

BRYANT DAILY NEWS
BULLETIN #32– October 29, 2015– “A” DAY

Parents:

Please remember if your student is receiving free or reduced lunch, you must fill out a new form for this school year. Some of the students have become ineligible for this program due to not having turned in a new form. Please have the student stop by the main office and pick up a new form. Thank you

Dentists “R” Us will be here on Monday, November 9th. Permission slips are attached to this bulletin and will be distributed on Wednesday during advisory.

Student Council will not be meeting this week. Our next meeting will be Thursday, November 5th. Mrs. Beydoun

Student Council Members:

Student Council will be selling raffle tickets for a Halloween candy bag on Thursday and Friday during lunch. Tickets are 50 cents each or 3/\$1. The ticket will be drawn at the end of the day on Friday.

Girl's swimming and boys' basketball tryouts begin on Monday, November 16th. You need a physical to try-out. Get your physical NOW so you don't miss a try out day. If you have already turned one in for football or girls' basketball, you are all set. Mr. Renko

PICTURE RETAKE DAY IS THURSDAY, NOVEMBER 5TH BETWEEN THE HOURS OF 1-3 P.M.

GROUP PICTURE DAY WILL BE HELD ON WEDNESDAY, NOVEMBER 18TH BETWEEN 8:15 AND 11:00 A.M.

Important Information for Parents

Bryant Middle School School Pictures

Haven't ordered yet? Don't miss this year's school picture!

1. Order online at photogifts.lifetouch.com
2. Log in with your Portrait ID and Access Code located in your picture package

Satisfaction Guaranteed:

Lifetouch will retake your portrait or you can return it for a full refund.

Parent/Guardian, how was this year's school picture experience? [Take Survey](#).

The Scholastic Book Fair will be held from Monday, October 26th through Thursday, October 29th in the Media Center. Mrs. Angela Bazy is the coordinator this year for the Book Fair. The hours of operation are as follows:

Monday – Thursday 8:00 a.m. – 3:00 p.m. and also

Monday evening during conference time: 3:15 – 7:15 p.m.

Wednesday evening during conference time: 5:00 – 6:45 p.m.

If you would like to volunteer for this event, you can sign up through the following link:

<https://m.signupgenius.com/#!/showSignUp/10c094bafa922a5f49-october>

LATE START DATES ARE AS FOLLOWS:

Wed. Nov. 18	Wed. Feb. 10
Wed. Dec. 16	Wed. Mar 16
Wed. Jan. 20	Wed. May 11

ART CLUB MEETING DATES:

Meeting dates are as follows:

TUESDAY, November 10, 2015
TUESDAY, November 17, 2015
MONDAY, November 23, 2015 Empty Bowls Event 4-6:30 pm
TUESDAY, November 24, 2015
TUESDAY, December 1, 2015
TUESDAY, December 8, 2015
TUESDAY, December 15, 2015
TUESDAY, January 5, 2016
TUESDAY, January 12, 2016
TUESDAY, January 19, 2016
TUESDAY, January 26, 2016 (last meeting)

PTSA MEETINGS:

Monday, November 16	7:00 p.m.	Room 45
Monday, January 25	7:00 p.m.	Room 45
Monday, February 22	7:00 p.m.	Room 45
Monday, March 21	7:00 p.m.	Room 45

SPORTS SCHEDULE:**Football:**

Thursday, Oct. 29	Salina@Bryant	3:30 p.m.
Activities Monitors: Mrs. Lessel		
Wednesday, Nov. 11	Championship Games Begin	

Girls' Basketball:

Friday, Oct. 30	Bryant@Lowrey	3:30 p.m.
Wednesday, Nov. 4	Stout@Bryant	3:30 p.m.
Activities Monitors: Mrs. Cialone/Mrs. Jaeger/Mrs. Mark		
Friday, Nov. 6	Woodworth@Bryant	3:30 p.m.
Activities Monitors: Ms. Duquette/Mr. Courtright/Mrs. Dagher		
Tuesday, Nov. 10	Playoffs	

CONCERT DATES:

Thursday, Dec. 17	Concert/Choir	7:00 p.m.
Activities Monitors: Mr. Borg/Mr. Brown		
Thursday, June 2	Concert/Choir	7:00 p.m.
Activities Monitors: Mr. Brown		

Last Name	First Name	Voicemail #	Email Address
Azzopardi	Sandra	82-77268	azzopas@dearbornschools.org
Bailey	Matthew		baileym@dearbornschools.org
Blake	Joel	82-77356	blakej1@dearbornschools.org
Borg	Derrick	82-78244	borgd@dearbornschools.org
Brown	Martin	82-78309	brownm@dearbornschools.org
Carter	Donna	82-77362	carterd@dearbornschools.org
Cialone	Kelly	82-78041	cialonk@dearbornschools.org
Clark	Nadine	82-77387	clarkn@dearbornschools.org
Corpolongo	Sharon	82-72918	corpols@dearbornschools.org
Corriveau	Ruth	82-77944	corrivr@dearbornschools.org
Cosenza	Tina	82-77402	cosenzc@dearbornschools.org
Courtright	Brian	82-77403	courtrb@dearbornschools.org
Crawford	Scott	82-77408	crawfos@dearbornschools.org
Dagher	Danielle	82-78310	dagherd@dearbornschools.org
Dear	Kelly	82-72900	deark@dearbornschools.org
Denison	Andrew	82-72900	denisoa@dearbornschools.org
Dicks	Dennis	82-77441	dicksd@dearbornschools.org
Duquette	Kathleen	82-77475	duquetk@dearbornschools.org
Dzingle	Michele	82-72917	dzinglm@dearbornschools.org
Elder	Shirine	82-77646	elders@dearbornschools.org
Erisman	Dorthea	82-72919	erismad@dearbornschools.org
Farkas	Kristen	82-78271	farkask@dearbornschools.org
Flack	Laura	82-77517	flackl@dearbornschools.org
Friedman	Laura	82-78956	friedml@dearbornschools.org
Furlow	Deena	82-77539	furlowd@dearbornschools.org
Garrison	Ben	82-78960	garrisb@dearbornschools.org
Griffin	Patricia	82-77844	griffip@dearbornschools.org
Harris	Marilyn	82-76312	harrism1@dearbornschools.org
Haviland	Devannie	82-78277	havilad@dearbornschools.org
Hogarth	Janet	82-72902	hogartj@dearbornschools.org
Jaeger	Diana	82-77309	jaegerd@dearbornschools.org
Jamieson	Julie	82-78215	jamiesj@dearbornschools.org
Johnson	Cheryl	82-72907	johnsoc@dearbornschools.org
Jones	Tracy	82-77673	jonest@dearbornschools.org
Kalaj	Kristina	82-78255	kalajk@dearbornschools.org
Lessel	Nancy	82-77193	lesseln@dearbornschools.org
Magee	Elizabeth	82-77784	mageeee@dearbornschools.org
Mark	Nicole	82-72910	markn@dearbornschools.org
Miclea	Adrian	82-77525	micleaa@dearbornschools.org
Morga	Carol	82-77860	morgac@dearbornschools.org
Mualem	Lynda	82-77867	mualeml@dearbornschools.org
Murphy	Kelley	82-78974	murphyk@dearbornschools.org
Piche	Ryan	82-77420	picher@dearbornschools.org
Renko	Kevin	82-72914	renkok@dearbornschools.org
Reyneart	Nicole	82-77970	reynaen@dearbornschools.org
Schuit	Renee	82-78014	schuitr@dearbornschools.org
Sneed	Natasha	82-78671	sneedn@dearbornschools.org
Thomas	Ashley	82-77778	thomasa@dearbornschools.org
Traylor	Alexandra	82-77421	trayloa@dearbornschools.org
Wancha	Alison	82-71796	wanchaa@dearbornschools.org
Updated: 10/19/2015			

Public Schools accept a parent's assertion that he or she needs language assistance without requiring additional corroboration. For free help with understanding the content of this document, please call the Student Services office 827-3005 for translation/interpretation assistance.

Arabic _ 827-3005 الرقم على الطلاب على الإتصال بمكتب خدمات الطلاب على الرقم 827-3005 يرجى الإتصال بمكتب خدمات الطلاب على الرقم 827-3005

French Les écoles de Dearborn vous offrent le service de traduction sans aucune condition. Si vous souhaitez avoir le service gratuit pour comprendre le contenu de ce document, prière d'appeler le bureau de Services aux Etudiants 827-3005.

Spanish Las escuelas de Dearborn aceptan la afirmación de un padre que él o ella necesita ayuda con el idioma sin necesidad de corroboración adicional. Para obtener ayuda gratuita con la comprensión del contenido de este documento, por favor llame a la oficina de Servicios de los Estudiantes 827-3005 para recibir asistencia de traducción / interpretación.

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Italian Scuole Dearborn accettere l'affermazione di un genitore che lui o lei ha bisogno di assistenza lingua senza bisogno di ulteriori conferme. Per aiuto con la comprensione del contenuto di questo documento, si prega di chiamare l'ufficio Student Services 827-3005 per la traduzione / interpretazione di assistenza.

Albanian Shkolla DEARBORN pranojnë pohimin e të prindërve që ai ose ajo ka nevojë për ndihmë të gjuhës pa kërkuar vërtetim shtesë. Për ndihmë lirë me kuptuar përmbajtjen e këtij dokumenti, ju lutemi telefononi zyrën e shërbimeve për studentë 827-3005 për përthim / interpretim ndihmë.

Romanian Scolile orasului Dearborn accepta orice declaratie parinteasca care atesta nevoia copilul de asistenta cu limba engleza fara nici o dovada suplimentara. Daca aveti nevoie sa intelegeti acest document da-ti telefon la oficiul serviciilor scolare la numarul 827-3005 pentru a primi asistenta cu translatia sau interpretarea lui.



Dentists R Us

Coming to
your school

THIS FORM MUST BE FILLED OUT IN ORDER TO PARTICIPATE IN OUR INITIAL DENTAL SERVICE AND 6-MONTH FOLLOWUP

PARENTS/GUARDIAN

Dental services are provided by Licensed Dentists and Hygienists at your child's school. Dental treatment may include an Oral Exam, Cleaning, Fluoride, Sealants and necessary X-Rays. AN ORAL HEALTH REPORT and FREE TOOTHBRUSH will be provided to each child. Patient (Student) Information (Please Print)

School Name: _____ Teacher: _____ Grade: _____
Student Name: _____ Date of Birth: _____ Sex: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Date Of Last Dental Cleaning: _____

HEALTH HISTORY - IMPORTANT. MUST BE FILLED OUT COMPLETELY

Has your child had any history of, or conditions related to, ANY of the following? Check ALL that apply:

- Anemia Asthma/Emphysema Cancer Bleeding Disorder Cerebral Palsy Diabetes Fainting/Epilepsy/Seizures Kidney Disease
 - Congenital Heart Disease Heart Murmur Latex Allergy Growth Problems Tobacco/Drug Use Pregnancy (teens) HIV/AIDS
 - Liver Disease/Hepatitis Thyroid Disease Joint Replacement Tuberculosis Allergies _____
- Other: _____ Need pre-medication before treatment? Y / N / I Please List Medications: _____

DENTAL INSURANCE INFORMATION

<input type="checkbox"/> My child has MEDICAID/MI CHILD (covers 100% of cost) Medicaid ID Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> Social Security Number (for billing purposes only): _____											<input type="checkbox"/> My child has private dental insurance Name of Dental Insurance: _____ Phone Number: _____ ID# _____ Name of Parent under whom child is covered: _____ Date of Birth of Insured Adult: _____ Social Security Number of Insured Adult: _____ <i>Please note: HMO policies are not accepted.</i>
<input type="checkbox"/> My child has no dental insurance. <input type="checkbox"/> I will pay a Reduced Fee of \$35.00 for cleaning, exam and fluoride due to financial hardship and sign a Reduced Fee Waiver: (I am unable to pay FULL Fee) Parent/Guardian: _____ Please attach payment (cash, check, or money order) to this form. Payable to: <u>Healthy Smiles</u> <input type="checkbox"/> I can pay the full fee for the cleaning, exam, and fluoride. (Please call 248-879-7755 for full fee schedule.)											

Dentists R Us will provide a 6-month recall visit for participating schools.

We will be receiving a reminder call prior to our next visit. If you do not wish to have your child seen, please contact our office before the visit. The American Academy of Pediatric Dentistry (AAPD) recommends children visit the dentist at least every six months (twice a year).

FOLLOW-UP CARE

- An oral health report will be sent home after every visit indicating any necessary follow-up treatments (fillings, extractions, etc.).
- Follow-up treatment is available at our dental office: 38965 Dequindre Rd, Suite #105, Troy, MI (248) 879-7755
- X-Rays and reports can be sent to the dental office of your choice.

I (Parent/ Legal Guardian) give Dentists R Us/Healthy Smiles permission to perform an initial oral exam, cleaning, fluoride, sealants, necessary X Rays, and a 6-month check-up (cleaning, fluoride, sealants) on my child. I understand that these services may occasionally cause minor irritation upon completion. I authorize and request my insurance company to pay Dentists R Us on my behalf. I understand that I am responsible for any deductibles and co-pays from my private insurance. I understand that services received through a mobile dental program may affect my benefits if services are duplicated at a home dental office within a six month time period. I have reviewed Notice of Privacy Practice (HIPPA), on DENTISTRUS.COM. I authorize the school nurse/staff, mlr/ or dentist of my preference to obtain my child's dental records. Please take oral health report to child's present provider if additional dental services are needed. Call our office for more information and questions. I certify that I have read and understood the above information to the best of my knowledge.

PARENT/ GUARDIAN SIGNATURE (REQUIRED) _____ Date: _____

Office Use Only						
Method of Payment		MI _____ MA _____	Dentist's Initials _____			
Cash _____ Check _____	Insurance billed _____	Date: _____	PI _____ PA _____	Hygienist/Staff Initials _____		