



**Congratulations!**

**Your student has been  
accepted to  
Cab Calloway School of the  
Arts.**

# REGISTRATION PACKET

**Please read carefully and to  
the very end.**

Congratulations on being accepted to Cab Calloway School of the Arts for the 2017-2018 school year!

In order for you to be accepted and enrolled, the registration packet items **must** be returned by March 17, 2017. **Without all the required information, your acceptance will not be processed. If no response is received from the applicant, the invitation will be considered to have been rejected.**

**Final acceptance is based upon successful completion of current grade level and promotion into the grade level student was accepted for at CCSA.**

**Please make sure your student's name and grade is written on each page returned.**

**Registration Packet Deadline  
March 17, 2017**

## Registration Requirements for 9<sup>th</sup> – 12<sup>th</sup> Grade Incoming Students

Item	<u>Current</u> <b>CCSA</b> Students	<u>Currently</u> attending Red Clay Public Schools	<u>Currently</u> <u>not</u> attending Red Clay Public Schools
<b>Invitation Letter</b> Invitation needs to be accepted online.	X	X	X
<b>Student Data Card</b>	X	X	X
<b>Copy of Birth Certificate</b>			
<b>Proof of Address</b> – See list of requirements below.	X	X	X
<b>Copy of Current Immunizations</b> This must include a Mantoux PPD skin test or TB risk assessment			X
<b>Current Physical</b> Must have been done within the last 12 months and signed and dated by MD. <b><u>SEE BELOW</u></b> for Qualifiers	X—if they wish to participate in sports	X—if they wish to participate in sports	X
<b>Copy of most recent report card</b>			X
<b>Delaware DOE Home Language Survey</b> EVERY blank must be completed			X
<b>Course Selections Sheet</b>		X	X
<b>Activity Request Form</b> – Please complete the request from at <a href="https://goo.gl/MgtY61">https://goo.gl/MgtY61</a> You will need your Student's school ID to complete this form. The course descriptions are listed on the form and below.		X	X
<b>Christiana Care School Based Health Center Registration Form</b> (Optional) <a href="http://www.cabcallowayschool.org/wp-content/uploads/2016/08/Wilmington-Charter-Cab-SBHC-Registration-Packet1.pdf">www.cabcallowayschool.org/wp-content/uploads/2016/08/Wilmington-Charter-Cab-SBHC-Registration-Packet1.pdf</a>		X	X

### **QUALIFIERS FOR PHYSICAL:**

**Required:** A current Mantoux PPD skin test or TB Risk Assessments must be completed for any incoming student coming from home school, private/charter school or are new Delaware state residents.

**Required:** If a physical has not been completed in the last 12 months, please make an appointment for one to be done by **August 1, 2017**. Please list the Doctor's name and date and time of the appointment on this line. \_\_\_\_\_

<b>2017-2018</b>	<b>District:</b>	<b>School:</b>
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For Office Use Only

<b>Student:</b>	<b>ID:</b>	<b>Gender:</b>	<b>Grade:</b>	<b>HMRM:</b>
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# Red Clay Consolidated School District

## Student Data Card

For Office Use Only

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Student Information			
2017-2018 Grade:			
First Name:			
Middle Name:			
Last Name:			
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		
Nickname:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> Female
Birth Date:			
Home Phone:		<input type="checkbox"/> Unlisted?	

Special Custody Information: If child lives with anyone other than mother or father listed on birth certificate please indicate:	
Name:	
Relationship:	
Custodial Papers on file with school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information	
Has the student been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have: (documentation required)	
IEP (Individualized Education Plan):	<input type="checkbox"/> Yes <input type="checkbox"/> No
504 Accommodation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Difficulties:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Difficulties:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Race and Ethnicity Designation			
<b>Is this student Hispanic or Latino? (Select one answer.)</b> Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.			Yes
			No
Indicate this student's race below. You must select at least one race, regardless of ethnicity designation. More than one response may be selected.			
<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Native Hawaiian or Pacific Islander
<input type="checkbox"/>	Asian	<b>Select all that apply</b>	

Name/Address of Previous School, Pre-School or Day Care	
Name:	
Street/Apt:	
City:	
State:	Zip:
Phone:	
Fax:	

Please indicate Physical (Home) and Mailing address if they are different.			
<b>Physical</b>			
Address:			
Apt #:			
Development:			
City:			
State/Zip:			
<b>Mailing</b>		Same as Physical?	
Address:			
Apt #:			
Development:			
City:			
State/Zip:			

School Age Sibling Information			
Name:			
DOB:		Grade:	
School:			
Name:			
DOB:		Grade:	
School:			
Name:			
DOB:		Grade:	
School:			

**Information Regarding How the Red Clay Consolidated School District Shares Student Information**

The Red Clay Consolidated School District recognizes the need to protect student information and privacy while promoting educational and extra-curricular activities in district and outside media. Federal law (FERPA) permits the district to release directory information under limited circumstances. Directory information is information about a student that is generally not considered an invasion of privacy, such as name, address, photograph, activities, and sports. If you wish to opt-out of the district releasing this information or including your child in articles and photos, please visit <http://www.redclayschools.com/forms> or obtain an opt-out form from your child's school office.

<b>For Office Use Only</b>	<b>Student:</b>		<b>ID:</b>	
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**Parent/Guardian Contact Information: Please provide and/or modify contact and emergency information. If necessary cross out and neatly print and/or select appropriate information needing correcting.**

First Name:		<b>Relationship:</b>	Mother	Father
Middle Name:		Step-Mother	Step-Father	Court Appointed Guardian
Last Name:		Other (please list):		
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	<b>Living With:</b>	Yes	No
Street Address:		Home Phone:		Unlisted?
Apt #:		Cell Phone:		
Development:		Work Phone:		
City:		Birth Date:		
State/Zip:		E-Mail:		
Education Level: High school diploma/GED or above:		Yes	No	Employer:

**If above e-mail is not correct or is blank, please provide an email address; separating each character in the boxes provided:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:		<b>Relationship:</b>	Mother	Father
Middle Name:		Step-Mother	Step-Father	Court Appointed Guardian
Last Name:		Other (please list):		
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	<b>Living With:</b>	Yes	No
Street Address:		Home Phone:		Unlisted?
Apt #:		Cell Phone:		
Development:		Work Phone:		
City:		Birth Date:		
State/Zip:		E-Mail:		
Education Level: High school diploma/GED or above:		Yes	No	Employer:

**If above e-mail is not correct or is blank, please provide an email address; separating each character in the boxes provided:**

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First Name:		<b>Relationship:</b>	Mother	Father
Middle Name:		Step-Mother	Step-Father	Court Appointed Guardian
Last Name:		Other (please list):		
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	<b>Living With:</b>	Yes	No
Street Address:		Home Phone:		Unlisted?
Apt #:		Cell Phone:		
Development:		Work Phone:		
City:		Birth Date:		
State/Zip:		E-Mail:		
Education Level: High school diploma/GED or above:		Yes	No	Employer:

**If above e-mail is not correct or is blank, please provide an email address; separating each character in the boxes provided:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Emergency Contact Information: Must be 18 years of age or older**

<p><b>Important</b> In the event of an emergency, individuals listed here will be contacted if parent/guardian cannot be reached.</p>	First Name:		First Name:	
	Last Name:		Last Name:	
	Relationship:		Relationship:	
	Home Phone:		Home Phone:	
	Cell Phone:		Cell Phone:	
	Work Phone:		Work Phone:	

# Proof of Address Requirements

**Two Proofs of Residence** – Parent, legal guardian or relative caregiver of child being registered is required to provide at least two documents from the lists below. The documents must contain the name and address of the parent, legal guardian or relative caregiver. Addresses must be the same on both documents.

## **AT LEAST ONE ITEM FROM GROUP A AND ONE ITEM FROM GROUP B MUST BE PROVIDED**

### **Group A**

📄 Copy of the most recent month's mortgage statement

(Copy of home settlement statement may be accepted in lieu of mortgage statement if the home was recently purchased and a mortgage statement has not been received)

📄 Rental agreement (showing legal parent, legal guardian, or relative caregiver as an occupant)

📄 Sewer bill (current year)

📄 Real estate tax receipt (current year)

📄 A recent original gas or electric bill

### **Group B**

📄 Current automobile registration card or automobile insurance policy statement

📄 Rental insurance policy statement

📄 Most current year's tax documents

📄 Pay check or pay stub (dated within the past 30 days)

📄 Two consecutive bank statements (dated within the past 90 days)

📄 Official US Postal Service change of address notification on returned mail (yellow label with new address should be attached to envelope next to the old address)

📄 Correspondence from a DE state agency such as DHSS, DSCYF, Department of Labor, and DSS

### **If living in a residence of another person (not a rental property):**

Both parties must complete an Affidavit of Multiple Occupancy. The owner of the property must provide at least one item from Group A and one item from Group B (listed above). The parent of the student being registered must provide at least two items from Group B (listed above).

### **If living in a rental residence of another person:**

Both parties must complete an Affidavit of Multiple Occupancy. The lessee must provide a copy of the current lease agreement and one item from Group B (listed above). If the parent/legal guardian/relative caregiver and child are on the leaseholder's lease agreement, they must provide one item from Group B (listed above). If the parent/legal guardian/relative caregiver and child are not on the leaseholder's lease agreement they must provide two items from Group B (listed above).

## DIAA SPORTS PHYSICAL FORM INSTRUCTIONS

**This form requires 12 signatures!!!!**

Check off each signature before returning form

1. Parent signature pg one \_\_\_\_\_
2. Student signature pg one \_\_\_\_\_
3. Parent signature pg one \_\_\_\_\_
4. Parent signature pg one \_\_\_\_\_
5. Parent signature pg one \_\_\_\_\_
6. Parent signature pg one \_\_\_\_\_
7. Athlete signature pg two \_\_\_\_\_
8. Parent signature pg two \_\_\_\_\_
9. Health care provider signature pg 3 \_\_\_\_\_
10. Parent signature pg 4 \_\_\_\_\_
11. Athlete signature pg 4 \_\_\_\_\_
12. Health care provider signature pg 4 \_\_\_\_\_

**Did you completely fill out Section 1 and Section 2 on the SCHOOL ATHLETE MEDICAL CARD?**

**If any of these 12 signatures or sections is missing, the physical is incomplete and will not be accepted per DIAA rules and regulations.**

DIAA requires that every student have a current sports physical in place in order to be eligible to try out and participate in any school-sponsored sport. ***The physical exam must be completed on or after APRIL 1 of the current year and runs through June 30 of the following year.*** Any questions related to sports please contact the athletic director,

Chris Eddy at 651-2727 ext 344 (ceddv@charterschool.org) or visit the DIAA website at <http://www.doe.k12.de.us/diaa>

**MAKE A COPY FOR YOUR RECORDS**

# DELAWARE INTERSCHOLASTIC ATHLETIC ASSOCIATION

**Parents/Guardian:** There are 7 pages in the DIAA pre-participation physical evaluation (PPE) and consents form. Pages one, two and four require your signature while pages five, six and seven are references for you to keep. The physician must sign page 3 on or after April 1; the physical examination must have been conducted within 12 months of the physician's signature; and the PPE is valid through June 30 of the following school year.

Athlete: \_\_\_\_\_ Phone: \_\_\_\_\_ School: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian Name: (Please Print: \_\_\_\_\_

## PARENT/GUARDIAN/STUDENT CONSENTS

\_\_\_\_\_ Has my permission to participate in all interscholastic sports **NOT checked below?**  
 (Name of Athlete)

**NOTE- If you check any sport below the athlete will NOT be permitted to participate in that sport.**

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Crew
<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Football	<input type="checkbox"/> Golf	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Lacrosse (B)
<input type="checkbox"/> Lacrosse (G)	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Squash	<input type="checkbox"/> Swimming
<input type="checkbox"/> Tennis	<input type="checkbox"/> Track	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling	

1. My permission extends to all interscholastic activities whether conducted on or off school premises. I have read and discussed the **Parent/Player Concussion Information Form; Symptoms and Risk Factor for Sudden Cardiac Arrest form;** and the list of items that protect against the loss of athletic eligibility, with said participant and I will retain those pages for my reference. I have also discussed with him/her and we understand that physical injury, including paralysis, coma or death can occur as a result of participation in interscholastic athletics. I waive any claim for injury or damage incurred by said participant while participating in the activities NOT checked above.

1. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. To enable DIAA and its full and associate member schools to determine whether herein named student is eligible to participate in interscholastic athletics, I hereby consent to the release of any and all portions of school record files, beginning with the sixth grade, of the herein named student, including but not limited to, birth and age records, name and residence of student's parent(s), guardian(s) or Relative Care Giver, residence of student, health records, academic work completed, grades received and attendance records.

3. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. I further consent to DIAA's and its full and associate member schools use of the herein named student's name, likeness, and athletically related information in reports of interscholastic practices, scrimmages or contests, promotional literature of the association, and other materials and releases related to interscholastic athletics.

4. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the schools to perform a pre-participation examination on my child and to provide treatment for any injury received while participating in or training for athletics for his/her school. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation, with coaches, medical staff, Delaware Interscholastic Athletic Association, and other school personnel as deemed necessary. Such information may be used for injury surveillance purposes.

5. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. By this signature, I agree to notify the physician and school of any health changes during the school year that could impact participation in interscholastic athletics.

6. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* MUST HAVE ALL TWELVE SIGNATURES FOR ACCEPTANCE!!**



# Preparticipation Physical Evaluation HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. 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 Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. 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)?		
14. 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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

8

# Preparticipation Physical Evaluation PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and if you do not practice abstinence are you using protection?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height	BP	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL		ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)†			
Skin • HSV lesions suggestive of MRSA, tinea corporis			
Neurologic ‡			
MUSCULOSKELETAL	NORMAL		ABNORMAL FINDINGS
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk single leg hop			

Consider ECG (electrocardiogram) and referral to cardiology for abnormal cardiac history or exam.  
 \*Consider GUE exam if in private setting. Having third party present is recommended.  
 †Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Provider (Print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of Health Care Provider \_\_\_\_\_ MD, DO, PA, or NP

# SCHOOL ATHLETE MEDICAL CARD

(Parent/Guardian: please print and complete Sections 1, 2 & 3)

## Section 1: CONTACT/PERSONAL INFORMATION

NAME: \_\_\_\_\_ SPORT(S): \_\_\_\_\_  
AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GUARDIAN NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (P) \_\_\_\_\_  
Other authorized person to contact in case of emergency:  
NAME: \_\_\_\_\_ PHONE(s): \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE(s): \_\_\_\_\_  
Preference of Physician (and permission to contact if needed):  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
HOSPITAL PREFERENCE: \_\_\_\_\_ INSURANCE: \_\_\_\_\_  
POLICY #: \_\_\_\_\_ GROUP: \_\_\_\_\_ PHONE: \_\_\_\_\_

## Section 2: MEDICAL INFORMATION

MEDICAL ILLNESSES: \_\_\_\_\_  
LAST TETANUS (mo/yr): \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
MEDICATIONS: \_\_\_\_\_  
(any medications that may be taken during competition require a physician's note)  
PREVIOUS HEAD/NECK/BACK INJURY: \_\_\_\_\_  
HEAT DISORDER, OR SICKLE CELL TRAIT: \_\_\_\_\_  
PREVIOUS SIGNIFICANT INJURIES: \_\_\_\_\_  
ANY OTHER IMPORTANT MEDICAL INFORMATION: \_\_\_\_\_

## Section 3: Consent for Athletic Conditioning, Training and Health Care Procedures

I hereby give consent for my child to participate in the school's athletic conditioning and training program, and to receive any necessary healthcare treatment including first aid, diagnostic procedures, and medical treatment, that may be provided by the treating physicians, nurses, athletic trainers, or other healthcare providers employed directly or through a contract by the school, or the opposing team's school. The healthcare providers have my permission to release my child's medical information to other healthcare practitioners and school officials. In the event I cannot be reached in an emergency I give permission for my child to be transported to receive necessary treatment. I understand that Delaware Interscholastic Athletic Association or its associates may request information regarding the athlete's health status, and I hereby give my permission for the release of this information as long as the information does not personally identify my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 4: Clearance for Participation

Cleared without restrictions     Cleared with the following restrictions:

Health Care Provider's Signature: \_\_\_\_\_ MD/DO, PA,NP Date: \_\_\_\_\_

**For office use only:** This card is valid from April 1, 20\_\_\_\_ through June 30, 20\_\_\_\_

Note: If any changes occur, a new card should be completed by the parent/guardian. The original card should be kept on file in the school athletic director's or athletic trainer's office. A copy should be kept in the sports' athletic kits. This card contains personal medical information and should be treated as confidential by the school, its employees, agents, and contractors.

Name of School: \_\_\_\_\_ Name of ATC: \_\_\_\_\_

# PROTECT YOUR ATHLETIC ELIGIBILITY

## YOU ARE NOT ELIGIBLE:

1. If you attend a high school and become 19 years of age before June 15 immediately preceding that school year. (Reg. 1009.2.1.1)
2. If you attend a junior high/middle school that terminates in the 8th grade and become 15 years of age before June 15 immediately preceding that school year. (Reg. 1008.2.1.1.1)
- \*3. If you are not legally enrolled at the school which you represent. (Reg. 1008.2.3.1 and Reg. 1009.2.3.1)
4. If you are not residing with your custodial parent(s), court appointed legal guardian(s), Relative Caregiver, or are a student 18 years of age or older and living in the attendance zone of the school you attend unless you are participating in the Delaware School Choice Program, attend a private school or are a boarding school student. **IF YOUR CUSTODIAL PARENT(S), LEGAL GUARDIAN(S) OR RELATIVE CAREGIVER(S) RELOCATES TO A DIFFERENT ATTENDANCE ZONE, YOU MUST NOTIFY YOUR ATHLETIC DIRECTOR IMMEDIATELY.** (Reg. 1008.2.2.1 and Reg. 1009.2.2.1)
- \*5. *If you were absent unexcused or absent due to illness or injury; have been suspended (in-school or out-of-school); or have been assigned to homebound instruction or an alternative school for disciplinary reasons.* (Reg. 1008.2.3.4 and 1008.2.3.5 Reg. 1009.2.3.5 and 1009.2.3.6)
6. If you failed to complete the preceding semester for reasons other than personal illness or injury. (Reg. 1008.2.3.6; Reg. 1009.2.3.7)
- \*7. If you do not pursue a regular course of study and pass at least five credits per marking period (equivalent of four credits in junior high/middle school), two credits of which must be in the areas of Mathematics, Science, English, or Social Studies. **IF YOU ARE A SENIOR, YOU MUST PASS ALL COURSES WHICH SATISFY AN UNMET GRADUATION REQUIREMENT.** (Reg. 1008.2.6.; Reg. 1009.2.6.1)
8. A student who has previously participated in interscholastic athletics that transfers more than one time during their first year of eligibility shall be ineligible in any sport for a period of ninety (90) school days commencing with the first day of official attendance in the receiving school. The period of ineligibility shall continue to the next grade/school year until 90 school days have passed.
9. If you transfer after the first day of school of your second year of high school, you are ineligible to participate in any sport you previously participated in for a period of one school year ( Reg. 1009.2.4)
10. If you participated in the Delaware School Choice Program during the previous academic year and transferred to your "home school" for the current academic year without completing your two-year commitment or receiving a release from the sending school. (Reg. 1008.2.3.3; Reg. 1009.2.3.4)
11. If you participated in the Delaware School Choice Program during the previous academic year and transferred to another "choice school" for the current academic year unless you are playing a sport not sponsored by the sending school. (Reg. 1008.2.4.6.1; Reg. 1009.2.4.7.1)
12. If you reached the age of majority (18), occupied a residence in a different attendance zone than your custodial parent(s) or court appointed legal guardian(s), and have not been in regular attendance at your receiving school for at least 90 school days unless you are participating in the Delaware School Choice Program and your application was properly submitted prior to your change of residence. (Reg. 1009.2.2.1.7)
13. If you attend a high school and more than four years has elapsed since you first entered 9th grade, or more than five years has elapsed since you just entered 8<sup>th</sup> grade in schools with 8<sup>th</sup> grade eligibility for high school sports. (Reg. 1009.2.7.1 and 2.7.2.1)
14. If you attend a junior high/middle school in which only grades 7-8 are permitted to participate in interscholastic athletics and more than two years has elapsed since you first entered 7th grade. (Reg. 1008.2.7.1)
15. If you attend a junior high/middle school in which grades 6-8 are permitted to participate in interscholastic athletics and more than three years has elapsed since you first entered 6th grade. (Reg. 1008.2.7.2)
16. If you have played on or against a professional team or have accepted cash or a cash equivalent (savings bond, certificate of deposit, etc.); a merchandise item(s) with an aggregate retail value of more than \$150; a merchandise discount; a reduction or waiver of fees; a gift certificate or other valuable consideration for athletic participation. (Reg. 1009.2.5.1.4 and 2.5.1.5)
17. If you have used your athletic status to promote a commercial product or service in an advertisement or personal appearance. (Reg. 1009.2.5.1.7)
18. If you have not received a physical examination from a licensed physician (M.D. or D.O.), a certified nurse practitioner or a certified physician's assistant on or after **April 1** and written consent from your custodial parent(s) or court appointed legal guardian(s) to participate in interscholastic athletics is not on file in the school office. (Reg. 1009.3.1.1.1 and Reg. 1008.3.1.1)
19. If you participate in an all-star game not approved by DIAA before you graduate from high school. (Reg. 1009.5.4)
20. If you are a foreign exchange student not participating in a two-semester program listed by the Council on Standards for International Educational Travel (CSIET). (Reg. 1009.2.8.1.2)
21. If you are an international student not in compliance with all DIAA regulations including Reg. 1009.2.2 residency requirements. (Reg. 1009.2.8.2)

**\*IF YOU ARE NOT IN COMPLIANCE WITH THESE REQUIREMENTS, YOU MAY NOT TRY-OUT, PRACTICE, SCRIMMAGE OR PLAY IN A GAME.**

NOTE: Consult with your coach, athletic director, or principal for information concerning additional eligibility requirements.



## Delaware Interscholastic Athletic Association Parent/ Player Concussion Information Form

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### **Symptoms may include one or more of the following:**

Headaches	Pressure in head	Nausea or vomiting
Neck pain	Balance problems	Dizziness
Disturbed vision	Light/noise sensitivity	Sluggish
Feeling foggy	Drowsiness	Changes in sleep
Amnesia	“Don’t feel right”	Low energy
Sadness	Nervousness	Irritability
Confusion	Repeating questions	Poor Concentration

### **Teammates, parents and coaches may notice these:**

Appears dazed	Vacant facial expression
Confused about assignment	Forgets plays
Unsure of game/score, etc.	Clumsy
Responds slowly	Personality changes
Seizures	Behavior changes
Loss of consciousness	Uncoordinated
Can’t recall events before or after hit	

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for the student-athlete’s safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. **The injury may also require the student to be withheld from school until cleared by the physician.** Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

**For current and up-to-date information from the CDC on concussions you can go to:**

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

**For a current update of DIAA policies and procedures on concussions you can go to:**

<http://www.doc.k12.de.us/diaa>

**For a free online training video on concussions you can go to:**

<http://nfhslearn.com/>

***All parents and players must sign the signature portion of the PPE indicating they have read and understand the above.***



## SUDDEN CARDIAC ARREST AWARENESS FORM

Revised August 2013

### What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

### What causes Sudden Cardiac Arrest?

- Conditions present at birth (inherited and non-inherited heart abnormalities)
- A blow to the chest (Commotio Cordis)
- An infection/inflammation of the heart, usually caused by a virus. (Myocarditis)
- Recreational/Performance-Enhancing drug use.
- Other cardiac & medical conditions/Unknown causes. (Obesity/Idiopathic)

### What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

**ANY of these symptoms/warning signs may necessitate further evaluation from your physician before returning to practice or a game.**

### What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- The DIAA *Pre-Participation Physical Evaluation – Medical History* form includes ALL 12 of these important cardiac elements and is mandatory annually. Please answer the heart history questions on the student health history section of the DIAA PPE carefully.
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

### Where can one find additional information?

- Contact your primary care physician
- American Heart Association ( [www.heart.org](http://www.heart.org) )
- August Heart ( [www.augustheart.org](http://www.augustheart.org) )
- Championship Hearts Foundation ( [www.champhearts.org](http://www.champhearts.org) )
- Cypress ECG Project ( [www.cypressecgproject.org](http://www.cypressecgproject.org) )
- Parent Heart Watch ( [www.parentheartwatch.com](http://www.parentheartwatch.com) )



# Delaware Department of Education Home Language Survey

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Student ID #

\_\_\_\_\_   
 School

*Delaware Department of Education requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Please complete the portion below and return this survey to your child's school.*

**I. Parent's information (Section I. is for the parent/guardian's preferred language. The student information is in Section II.)**

a. In what language would you like to receive written information from the School? \_\_\_\_\_

b. In what language would you prefer to communicate orally with school staff? \_\_\_\_\_

**II. Student's information:**

\_\_\_\_\_   
 Last Name, First Name, Middle Name

\_\_\_\_\_   
 Date of Birth

\_\_\_\_\_   
 Grade

\_\_\_\_\_   
 Age

**Which language(s) does your child currently:**

Understand? \_\_\_\_\_ Speak? \_\_\_\_\_

**Which language does your child most often use and hear:**

At home with siblings? Use: \_\_\_\_\_ Hear: \_\_\_\_\_

At home with parents? Use: \_\_\_\_\_ Hear: \_\_\_\_\_

At home with extended family? Use: \_\_\_\_\_ Hear: \_\_\_\_\_

Outside of school (with friends and recreational activities)? Use: \_\_\_\_\_ Hear: \_\_\_\_\_

**Which language did your child speak when he/she first began to speak?** \_\_\_\_\_

**What other languages does your child regularly use/hear?** \_\_\_\_\_

**Does your child read/write in English?** YES NO

**Does your child read/write in a language other than or in addition to English?** YES NO

**III. Additional services may be provided to your child based on the date of his/her arrival and enrollment in U.S. Schools.**

a. Your child was born in what country? \_\_\_\_\_

b. If your child was born in another country, has he/she ever attended a school in the United States?

YES NO

c. If yes, what was the date your child enrolled in a U.S. school? \_\_\_\_\_

\_\_\_\_\_   
 Parent/Legal Guardian Signature

\_\_\_\_\_   
 Date

*DISTRICTS: A COPY of this form must be included in the district/charter registration packet and distributed to all students. The completed form must be retained in the student's file to document compliance with the Title III federal program requirements. If another language is indicated on the form, a COPY of the completed form should be routed to the English as Second Language Department.*

# CAB CALLOWAY SCHOOL OF THE ARTS

## GRADE 9

### COURSE SELECTION WORKSHEET

NAME: \_\_\_\_\_

Directions: Student must schedule a minimum of eight (8) credits. Select your required subjects from the list of available courses for your grade level making sure that you meet the given prerequisites. Select your Arts to complete your schedule.

Cab Calloway School of the Arts is making an effort to be more "Green!" Our 2017-2018 Course Booklet can be found online at [www.cabcallowayschool.org](http://www.cabcallowayschool.org). However, if you prefer a hard copy of the booklet, please contact us at 302-651-2705.

<u>AREA</u>	<u>COURSE#</u>	<u>COURSE TITLE</u>	<u>CREDIT</u>	<u>TEACHER APPROVAL</u>
ENGLISH	1. _____	_____	1.00	_____
CIVICS/ ECONOMICS	2. _____	_____	1.00	_____
MATH	3. _____	_____	1.00	_____
SCIENCE	4. _____	_____	1.00	_____
WORLD LANGUAGE	5. _____	_____	1.00	Level 2 or higher
ARTS MAJOR	6. _____	_____	_____	N/A
PHYSED	7. <u>0701</u>	<u>Phys Ed 1</u>	<u>0.50</u>	<u>N/A</u>
HEALTH	8. <u>0711</u>	<u>Health</u>	<u>0.50</u>	<u>N/A</u>
ELECTIVE FOR VOCAL/INSTRUMENTAL MUSIC MAJORS	9. <u>0830</u> <u>0797</u>	<u>Fund of Music Theaory</u> <u>Sight Reading</u>	<u>0.50</u> <u>0.50</u>	<u>N/A</u> <u>N/A</u>
ELECTIVE FOR ALLOTHER MAJORS	10. _____	_____	_____	_____
ALT #1	11. _____	_____	_____	_____
ALT #2	12. _____	_____	_____	_____

**Graduation Requirements  
Class of 2021**

<u>AREA</u>	<u>CREDITS</u>
English	4
Social Studies	4
Mathematics	4
Science	3
World Language	2
PE	1
Health	1/2
Career Pathways (Arts)	3
<u>Add'l Coursework</u>	<u>2 1/2</u>
<b>TOTAL</b>	<b>24</b>

Review your course selections with your parents and have them indicate their approval by signing in the appropriate place. Any changes to your selection must be made before August 1st.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

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



<b>COURSE#</b>	<b>COURSE/TITLE</b>	<b>CREDIT</b>
<b><u>English</u></b>		
0112	English 9	1.00
0111	English 9 Honors	1.00
<b><u>Social Studies</u></b>		
0232	Civics/Economics CP	1.00
0231	Civics/Economics Honors	1.00
<b><u>World Language</u></b>		
0521	French I	1.00
0522	French II	1.00
0511	Spanish I	1.00
0514	Spanish II	1.00
<b><u>Science</u></b>		
0412	Integrated Physical/Earth Science CP	1.00
0411	Integrated Physical/Earth Science Honors	1.00

<b>COURSE#</b>	<b>COURSE/TITLE</b>	<b>CREDIT</b>
<b><u>Mathematics</u></b>		
0312	Algebra I	1.00
0311	Algebra I Honors	1.00
0332	Algebra II	1.00
0331	Algebra II Honors	1.00
0322	Geometry CP	1.00
0321	Geometry Honors	1.00
<b><u>Arts Majors</u></b>		
All Vocal, Drama, Visual, Digital Media, Technical Theatre and Piano Arts majors should sign up for the appropriate Level 1 course listed below. Instrumental majors should sign up for Symphonic Band. Dance majors will be placed in the appropriate level of Dance based their placement audition on <u>Wednesday, April 26th.</u>		
0851	Digital Media & Imaging I	1.00
0814	Introduction to Technical Theatre	1.00
0817	Symphonic Band	1.00
0825	Piano I	1.00
0834	Vocal Music I	1.00
0871	Visual Arts Foundations I	1.00
1220	Introduction to Acting	1.00
1312	Strings Major I	1.00

## HIGH SCHOOL ACTIVITY PERIOD CHOICES

All students will be assigned one activity period next year. The other day will be whole school academic support based on mentor groups. Some students will automatically be registered for AP Support or ELA/Math Enrichment based on their report card grades and/or test scores. Regardless, all students must complete an activity request form.

### **1309-14 Club 52 (Grades 9-12)**

Come try your "hand" at your favorite game of cards. Or try a new one out. You'll be amazed at all of the possibilities. Students will play various card games like Hearts, Spades, Gripe, Back Alley, Uno, Skip Bo, Set Back, and Cribbage just to name a few. What a fun way to strengthen your math skills too! **30 students**

### **1309-64 Music Composition for Everyone (Grades 6-12):**

Music Composition is open to anyone who reads music. A Chromebook would be helpful as we will use noteflight.com for composition assignments. Students will learn basic composition techniques and learn to write simple to complex compositions.

### **1309-04 Piano Honors (6-12):**

This is a class by invitation of the most outstanding piano majors of both HS and MS.

### **1309-06 Academic support (Grades 9-12):**

This provides extra time, in school, to work on homework in a quiet setting or get help from an instructor. From time to time Mr. Baker will present intellectual puzzles for the students to explore.

### **1309-08 High School Chess Club (Grades 9-12):**

Learn the basics of recreational chess, practice every (other) day, build self-confidence, become competitive in a nurturing environment, sharpen skills, improve concentration and logical thinking, research methods and strategies and have fun!

### **1309-10 MS/HS Jazz Jam Appreciation (Grades 6-12):**

This is a student led jam session focusing on improvisation and musical selections from various genres and styles. No experience in jazz is necessary. Students are required to bring their own instrument.

### **1309-12 French Support and Study Skills (Grades 8-12):**

This is composed of French students who enjoy the study of the French language as well as students who need extra review and support in their French courses. Students in upper levels of the language work with and assist students who are experiencing challenges in their studies of the French language. In this class these experienced students encourage peers and share techniques that once learned, can be employed to facilitate the understanding of the French Language.

### **1309-16 9<sup>th</sup> grade Social Studies Support (Grade 9):**

Ninth grade can be a tough adjustment, and understanding Civics and Economics is not always easy. This activity offers help and support in Civics and/or Economics for any students who need it. Students will receive support from Mr. Clarke, as well as from any upperclassmen that sign up.

### **1309-97 High School Dance Company (Current Members ONLY 9-12):**

This will be for the high school dance company members to rehearse and review choreography for upcoming performances and to allow time to catch up dancers if missed rehearsals. **DO NOT PUT THIS AS A REQUEST UNLESS YOU ARE ALREADY A MEMBER.** Auditions will be held in the fall for new members.

### **1309-15 Weight Training – (Grades 9-12):**

Workout in the weight room with Mr. Donnelly! Every B Day, you'll target a new muscle group and become fit and strong, just like Mr. D!

**1309-25 The National Junior Art Honor Society (NJAHHS) (Grades 7-9):** This is designed specifically for middle school students. In 1989, the National Art Education Association began the National Junior Art Honor Society program to inspire and recognize students who have shown an outstanding ability and interest in art and to generate interest in art programs at the secondary level and beyond. **Participants** gain peer recognition, leadership growth opportunities, college and career preparation, and an unmatched sense of camaraderie. **Participants** receive opportunities for publication in the *NAHS News* (semi-annual, digital publication), and the National Art Honor Societies Online Gallery powered by **Artsonia**. **Institutions of higher education view the NJAHS as a mark of accomplishment.** Students inducted to the NJAHS must then be nominated for the NAHS when appropriate. Students that don't qualify for chapter membership are invited to attend to learn and participate in a variety of art making activities.

**1309-30 Hackey Sack (Grades 9-12):**

This game has been used to hone skills of soccer players for years, though it is not just for soccer. It can be played cooperatively or competitively. Hackey Sack is kicking a small cloth bag to see how long it can be kept in the air. No experience is necessary, as skills develop with practice.

**1309- 33 HS Old School Board Games: (Grades 9-12)**

Students will participate in typical board games of 2 or more players which will help them with vocabulary, strategy, reasoning, patience and comradery. If you love Scrabble, Life, Pictionary, Backgammon and other board games; this club is for you! Only good sports are allowed in this club, so check your ego at the door.

**1309-39 Bluegrass Activity Period (Grades 6-12):**

Learn the style and some repertoire of bluegrass . . . and prepare for performances at local festivals in Wilmington and New Jersey! Open to violin, viola, banjo, guitar, dobro and bass players who already have instruments and can play tunes or chords on them. Reading music will help a lot, but being able to learn and play from memory even better.

**1309-41 HS PE Games (Grades 9 – 12):**

Engage in your favorite PE games from elementary school – high school. From messy yard to mat ball we will cover all your favorite games. We will also be creating our own games to share with the class!

**1309-48 Art Studio Workshop (9-12):**

The workshop is designed to provide students **enrolled in HS art classes** who need additional time to work or who seek instructor and/or tutored assistance outside of their scheduled art courses. This is an active working studio in that if an art student is caught up with their studio projects, they will be working on their Visual Journals. AP Studio Art students will specifically benefit from the extra time in the art studio.

**1309-50 Knitting/Crochet club (6-12):**

Students can knit and/or crochet by following patterns or work on their projects in a fun community atmosphere. You can make your own socks, hats, cozies, scarves, and more! You must bring your own materials. There is teacher supervision but no instruction; therefore, prior knowledge is required.

**1309-86 Spanish Support (Grades 8-12):**

This is composed of Spanish students who enjoy the study of the Spanish language as well as students who need extra review and support in their Spanish courses. Students in upper levels of the language work with and assist students who are experiencing challenges in their studies of the Spanish language. In this class these experienced students encourage peers and share techniques that once learned, can be employed to facilitate the understanding of the Spanish Language.

**1309-54 AP Calculus Math Support:**

This extra help session is for students in Mr. Killheffer's AP Calculus class. Students will have the opportunity to review for upcoming tests, study in small groups, review test questions with Mr. Killheffer, review class notes, and more. **This activity period is mandatory for all students enrolled in AP Calculus AB.**

**1309-65 Gaming Club (8-12):**

Come play your favorite games with people who love to play too. Bring in any of your favorite games to broaden your mind and skill as you challenge each other. Board games, logic games, iOS games, trading card games or anything else that is able to be brought in is fair *game*. Discussion, strategy, and learning – and of course...gaming.

**1309- 69 High School Women's' Social (9-12):**

A casual discussion group for students interested in the cultural, emotional and social issues facing today's young women. Come meet new people and find support from your peers

**1309-34 Thespian Society (9-12):**

This activity is ONLY open to members of the Thespian Society and all officers of the Thespian Society will be required to be in this activity period. Other Thespian Society members can join this activity as they please. We will be planning and implementing Thespian Society events and fundraisers. Regular Thespian Society meetings will still be held after school.

**1309-73 Mythology and Folklore (9-12):**

This activity period will discuss myths and legends from around the world. Students will continue to enrich their knowledge by studying the effects of mythology on contemporary culture.

**1309-74 Reading Club (9-12):**

This is a break in the middle of the day to read quietly and escape from the pressures of academics. Students need to bring a book they enjoy to this activity period.

**1309-77 AP Biology Support – (Grade 12)**

This extra help session is for students in Mr. **Rigby's** AP Biology class. Students will have the opportunity to review for upcoming tests, study in small groups, review test questions with Mr. Rigby, review class notes, and more. **This activity period is mandatory for all students enrolled in AP Biology.**

**1309-51 AP Environmental Support (11-12):**

This session will provide extra time for student to receive individual help and test review for students taking AP Environmental Science.

**1309-79 AP US History Support (11-12):**

This **optional** session will provide extra time for students to receive individual help, test review, personal writing conferences and a chance to see documentaries that we wouldn't ordinarily have time for in class. This activity period is only open to students enrolled in AP U.S. History. Maximum Capacity: 30

**1309-82 Brass/Woodwind Ensemble (9-12):**

This activity period open to high school brass/woodwind players, will focus on playing music for ensembles of various sizes and instrumentation.

**1309-89 AP European History (10-12):**

This activity period will supplement the AP Euro course with a focus on DBQ's, AP Exam strategies, finishing chapters and extra-time to work on packets/study guides. **Mandatory for all AP European History students!**

**1309-84 Free to Be You (6-12):** Our club aims to create a prejudice and discrimination-free environment for everyone in the school and our community as a whole. We plan to accomplish this through raising awareness, creating allies, communicating, and providing overall support. We look to provide a safe, fun, and caring environment for students of all sexual orientations, races, abilities and backgrounds.

**1309-47 One on One Technology Support (6-12):**

Isn't great that we have these new pieces of technology? Do you know how to use technology or does it scare you? Feeling pretty savvy or not? Mr. Greider will take the lead. Some students will assist others that are struggling to master their devices. Experienced students will help their peers with random devices and problems that occur with Google Apps, Schoology, or Adobe Apps, just to name a few. OR...you can gain confidence with technology through this support and prepare for future opportunities to support and teach other student yourself. Regardless of which side of the technology boat you are on...this activity period is for you.