

AUTHORIZATION FOR RELEASING STUDENT DIRECTORY INFORMATION

The Ruthven-Ayrshire Community School District has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act of 1974 (FERPA). A copy of the school district's policy is available for review in the Superintendent's Office.

This law requires the school district to designate as "directory information" any personally identifiable information taken from a student's educational records prior to making such information available to the public.

The school district has designated the following information as directory information:

- Student's Name
- Address
- Telephone listing
- Electronic mail address
- Photograph
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and heights of members of athletic teams
- Degrees, honors, and awards received
- The most recent educational agency or institution attended
- Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc (A student's SSN, in whole or in part cannot be used for this purpose.)

You have the right to refuse the designation of any or all of the categories of personally identifiable information as directory information with respect to your student provided that you notify the school district in writing not later than September 1st, of this school year. If you desire to make such a refusal, please contact the district office for a waiver form. **If you have no objection to the use of student information, you do not need to take any action.**

REQUIRED IMMUNIZATIONS
ELEMENTARY/SECONDARY SCHOOL

Diphtheria/Tetanus/Pertussis

5 doses with 1 dose received \geq 4 years of age if born after Sept. 15, 2003; **OR**

4 doses with 1 dose received \geq 4 years of age if born after Sept. 15, 2000 but on or before Sept. 15, 2003; **OR**

3 doses with 1 dose received \geq 4 years of age if born on or before Sept. 15, 2000; **AND**

1 dose of tetanus/diphtheria/acellular pertussis - containing (Tdap) vaccine for applicants born after Sept. 15, 2000, upon entrance into 7th grade and above

Polio

4 doses with 1 dose received \geq 4 years of age if born after Sept. 15, 2003; **OR**

3 doses with 1 dose received \geq 4 years of age if born on or before Sept. 15, 2003

Measles/Rubella

2 doses with the first dose received \geq 12 months of age; second dose no less than 28 days after the first dose

Hepatitis B

3 doses

Varicella

2 doses received \geq 12 months of age if born after Sept. 15, 2003; **OR**

1 dose received \geq 12 months of age if born on or after Sept. 15, 1997, but born on or before Sept. 15, 2003; **OR**

A reliable history of natural disease

Meningococcal

1 dose received on or after 10 years of age for applicants in 7th grade and above, if born after September 15, 2004; **AND**

2 doses for applicants in the 12th grade, if born after September 15, 1999, (1 dose received on or after 16 years of age); or 1 dose if received when the student was 16 years of age or older.

KEY:

$>$ = greater than $<$ = less than
 \geq = greater than or equal to \leq = less than or equal to

VACCINES
YOUR BEST SHOT AT PREVENTION

FOR MORE INFORMATION:

If you have questions regarding Iowa's immunization law, please call the Iowa Department of Public Health at:

1-800-831-6293

OR VISIT:

<https://idph.iowa.gov/immtnb/immunization>



IMMUNIZATION LAW AND YOU

Immunize for a better life!



REQUIRED IMMUNIZATIONS
LICENSED CHILD CARE

Less than 4 months of age

This chart contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.

4 through 5 months of age

1 dose each of Diphtheria/Tetanus/Pertussis, Polio, Hib, Pneumococcal

6 through 11 months of age

2 doses each of Diphtheria/Tetanus/Pertussis, Polio, Hib, Pneumococcal

12 through 18 months of age

3 doses Diphtheria/Tetanus/Pertussis

2 doses Polio

2 doses Hib if received 1 dose $<$ 15 months of age; or 1 dose if received $>$ 15 months of age

3 doses Pneumococcal if received 1 or 2 doses $<$ 12 months of age; 2 doses if received 1 dose $>$ 12 months of age or has not received this vaccine before

19 through 23 months of age

4 doses Diphtheria/Tetanus/Pertussis

3 doses Polio

3 doses Hib with the final dose in the series \geq 12 months of age; or 2 doses if only 1 dose received $<$ 15 months of age; or 1 dose received if \geq 15 months of age

4 doses Pneumococcal if received 3 doses $<$ 12 months of age; or 3 doses if received 1 or 2 doses $<$ 12 months of age; or 2 doses if received 1 dose \geq 12 months of age or has not received this vaccine before

1 dose Measles/Rubella \geq 12 months of age

1 dose Varicella \geq 12 months of age or a reliable history of natural disease

24 months of age and older

4 doses Diphtheria/Tetanus/Pertussis

3 doses Polio

3 doses Hib with the final dose in the series \geq 12 months of age; or 2 doses if only 1 dose received $<$ 15 months of age; or 1 dose if received \geq 15 months of age

4 doses Pneumococcal if received 3 doses $<$ 12 months of age; or 3 doses if received 2 doses $<$ 24 months of age; or 2 doses if received 1 dose $<$ 24 months of age; or 1 dose if received no doses $<$ 24 months of age

1 dose Measles/Rubella \geq 12 months of age

1 dose Varicella \geq 12 months of age or a reliable history of natural disease



IOWA'S IMMUNIZATION LAW

This brochure outlines the minimum immunization requirements for a child to attend licensed child care and school in Iowa. These requirements are based on the recommendations from the Advisory Committee on Immunization Practices (ACIP) and are minimum requirements to maintain a healthy child in group settings. Iowa's immunization requirements apply to ALL individuals attending licensed child care centers and schools in Iowa, including those who are home schooled.

PROOF OF IMMUNIZATION

CERTIFICATE OF IMMUNIZATION

A Certificate of Immunization must be given to the licensed child care center or school the child will attend. To be valid, the Certificate of Immunization must include the name and birth date of the child, the dates required vaccines were received and must be signed by a physician (MD or DO), physician's assistant, nurse or certified medical assistant.

PROVISIONAL CERTIFICATE OF IMMUNIZATION

A child who has begun, but not completed, the required immunizations for their age may receive a Provisional Certificate of Immunization so they may attend licensed child care or school while they finish their required vaccinations. To be eligible for provisional enrollment, the child must receive at least one dose of each of the required vaccines for their age. The next dose of required vaccine should be given as soon as possible but no longer than 60 days from the previous dose(s). If at the end of 60 days, the child has not received the next required dose(s) of vaccine, the child cannot attend licensed child care or school.

The Provisional Certificate of Immunization must be submitted to the licensed child care center or school the child attends while completing the required immunizations. After the child has received all the required immunizations, a Certificate of Immunization must be submitted to the licensed child care center or school. Students transferring from one U.S. school to another are eligible for provisional enrollment for 60 days to allow their immunization records to be transferred from the previous school.

MEDICAL EXEMPTION

A medical exemption may be granted if a health care provider believes immunization(s) would be harmful to the child or a member of the child's household. To be valid, the Certificate of Immunization Exemption must be completed and signed by a physician (MD or DO), physician's assistant or nurse practitioner. The Certificate of Immunization Exemption must be submitted to the licensed child care center or school the child attends.

RELIGIOUS EXEMPTION

A religious exemption may be granted if immunizations conflict with a religious belief and is not based on scientific, medical or personal opinion. To be valid, the Certificate of Immunization Exemption must be completed with the name and birth date of the child and signed by the individual or the child's parent or guardian and must be notarized. The Certificate of Immunization Exemption must be submitted to the licensed child care center or school the child attends.

ENFORCEMENT

Students who do not provide a Certificate of Immunization, Provisional Certificate of Immunization or Certificate of Immunization Exemption to the licensed child care center or school on the first day of school cannot attend.

SCHOOL RECORDS

Schools are required to keep the certificate(s) on file for three years after the transfer/graduation of the child or provide the certificate(s) to the student upon graduation. If the child transfers to a different school, the previous school will assist in the transfer of the certificate(s).

Blank certificates are available from health care providers, schools, local public health agencies or on the Iowa Department of Public Health website at <http://idph.iowa.gov/ImmTB/Immunization/laws> or by calling the Iowa Department of Public Health, Immunization Program, at 1-800-831-6293.

IMMUNIZATION RECORDS

It is important to maintain immunization records in a safe place. Proof of immunizations may be necessary throughout life. The Iowa Department of Public Health does not maintain historical paper immunization records. However, immunization records can be entered into a permanent statewide electronic database called IRIS, Iowa's Immunization Registry Information System. Talk with your health care provider about entering your immunizations into IRIS and to obtain copies of your immunization records.

COLLEGES AND UNIVERSITIES

The Iowa Department of Public Health rules do not apply to immunization requirements for colleges and universities. Contact the college or university directly for their specific immunization requirements.



HAS YOUR CHILD BEEN TESTED FOR LEAD PRIOR TO ENTERING KINDERGARTEN?

The State of Iowa requires all children entering kindergarten to have at least one blood lead test before the child is 6 years of age. Lead poisoning continues to be a serious problem in Iowa, with lead-based paint being the main source of poisoning to children. Lead is commonly found in the paint of homes built before 1978 and, less commonly in other sources, like spices, ceremonial make-up, home remedies and water.



According to the Centers for Disease Control and Prevention (CDC), studies have shown that a small exposure to lead is enough to reduce children's capacity to do well in school. The only way to know if your child has been exposed to lead is to have them tested. At a minimum, the Iowa Department of Public Health (IDPH) recommends children be tested for lead at 1 and 2 years of age. Your provider may recommend additional testing if risk factors for lead exist.

Why does my child need a blood lead test?

Since 2008, Iowa law has required all children to have a lead test before they turn 6 years old and enter school. Blood lead testing promotes early detection and referral for treatment of lead poisoning; informs parents and guardians about their children's exposure to lead; and promotes the importance of living in a lead safe environment.

Who pays for the testing?

Most private insurers and public insurance plans, like Medicaid and Hawki cover the cost of a blood lead test. If you do not have a way to pay for the test, contact your local health department or IDPH at (800) 972-2026.

What if I don't remember if my child had a blood lead test?

Call your child's medical provider and ask them to check if a blood lead test for your child is in the medical chart. If it is, request a copy of the blood lead test results and bring it to your child's school. If your provider does not have a record of testing, schedule a date to have your child tested.

What information do I need to provide to the clinic or lab?

Provide the same name and date of birth that you will report or already reported at your child's school. If you submit your child's information different at the clinic or school, it is likely that IDPH will not be able to determine that your child had a blood lead test, and will ask for a test later on.

In addition, ask your clinic or lab if they send blood-lead test results to IDPH. If they are not familiar with the procedure, please provide them with the department's phone number: (800) 972-2026. This way, IDPH will not miss your child's test results, and will not request another.

What do I do with my child's blood lead test results?

If your child was tested in Iowa at a medical provider's office, clinic, or lab, their results will be reported to IDPH. If your child was tested in another state, you will need to obtain a copy of his or her results and give it to your child's school to submit to IDPH.

Is my child's blood lead testing information secure?

Yes, only authorized people have access to your child's information. The Iowa Department of Public Health stores blood lead testing information in a secure database.

What if I do not want my child have a blood lead test?

The Iowa Department of Public Health grants two types of exemptions to those who meet the criteria for a Religious and Low Risk Exemption.

1. The religious exemption is for kindergartners whose parents/guardians believe a blood lead test conflicts with their genuine and sincere religious belief.
2. The low risk exemption is for kindergartners who meet certain criteria regarding, among others, place of residence, parents'/guardians' occupation, child's mouthing habits and travel outside of the U.S.

To learn more about these exemptions, visit the IDPH website at www.idph.iowa.gov and type the word "exemption" in the search box. Then select the appropriate link.

Otherwise, call IDPH at (800) 972-2026 or at (515) 281-3225. If Deaf Relay (Hearing or Speech Impaired), call 711 (800)-735-2942



Iowa Department of Public Health

CERTIFICATE OF VISION SCREENING

Pursuant with Iowa Code Chapter 641.52

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Form with fields for Student Last Name, Student First Name, Birth Date, Parent/Guardian Telephone Number, Student Address, and Zip Code.

Screening Information vision testing requirements can be accomplished either through a screening (see below) or with a comprehensive eye exam (see other side). Screening provider must complete this section or parents may attach a copy of vision screening results given to them by a provider.

Form with fields for Date of Vision Screening, Result (Pass/Fail), Testing method (Vision Screening/Photo Screen/Other), Visual Acuity (With/Without Correction), Right Eye/Left Eye, and Referral to eye health professional (Yes/No).

Business Name/Source of Screening: (please print name of provider office or if provided by school nurse, name of school)

Provider Name: (please print) Phone:

Signature and Credentials of Provider: Date:

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten and again before enrollment in the 3rd grade.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and 3rd grade and no later than six months after the date of the child's enrollment in Kindergarten and 3rd grade.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
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Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

No Obvious Problems – the child’s hard and soft tissues appear to be visually health and there is no apparent reason for the child to be seen before the next routine dental checkup.

Requires Dental Care – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.

Requires Urgent Dental Care – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth Decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

DDS/DMD RDH MD/DO PA RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH MD/DO, PA, or RN/ARNP) may transfer information on this form from another health department. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Delivery Systems
1-866-528-4020 • <https://idph.iowa.gov/ohds>

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, qualified doctor of chiropractic, licensed physician assistant, or advanced registered nurse practitioner, to the effect that the student has been examined and may safely engage in athletic competition. *This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.*

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

Home Address (Street, City, Zip) _____ School District _____

Parent's/Guardian's Name _____ Date _____ Phone # _____

Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the other side of this form after the examination.)

- | | Yes | No | | Yes | No | |
|-------|------------|-----------|--|------------|-----------|--|
| 1. | _____ | _____ | Allergies to medication, pollen, stinging insects, food, etc.? | 20. | _____ | Head injury, concussion, unconsciousness? |
| 2. | _____ | _____ | Any illness lasting more than one (1) week? | 21. | _____ | Headache, memory loss, or confusion with contact? |
| 3. | _____ | _____ | Asthma or difficulty breathing during exercise? | 22. | _____ | Numbness, tingling or weakness in arms or legs with contact? |
| 4. | _____ | _____ | Chronic or recurrent illness or injury? | ***** | | |
| 5. | _____ | _____ | Diabetes? | 23. | _____ | Severe muscle cramps or illness when exercising in the heat? |
| 6. | _____ | _____ | Epilepsy or other seizures? | ***** | | |
| 7. | _____ | _____ | Eyeglasses or contacts? | 24. | _____ | Fracture, stress fracture or dislocated joint(s)? |
| 8. | _____ | _____ | Herpes or MRSA? | 25. | _____ | Injuries requiring medical treatment? |
| 9. | _____ | _____ | Hospitalizations (Overnight or longer)? | 26. | _____ | Knee injury or surgery? |
| 10. | _____ | _____ | Marfan Syndrome? | 27. | _____ | Neck injury? |
| 11. | _____ | _____ | Missing organ (eye, kidney, testicle)? | 28. | _____ | Orthotics, braces, protective equipment? |
| 12. | _____ | _____ | Mononucleosis or Rheumatic fever? | 29. | _____ | Other serious joint injury? |
| 13. | _____ | _____ | Seizures or frequent headaches? | 30. | _____ | Painful bulge or hernia in the groin area? |
| 14. | _____ | _____ | Surgery? | 31. | _____ | X-rays, MRI, CT scan, physical therapy? |
| ***** | | | | | | |
| 15. | _____ | _____ | Chest pressure, pain, or tightness with exercise? | 32. | _____ | Has a doctor ever denied or restricted your participation in sports for any reason? |
| 16. | _____ | _____ | Excessive shortness of breath with exercise? | 33. | _____ | Do you have any concerns you would like to discuss with your health care provider? |
| 17. | _____ | _____ | Headaches, dizziness or fainting during, or after, exercise? | | | |
| 18. | _____ | _____ | Heart problems (Racing, skipped beats, murmur, infection, etc.?) | | | |
| 19. | _____ | _____ | High blood pressure or high cholesterol? | | | |

- Family History:**
34. _____ Does anyone in your family have Marfan syndrome?
35. _____ Has anyone in your family died of heart problems or any unexpected/unexplained reason before the age of 50?
36. _____ Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?
37. _____ Has anyone in your family had unexplained fainting, seizures, or near drowning?
38. _____ Does anyone in your family have asthma?
39. _____ Do you or someone in your family have sickle cell trait or disease?

Use this space to explain any "YES" answers from above (questions #1-38) or to provide any additional information:

40. Are you allergic to any prescription or over-the-counter medications? *If yes, list:* _____
41. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:
 A. _____ B. _____ C. _____
42. Year of last known vaccination: Tdap (Tetanus): _____ Meningitis: _____ Influenza: _____
43. What is the most and least you have weighed in the past year? **Most** _____ **Least** _____
44. Are you happy with your current weight? **Yes** _____ **No** _____ *If no, how many pounds would you like to lose or gain?*
 Lose _____ Gain _____

FOR FEMALES ONLY:

1. How old were you when you had your first menstrual period? _____
2. How many periods have you had in the last 12 months? _____

PHYSICAL EXAMINATION RECORD (To be completed by a licensed medical professional as designated in Article VII 36.14(1).)

Athlete's Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ / _____ (Repeat, if abnormal _____ / _____) Vision R 20/ _____ L 20/ _____

	<i>NORMAL</i>	<i>ABNORMAL FINDINGS</i>	<i>INITIALS</i>
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Pupil Size (Equal/Unequal)			
4. Mouth & Teeth			
5. Neck			
6. Lymph Nodes			
7. Heart (Standing & Lying)			
8. Pulses (esp. femoral)			
9. Chest & Lungs			
10. Abdomen			
11. Skin			
12. Genitals - Hernia			
13. Musculoskeletal - ROM, strength, etc. (See questions 24-31)			
14. Neurological			

Comments regarding abnormal findings: _____

LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS
(Please be precise when indicating at which level the student is cleared to participate.)

1. **FULL & UNLIMITED PARTICIPATION**
2. **LIMITED PARTICIPATION** - May **NOT** participate in the following (checked):
 Baseball Basketball Bowling Cross Country Football Golf Soccer
 Softball Swimming Tennis Track Volleyball Wrestling
3. **CLEARANCE PENDING DOCUMENTED FOLLOW UP OF** _____
4. **NOT CLEARED FOR ATHLETIC PARTICIPATION DUE** _____

Licensed Medical Professional's Name (Printed) _____ Date of PPE _____

Licensed Medical Professional's Signature _____ Phone _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby **verify** the accuracy of the information on the opposite side of this form and **give my consent** for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I **also give my permission** for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury/illness and to share necessary information about the injury/illness with appropriate school personnel.

Name of Parent or Guardian, or student if 18 years of age (Printed) _____ Signature of Parent of Guardian, or student if 18 years of age _____

Address (Street/PO Box, City, State, Zip) _____ Phone Number _____

GTRA Titan Nation

2023 - 2024 School Calendar

2023						
AUGUST						
S	M	T	W	Th	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	Th	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	Th	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	Th	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	Th	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						

X	No School for Students - Prof Dev Day
X	No School - Holiday/Vacation/Comp Day
X	Start of Quarter
X	End of Quarter

2023	
August	
14-15 (RA); 14-17 (GT) - New Teacher Training	
18, 21-22 - Professional Development	
23 - End of 1st Quarter (41)	
September	
4 - No School - Labor Day	
15 - No School - Full Day Professional Development	
October	
20 - End of 1st Quarter (41)	
24, 26 - Parent/Teacher Conferences	
27 - No School - P/T Comp Day	
November	
23-24 - Thanksgiving Break	
27 - Professional Development	
December	
21 - End of 2nd Quarter/1st Semester (41/82)	
22-29 - Winter Break	
2024	
January	
1-2 - Winter Break	
3 - Professional Development	
4 - Start of 3rd Quarter/2nd Semester	
February	
16 - Professional Development	
19 - Presidents Day	
March	
8 - End of 3rd Quarter (45)	
12, 14 - Parent/Teacher Conferences	
15 - No School - P/T Comp Day	
28-29 - Spring Break	
April	
1 - Spring Break	
May	
19 - Graduation Day	
21 - Last day of School (49/94) 11:30 Dismissal	
22 - Professional Development	

Non-student days use white numbers for dates
2:30 Early Release days are boxed
Student Days = 176 Student Hours = 1141
Teacher Days = 189 (5 Holidays, 8 Prof. Dev.)
Approved by GT School Board 2/20/2023
Approved by RA School Board 2/15/2023

2024						
JANUARY						
S	M	T	W	Th	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			
FEBRUARY						
S	M	T	W	Th	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						
MARCH						
S	M	T	W	Th	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	Th	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	Th	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	

X	New Teacher Orientation
X	Parent-Teacher Conf. (Dismiss 2:30)
X	2:30 Dismissal-Prof Development
X	2:30 Dismissal-Break/End of Semester

NOTES: Proposed in-service dates are subject to revision, pending availability of consultants &/or district needs.
 Calendar assumes all make-up days extending the school year (after May 21) subject to discretion of the Superintendent.

RUTHVEN-AYRSHIRE SCHOOL SUPPLIES NEEDED 2023-2024

PRESCHOOL - Ms. Williams

1 - 3 ring binder- 1" wide full size with viewfinder, book bag, Crayola markers (wide point - no skinny), Velcro gym shoes, 1 container diaper wipes (for cleaning hands), pencil box or bag, small blanket for rest time, extra set of clothing labeled with child's name-{shirt, pants (**NO shorts**), underwear, socks}, 1 box kleenex, 1 water bottle, headphones (no earbuds).

KINDERGARTEN - Mrs. Puhl

Book bag, scissors (Fiskars), kleenex (big box), 2 pencil boxes, #2 pencils, box of 24 crayons, colored pencils, markers, glue sticks (**NO liquid glue**), large eraser, velcro gym shoes, water bottle, headphones(no earbuds). **Please put your child's name on everything.**

1st GRADE - Mrs. Magana

Book bag, crayons (24 count), markers, #2 pencils, pencil box, 2 large erasers, scissors, 4 glue sticks (no liquid glue), folder, 1 wide ruled notebook, 2 big boxes of kleenex, headphones (no earbuds), gym shoes, water bottle. **Please mark your child's supplies.**

2nd GRADE - Ms. Erne

4-2 pocket folders, 2 wide ruled notebooks, pack of #2 pencils with erasers, 2 big erasers, big pencil box, 4 glue sticks, 12 count colored pencils, markers, book bag, 2 big boxes of kleenex, water bottle, gym shoes, headphones (no earbuds).

3rd GRADE - Mrs. Bauermeister

#2 pencils, 2 large erasers, 2 pens, crayons (24 count), 2 spiral notebooks (wide ruled), 2 pocket folders, 4 glue sticks, scissors, ruler, 2 big boxes of kleenex, gym shoes, 12 count colored pencils, book bag, water bottle, headphones or earbuds.

4th GRADE - Mr. Meyer

12-#2 pencils, 2 large glue sticks or 8 small glue sticks, 12 count colored pencils, 1 box classic color markers (not thin), crayons (24 count), scissors, 2- 1" plain binders with pockets and clear cover sleeve, 2 **large** boxes of kleenex, small pencil box, 3 plain pocket folders (1-blue, 1-red, 1 any color), regular size book bag, gym shoes, headphones or earbuds, and a water bottle.

**SEE BACK FOR MIDDLE SCHOOL AND HIGH SCHOOL SUPPLIES ->
RUTHVEN-AYRSHIRE COMMUNITY SCHOOL
2022-2023 MIDDLE SCHOOL/HIGH SCHOOL SUPPLY LIST**

If you can, please purchase 2 of most of the supplies, so that during the semester break students can replace their worn out supplies and you do not have to make another trip to the store!

MIDDLE SCHOOL

General Supplies: HEADPHONES (these are a must!), items include, but not limited to: **Expandable file folder with multiple pockets**, 1 large package of mechanical pencils, 1 pkg blue or black ink pens, 1 box colored pencils, 1 box of Crayola markers, 2-3 highlighters, scissors, 2 pack of glue sticks, pencil bag.

5th/6th ~ 1 purple folder (preferably plastic/durable) for Friday Folder

Social Studies: folder & 1-subject notebook

Math ~ folder, composition notebook

English/Reading ~ Pencils, composition notebook, folder: 8th ~ 100 ruled index cards.

Science: 5th ~ Composition Journal / 6th-8th: 2 subject notebook, folder

Science: 6th/7th/8th ~ 2 inch 3 ring binder, 2 packs of loose leaf paper, 2 plastic folders with pockets. No spiral notebooks!

PE ~ Tennis Shoes

HIGH SCHOOL

General Supplies: HEADPHONES (these are a must!), items include, but not limited to: pencils, pens, crayons, markers, blue sticks, scissors, sticky notes and 2-3 highlighters.

Social Studies ~ folder & 1-subject notebook

Science ~ 2 subject notebook

English ~ 1 - 2 subject notebook, 1 plastic folder with pockets, 1 pkg of sticky notes, 100 ruled index cards

Science 9th-11th ~ 2 inch 3 ring binder, 2 packs of loose leaf paper, 2 plastic folders with pockets, No Spiral Notebooks!

PE ~ Tennis Shoes

2023-2024 Ruthven-Ayrshire School Fees

BOOK FEES:

- K-12 Full Price \$35.00
- K-12 Reduced \$17.50
- Technology Fee 9-12 (\$60 max/family) \$30.00
- Preschool Full Price \$40.00 - weekly rate
- Preschool Reduced \$20.00 - weekly rate
- ILCC College Book Fee \$50.00 - per year

HOT LUNCH

- Full Price Student Breakfast \$ 1.85
- Reduced Student Breakfast \$.30
- Full Price Student Lunch \$ 3.15
- Reduced Price Student Lunch \$.40
- Extra Milk - Breakfast or Lunch \$.50
- Extra Main Dish - Lunch \$ 1.00
- Adult Lunch \$ 4.85
- Adult Breakfast \$ 1.95

ACTIVITY TICKETS & GENERAL ADMISSION PRICES

- Student Activity Ticket \$40.00
- Adult Activity Ticket \$60.00
- Family - including children PK-12 \$85.00
- Varsity Sports Admission - Adult \$ 8.00
- Varsity Sports Admission - Student \$ 5.00
- JV only & JH Sports Admission - Adult \$ 3.00
- JV only & JH Sports Admission - Student \$ 2.00

JV tickets are included with Varsity admission when preceding the game.

All sporting events will have cashless admission with tickets being purchased prior to the game via [Bound](#). Activity Tickets will also be purchased through [Bound](#). More information to come!

DRIVERS EDUCATION

- Ruthven-Ayrshire Resident Students \$295.00
- Non R-A Resident Students &/or Repeat Students \$395.00