14:** AP Math Testing 8am  
Drama Senior Night in the NHS Auditorium  
Baseball @ NHS  
Softball @ NHS  
Girls Track Sectionals @ Terre Haute North
- Wednesday, May 15:** AP English Testing 8am  
Baseball @ Vincennes  
JV Baseball @ South Putnam  
Softball @ Terre Haute North  
Tennis Sectionals @ NHS
- Thursday, May 16:** Band Awards Night in the NHS Auditorium  
Softball @ Parke Heritage  
Golf @ Sullivan  
Boys Track @ Terre Haute North  
Tennis Sectionals @ NHS
- Friday, May 17:** Work Program Field Trip to Dobbs Park  
Percussion Concert in the NH S Auditorium  
Softball @ NHS  
Tennis Sectionals @ NHS
- Saturday, May 18:** Golf @ Washington Invite  
Baseball @ Bedford North Lawrence  
Tennis Sectionals @ NHS  
DECA Yard Sale 7am @ Clay County Fairgrounds



### Important Dates:

- May 13**  
Senior Awards Program
- May 23**  
Last Student Day
- May 24**  
Graduation

- Images Mrs. Leohr took at prom are on the Northview Art Department Facebook page if you would like to see them.
- Do you have perfect attendance? If so, stop by the Guidance Office to make sure your name is on the list! Don't delay!!!
- **ATTENTION ANY BOY INTERESTED IN PLAYING FOOTBALL THIS FALL.** There will be a parent and player meeting on Sunday, May 19 at 5:00 pm in the Northview cafeteria. Please plan to attend.
- 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.
- **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. *May 4<sup>th</sup> volunteer date, will be rescheduled.* Email Ms. Casassa if you are interested.

➤ 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.**

## **SPORTS SCHEDULE FOR THE WEEK OF MAY 13:**

- 05/13: JV Baseball 5pm vs Terre Haute North @ NHS  
05/14: Baseball 6pm vs Indiana Creek WIC Crossover @ NHS  
Softball 5:30pm vs Brown County WIC Championship @ NHS  
Girls Track Sectionals 5pm @ Terre Haute North  
05/15: Baseball 6pm @ Vincennes  
JV Baseball 5:30pm @ South Putnam  
Softball 5:30pm @ Terre Haute North  
Tennis Sectionals 5:00pm @ NHS  
05/16: Softball 5:30pm @ Parke Heritage  
Golf 5pm @ Sullivan  
Boys Track Sectionals 5:30pm @ Terre Haute North  
Tennis Sectionals 5pm @ NHS  
05/17: Softball 5:30pm vs North Central @ NHS  
Tennis Sectionals 5pm @ NHS  
05/18: Golf 8am @ Washington Invitational  
Baseball 10am @ Bedford North Lawrence  
Tennis Sectionals 9am @ NHS

# Northview DECA Yard sale

Located at: Clay County 4-H Fairgrounds. 6650 N State Road 59; Brazil, Indiana 47834

## *“Northview is DECAcated”*

DECA is a business organization allowing teens to gain experience in business through global competitions. Northview DECA is hosting a yard sale at the Brazil 4-H Fairgrounds May 18 from 7:00 a.m. - 2:00p.m. All proceeds from the yard sale will go to the Clay Youth and Northview Backpack Program. The Backpack Program provides food to kid's who go without food over the weekend and long breaks. As you are cleaning out your closets for spring cleaning, we hope you will donate to this cause. We are taking in donations for the Northview DECA yard sale. The drop off dates are stated below. Lastly, we will be serving food during the yard sale. Proceeds made from the food will go to Northview DECA.

### ❖ **When:**

- Yard sale Date
  - May 18 2019
    - 7:00 a.m. – 2:00 p.m.
- Drop-off dates
  - May 16 2019
    - 6:00 p.m. - 8:00 p.m.
  - May 17 2019
    - 7:00 a.m. – 7:00 p.m.

### ❖ **Where:**

- Clay County 4-H Fairgrounds
- 6650 N State Road 59

### ❖ **Why:**

- To raise money for Clay Youth Backpack program
- To raise money for the Northview Backpack program
- To raise money for Northview DECA.

Northview DECA members would love to see you there!!



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

<p><b>Please Check Time:</b></p> <p>____ During School</p> <p>____ Before/After School</p>
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**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.*

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## 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.**