

N.B.C. Middle school Enrollment

Parent Check List

The following are required by Michigan Law to enroll a student at NBC.

- ❖ _____ STATE CERTIFIED BIRTH CERTIFICATE
- ❖ _____ CURRENT OFFICIAL IMMUNIZATION RECORD
- ❖ _____ PROOF OF RESIDENCY (one of the following)
 - _____ Any utility bill with parent/legal guardian name and address
 - _____ Copy of rental lease and/or contract
 - _____ Tax statement
 - _____ Affidavit – current and must be notarized
 - _____ Schools of Choice release

Forms within this packet that must be filled out and returned to the N.B.C. office to enroll your student.

- ❖ _____ Request of Records Form
- ❖ _____ Student Enrollment/Emergency Form
- ❖ _____ Residency Affidavit
- ❖ _____ Student Residency Questionnaire
- ❖ _____ Student Transportation Form
- ❖ _____ Free and Reduced Lunch application (if you qualify)

To arrange transportation, if busing is needed, please contact:

- ❖ Transportation Director – Mr. Robert Lash 231-893-1535
 - Bus Number _____
 - Bus Stop _____
 - Pick up Time _____

Montague Area Public Schools
NBC Middle School
4700 Stanton Blvd.
Montague, MI 49437
231-894-5617
fax 231-894-6586

Information regarding previous school:

School _____ Date: _____

Address _____

Address _____

Please send the cumulative records, including psychological testing, for the following student/s.

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Parents' authorization for release of above noted student records:
I hereby authorize the release of records to the school making this request.

Signature of Parent or Guardian

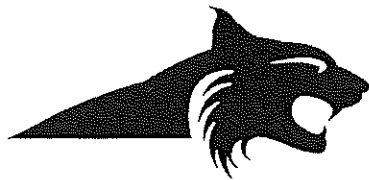
Relationship

Please forward student records to:
NBC Middle School
C/O Jennell Halverson
4700 Stanton Blvd.
Montague, MI 49437

School Officer Making Request:

Please scan and email the following checked information to halversonj@mapsk12.org:

- ____ Immunization Record
- ____ Most recent MET
- ____ Last Psychological Evaluation
- ____ Latest IEP



NBC Middle School

Student Enrollment/Emergency Form 2022-23

STUDENT INFORMATION (Please Print):

Name of Student: _____ Grade: _____
Last First Middle

Gender: M F Birth Date: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: (if different from above) _____

Are you attending MAPS under schools of choice? Yes No

What is your resident school district? _____

STUDENT PRIMARILY LIVES WITH:

Both Parents Mother/Stepfather Father/Stepmother Mother Only Father Only
 Foster Parents Relatives: _____ Other: _____

FIRST PARENT/GUARDIAN CONTACT:

Legal Guardian: Yes No Home Phone #: _____

Name: _____ Relationship to Student: _____

Cell Phone #: _____ Work Phone #: _____ E-Mail Address: _____

Home Address: _____ Apt/Bldg: _____
(if different from above)

City: _____ State: _____ ZIP: _____

Mailing Address: _____
(if different from above)

SECOND PARENT/GUARDIAN CONTACT:

Legal Guardian: Yes No Send Mailings: Yes No Home Phone #: _____

Name: _____ Relationship to Student: _____

Cell Phone #: _____ Work Phone #: _____ E-Mail Address: _____

Home Address: _____ Apt/Bldg: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____
(if different from above)

OTHER EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to Student: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Name: _____ Relationship to Student: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Name: _____ Relationship to Student: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

MEDICAL ALERTS/ HEALTH CONDITIONS/ FAMILY CHANGES:

(Please include medical conditions such as allergies, asthma, etc., medications currently taking at home or during the school day, and changes to your family situation such as divorce, deaths, etc.) ___ Asthma plan in place ___ Epi Pen plan ___ other (Explain)

EMERGENCY CARE:

If a parent/legal guardian cannot be reached, your child will be taken to the nearest emergency treatment center unless you complete the following written instructions.

I, _____, the parent/legal guardian of _____, recognize that accidents happen and as a result medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care; I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance and to assume the expenses of such care.

Doctor: _____ Dr. Phone #: _____ Hospital Choice: _____

ETHNICITY/RACE:

Is the student Hispanic/Latino? Yes No

What is the student's race? American Indian/Alaskan Native Asian Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander White

LANGUAGE/MIGRANT INFORMATION:

Is your child's native language different than English? Yes No

Is the primary language used at home different than English? Yes No

What is your child's native language? English Spanish Other: _____

Has the family moved in the past 3 years for agricultural purposes? Yes No

Was this student born outside of the U.S.? If yes, when did the student enter U.S. schools? _____

SPECIAL SERVICES:

Does the student receive special education services? Yes No

Does the student have a current 504 Plan? Yes No

WALKING FIELD TRIPS:

My child is permitted to leave campus for WALKING field trips during the school day. Examples: Day of Service, Montague Museum, Twisters, studying local architecture, mentoring at RRO or MACC, etc. Yes No

District Communication: I understand my contact information will be used for district communication including emails and automated phone calls and/or to my mobile device _____ Yes _____ No

The signatures below are an indication by the parent/legal guardian and student that they have read, and agree to abide by the NBC Handbook and technology policy which can be found on our MAPS website. The parent/legal guardian signature certifies that the above information is correct and that with any changes to the information, NBC Middle school will be notified. The parent/legal guardian signature authorizes Montague Area Public Schools to seek emergency medical treatment for the student.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

**MONTAGUE AREA PUBLIC SCHOOLS
STUDENT TRANSPORTATION SCHEDULE FORM**

Student Name: _____ Date: _____

Home Address: _____ Phone #: _____

School: _____ Grade: _____

Name of Child Care Provider: _____

Provider Address: _____ Phone#: _____

IS SCHOOL BUS TRANSPORTATION NEEDED? **YES** **NO**

IMPORTANT The child care provider must live within the Montague Area Public Schools' district in order for the district to provide your child with bus transportation to that provider. The transportation department does not guarantee door-to-door service for daycare facilities or providers.

Students are provided with transportation to and from bus stops near their home. Students will be allowed only one designated pick-up address and only one designated drop-off address. For the safety of all students, no daily changes can be permitted.

Student's pick-up address: _____

Phone #: _____

Student's drop-off address: _____

Phone #: _____

If your student requires transportation to a childcare provider, please submit that information as soon as possible to assist us in establishing our bus routes. Each year, we update our childcare provider information. Student Transportation Schedule Forms are due to your child's school on or before the first day of school or if transportation changes are needed. If permanent changes are needed to a pick-up and/or drop-off address during the school year, a new Student Transportation Schedule Form must be completed before these changes can take effect. For transportation questions, contact the bus garage at 231-893-1535.

Should the driver be aware of any health concerns or other issues for your child?

Parent/Guardian Signature

Date

PLEASE RETURN THIS FORM EVEN IF YOUR CHILD DOES NOT REQUIRE BUS TRANSPORTATION. NO TRANSPORTATION WILL BE PROVIDED IF THIS FORM IS NOT RETURNED.



**MONTAGUE AREA
PUBLIC SCHOOLS**
EDUCATION IN THE RIGHT DIRECTION

2022-2023 FERPA Opt-Out Form

The Family Educational Rights and Privacy Act (also known as "FERPA") is a federal law that protects the privacy of educational records, and is described in Board Policy 8330. The 2022-2023 Annual Notification of FERPA Rights is published on the district's website (www.mapsk12.org) and is located under the "Our District" tab (click on "Annual Notices"). A copy of the notice may also be obtained by contacting your child's school office.

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the parent/student's prior written consent. The law, however, does allow schools to release student "directory information" without obtaining the prior consent of the parent/student. If you do not want the release of certain types of directory information without your prior consent, you may choose to "opt-out" of this FERPA exception by signing the form below.

Listed below are items which will normally be given to the press and other publicly supported institutions including alumni groups, colleges, military recruiters, and school-related activity sponsors.

If for any reason you do not wish for one or more items to be released, please check the appropriate box below. Please understand that if you check an item, that information by policy and law cannot be released to any group. This list may be modified at any time by notifying the principal's office in writing. This form is valid for the 2022-2023 school year.

Only those parents who want to exclude items should return this form. Please complete this form, mark the items below to be excluded, and return to the building principal's office by September 16, 2022.

School Building: MACC RRO NBC MHS

Student's Name: _____ Student's Grade: _____

Parent's Signature: _____ Date: _____

By signing this form, I indicate that I do not want the following information released for my child:

- | | | |
|--|--|-----------------------------|
| Student's name | Grade placement | Major field of study |
| Extracurricular participation | Achievement awards | Information to the military |
| Student's picture (used in yearbook, media releases, etc.) | Student's picture on the district website | |
| Student's picture on social media (Facebook) | Student's weight & height for athletic rosters | |

(Enter School District, PSA, or Nonpublic School Name)

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Montague Area Public Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: / /

Signature of Parent/Guardian _____ Date: / /
or Eligible Student: _____

Printed Parent/Guardian Name: _____

STUDENT RESIDENCY QUESTIONNAIRE

This form must be filled out and turned in to the office by every family in the MAPS district.

School: _____ Grade: _____ Date: _____

Student Name: _____ Birth Date: _____

Foster Child: ___Yes ___No If Yes, how long has this foster child lived with you? _____

Please list all of your preschool and school-aged children currently living with you: continue on back if needed

Name: _____ Birth Date: _____ School: _____

Name: _____ Birth Date: _____ School: _____

Information provided on this form is confidential.

What is your current living situation? Based on your situation, your child may be eligible for additional services.

_____ I own or rent my own home/apartment. If you checked this box, STOP here...you do not need to answer any additional questions.

_____ Sharing the housing of other persons due to: (check one)

- Loss of housing due to eviction, foreclosure, or other economic hardship (such as job loss).
Explain: _____
- Long-term, cooperative living arrangement to save money or a similar reason.

_____ At a motel, campground or similar setting due to: (check one)

- Lack of alternative adequate accommodations
- It being a convenient living arrangement, or waiting for apartment or house to be ready

_____ In an emergency or transitional shelters (domestic violence or homeless shelters or transitional housing)

_____ In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans.

_____ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting.

How long do you anticipate living at this location? _____

Current Address: _____

Phone Number: _____

_____ Date: _____

Parent/Guardian/Unaccompanied Youth Signature

Montague Area Public Schools
NBC Middle School
4700 Stanton Blvd
Montague MI 49437

RESIDENCY AFFIDAVIT

All students must have on file beginning the fall of 2014 proof of residency. Please provide our office with a copy or original of one of the following items to prove residency in the Montague Area Public Schools district.

- Voters registration
- Rental or lease agreement or receipt
- Certificate of occupancy
- Payroll stub or bill with address
- Other (List) _____

I understand that continued enrollment and attendance in Montague Area Public Schools will be permitted only as long as I remain a resident of the school district or have a school of choice / release on file.

I declare that I have no other address and that this is address is where I eat, sleep and receive mail. Nor do I have plans to reside at any other address, and that I have no rental or lease agreement for any other property.

I understand that falsifying school residency information is a criminal offense.

I agree to notify the school if my residency changes.

_____	_____
Montague Area Public Schools resident (legal guardian)	Date
_____	_____
Student (Last, First, Middle)	Grade

File in CA-60

USE OF MEDICATION IN SCHOOL

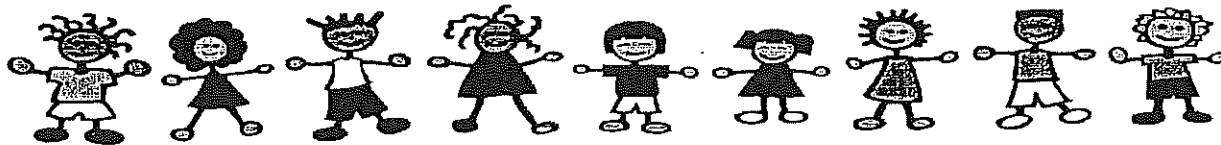
Any student needing to take medication while in school must adhere to the following state requirements:

1. A signed permission form with all the pertinent information must be completed and send with any medication needed while in school. The form is on the reverse side of this form. This form **must** be filled out each school year.
2. Any medication must be in the proper container. We cannot accept medication brought to school in a baggie or Tupperware container for example. All medication not picked up on the last day of school will be properly disposed of. Medication is not held over from year to year.
3. All non-prescription medication such as Tylenol, cough syrup, etc. must be supplied by the parent along with this form filled in and signed by the parent. The school legally may not keep medication on hand for student use.
4. The pharmacy label serves as our physician's order for the prescribed medication. Most pharmacies will provide you duplicate labeled containers for home and school.
5. No changes to medication dosage or time of administrative will be made EXCEPT by instructions from the physician for prescribed medications.
6. For your child's safety, please transport all medication to and from school. If this is not possible, please advise us the amount of medication you are sending.
7. If it is necessary for a student to keep medication with him/her the following information must be provided to the school office:
 - A note from the parents stating that their child needs to have the medication at all times.

If you have any questions, please contact your school office.

Thank you

N.B.C. at your fingertips



Meet the office

Principal: Jim Perreault

231-894-5617

Counselor: Shawn Webber

231-981-4597

Admin. Secretary: Jennell Halverson

231-981-4539 or 894-5617

Secretary: Melissa Raiche

231-981-4570 or 894-5617

Follow N.B.C. on social media

Facebook:

Montague Area Public Schools

Montague FFA Chapter

Band Greenwood

Nellie B Chisholm Middle School

Instagram:

#montagueffa

#nelliebchisholm

Website:

<https://www.mapsk12.org>

N.B.C. Office Hours

7:00 a.m. - 3:00 p.m.

If you need to call your child in to school ill, please dial 231-894-5617 ext. 1 and leave a message. Melissa Raiche will check messages at approximately 9:00 a.m. and record those absences to change in PowerSchool within a day or two. We are sorry if we miss your call, but rest assured that we do check our voicemails and process any information that you leave. Thank you

Open House: August 24, 2022

First day of school: Aug. 29, 2022

Half Day

School pictures: 9/9 Retakes: 10/17

Fundraiser Info: Sales 9/16-9/30

Money and orders due: 10/4

Fundraiser delivery: 10/28

If you know ahead of time that your student is going to be picked up during the school day, please send them with a note to turn into the office when they arrive. Classes frequently leave the building and conduct class outside, move to another classroom or sometimes walk over to the high school to use the FFA facilities.

Wondering what is for breakfast or lunch at NBC?
Just go to <https://maps12.nutrislice.com/>

Montague Area Public Schools

2022-2023

District Calendar

Events

July 22						
Su	M	Tu	W	Th	F	Sa
					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						

August 22						
Su	M	Tu	W	Th	F	Sa
	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			

September 22						
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18	19	20	21	22	23	24
25	26	27	28	29	30	

October 22						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 22						
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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			

December 22						
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				1	2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 23						
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 23						
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			1	2	3	4
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

March 23						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 23						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 23						
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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			

June 23						
Su	M	Tu	W	Th	F	Sa
				1	2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 23						
Su	M	Tu	W	Th	F	Sa
						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					

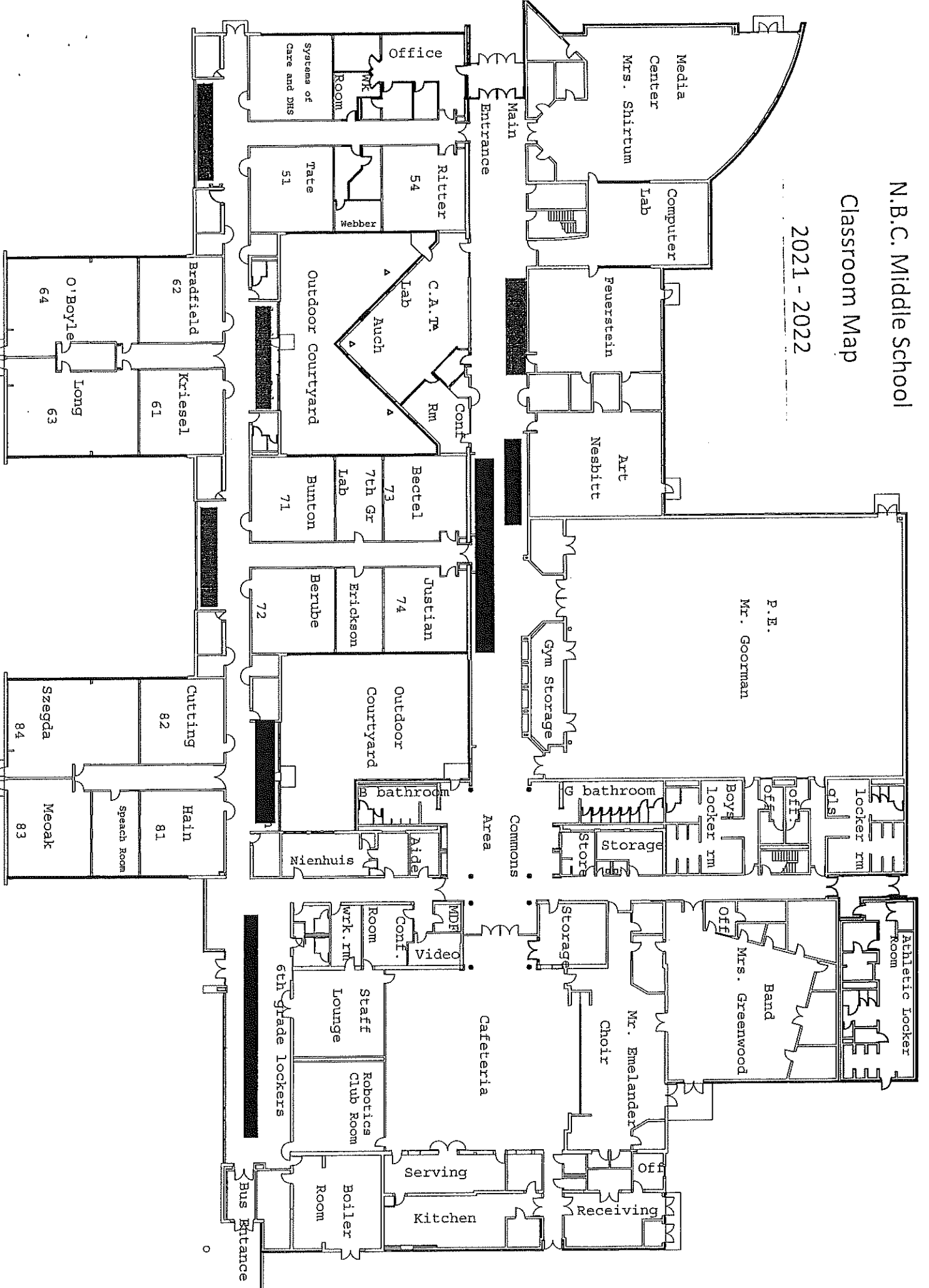
August 23						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

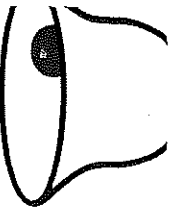
Aug 22	1/2 Day	
Aug 23	PD - Full Day	7:30 to 3:30
Aug 24	Open Houses (Evening)	
Aug 25	PD - Full Day	7:30 to 3:30
Aug 29	1/2 Day - First Day of School	
Sept 2	No School	
Sept 5	No School - Labor Day	
Oct 19	Conferences	
Oct 20	1/2 Day - Conferences	
Oct 21	1/2 Day	
Nov 4	End of 1st Marking Period	
Nov 23-25	No School - Thanksgiving Break	
Dec 21-Jan 3	No School - Christmas Break	
Jan 19	1/2 Day - Exams	
Jan 20	1/2 Day - Exams, Records Day	
Jan 23	1/2 Day - First Day of Semester 2	
Feb 16-17	No School - Mid-Winter Break	
Feb 20	No School - Mid-Winter Break	
March 8	Conferences	
March 9	1/2 Day - Conferences	
March 10	1/2 Day	
March 30	End of 3rd Marking Period	
March 31	No School - Spring Break	
Apr 3-7	No School - Spring Break	
May 26	1/2 Day	
May 29	No School - Memorial Day	
June 8	1/2 Day - Exams	
June 9	1/2 Day - Exams, Records Day	

PD - Afternoon, Early Release
 No School
 Half Day School
 Parent/Teacher Conferences

N.B.C. Middle School Classroom Map

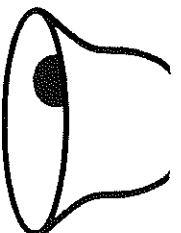
2021 - 2022





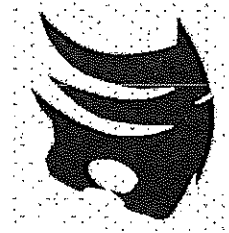
N.B.C. BELL SCHEDULE

DOORS OPEN 7:25 - WARNING BELL 7:35



DAILY SCHEDULE

1ST HOUR	7:40-8:45
2ND HOUR	8:50-9:50
3RD HOUR	9:55-10:55
4TH HOUR	11:00-12:00
(4TH LUNCH)	11:00-11:30
5TH HOUR	11:35-12:35
(5TH LUNCH)	12:05-12:35
6TH HOUR	12:40-1:40
7TH HOUR	1:45-2:45

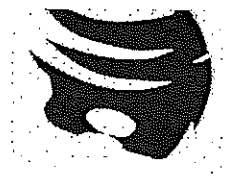


WEDNESDAY SCHEDULE

1ST HOUR	7:40-8:35
2ND HOUR	8:40-9:30
3RD HOUR	9:35-10:25
4TH HOUR	10:30-11:20
(4TH LUNCH)	10:30-11:00
5TH HOUR	11:05-11:55
(5TH LUNCH)	11:25-11:55
6TH HOUR	12:00-12:50
7TH HOUR	12:55-1:45

HALF DAY SCHEDULE

1ST HOUR	7:40-8:15
2ND HOUR	8:20-8:50
3RD HOUR	8:55-9:25
4TH/5TH HOUR	9:30-10:00
6TH HOUR	10:05-10:35
7TH HOUR	10:40-11:10





MUSKEGON COUNTY VIRTUAL ACADEMY

-participating district-

NOW ENROLLING FOR 2022-23!

Contact Ms. Maycroft at:

hmaycroft@muskegonisd.org

Call (231) 767-4396

SCHOOLS VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Students must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect students in your care from other serious diseases is to promote the recommended vaccination schedule at www.cdc.gov/vaccines. Encourage parents to follow CDC's recommended schedule; by doing so, school requirements will be met.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.Michigan.gov/immunize.
*If the student has not received these vaccines, documented immunity is required.
All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.





Montague NBC Wildcats ~ Athletics



Fall Sports: Season Runs from August to late October.

- ~ Boys and Girls Cross Country, all grades
- ~ Girls Basketball 7th and 8th Grade
- ~ Boys Football 7th and 8th Grade

Winter 1: Season Runs from late October through mid December.

- ~ Boys Basketball 7th and 8th Grade.
- ~ Competitive Cheer, all grades.

Winter II: Season Runs from mid January through mid March.

- ~ Co-Ed Wrestling, all grades
- ~ Girls Volleyball 7th and 8th Grade

Spring Sports: Season runs from mid March through mid May.

- ~ Track and Field Boys and Girls, all grades

PARTICIPATION REQUIREMENTS

- ~ The student must be enrolled at NBC Middle School
- ~ The student must be registered in Final Forms <https://montague-mi.finalforms.com>
- ~ items submitted into Final Forms are: Sports Physical dated on, or after 04/15/2022. Athletic Code of Conduct signed by athlete and parent, Concussion Waiver signed by athlete and parent, Participation fees submitted: \$50 per student. Per year.
- ~ The student must be under 15 years of age (may not turn 15 before September 1.)

2022-2023 PARTICIPATION FEES POLICY

We know these are difficult times for many and we do not want to eliminate students from participating in sports because of financial need. Please feel free to contact NBC Athletic Director Jay Mulder if you would like to discuss the possibilities of financial aid or payment options. These arrangements need to be made before the season starts and the Final Forms registration is complete. There are no fees for non school sanctioned (club) sports, included are: Sideline cheer, girls softball, and boys baseball, Final forms registration and a physical on file are still required.

Please make sure that you reference the following website <http://montagueathletics.com> for up to date information, and starting dates for all NBC athletics. All communication from coaches to parents is utilized through Final Forms including practice times. Game changes etc. Any questions or concerns can be directed to :

Jay Mulder, Athletic Director NBC PH: 231-981-4537 mulderj@mapsk12.org

Melissa Raiche Athletic Director Secretary PH: 231-981-4570 raichem@mapsk12.org

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS		Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?			
Do you have any ongoing medical conditions? If so, please identify below:			
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____			
Have you ever spent the night in the hospital or have you ever had surgery?			

- HEART HEALTH QUESTIONS ABOUT YOU		Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?			
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
Does your heart ever race or skip beats (irregular beats) during exercise?			
Has a doctor ever told you that you have any heart problems? Check all that apply:			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			
Do you get lightheaded or feel more short of breath than expected during exercise?			
Do you have a history of seizure disorder or had an unexplained seizure?			
Do you get more tired or short of breath more quickly than your friends during exercise?			

- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?			
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			

- BONE AND JOINT QUESTIONS		Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			
Do you regularly use a brace, orthotics or other assistive device?			
Do you have a bone, muscle or joint injury that bothers you?			
Do any of your joints become painful, swollen, feel warm or look red?			
Do you have any history of juvenile arthritis or connective tissue disease?			
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			

- MEDICAL QUESTIONS		Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?			
Have you ever used an inhaler or taken asthma medicine?			
Is there anyone in your family who has asthma?			
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?			
Do you have groin pain or a painful bulge or hernia in the groin area?			
Have you had infectious mononucleosis (mono) within the last month?			
Do you have any rashes, pressure sores or other skin problems?			
Have you had a herpes or MRSA skin infection?			
Do you have headaches or get frequent muscle cramps when exercising?			
Have you ever become ill while exercising in the heat?			
Do you or someone in your family have sickle cell trait or disease?			
Have you had any problems with your eyes or vision or any eye injuries?			
Do you wear glasses or contact lenses?			
Do you wear protective eyewear such as goggles or a face shield?			
Immunization History: Are you missing any recommended vaccines?			
Do you have any allergies?			
Have you ever had a head injury or concussion?			
Do you have any concerns that you would like to discuss with a doctor?			
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
Have you ever had an eating disorder?			
Do you worry about your weight?			
Are you trying to or has anyone recommended that you gain or lose weight?			
Are you on a special diet or do you avoid certain types of foods?			

- FEMALES ONLY (Optional)		Y	N
Have you ever had a menstrual period?			
How old were you when you had your first menstrual period?			
How many periods have you had in the last 12 months?			

CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Y N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: _____ Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS: _____
 I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.
 BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY
 LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

EXAMINER → Name of Examiner (print/type): _____ Date: _____
 Signature of Examiner: _____ (Check One): MD DO PA NP

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____
 EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____
 IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____
 Drug Reactions: _____ Current Medications: _____
 Allergies: _____



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: LAST FIRST MIDDLE INITIAL
Student Address: STREET CITY ZIP
Gender: M F Age: Date of Birth: Place of Birth (City/State):
School: Circle Grade: 6 7 8 9 10 11 12
Father/Guardian Name:
Phone (home): (work): (cell):
Mother/Guardian Name:
Phone (home): (work): (cell):
Email Address: Parent/Guardian/18-Year-Old:

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of STUDENT: Date:

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, an 18-year-old, or the parent or guardian of, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

FINAL FORMS™

Registering a student

What information will I need?

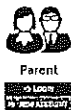
Basic medical history and health information. Insurance company and policy number.
Doctor, dentist, and medical specialist contact information. Hospital preference and contact information.

How do I register my first student?

IMPORTANT: If you followed the steps on the previous page, you may Jump to Step number 3.

1. Go to: <https://montague-mi.finalforms.com>

2. Click **LOGIN** under the Parent Icon.



3. Locate and click the **ADD STUDENT** button.

4. Type in the **LEGAL NAME** and other required information. Then, click **CREATE STUDENT**.

5. **If your student plans to participate in a sport, activity, or club**, then click the checkbox for each. Then, click **UPDATE** after making your selection. Selections may be changed until the registration deadline.

6. Complete each form and sign your full name (i.e. 'Jonathan Smith') in the parent signature field on each page. After signing each, click **SUBMIT FORM** and move on to the next form.

Form Signatures

Parent Signature:

Your signature **MUST** match your name: Clayton Burnett

Student Signature:

Student must sign in to page.

Submit Form [Skip this form](#)

7. When all forms are complete, you will see a 'Forms Finished' message.

IMPORTANT: If required by your district, an email will automatically be sent to the email address that you provided for your student that will prompt for your student to sign required forms.

How do I register additional students?

Click **MY STUDENTS**. Then, repeat steps number 3 through number 7 for each additional student.

How do I update information?

Login at any time and click **UPDATE FORMS** to update information for any student.



FinalForms

Parent registration

How do I sign up?

1. Go to: <https://montague-mi.finalforms.com>
2. Locate the parent icon and click **NEW ACCOUNT** below.



3. Type your **YOUR NAME, DATE OF BIRTH, and EMAIL**. Next, click **REGISTER**.

NOTE: You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, then check your spam folder. If you still can not locate the FinalForms email, then email support@finalforms.com informing our team of the issue.

4. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from the FinalForms Mailman. Once received and opened, click **CONFIRM YOUR ACCOUNT** in the email text.

FINALFORMS

Hello Clay Burnett,

Your FinalForms account with Demoville Local Schools (OHE) has been successfully created.

Please [click here to confirm your account](#) and complete your registration as a parent.

Thank you,
Demoville Local Schools (OHE) Administration

5. Create your new FinalForms password. Next, click **CONFIRM ACCOUNT**.
6. Click **REGISTER STUDENT** for your first child.

FinalForms

Montague Middle School 7-8 Grade Sideline Cheer

Parents and Guardians,

Your child/children has shown interest in NBC sideline cheer for the 2022-2023 school year. This is a new program this year for middle schoolers. My name is Krystal Yeager and I'm very excited to be able to coach this season! I have coached for several years with MYFC and I am excited to help these players take it to the next level.

As of now, we will cheer all home games on Wednesdays and possibly some close away games. Transportation is not provided for away games. Players are required to have an athletic physical and be signed up in final forms to participate. We will run eligibility for all students, and they will be required to follow CATS expectations.

Practice will be Monday, Tuesday and Thursdays. Games on Wednesdays and no practice Fridays. Time and location are still TBD.

If your child/children are interested I highly recommend looking into the summer cheer info passed out last week. That is a great start to see if they are interested before they fully commit. GO CATS!!

Coach,

Krystal Yeager

Email: yeagerk28@gmail.com


Remind: www.remind.com/join.nbcsci

Summer Cheer Info

1. **JUMP CLINIC.** Wednesday, June 29 from 11:30-2 pm in the NBC gym with Total Effect Cheer! (we may start at 11 with a meeting). COST \$15 includes a **theraband** that we WILL BE USING ALL YEAR FOR JUMP DRILLS AND FLEXIBILITY!
2. **SUMMER GYMNASTICS.** The dates of the gymnastics sessions are tentatively **Thursdays** June 16, 23, 30, July 7, 14. Time will be **7:30 p.m. to 8:30 p.m.** \$75 for a **5-week session**. Summer gymnastics will be **AT MARKAYA'S GYM** (will get address information to you soon). There will be a 2nd summer session to be announced later.
3. **WEIGHT ROOM.** Mondays, Wednesdays, and Thursdays in the Afternoon, probably from 2-3 pm. We will be doing core lifts for all athletes and also some specific exercises for cheer. Each week will be progressive and the workouts will be tailored to you individually. Strength is needed for all cheer skills (tumbling, stunting, jumping), so please attend as much as you can!
4. **CHEER SKILL PRACTICES.** This will be similar to 4-on-1 practices but we can all practice together. We will work on Stunting, Jumps, Tumbling, Vocals, Facials, Motions, and other cheer skills. Days and times will be announced on the **Montague Cheer Google classroom**. Please let coach Henderson know when you are available if you are interested in attending.
5. **TEAM BONDING.** For all Cheerleaders! Things like a Beach day, getting Ice cream, a trip to White Lake Nutrition or Planet 3/ Sky Zone, and a Team dinner. These events will also be communicated through the Montague Cheer Google Classroom.

All things listed above are JUST AS IMPORTANT for **sideline** as they are for **competitive** cheerleaders. Our goal is to create a **unified cheer program at Montague**. We hope that this will develop a team bonding for all of us, and that competitive can support sideline--and sideline can support competitive. ALSO, SOME OF YOU MAY FIND THAT YOU LIKE BOTH COMPETITIVE AND SIDELINE :)

Contact Coach Alli Henderson with any questions or to sign up! Hendersona@mapsk12.org



WILDCAT WALK-ABOUT COMMUNITY FAIR

Friday, September 9th - 5:00-6:30 PM
Montague Athletic Complex*

CONNECT WITH YOUR COMMUNITY!

Experience the
Wildcat Walk-About
and a family (up to 5) receives
FREE ADMISSION
to the Varsity football game!

*Parent must be present for free admission

Visit, Learn, and Enjoy Everything the White Lake Community has to Offer!

For More Information:
#BETRUEBLUE | mapsk12.org | 

*In the event of rain,
Wildcat Walk-About
will be held indoors.

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

This report is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Skip this part

Part E: Certification - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.

HOUSEHOLD INFORMATION REPORT SY 2022 - 2023

District: _____ School: _____

Part A: Student Information - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: Benefits Received (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDP/IR, 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: Household Size	Part D: Annual Household Income - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$17,667	<input type="checkbox"/> Between \$17,668 and \$25,142	<input type="checkbox"/> At or above \$25,143
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$23,803	<input type="checkbox"/> Between \$23,804 and \$33,874	<input type="checkbox"/> At or above \$33,875
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$29,939	<input type="checkbox"/> Between \$29,940 and \$42,606	<input type="checkbox"/> At or above \$42,607
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$36,075	<input type="checkbox"/> Between \$36,076 and \$51,338	<input type="checkbox"/> At or above \$51,339
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$42,211	<input type="checkbox"/> Between \$42,212 and \$60,070	<input type="checkbox"/> At or above \$60,071
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$48,347	<input type="checkbox"/> Between \$48,348 and \$68,802	<input type="checkbox"/> At or above \$68,803
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$54,483	<input type="checkbox"/> Between \$54,484 and \$77,534	<input type="checkbox"/> At or above \$77,535
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$60,619	<input type="checkbox"/> Between \$60,620 and \$86,266	<input type="checkbox"/> At or above \$86,267

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**
 Household size (# people): _____ Total annual income: _____

Part E: Certification - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

 (Signature) (Printed Name) (Date)

 (Address) (City) (Zip)

 (Email Address) (Home Phone) (Work Phone)

Do NOT fill out this section. This is for school use only.
 Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

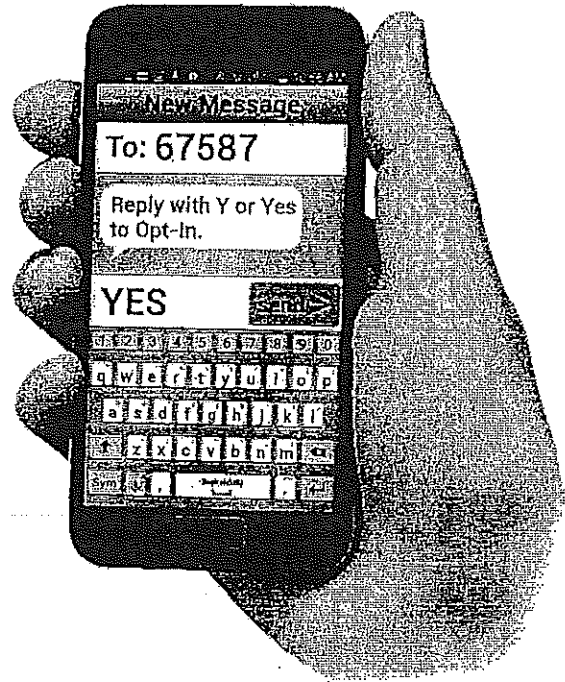
Parents and Guardians You can take advantage of our Text Messaging Service

Our school utilizes the SchoolMessenger system to deliver text messages, straight to your mobile phone with important information about events, school closings, safety alerts and more.*

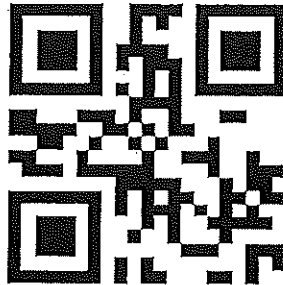
You can participate in this free service* just by sending a text message of "Y" or "Yes" to our school's short code number, **67587**.

You can also opt out of these messages at any time by simply replying to one of our messages with "Stop".

SchoolMessenger is compliant with the Student Privacy Pledge™, so you can rest assured that your information is safe and will never be given or sold to anyone.



**Opt-In from
your mobile
phone now!**



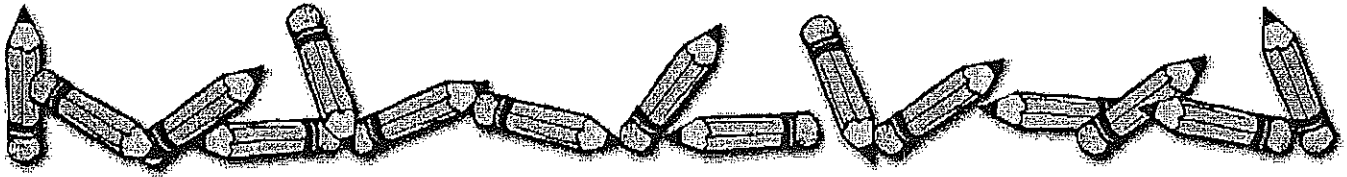
**Just send
"Y" or "Yes"
to 67587**

i Information on SMS text messaging and Short Codes:

SMS stands for Short Message Service and is commonly referred to as a "text message". Most cell phones support this type of text messaging. Our notification provider, SchoolMessenger, uses a true SMS protocol developed by the telecommunications industry specifically for mass text messaging, referred to as "short code" texting. This method is fast, secure and highly reliable because it is strictly regulated by the wireless carriers and only allows access to approved providers. If you've ever sent a text vote for a TV show to a number like 46999, you have used short code texting.

*Terms and Conditions – Message frequency varies. Standard message and data rates may apply. Reply HELP for help. Text STOP to cancel. Mobile carriers are not liable for delayed or undelivered messages. See schoolmessenger.com/bxt for more info.

west



2022-23 NBC School Supply List

Each student will need a backpack, earbuds/headphones and a water bottle.

The following items are always appreciated as donations: disinfecting wipes, Kleenex, hand sanitizer, feminine hygiene products, paper towel and clean, gently used clothing/shoes for our clothing closet. Thank you

Subject	8th Grade	7th Grade	6th Grade
English	100 page composition notebook	Pencils	100 page composition notebook
	3 packs 3x3 100 sheet sticky post it's	100 page composition notebook	2 Pocket Folders
	Pencils	3 packs 3x3 100 sheet sticky post it's	Pencils
	Highlighters (multi-color)	Glue stick	One packet post-it notes
	Glue stick	Highlighters	
Math	Pencils/Erasers	1.5 inch 3 ring binder (Advanced math)	Pencils/Erasers
	Scientific Calculator - TI-30X S	Scientific Calculator – TI-30X S	Folder
	Pocket Folder	Pencils and Erasers	Dry Erase Markers
		Pocket Folder	Optional: Scientific Calculator - TI-30X S
Algebra	Pencils/Erasers		
	Scientific Calculator - TI-30X S		
	Graphing Calculator - TI-84 Plus		
	(Graphing Calculator NOT Required)		
	Pocket folder		
Social Studies	Pencils	Pencils	3 hole punch paper folder
		Spiral bound notebook	
		2 pocket folder	
Science	Pencils	Pencils	Pencils
	70-100 Page	Pocket Folder	Spiral notebook 100 pages
	Pocket Folder	Spiral bound notebook	