

Dear Concordia Families,

Summer Greetings! Many things have been going on behind the scenes to get things ready for your arrival. You should have already received two emails earlier this summer. Attached to this email is the first round of information to help you and your child(ren) get ready for a new school year.

News updates:

- **Staffing Changes:** **Miss Jenny Brockberg** will be our new resource room teacher. She will be joining us through Lutheran Special Education Ministries. She has taught in Bay City, Michigan and at an international school in Vietnam. **Mrs. Bekah Hoeft** will be teaching kindergarten and first grade. **Miss Karyn Donal** is moving to fifth grade and will have the sixth graders for religion in the afternoon. **Mrs. Schwaegerle** will be moving up to sixth grade homeroom and seventh and eighth grade science and social studies. **Sandi Dingman** will be the new face in the St. Paul's office. Her full-time position replaces our two part-time positions.
- **Court of Concordia Update:** **A generous donor has stepped forward and has agreed to match any new donors and any amounts above last year's amount given by returning donors until the end of the campaign. You can still make a donation to the Court of Concordia.** Our fiscal year is from August 16 to August 15, so we still have three weeks to go under our old budget. **Your help would be greatly appreciated.**
- **Enrollment:** **Who do you know that could benefit from hearing about the love of Jesus every day?** If you know of anyone who has not re-enrolled their child(ren), encourage them to do so. If you know anyone who might be interested in CLS, call and give Diane Porter, our admissions counselor, their name and address so we can send them information about our school.
- **Fit & Fresh Fundraiser:** You can get ready for packing lunches and help Concordia at the same time by ordering your child's lunch bag, water bottles, backpacks, and much more at <http://www.fitfreshfundraising.com/> Enter Concordia as the group ID. Orders will be shipped right to your door within 3-5 days after ordering. Please place your orders by August 21.
- **Service Hours:** Each family will be required to complete **16 hours** of service per year. These hours can be fulfilled by parents, students or an extended family member. Volunteer opportunities could include (but are not limited to) helping with class field trips, school fundraisers, special teacher requests, P.I.E. events, spring and fall cleanups, etc. Each family should record their hours in the school office of either campus as the hours are completed. Four hours should be completed each quarter with all hours finished prior to the Friday before the last day of school. A \$10 charge will be assessed for each hour not completed.
- **Nonmedical Immunization Waiver Information:** The state has changed the procedure on granting immunization waivers. Schools can **NO LONGER** issue the immunization waivers. Parents **must go to their county health department** to get the waiver. Please call Wayne County Health Department at

734-727-7078, or Oakland County Health Department at 248-424-7000 for more information.

- **Website** – www.concordials.org. We continue to update and add to the website. Check out the calendar, photos, Virtual Open House, and other information. This email and other forms can be found on the website as well.

This email contains the following attachments:

- **Dress Code for 2016-2017:** Please read the enclosed Dress Code carefully before purchasing school clothes for your child(ren). **Spirit Wear** will be available for purchase on Registration Day. All of the shirts, sweatshirts, and hoodies we offered last year will be available again this year. Watch for this year's new theme shirt.
- **Supply List for 2016-2017:** The Supply List is attached in chart form. Please note that some items (listed at the bottom) will be provided as part of your materials fee and **do not** need to be purchased. Watch for **Box Tops** on your back to school purchases. Some items even have bonus Box Tops during the back to school sales season.
- **Health Appraisal:** This form is required for **ALL** students. Please make sure you make an appointment with your doctor to get this form completed by the time school starts.

Please mark your calendars:

Tuesday, August 23 Registration Day is from 10AM-1PM and 5-7PM at the North Campus. We need someone from every family to attend Registration.

Thursday and Friday, August 25 and 26 Classroom visits (schedule a time at registration)

Monday, August 29 Half Day of School

Tuesday, August 30 First Full Day of School

Friday, September 2 NO SCHOOL – Labor Day Break

I hope you are having a great summer!

In His service,



Judy Schwaegerle, Principal

Concordia Lutheran School

North Campus (Farmington Hills) 248-474-2488

South Campus (Redford) 313-937-2233

Concordia Lutheran School

Standard of Dress

2016-2017 School Year

All students will be in appropriate dress code at all times while attending school at *Concordia Lutheran School* except for designated times determined by the administration.

If the student's dress or appearance is deemed inappropriate by either the principal or a teacher, the family will be called to provide a change of clothing before the child is allowed to return to the classroom. *Concordia Lutheran School reserves the right to counsel, reprimand, suspend, and even dismiss a student if the student does not cooperate or comply with the school's standards.*

KINDERGARTEN DRESS CODE

These guidelines should be followed:

1. Children should be dressed in comfortable play clothes. Remember children will be painting, gluing, crawling, and climbing.
2. Children must appear neat, clean, and dressed in a Christian manner.
3. Shorts may be worn from the first day of school until October 15 and from April 15 until the last day of school. Sandals are not to be worn at any time.
4. Boots must be worn during muddy or snowy weather. Boots are not allowed inside the classroom; therefore, shoes must be brought to school for the students to change into.
5. Please mark all outer garments with your child's name. Jackets, boots, and mittens are difficult to identify when so many are the same or similar.

GRADES 1-8 DRESS CODE

Students must appear neat, clean, and dressed in a Christian manner.

These guidelines should be followed:

1. Tops must have a collar. They may be pullover style with collar (polo or golf shirt), dress shirt that buttons down the front, or turtleneck. Tops are to have no writing with the exception of a small manufacturer's logo.
2. Sweaters, cardigans or Spirit Wear (sweatshirts/hooded) may be worn; proper school attire (shirt with a collar) shall be worn underneath.

3. Pants, shorts, skorts, capris, dresses and jumpers are to be in solid colors of tan, navy, black, brown or hunter green, only; and must be proper fitting.
4. Skirts, shorts, skorts and jumpers may be no shorter than 3” above the knee when the student kneels on the floor. Shorts and capris may be worn from the first day of school until October 15 and from April 15 until the last day of school. From October 16th–April 15th girls must wear tights under skorts, skirts, and jumpers.
5. Belts must be worn with pants that have belt loops.
6. Comfortable shoes with closed toes and closed heels shall be worn with socks, laces tied, and buckles buckled, etc. All students are required to keep a pair of tennis shoes in their locker for gym.
7. Hair should be neat and clean, cut above the collar (boys) and cut above the eyebrow or pulled back from the face.
8. Gym clothes should be in good taste, proper fitting, and clean. A gym uniform will not be required.

These items are not allowed:

1. No denim (except for Jean Days), spandex or tight fabrics.
2. No T-shirts except Spirit Wear on Jean Days. Sweat suits are not allowed.
3. No sleeveless shirts or dresses, tank tops, halter tops or midriff shirts.
4. No clothing that is torn, worn, frayed, “holed,” tight, undersized, oversized, revealing or sloppy.
5. No earrings are to be worn by boys; no body art or piercing.
6. No designs, logos or sayings are to be cut into hair.
7. No fad or alternative items, including wheeled shoes such as Heelys.
8. No slippers, moccasins, or high heeled shoes.

All Fridays are considered Spirit Wear / Jean Days. Students may wear plain blue jeans as long as they wear some item of **Spirit Wear** as their top. **Spirit Wear** is defined as official Concordia Lutheran School t-shirts, shirts, sweatshirts, etc. Spirit Wear can be purchased or ordered through either campus office. It may be necessary to order items if the correct size is not in stock.

Concordia Lutheran School

Supply List

2016-2017 School Year

It is important that all students have all needed supplies on the first day of school.

ITEMS NEEDED THAT ARE TO BE PROVIDED BY STUDENT	RR*	K	1	2	3	4	5	6	7	8
Pencils #2				X24	X12	X12	X12	X12	X12	X12
Pens – Blue or Black Not Erasable								X5	X5	X5
Pens – Red	X1						X2	X2	X2	X4
Note Book Paper (200+ count – wide ruled)					X2	X2	X1	X1	X2	X2
Spiral Notebooks 8-1/2 x 11	X1				X1	X1	X8	X8	X5	X5
Three Ring Binder 1”	X1				X1	X1			X1	X1
Portfolio/Folder with Pockets	X2	X1	X2	X4			X6	X2	X2	X2
Scissors – pointed (good quality)				X	X	X	X	X	X	X
Calculator (Scientific in Grades 6-8)								X	X	X
Tissue (200+ count box)	X1	X1	X3	X3	X3	X3	X3	X3	X3	X3
Flash Drive for computer							X	X	X	X
Head phones/ear buds for computer							X	X	X	X
Clorox Disinfecting Wipes	X1	X2	X2	X1	X3	X3	X3	X3		
Paper Towels (Bounty preferred)	X1	X2	X2	X2	X1	X1	X4	X4	X4	X4
Bottles of Hand Sanitizer (at least 8 oz)		X1			X1	X1				
Gym Shoes (to stay at school)		X	X	X	X	X	X	X	X	X
Gym Uniform (loose shorts/plain t-shirts)							X	X	X	X
Baby Wipes (250 count)	X1	X2	X3							

Note: the number after the “X” indicates quantity. *RR=Resource Room students

BACKPACKS: All students should have a backpack to carry items back and forth between home and school. The backpack should be soft sided and **cannot have wheels.**

The following items will need to be purchased at school at the beginning of the year:

ESV Bible for Grades 3-8 (\$15) Luther’s Catechism for Grades 7-8 (\$15)

The following items will be provided to students when needed by the school at no additional charge. The cost for these items is covered in the Materials Fee. The Materials Fee also includes the cost of workbooks, textbooks, classroom supplies for teachers and other items.

Assignment Book (Grades 2-8) Crayola Crayons, Markers and Colored Pencils
 Glue Stick/Bottle Pencil Case or Pouch Scissors - Blunt (Grades K-1)
 Compass/ Protractor, Graph Paper (Grade 6-8) Highlighter (Grade 5-8)

All items brought to school should be clearly marked with the student’s name. **No items should be brought to school that are not on the list.** If you have any questions, please call the school office. Items brought to school that are not needed will be sent home.

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

Yes	No	Resolved	# 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)	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: _____
<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"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			_____ / /	
			Parent/Guardian Signature _____ Date _____	

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"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: ___/___/___	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	➡			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: ___/___/___	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: ___/___/___	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<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: ___/___/___

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
				2	4
DTaP/DTP/DT/Td	1	4	Meningococcal (MCV4 / MPSV4)	1	2
	2	5	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	3	6		2	
Tdap	1		OTHER Vaccines	Type of Vaccine(s)	Date of Vaccine(s)
<i>Haemophilus Influenzae</i> type b (HIB)	1	3	Specify Date & Type	1	
	2	4		2	
Polio (IPV/OPV)	1	3		3	
	2	4	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	*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.		
	2	4			
Rotavirus (RV1/RV5)	1	3	Parent/Guardian refused immunizations: <input type="checkbox"/>		
	2				
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					
_____			_____		____/____/____
<i>Health Professional's Signature</i>			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: _____

child's name

_____ / _____ / _____
Date

_____ / _____ / _____
Date

PHYSICIAN'S SIGNATURE

_____ / _____ / _____
Date

_____ Degree or License

_____ MI _____ Telephone _____

_____ City _____ ZIP Code _____

_____ Number & Street

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.