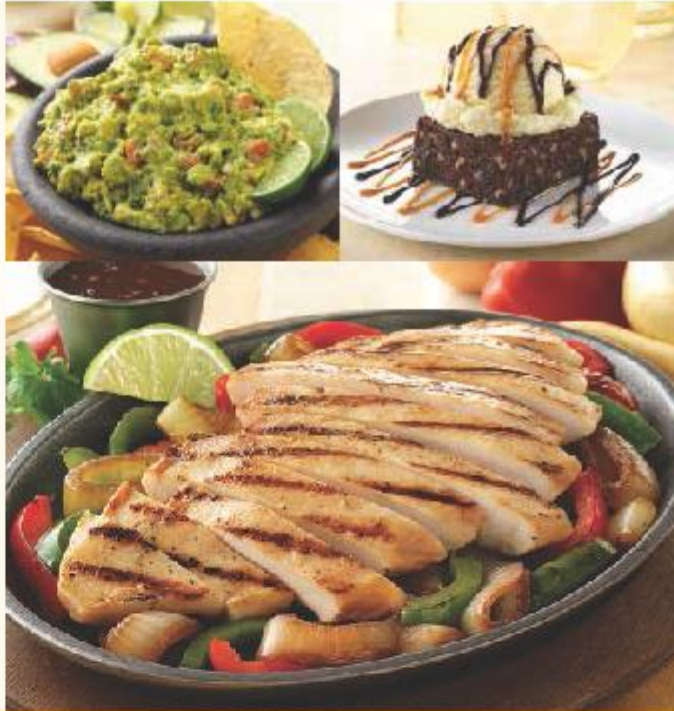


The PTA is having a fundraiser at ON THE BORDER restaurant ALL day on Monday, December 14<sup>th</sup> where 10% of the sales will be donated to the Bryant PTA. It IS necessary to bring the flyer. It is only at the 3310 Fairlane Drive, Allen Park location (“on the hill”). During your holiday shopping, take time for some food and help support your child’s school.

**OTB**  
**GIVES**  
**BACK**



**SAVE THE DATE**  
**MONDAY, DECEMBER 14**

Please join us to help raise money for the

*Bryant Middle School PTA*

Bring this flyer 12/14/15 and **10% of sales will be donated** to the charity.

*For more details contact:*

**On The Border**  
313-908-5938  
3310 Fairlane Dr.  
Allen Park, Michigan 48101

## Student Council:

Student Council will be sponsoring a canned food drive for the Helping Hands Food Pantry at Cherry Hill Presbyterian Church. We will be collecting from Monday, November 30 through Thursday, December 17th. Our goal is to can Mr. Dear out of his office. Participating advisories will earn spirit points for their grade levels. Please encourage students to participate. Thank you, Mrs. Beydoun

Dentists "R" Us will be at Bryant Middle School on Friday, December 11<sup>th</sup>. If you are interested in this service, please fill out the form that is attached to this bulletin.

## REFLECTIONS:

The Bryant PTA is a participant in the national PTA program, Reflections. It encourages creativity and lifelong learning while offering recognition for artistic endeavors. The PTA Reflections Program is designed to enhance quality arts education for students in preschool through grade 12. The PTA Reflections theme for 2015-16 has been announced: "Let Your Imagination Fly...". Entry Forms are in the office.

## THE CATEGORIES ARE AS FOLLOWS:

Dance/movement, theatrical, prose/poetry/essay, 3D art, photography, and visual art. If a sport or academics are your talent, you can make that your art. "Let your Imagination Fly" is the theme so they are not limited by anything. The only rule is they do it entirely on their own. Except for the "Special Artist" category, this is designed for any special needs student and are allowed assistance. Special Needs students can also enter the regular categories but have to follow the same rules as no help. Thanks so much, Mrs. Greimel.

High School "Test Out" Forms are available in the Counseling Office. Students are able to "test out" of any high school level course. The Deadline to turn in the application to Mr. Renko is Thursday, Jan. 14, 2016.

## LATE START DATES ARE AS FOLLOWS:.

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

## ART CLUB MEETING DATES:

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)

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## PTSA MEETINGS:

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:

### Boys Basketball Schedule:

Thurs Dec 10	Unis @ Bryant	3:30 p.m.
Tues Dec 15	Salina @ Bryant	3:30 p.m.
Activities Monitors: Mrs. Carter/		
Thurs Dec 17	Bryant @ Lowrey	3:30 p.m.
Tues Jan 5	Bryant @ Smith	3:30 p.m.
Thur Jan 7	Woodworth @ Bryant	3:30 p.m.
Activities Monitors: Mrs. Corriveau/Mrs. Elder		
Tues Jan 12	Bryant @ Stout	3:30 p.m.
Tues Jan 19	Bryant@Unis	3:30 p.m.
Thurs Jan 21	Bryant@Salina	3:30 p.m.

**Girls Swim Schedule:**

Wed	Dec 9	Unis@Bryant	3:30 p.m.
Activity Monitors: Mrs. Erisman/Mrs. Jaeger			
Wed	Dec 16	Bryant@Stout	3:30p.m.
Wed	Jan 6	Bryant@Smith	3:30 p.m.
Wed	Jan 13	Lowrey@Bryant	3:30 p.m.
Activity Monitors: Mrs. Reynaert/			
Wed	Jan 20	Woodworth@Bryant	3:30 p.m.
Activity Monitors: Mrs. Reynaert/			
Wed	Jan 27	City Meet @ Unis	

**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. Borg/Mr. Brown		

**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 (teen)  HIV/AIDS  
 Liver Disease/Hepatitis  Thyroid Disease  Joint Replacement  Tuberculosis  Allergies \_\_\_\_\_  
 U/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: _____ 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 _____ Please note: HMO policies are not accepted
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My child has no dental insurance.  
 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: Healthy Smiles  
 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.**  
 You will be receiving promotional call alerts to our email system. If you do not wish to have this child reach, please contact our office before the visit.  
 \*The American Academy of Pediatric Dentistry (AAPD) recommends children visit the dentist at least every six months for a check-up.

**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: 38865 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 discomfort 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-ins 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, mail/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 _____	

Dr. Debbie Graf 305 Dr. Steven Cowie 305, Dr. Cliff Wynn 105 Dr. Ellen Gash 009, Dr. Marshall Gray 215, Dr. Cristina Gray 225 Dr. Pamela A. GNS



# National PTA<sup>™</sup> Reflections

## Summary of Rules for Participation



Students must participate through a local PTA/PTSA in good standing and may enter in one or more arts categories. Only new pieces of artwork inspired by the theme may be submitted. Each entry must be the original work of one student only. Only one student may be recognized as the award recipient for each entry. Other individuals may appear in or perform a student's work, but the work itself must be the creative product of one student. Use of copyrighted material is prohibited, except for background music in dance choreography and film production entries when cited. Entries will be judged on how well the student uses his or her artistic vision to portray the theme, originality and creativity.



**Dance Choreography.** Accepted styles include solo/ensemble: Ballet, contemporary, ethnic and folk, hip hop, jazz and tap. The choreographer may be the performer, or one of the performers, but does not have to be. Video recording must not exceed 5 minutes and must be less than 1GB (one gigabyte) in file size. Accepted file formats include: AVI, Quicktime (.mov), MPEG (.mpg, .mpeg, .mp4), Windows Media (.wmv), and Flash Video (.flv, .f4v).



**Film Production.** Accepted forms include: Animation, narrative, documentary, experimental, or a media presentation (powerpoint is prohibited). Entrant must be the director, screenwriter, and camera person including all story boarding and editing. Video recording must not exceed 5 minutes and must be less than 1GB (one gigabyte) in file size. Accepted file formats include: AVI, Quicktime (.mov), MPEG (.mpg, .mpeg, .mp4), Windows Media (.wmv), and Flash Video (.flv, .f4v).



**Literature.** Accepted forms of fiction and nonfiction include: Prose, poetry, drama (screen play and play script), reflective essay, narrative, and short story. Entry must not exceed 2,000 words and must be handwritten or typed; one side only. Students for whom English is not their first language may submit literature entries in their own language. An interpretive translation in English must accompany the entry. Accepted formats include: Single-sided print on 8 1/2 x 11 paper, or PDF (.pdf) file format.



**Music Composition.** All instruments, sounds, styles and combinations are accepted. Copyrighted material is prohibited. The composer may be the performer, or one of the performers, but does not have to be. Notation, score or tablature is required for middle and high school division. Audio recording must not exceed 5 minutes. Accepted file formats include: MP3, MP4, WMA, WAV, ACC (M4A) and FLAC formats. Music videos are not accepted.



**Photography.** Accepted forms of photography include: A single photo, panoramic, photomontage (one seamless print of multiple original photos), a multiple exposure, negative sandwich or photogram. Original black-and-white and color images are accepted. Entrant must be the one to take the photograph. Must be mounted or matted on cardboard mat, poster board, or other sturdy material. Accepted formats include: Matted print, or digital image (.jpeg, .jpg, .gif, .png, .bmp).



**Visual Arts.** Accepted forms include: Architecture (2D/3D), carpentry, ceramics, collages, photographic collages (multiple photos cut/pasted), computer-generated image, crafts, design, dioramas, drawing, fiber work, jewelry, kites, metal etching/punch work, mobiles, painting, printmaking, sculpture and wind chimes. Framed entries not accepted. Paper entries must be mounted on sturdy material and 3D works must include packaging materials and 3 photos of the entry for judging and ID purposes.

Submit Student Entry Form & Artwork to:

Submission Deadline:

LOCAL UNIT: \_\_\_\_\_ COUNCIL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ REGION: \_\_\_\_\_

STATE: MI \_\_\_\_\_

OFFICIAL PTA/PTSA NAME: \_\_\_\_\_ NATIONAL 8-DIGIT ID NUMBER: \_\_\_\_\_

REFLECTIONS CHAIR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TOTAL SCHOOL ENROLLMENT: \_\_\_\_\_

CHECK ALL DIVISIONS THAT YOUR PTA/PTSA REEFLECTIONS PROGRAM OFFERED:

Primary (Grades PK-2)  Intermediate (Grades 3-5)  Middle School (Grades 6-8)  High School  Special Artist (All Grades)

By division, how many entries did your PTA receive in each arts category?

	Dance Choreography	Film Production	Literature	Music Composition	Photography	Visual Arts	Total
Primary							
Intermediate							
Middle School							
High School							
Special Artist							
Total							

GRAND TOTAL NUMBER OF ENTRIES RECEIVED: \_\_\_\_\_

By division, how many entries did your PTA advance to the next judging round in each arts category?

	Dance Choreography	Film Production	Literature	Music Composition	Photography	Visual Arts	Total
Primary							
Intermediate							
Middle School							
High School							
Special Artist							
Total							

GRAND TOTAL NUMBER OF ENTRIES ADVANCED: \_\_\_\_\_

**For Use of a Student's Image or Voice**

I give my permission for my son/daughter, \_\_\_\_\_, to participate in the taping, photographing, or audio recording of an entry in the PTA Reflections® Program. I give consent for the student's voice and or image to be included in the entry. This entry may be used in perpetuity in connection with the PTA Reflections Program or other PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.

---

Name of Student Submitting the Entry

I have read and understand the Rules of the Reflections Program.

---

Student Name

---

Parent/Guardian Printed Name

Date

---

Parent/Guardian Signature

Date

**For Use of an Adult's Image or Voice**

I am 18 years or older and I consent to participate in the taping, photographing, or audio recording of an entry in the PTA Reflections® entry. This entry may be used an unlimited number of times in perpetuity in connection with the PTA Reflections Program or other PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.

---

Name of Student Submitting the Entry

I have read and understand the Rules of the Reflections Program.

---

Printed Name

Date

---

Signature

Date

To be completed by PTA before distribution

FULL PTA NAME: COUNCIL \_\_\_\_\_ DISTRICT \_\_\_\_\_ REGION \_\_\_\_\_ STATE \_\_\_\_\_  
PTA/PTSA: \_\_\_\_\_ NATIONAL 8-DIGIT ID # \_\_\_\_\_ STATE ID # \_\_\_\_\_  
REFLECTIONS CHAIR NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PTA ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Standards of Affiliation:  
 Membership dues paid date \_\_\_\_\_  Budget \_\_\_\_\_  Bylaws approval date \_\_\_\_\_  Audit  990 \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

M/F: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Ownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant's irrevocable permission and consent that PTA may display, copy, reproduce, enhance, print, sublicense, publish, distribute and create derivative works for PTA purposes. PTA is not responsible for lost or damaged entries. Submission of entry into the PTA Reflections program constitutes acceptance of all rules and conditions.

\_\_\_\_\_  
Signature of student  
18 years)

\_\_\_\_\_  
Signature of parent/legal guardian (required if child is under

JUDGING INFORMATION

GRADE DIVISION (Check One)  
 PRIMARY (Preschool- Grade 2)  HIGH SCHOOL (Grades 9-12)  ARTS CATEGORY (Check One)  
 DANCE CHOREOGRAPHY   
MUSIC COMPOSITION  
 INTERMEDIATE (Grades 3-5)  SPECIAL ARTIST (All Grades)  FILM PRODUCTION   
PHOTOGRAPHY  
 MIDDLE SCHOOL (Grades 6-8)  LITERATURE   
VISUAL ARTS

TITLE OF ARTWORK: \_\_\_\_\_

ARTWORK DETAILS: (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions) \_\_\_\_\_

ARTIST STATEMENT: (At least 10 words, 100 words max describing how your work relates to the theme)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 توكّد مدارس ديربورن على توفير خدمات الترجمة بدون أي شرط للحصول على هذه الخدمة المجانيّة ولفهم هذه الإستمارة 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.

Dearborn 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 توكّد مدارس ديربورن على توفير خدمات الترجمة بدون أي شرط للحصول على هذه الخدمة المجانيّة ولفهم هذه الإستمارة يرجى الإتصال بمكتب خدمات الطلاب على الرقم 827-3005

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**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.

**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 përktim / interpretim ndihmë.

**Romanian** Scolile orasului Dearborn accepta orice declaratie parinteasca care atesta nevoia copilul de assistenta cu limba engleza fara nici o dovada suplimentara. Daca aveti nevoie sa intelegeti acest document da-ti telefon la oficiul serviciilor scolare la numarul



**Bryant Middle School  
Parent Teacher Association  
Membership Application**



one adult @ \$8.00     two adults @ \$15  
 one student @ \$8.00     additional student @ \$7.50 each

Adult's Name \_\_\_\_\_ Adult's Name \_\_\_\_\_

Address & Zip Code \_\_\_\_\_ Address & Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Charitable donation to the PTA \$ \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_ (check payable to Bryant PTA)

**Volunteering Opportunities:** The PTA hosts and assists with several activities throughout the year, such as refreshments, book fairs, magazine sale and science fair. If you are able to volunteer, it is greatly appreciated. Please watch your email for future volunteering opportunities.

**Thank you for supporting the Bryant PTA!**

Contact Mrs. Holly Frank (membership chair) with any questions at 313-671-5674 or [HLFrank@wowway.com](mailto:HLFrank@wowway.com).

✂ - - - - -

**Please join us at 7pm on these meeting dates for 2015-2016:**

September 21	October 19	November 16	January 25
February 22	March 21	April 18	May 16

**The Bryant PTA Board is:**

Meryl Obermiller	President	obermiller@wowway.com
Karen Sherman	Vice-President	ekhs Sherman@comcast.net
Tory Dewberry	Treasurer	d_toriano@hotmail.com
Lisa Levangie	Secretary	llevangie@wowway.com