



WELCOME TO BRYANT MIDDLE SCHOOL

Soar like an eagle!

SIXTH GRADE INFORMATION

Principal – Andrew Denison
Assistant Principal- Fay Turfe

School Phone Number- 313-827-2900

24 Hour School Attendance/Hotline- 313-827-2901

School Website: <http://bryant.dearbornschools.org/>

PTA President – Stacy Krol - bryantmiddleschoolPTA@gmail.com

Parent Connect: Your elementary username and password will be the same in middle school. Your account will be reactivated in the middle of September.

BRYANT eNews

Sign up for the Bryant e-News in the Bryant website: <http://bryant.dearbornschools.org>. You will receive emails with the latest posts/news from Bryant.

CORE CLASSES

All students will have Language Arts, Western Hemisphere, Science, Math, and Advisory. These courses meet the State Grade Level Content Expectations. More information can be found at <http://dearbornschools.org>.

INDIVIDUAL AND GROUP COUNSELING

The major goal of the guidance program is to develop students' maximum potential academically, socially, and emotionally. In the first year of the three years Michigan Comprehensive Guidance Program, middle school students will focus on orientation to middle school, conflict resolution at school and at home, time management, and self-awareness.

PARENT-TEACHER CONFERENCES

Bryant Middle School will have parent-teacher conferences twice a year. Dates and times of the conferences will be announced in the newsletter, and a personal invitation will be sent home for spring conferences.

BILINGUAL EDUCATION

The bilingual education program provides newcomers and limited English proficient (LEP) students with a solid foundation of English language competency and access to continuous academic, cognitive, and affective progress. By focusing on learners' unique strengths and abilities, the program provides the mechanism by which students can accelerate their learning and achieve the necessary core curriculum outcomes.

SPECIAL EDUCATION

The Dearborn Public Schools provides a continuum of special education programs and support services designed to meet the needs of middle school students with disabilities. In addition, support services such as speech and language and/or school social work interventions are also available to our students.

SIXTH GRADE EXTENDED CORE CURRICULUM

PHYSICAL EDUCATION REQUIRED (40 Weeks – every other day-alternating with band, orchestra, music connections or exploratory class)

The primary goal of the physical education program is to expose the students to a variety of physical fitness activities and skills necessary to lead a healthy, active lifestyle. The program emphasizes motor skills, teamwork and individual responsibility through effort and participation in a variety of activities.

BAND (40 Weeks – every other day, alternating with PE Required)

- Play wind or percussion instruments.
- Develop skills in tone, rhythm, pitch, articulation and music reading.
- Participate in two evening concerts.

ORCHESTRA (40 Weeks - every other day, alternating with PE Required)

- Play the violin, viola, cello or string bass.
- Develop skills in tone, pitch, rhythm, and music reading.
- Participation in two evening concerts.

EXPLORATORY CLASSES (40 Weeks – every other day, alternating with PE Required)

ART

- Explore 2-D and 3-D materials.
- Develop techniques to encourage creativity.
- Explore art history, principles, and elements of design.

EXPLORING LIFE SKILLS

- Cooking – Prepare simple snacks.
- Sewing – Machine sew a drawstring bag.

EXPLORING TECHNOLOGY

- Learn to use measurement (reading a ruler to 1/8).
- Focus on proper and safe use of hand tools, jigsaws and drill presses.
- Use general lab safety.
- Create an individual woodworking project such as a gumball machine.

Transitioning from Elementary to Bryant Middle School

Over the past years, you have become familiar and comfortable with the basic routine and rules of elementary school and have known what to expect. Now, the middle grades have arrived! It's an exciting time that marks a transition in education and personal development. The students change from childhood to adolescence. It's a time where curriculums vary. It is also a time for choices, both socially and educationally.

It can also be a very confusing and bewildering time. In the middle grades, students change rooms and teachers throughout the day, usually hourly. There will be locker combinations to memorize as well as the daily schedule. Students from at least eight different elementary schools will be converging to start new friendships.

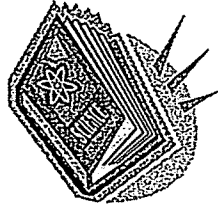
But don't get too nervous. We have very caring staff members, who are here to make this transition as smooth and comfortable as possible. Our teachers are involved with and are committed to their students' educational experience. There will always be someone there if you're feeling lost, disorganized or anxious. We truly want your middle school years to be full of rewarding and memorable experiences.

Most of the documents that were provided in your folder this evening will also be available on my blog. In addition, I have also included some additional documents that I think parents and students may find useful during this transition and beyond. The topics include: "Self Esteem", "How a Counselor Helps a Student", and "Helpful Tips for Student Success".

Mr. Renko's blog: iblog.dearbornschools.org/bryantcounseling/

GOOD LUCK AND WELCOME TO BRYANT MIDDLE SCHOOL!

What skills should my child have mastered before entering the sixth grade?



Math

- ✓ Add, subtract, multiply and divide through 12 fluently – without using their fingers (www.extramath.com –mastering addition, subtraction, multiplication and division - 3 second timing)
- ✓ Multiply and divide 3-4 digits (practice without lattice)
- ✓ Add and subtract fractions with like denominators
- ✓ Decimals, fractions and percents: how to use them
- ✓ Know the terms: sum, difference, product, quotient, mean, average, median, mode and range

Reading and Writing

- ✓ Read, read, read! Students should be able to:
 - Read, comprehend and summarize reading selections
 - Identify structure elements, style and features: character, setting, problem, solution, author's purpose, major ideas, supporting details, vocabulary, reader's aids (graphics, pictorials, illustrations...)
- ✓ Write a 5 paragraph essay about a personal experience.
- ✓ Understand and follow vocabulary often found in directions: explain, identify, describe, list, compare and contrast, etc.
- ✓ Answer questions in complete sentences.
- ✓ Use correct punctuation: periods, capitals, commas, and question marks
- ✓ Know the definitions to the vocabulary words found on the back of this sheet.

Other important skills

- ✓ Be able to advocate for him/herself. Ask questions when confused and/or voice concerns to the staff in a polite and appropriate way.
- ✓ Begin self assessing. If given a chore, how did I do? Examples: Did I fold the clothes neatly and put them away? Did I wash all of the dishes, dry them, put them away and wipe the counter like my mom expects?
- ✓ Come to school ready to learn and be held to high expectations by both parents and teachers.

What's Best for Kids? Tips for Parents

By: Judith Baenen

The first tip is thinking ahead. One of our best tools as parents is being prepared. As your son or daughter gets to the middle school years, get ready for at least occasional conflicts. Think through what is truly important to you. Is the youngster's hairstyle as important as homework? Isn't curfew more of a concern than crabbiness? Obviously, dawdling is a lot easier to accept than drugs. As these give-and-take situations start, know ahead of time what areas you are willing to negotiate and what areas are absolutes.

Break down big chores into small parts. Sometimes young people feel overwhelmed by tasks, especially those they've let go for a long time. A disastrous bedroom, twenty-three overdue math assignments, a long-term project that's "suddenly" due in a few days (or hours!); all of these cause the preadolescent to choose to give up rather than get started.

Help your child by setting up smaller goals: clean off your bed; get five assignments done tonight; assemble the materials for the project. Preadolescents have trouble structuring tasks so that they are more approachable. In an even and off-hand way, we can help them in this.

Encourage your middle schooler to keep a daily list (weekly is too much) with a few things on it to be done that day. It may be necessary to assign a specific time to each task. When the task is completed, draw a line through it to show accomplishment.

Don't hesitate to remind your middle schooler about appointments and due dates. Try to think ahead about materials required for a project (unless you look forward to late-evening visits to K-Mart). This will not last forever. When this same child was learning to walk, we held his or her hands and made the path smooth. Now he or she is learning to take on a tremendous assortment of life-tasks and changes; hand-holding (but not the firm, physical grip previously necessary) is needed for about a year or so as your middle schooler gets started on the road to being a responsible adult.

Be willing to listen, but don't poke or pry. Kids this age value independence and often seem secretive. Keeping to themselves is part of the separateness they are trying to create. Let them know you'd love to help them, but don't push them into a defensive position.

If your child is in the midst of a longtime friendship that is falling apart, the best thing you can do is stand by and be a good listener. It is devastating for us to see our children hurting, but taking sides or intervening is not appropriate, nor will it help. Young adolescents do survive these hurts, especially if they know we are there to listen to their pain.

Friends are people who accept us as we are. They listen, they don't needlessly criticize, they back us up when we're right and pick us up when we're down. Be a friend to your middle schooler; some days kids feel you're the only one they have.

All friendships have ups and downs. Children need to learn that being "best friends" isn't always smooth sailing. People have differences of opinion and even get angry, but they still care for each other. This is what's going on when we get involved in those "I-hate-her-she-is-so-stuck-up-and-how-

could-she-do-this-to-me" conversations. As parents we must help our kids see that one problem doesn't ruin a relationship, but stubbornness might. Middle schoolers have a lot of spats and falling outs, but often the friends are back together again in a short time.

When reprimanding, deal only with the precise problem, don't bring in other issues. "The trash is still here, and I want it out, now," is better than, "You are so lazy! I told you to take that trash out two hours ago and it's still here! You'd live in a pigsty, wouldn't you? Well, you aren't the only one in this house, you know..."

If the issue is minor, keep things light. The shoes on the floor, the wet towel on the bed, the carton left open; these are maddening, perhaps, but not earth-shattering. Call attention to them in a humorous way, so your middle-schooler knows you want action but you aren't being punitive. "Either the cat's smarter than I thought or you left the milk carton open on the counter. One of you please put it back before it spoils."

Don't use power unless it's urgent. Parents have the ultimate power, and kids know it. We don't have to "prove" it to them at every turn. Save your strength for those really important issues you've decided are non-negotiable. Eventually kids are going to possess power of their own, and we want them to be able to use it wisely.

Dear Parent/Guardian:

**Key Points Related to Claiming a Nonmedical Immunization Waiver
for Children Attending Michigan Schools and Licensed Child-Care Centers**



In early 2015, Michigan instituted an administrative rule change on nonmedical waivers for childhood immunizations. Parents/guardians seeking to obtain a nonmedical immunization waiver on behalf of their child/children who are enrolled in school or licensed child-care programs are required to attend an educational session where they are provided with information about vaccine-preventable diseases and vaccinations.

- Michigan has one of the highest immunization waiver rates in the country, with select counties reporting waiver rates up to 12.5% (that is, more than 12% of school-age students in these places have not received all vaccinations) and individual school buildings reporting even higher waiver rates

Key Points

- The rule applies to parents seeking an immunization waiver on behalf of their children enrolled in a public or private:
 - Licensed childcare, preschool, and Head Start programs
 - Kindergarten, 7th grade, and any newly enrolled student into the school district
- This rule preserves your ability to obtain a nonmedical waiver.
- Nonmedical waivers (religious or philosophical/other objections) are now available at your county health department and cannot be found at schools/child-care centers.
- Parents/Guardians are required to follow these steps when seeking a nonmedical waiver:
 1. Contact your county health department for an appointment to speak with a health educator.
 2. During the visit, immunization-related questions and concerns of the parents/guardians can be brought up for discussion with the county health department staff. The staff will present evidence-based information regarding the risks of vaccine-preventable diseases and the benefits/risks (mostly moderate side-effects) of vaccination.
 3. If, at the end of the visit, you request a nonmedical waiver for your child, you will receive a copy of the current, certified (stamped and signed) State of Michigan Nonmedical Waiver Form.
 - Schools/childcare centers will only accept the current, official State of Michigan form (Current date: January 1, 2016).
 - Forms cannot be altered in any way (such as crossing information out).
 4. Take current, certified waiver form to your child's school or childcare center.
- If your child has a medical reason (that is, a true contraindication or precaution) for not receiving a vaccine, a physician must sign the State of Michigan Medical Contraindication Form, available at your doctor's office (not the county health department).
- Based on the public health code, a child without either an up-to-date immunization record, a certified nonmedical waiver form, or a physician-signed medical waiver form can be excluded from school/childcare.

For more information, please visit www.michigan.gov/immunize > then click on *Local Health Departments* > then click on *Immunization Waiver Information*. On this website, there is a link to a list of all the county health departments, along with their addresses and phone numbers.

Nonmedical Waiver Rule for Childhood Immunizations in School and Licensed Childcare: Information for Parents/Guardians

In early 2015, Michigan instituted an administrative rule change on nonmedical waivers for childhood immunizations. Parents/guardians seeking to obtain a nonmedical immunization waiver on behalf of their child/children who are enrolled in school or licensed child-care programs are required to attend an educational session, where they are provided with information about vaccine-preventable diseases and vaccinations.

Frequently Asked Questions:

Why is this rule important?

Michigan has one of the highest immunization waiver rates in the country, with some counties reporting waiver rates up to 12.5% (that is, more than 12% of school-age students in these places have not received all vaccinations). In addition, individual school buildings have reported even higher waiver rates. High nonmedical waiver rates can leave communities susceptible to the entry of diseases such as measles, chickenpox, and pertussis (whooping cough) by undermining community or “herd” immunity that protects vulnerable children (for example, children who cannot be vaccinated for medical reasons and children with compromised immune systems). Herd immunity can also slow the spread of disease if a high proportion of individuals are immune to the disease in a community. Immunization is one of the most effective ways to protect children from harmful diseases and even death.

How does this rule affect parents/guardians?

Parents/guardians seeking to claim a nonmedical waiver are required to participate in an immunization-focused discussion with county health department staff. During the discussion, immunization-related questions and concerns of parents/guardians can be brought up for discussion with the county health department staff. The staff will present evidence-based information regarding the risks of vaccine-preventable diseases and the benefits/risks (mostly moderate side-effects) of vaccination. This rule preserves the ability of parents/guardians to obtain a nonmedical waiver following completion of this required educational session.

What is a nonmedical immunization waiver?

A nonmedical waiver is a written statement by parents/guardians describing their religious or philosophical (other) objections to specific vaccine/vaccines, on a form provided by the county health department.

Who does this rule apply to?

The rule applies to parents seeking an immunization waiver on behalf of their children who are enrolling in a public or private:

- Licensed child-care, preschool, and Head Start programs
- Kindergarten, 7th grade, and any newly enrolled student into the school district

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH (mm/dd/yy)
ADDRESS (Number & Street) (City) (ZIP Code)	TODAY'S DATE (mm/dd/yy)
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER
ADDRESS (Number & Street) (City) (ZIP Code)	WORK TELEPHONE NUMBER

SECTION I - HEALTH HISTORY

<small>Yes</small>	<small>No</small>	<small>Resolved</small>	# Is your child having any of the problems listed below?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____ _____
<input type="checkbox"/>	<input type="checkbox"/>		Does your child take any medication(s) regularly?
			Reason for Medication
			/ /
Parent/Guardian Signature			Date

⇒

Birth History:	
Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
If yes, list medications:	
Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: ____/____/____	Visual Acuity Muscle Imbalance Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: ____/____/____	Audiometer Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	→ Reading: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: ____/____/____	Sugar Albumin Microscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: ____/____/____	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: ____/____/____	Level _____ ug/dl	→ NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.									

Examinations and/or Inspections

Essential Findings Deviating from Normal: 	Exam Date: / /
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PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

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

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

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

Student Name: _____
LAST FIRST MIDDLE INITIAL

Student Address: _____
STREET CITY ZIP

Gender: ☐ M ☐ F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

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

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

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

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

1 Signature of STUDENT: _____ Date: _____

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

INSURANCE STATEMENT

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

The student-athlete has health insurance: ☐ YES ☐ NO

If YES, Family Insurance Co: _____ Insurance ID #: _____

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

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

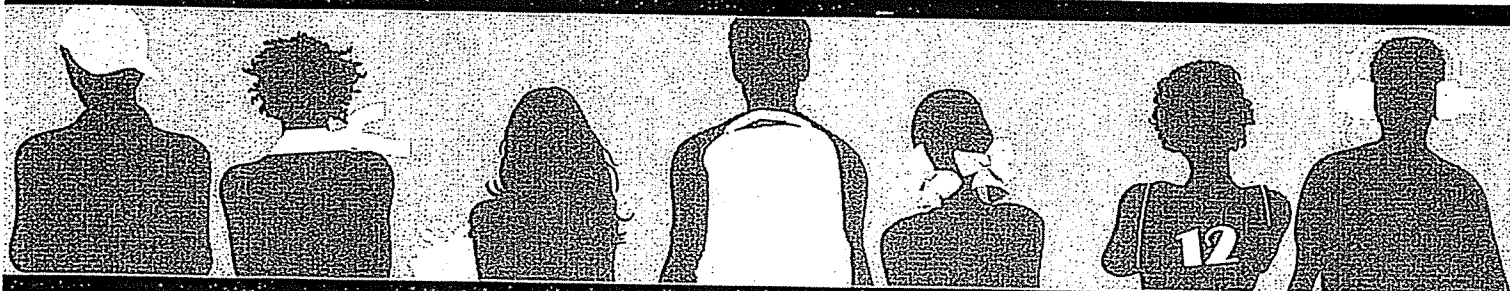
(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

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

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for emergency purposes.

TEEN VACCINES

INFORMATION FOR PARENTS



M eningococcal Vaccines (MCV, MenB)	A dolescent Catch-Up	T etanus, Diphtheria, Pertussis (Tdap)	H uman Papillomavirus (HPV)
<p>Meningococcal vaccines protect you against meningitis, which affects the brain and spinal cord.</p> <p>If you contract meningitis, it can cause brain damage, severe disabilities or death.</p> <p>Common symptoms include a fever, rash, headache, or stiff neck.</p> <p>It is spread through close contact with an infected person, such as coughing, kissing, and sharing food or drinks. This disease is easily spread.</p> <p>MCV is given at 11-12 years of age with a second dose at 16. MenB is given at 16-18 years of age in a series of doses. If you have not received these vaccines before you get your diploma, talk to your health care provider about catch-up.</p>	<p>Many vaccines are given during childhood to give you life-long protection against diseases.</p> <p>If you have not received all of the below vaccines, it is not too late!</p> <p>3 doses of hepatitis B vaccine (Hep B)</p> <p>2 doses of hepatitis A vaccine (Hep A)</p> <p>2 doses of measles, mumps, rubella vaccine (MMR)</p> <p>2 doses of varicella (chickenpox) vaccine</p> <p>At least 3 doses of polio vaccine (IPV or OPV)</p> <p>Flu vaccine every year</p> <p>These vaccines are important, especially if you plan to travel. You need all doses for full protection.</p>	<p>Tdap vaccine protects you against pertussis (whooping cough), diphtheria, and tetanus.</p> <p>Tetanus causes painful tightening of the muscles and is very serious. It is found in soil and enters the body through a cut or wound.</p> <p>Diphtheria can make you unable to breath or move body parts. It is spread by coughing or sneezing.</p> <p>Pertussis can cause severe coughing and choking, making it difficult for you to breathe or eat. It is spread by coughing, sneezing or close contact with an infected person.</p> <p>Tdap vaccine is usually given at the 11-12 years of age. However, anyone who has not had Tdap vaccine needs a dose.</p>	<p>HPV vaccine protects against cervical cancer in women and genital warts in men and women. It will also protect you against several other cancers.*</p> <p>HPV is a common infection transmitted by skin-to-skin contact during sexual activity. Even if you do not have sex, you can still get HPV. HPV infection often has no symptoms so you could have it and not know.</p> <p>The best time to get HPV vaccine is at 11-12 years of age, well before sexual activity starts. However, if you missed your doses, you should still get the vaccine through 26 years of age.</p> <p>This vaccine is very effective against several types of HPV and works best if you get all three doses prior to exposure.</p>



When to Keep Your Child Home from School

Illness	What to do?
Chickenpox	Keep child home until they have no new sores for 24 hours AND all sores are dried and crusted. **During an outbreak of chickenpox, children who are <u>NOT</u> vaccinated for chickenpox (Varicella) and have been in close contact with someone sick with the infection will not be allowed at school for 21 days after they were last exposed to chickenpox, even if they are not sick.
Diarrhea that cannot be controlled and/or with a fever.	Keep child at home.
Fever with temperature 100° or higher and not feeling well enough to participate in class.	Keep child home until fever-free for 24 hours <u>without</u> using fever-reducing medicine such as Motrin or Tylenol.
Flu-like symptoms with fever, chills, sore throat, runny nose, muscle aches, tiredness; may also have vomiting and diarrhea.	Keep child home until symptoms are gone.
Head lice	If lice are first found at school, child may stay until end of the day but may not return until treated and all live lice are gone.
Impetigo	Keep child home until 24 hours after antibiotics have been started.
MRSA	Keep child home if sore is draining and cannot be covered with a clean, dry bandage. Keep child home if they cannot keep from picking at sore.
Rash	Keep child home until seen by a doctor and treated if needed. The school may request a doctor's note to return to school.
Strep throat	Keep child home until 24 hours after antibiotics have been started.
Pink eye with discharge	Keep child home until seen by a doctor and 24 hours after first dose of medicine, if prescribed.
Ringworm	If ringworm is first found at school, child may stay until end of the day if it can be covered. Child may not return until treatment has been started. Area must remain covered until completely healed.
Scabies	Child must stay home until after treatment is started.
Vomiting 2 or more times within 24 hours	Keep child home until able to tolerate regular diet.

Reference: American Academy of Pediatrics (2009) Managing Infectious Disease in Child Care and Schools, second edition

What is considered a certified nonmedical waiver?

A certified nonmedical waiver is the State of Michigan Immunization Waiver Form with a revision date of January 1, 2016, displaying the county health department stamp and signatures of the authorizing agent completing the immunization education and the parent/guardian.

Can a parent/guardian obtain a certified nonmedical waiver form from a school, childcare center, or healthcare provider?

No, a certified nonmedical waiver can only be obtained at a county health department.

How does a parent/guardian obtain a certified nonmedical waiver?

Parents/guardians are required to contact their county health department to receive immunization waiver education and a current certified State of Michigan Immunization Waiver Form.

What if my child has a medical contraindication to a vaccine?

This rule does not change the existing process for medical contraindications to vaccination. If your child has a medical reason (that is, a true contraindication or precaution) for not receiving a vaccine, a physician must sign the State of Michigan Medical Contraindication Form (which is available at your doctor's office, and not the county health department). This form must be completed and signed by a physician before it can be submitted to a school or child-care center.

What documentation are parents/guardians required to submit to their school or child-care center?

1. Parents/guardians are required to submit one of the following documents:
 - A complete immunization record or
 - A physician-signed State of Michigan Medical Contraindication Form or
 - A current, certified State of Michigan Nonmedical Immunization Waiver Form

If one of the above forms is not submitted, then students can be excluded from school or childcare based on the public health code, unless students are in a provisional category. (Provisional is defined as a child who has received 1 or more doses of vaccine, however they need to wait the recommended time to receive the next dose)

2. Waiver forms that are altered in any fashion (for example: information on the form is crossed out) cannot be accepted by schools/child-care programs.

Where can I find more information?

For more information, please visit www.michigan.gov/immunize > then click on *Local Health Departments* > then click on *Immunization Waiver Information*.

- The above website provides a complete list of county health departments in Michigan, including phone numbers and addresses.

SECTION III - IMMUNIZATIONS					
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*					
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2		Influenza (IIV/LAIV)	1	3
DTaP/DTP/DT/Td	1	4		2	4
	2	5	Meningococcal (MCV4 / MPSV4)	1	2
	3	6	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Tdap	1			2	
Haemophilus Influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
	2	4	3		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
	2	4	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
Rotavirus (RV1/RV5)	1	3			
	2		Parent/Guardian refused immunizations: <input type="checkbox"/>		
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____ Health Professional's Signature			_____ Title		_____ Date

		SECTION IV - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other _____
Other Recommendations _____ _____		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____ _____
_____ Dentist's Signature
_____ Date

PHYSICIAN'S SIGNATURE			
_____ Examiner's Signature	_____ Date	_____ Examiner's Name (Print or Type)	_____ Degree or License
_____ Number & Street	_____ City	_____ MI	_____ ZIP Code (_____) Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

Required Childhood Immunizations for Michigan School Settings

School communicable disease rules are the minimum standard for preventing disease outbreaks in school settings.

Healthcare professionals in Michigan should follow the

2016 Recommended Immunization Schedule at www.cdc.gov/vaccines or www.michigan.gov/immunize

to best protect patients from all diseases.

**All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.

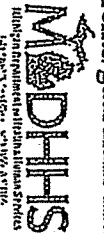
Entry Requirements for All Public & Non-Public Schools

Age → Vaccine**↓	4 years through 6 years	7 years through 18 years including all 7th grade students
Diphtheria, Tetanus, Pertussis	4 doses DTP or DTaP, one dose must be on or after 4 years of age	4 doses D and T OR 3 doses Td if #1 given on or after 7 years of age. 1 dose of Tdap for children 11 years of age or older upon entry into 7 th grade or higher.
Polio	4 doses, if dose 3 administered on or after 4 years of age, only 3 doses are required	3 doses
Measles,* Mumps,* Rubella*	2 doses on or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal	None	1 dose for all children 11 years of age or older upon entry into 7 th grade or higher
Varicella* (Chickenpox)	2 doses of varicella vaccine at or after 12 months of age OR current lab immunity OR reliable history of disease	

* If vaccination is not administered, current laboratory evidence of immunity is required.

**Students susceptible to these diseases may be excluded from school.

Parents/guardians must obtain a certified nonmedical waiver from a local health department.



MEDICAL HISTORY: Completed by Parent or Guardian of 13-Year-Old



Student Name: _____ Date of Birth: _____

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

GENERAL QUESTIONS	Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical conditions? If so, please identify below:		
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:		
Have you ever spent the night in the hospital or have you ever had surgery?		
HEART/HEALTH QUESTIONS ABOUT YOU	Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Has your heart ever race or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have any heart problems? Check all that apply:		
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol		
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:		
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		
Do you get lightheaded or feel more short of breath than expected during exercise?		
Do you have a history of seizure disorder or had an unexplained seizure?		
Do you get more tired or short of breath more quickly than your friends during exercise?		

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

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

MEDICAL QUESTIONS	Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?		
Have you ever used an inhaler or taken asthma medicine?		
Is there anyone in your family who has asthma?		
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores or other skin problems?		
Have you had a herpes or MRSA skin infection?		
Do you have headaches or get frequent muscle cramps when exercising?		
Have you ever become ill while exercising in the heat?		
Do you or someone in your family have sickle cell trait or disease?		
Have you had any problems with your eyes or vision or any eye injuries?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear such as goggles or a face shield?		
Immunization History: Are you missing any recommended vaccines?		
Do you have any allergies?		
Have you ever had a head injury or concussion?		
Do you have any concerns that you would like to discuss with a doctor?		
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
Have you ever had an eating disorder?		
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		
FEMALES ONLY (OPTIONAL)	Y	N
Have you ever had a menstrual period?		
How old were you when you had your first menstrual period?		
How many periods have you had in the last 12 months?		

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

PHYSICAL EXAMINATION	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Clearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Ears/Nose/Throat: Pupils Equal Hearing			Back		
lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Arteries: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Genitals			Hip/Thigh		
Breast: Gynecomastia			Knee		
Urinary (males only)			Leg/Ankle		
Rectal: HSV: Lesions suggestive of MRSA, linea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

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

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

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN of 13-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____

EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____

PROCEDURES AND POLICIES

Arrival and Dismissal

Students may enter the building at 7:50 a.m. Students arriving at school prior to 7:50 a.m. will remain outside until 7:50 a.m. Students are expected to leave the school property by 3:05 unless involved in an after-school activity.

Cell Phone and Electronics Policy

The rules/procedures regarding cell phones and other electronics are as follows:

- Cell phones and other electronic devices must be turned off and stored in hall lockers during the school day.
- Cell phones and other electronics are not to be seen or heard at any time in the school building.
- Bryant Middle School staff will confiscate all cell phones and other electronic devices which are seen or heard in the school building.
- All cell phones and other electronic devices will then be picked up by a parent.
- Bryant Middle School is NOT responsible for lost, stolen or damaged cell phones or electronic devices

1st Offense- Device is returned to a parent at the end of the next school day.

2nd Offense- Device is returned to parent at the end of the day on the next Monday.

3rd Offense- Device is returned to a parent at the end of the school day on the next Monday. Referral to administration.

Attendance

The Bryant administration and staff believe in the value of regular attendance in order for students to receive the full benefit from their educational experience and the essential components of learning. School attendance is the joint responsibility of the students, parents, and school.

Students are expected to arrive on time and attend all assigned classes.

If your child will be absent from school, please contact the Attendance Line by phone at (313)827-2901.

Please provide medical documentation to the main office for all appointments your child has during the school day.

Tardiness

All students who come to school late MUST check in at the main office to obtain a pass to class. Late students arriving to class without a pass will be referred back to the main office.

All students are expected to enter class and begin working on bellwork or assignment. During the school day, students arriving tardy to his/her assigned class, the following procedures will be followed:

- 1st Offense - Teacher Warning - Reteach of Expectation
- 2nd Offense - Teacher Warning - Reteach of Expectation
- 3rd Offense - Detention issued by the teacher and parent contact shall be made.
- 4th Offense - Detention issued by the teacher and parent contact shall be made.
- 5th Offense - Administrative Referral

Make Up Work

Upon returning from an absence, all students must see all teachers to obtain work they missed.

Early Dismissal

Any student leaving early will be released only from the office. No student will be released until an authorized adult comes into the office to sign the child out and the adult has been identified. An adult may be required to show identification to office personnel. This is to ensure the safety of our students.

Bus Transportation

The school bus is an extension of the classroom and any infraction of the Student Code of Conduct on the bus will be handled by the building administrator. Students are only permitted to ride a bus as assigned by the Transportation Department.

Bryant Notification Center

Bryant Middle School has two communication boards located in the hallway between the main doors and the front office. The purpose of these boards is to communicate with students that an item such as, but not limited to lunch, homework, gym, clothes, keys or money has been dropped off. A large note with the student name will be posted on the communication board. Students should remove the note and bring it to the office to retrieve the item. This is to reduce the interruptions in the classroom during instructional time. The office staff will not interrupt the classrooms for forgotten or dropped off items.

Dress Code

Bryant Middle School is committed to safety and to providing all students a positive learning environment. The school follows a dress code that requires students to wear clothing that is neat, clean, safe and appropriate for school activities. Dress code adherence is a reflection on you, your family and the school community at Bryant Middle School.

Guidelines for appropriate attire are listed below.

- All clothing is to be neat and clean.
- Appropriate footwear must be worn at all times. Flip Flops and slippers are not allowed.
- Dresses and skirts must be finger length while in a natural stance. Leggings, tights, yoga pants, tight jeans or tight sweats are allowed when wearing attire over them that is at least fist length while in a natural stance.
- Writing/art work must be free of images or references of alcohol, drugs, tobacco, violence, profanity or references that degrade or is offensive to any gender, race, color, religion or sexual orientation.
- Shirts must cover the entire torso at all times. Sleeves must be at least one inch in width. Necklines should be modest with no cleavage showing.
- Undergarments shall not be seen.
- Manufactured mutilated/ripped jeans are not allowed.
- Hoods/hats are to be removed upon entering the school building.

Administration will determine the appropriateness of clothing, Violations of the dress code may result in:

- Parent contact
- Students wearing clothing provided by Bryant Middle School until appropriate clothing is brought by parent.
- If dress code violations persist, school administration may take further disciplinary action.

Counseling Department

Each Bryant Middle School student has a guidance counselor assigned to them, based on grade level.

- Counselors work with students on an individual or small group basis in the solution of personal problems as related to peers, home & family, health and emotional adjustment.
- Counselors are available to students so as to provide counseling that will lead to increased personal growth, self-understanding and maturity.
- Bryant counselors maintain communication between administration, faculty, and parents so as to better meet the needs of each student.
- Our counselors are visible in the hallways daily and in the cafeteria during every lunch period. Parents are welcome to contact counselors to set up an office appointment when necessary.

Summer Learning: Math and Literacy

Dear Parent/Guardian,

According to Johns Hopkins University, the effects of summer learning loss can result in nearly a three-month loss in grade-level equivalency in math and a two-month loss in grade-level equivalency in reading. In order to close the summer learning loss gap in reading and math, middle school students will be expected to complete Summer Learning before they return in the fall. Teachers will grade the completed summer work when school opens in September. Below are the expectations for math and literacy. Thank you so much for supporting your child's development through summer learning.

Math:

- Complete 60 minutes of Khan Academy a week, based on their NWEA level.
- Students need to access Khan through Clever from the Dearborn Schools Student page.

DO NOT LOG IN FROM THE STUDENT'S PERSONAL ACCOUNT

Literacy:

- Read 3 books of your choice and genre
- Prepare one book talk to be presented in September
- Complete a combined 60 minutes of MobyMax a week in Vocabulary, Language, and Reading Skills Literature
- Students need to access MobyMax through Clever from the Dearborn Schools Student page.

DO NOT LOG IN FROM THE STUDENT'S PERSONAL ACCOUNT

Below is the grade breakdown by minutes for each subject area: Math (Khan) and ELA (MobyMax).

480+ minutes	A
384 - 479	B
336 - 383	C
288 - 335	D

Please sign and return the bottom portion to your child's teacher

I understand the summer learning requirements for my child and that these assignments will be graded in both math and language arts.

Parent/Guardian Signature _____

Date _____



2020-21

Dearborn Public Schools Calendar

August 31, 2020 First day all students
June 18, 2021 Last day all students

1/2 Day AM
1/2 Day AM

Updated 1/6/20

August

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

September

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

October

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

November

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

December

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

January

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

February

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March

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

April

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

May

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

June

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

Graduation Dates
To Be Announced

More information at:
dearbornschools.org/services/district-calendar/

No School- Vacation

Elementary- Full Day Students & Teachers
Secondary -1/2 Day- AM, Teacher PD - PM

Elementary—1/2 Day AM, PM Teacher PD
Secondary—1/2 Day AM ,PM Teacher Duty

All Teachers- Professional Development Day
No Students

All Students- 1/2 Day—AM
All Teachers- 1/2 Day Professional Development PM

All Students- 1/2 Day- AM
All Teachers- 1/2 Day Duty Day- PM

No School- Conference Release Day



Elementary- 1/2 Day AM/ Teacher Duty PM
Secondary -Full Day Students & Teachers



Late Arrival Day - All Grades