Connect with Us! Social Media at FJHS: connect with us via the following social media platforms, as we share important information and all the great things taking place at FJHS:

- **Facebook**: like us at: [https://www.facebook.com/FassettJuniorHighSchool/](https://www.facebook.com/FassettJuniorHighSchool/)
- **Twitter**: follow FJHS (@FassettEagles) at [https://twitter.com/FassettEagles](https://twitter.com/FassettEagles)
- **Instagram**: be sure to follow us (@fjhs_eagles) at [https://www.instagram.com/fjhs_eagles/](https://www.instagram.com/fjhs_eagles/)

Thank you to our students, families, and staff for a great start to this school year! We spent the first couple of days focused on learning about and practicing our expectations to Be Respectful, Be Responsible, and Be Ready in all settings and in specific areas at Fassett. We also introduced the Fassett Five (see below), which we are extremely excited to begin this year. Our Eagles had a great first couple of days, and are already doing an amazing job of demonstrating their Eagle Pride by being Respectful, Responsible and Ready!

**CALENDAR:**

**This Week:**
- Monday, August 19th:
  - Student take Chromebooks home
  - Clay High School Open House, 6:00-8:00 p.m.
- Tuesday, August 20th: Volleyball Pictures, after-school
- Wednesday, August 21st: 7th and 8th Grade Football Scrimmage @ Maumee
- Thursday, August 22nd:
  - Football pictures, after-school
  - Cross Country, Lake Invitational, 5:00 p.m. @ Lake High School
- Friday, August 23rd: Cross Country and Cheerleading Pictures, after-school, Pearson Park

**Looking Ahead:**
- Monday, August 30th: Save Around Fundraiser Begins
- Monday, September 2nd: Labor Day, No School
- Saturday, September 7th: Oregon Northwood Rotary 5K Run/Walk & Golf Ball Drop, 7:30 a.m.
- Monday, September 9th: Save Around Fundraiser Ends
- Tuesday, September 10th: 7th Grade Field Trip to Oregon Branch Library
- Tuesday, September 17th:
  - Picture Retakes
  - 8th Grade Washington D.C. Trip Parent & Chaperone Meeting, 7:00 p.m., Fassett Auditorium
- Monday, September 23rd: Staff Training Day, No School
- Tuesday, October 15th: Choir Concert, 7:00 p.m.
- Wednesday, October 17th: First Quarter Ends

**NEW INFORMATION:**

**Fassett Five:** we are very excited to introduce the Fassett Five this year! The Fassett Five is simply a way of structuring students to promote positive climate and positive behaviors through purposeful building of relationships and fun and friendly competition. See details below:

- Students and teachers have been organized into 5 Houses (Red, Black, Blue, Purple, and Orange) based on their STRIDE class.
- STRIDE classes are randomly mixed. Every teacher has a combination of 7th and 8th graders. Students may be assigned to a STRIDE teacher who is not on their regular class schedule.
- Every Friday will be a Fun Friday! On Fridays, during STRIDE, students and teachers will participate in relationship- and team-building activities.
- Houses will accumulate points throughout the year, with incentives on a monthly and quarterly basis. The winning house will get a big incentive at the end of the year!
- High Five cards (formerly Eagle cards) are given to students, by staff members, to acknowledge Respectful, Responsible, and Ready behavior. High Five cards earned by students will contribute to the point total for their House.
- Once a month, houses will meet for a house meeting in the auditorium.
- Once a month we will hold an all-school meeting. These uplifting assemblies/pep rallies will be held to announce students of the month, update students on House points, and possibly give away some prizes.
BGSU Saturday Art Youth Program: The School of Art is proud to offer youth art classes each semester for students in K-12th grade. Young people will develop their creative abilities, increase their artistic skills and learn about art of the past and present. Classes meet for 10 Saturdays from 10:00-11:30am., September 21st – November 23rd. See the attached flyer for details.

REMINDEERS:

Agenda Books: all students were issued an agenda book this past week. Students are required to carry their agenda book with them at all times. Agenda books will be the only way a student will be issued a hall pass as well. Replacement agenda books cost $5.00 and are available in the office.

Breakfast and Lunch:
- If sending payment in with a student, please have him/her take the payment directly to the cafeteria, before school. Pre-payment of student accounts is available here.
- School lunch may be purchased for $3.00. School breakfast may be purchased for $1.50.
- Information on free and reduced meals, as well as a downloadable application, is available here.
- The first semester breakfast and lunch menu can be found here.

Chromebooks: on Monday, August 19th, students who are re-registered and who have paid their Chromebook insurance are permitted to take home with them their Chromebooks. Please reinforce proper care for Chromebooks at home, and remind students to charge their Chromebooks each evening.

Daily Schedule:
- 7:20 a.m.: Students permitted to enter FJHS (please do not drop off students prior to this time) and proceed directly to the cafeteria
- 7:45 a.m.: Students released to lockers/classes
- 7:47 a.m.: Warning bell
- 7:50 a.m.: Tardy bell (students must report to the office after this time)
- 2:35 p.m.: End of the school day/release of students for pick-up

Dental Program: the dental program is now available for both 7th & 8th grade students. See the attached flyer for details.

District Flyers: go here for information and events taking place in our school community.

Dress Code: please review the dress code section of our school handbook to ensure your student(s) arrives to school ready to learn, in proper attire. Our school handbook can be found here.

Drop-Off and Pick-Up: student safety is our top priority. To ensure the safety of our students, as well as an effective and efficient process, if you drop-off and/or pick-up your student(s) from FJHS, please follow the route outlined in the attached map, and please adhere to drop-off and pick-up times outlined above.

Lockers: assigned lockers have been provided to all students. A school-issued lock must be used. School locks are available for purchase for $5.00 in the school office.

Oregon Parks & Recreation: the Oregon Rec offers Art, Fitness and Sporting events for Youth & Adults. See the attached brochure for details, and attached calendar for Fitness Court classes. Sign up here for the quarterly newsletter.

Picture Retakes: if you did not have your picture taken on Orientation Day, picture retakes will take place on Tuesday, September 17th.

PBIS at Fassett: as part of our Positive Behavior Intervention and Support (PBIS) effort at Fassett, we have identified Be Respectful, Be Responsible, and Be Ready as our primary expectations for positive behavior. Our Matrix of Expectations provides students a framework of guidance on what it means to Be Respectful, Be Responsible, and Be Ready in every area at Fassett. We use “High Five” cards to acknowledge students who are meeting the expectations to Be Respectful, Be Responsible, and Be Ready. Each Friday, student cards are drawn. These “Eagles of the Week” will be rewarded with a Friday lunch with a friend, during which time they will be able to use their electronic device. Please take time to review the attached Matrix of Expectations with your student(s), and encourage him/her to show their Eagle Pride by Being Respectful, Responsible, and Ready in all they do! Thank you for your support!

7th Grade Required Immunizations: the Ohio Department of Health has instituted two immunization that are required for students entering the 7th grade for the 2019-20 school year. A student entering the 7th grade is required to have a Meningococcal vaccine (meningitis-MCV4) and a Tdap vaccination. Documentation of the vaccines can be dropped off in the Fassett front office. Objection to Immunize forms are available in the nurse’s office. For parents/guardians of 7th graders needing help acquiring vaccine appointments: The Mercy Health Center at OCS is now accepting new patients, and appointments and walk-ins are welcome. The Mercy Health Center is located at Clay High School, 5665 Seaman Road, Oregon, Ohio 419-696-5533. Please contact the school nurse if you need further assistance with this matter.

Yearbook Information: 2019-2020 yearbooks can be purchased for $25.00. The yearbook order form is attached.
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<thead>
<tr>
<th>BE RESPECTFUL</th>
<th>ALL SETTINGS</th>
<th>ASSEMBLIES &amp; FIELD TRIPS VL: 0-2</th>
<th>BUS VL: 0-1</th>
<th>CAFETERIA VL: 0-2</th>
<th>CLASSROOM VL: 0-2</th>
<th>HALLWAY &amp; LOCKERS VL: 0-2</th>
<th>OFFICE VL: 0-1</th>
<th>RESTROOM VL: 2</th>
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<tr>
<td>● Politely do what is asked of you by all adults</td>
<td>● Polite, positive language and manners in all interactions</td>
<td>● Keep hands and feet to yourself</td>
<td>● Politely do what is asked of you by all adults</td>
<td>● Follow adult directions</td>
<td>● Polite, positive language and manners in all interactions</td>
<td>● Be polite and ask permission</td>
<td>● Respect school property</td>
<td>● Respect the privacy and personal space of others</td>
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<td>● Use respectful, polite conversation</td>
<td>● Respect immediately to quiet signal</td>
<td>● Use quiet, polite conversation</td>
<td>● Use respectful, positive language and manners in all interactions</td>
<td>● Listen when others are speaking</td>
<td>● Use respectful, positive language and manners in all interactions</td>
<td>● Patiently wait your turn</td>
<td>● Clean up after yourself</td>
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<th>BE RESPONSIBLE</th>
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<th>OFFICE VL: 0-1</th>
<th>RESTROOM VL: 2</th>
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<tr>
<td>● Carry your agenda book at all times</td>
<td>● Represent FJHS positively</td>
<td>● Be on time for departure</td>
<td>● Make good seating choices</td>
<td>● Arrive to class on time</td>
<td>● Walk directly to your destination</td>
<td>● Have your signed agenda book</td>
<td>● Go directly to and from the restroom</td>
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<td>● Own your actions</td>
<td>● Sit in assigned rows/areas with your teacher and class</td>
<td>● Keep track of your belongings</td>
<td>● Remain seated until given permission</td>
<td>● Bring your Chromebook and charger daily</td>
<td>● Be polite and pass quietly</td>
<td>● Have proper paperwork</td>
<td>● Wash your hands</td>
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<td>● Notify an adult of problems or concerns</td>
<td>● Throw trash away</td>
<td>● Keep opened food and drink in the cafeteria</td>
<td>● Keep opened food and drink in the cafeteria</td>
<td>● Clean up after yourself</td>
<td>● Walk to the right</td>
<td>● Bring in proper notes for absence</td>
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<td>● Do what is expected, even when no one is looking</td>
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<th>BE READY</th>
<th>ALL SETTINGS</th>
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<th>CLASSROOM VL: 0-2</th>
<th>HALLWAY &amp; LOCKERS VL: 0-2</th>
<th>OFFICE VL: 0-1</th>
<th>RESTROOM VL: 2</th>
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<tr>
<td>● Come to school on time, prepared to learn</td>
<td>● Face forward and sit up straight</td>
<td>● Follow the driver’s rules and directions</td>
<td>● Quietly enter/exit in an orderly manner</td>
<td>● Bring all necessary materials</td>
<td>● Carry your agenda book at all times; signed as needed</td>
<td>● Know why you are there and what you need</td>
<td>● Enter only to use the restroom</td>
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<tr>
<td>● Bring necessary classroom supplies, with your Chromebook charged</td>
<td>● Enter calmly; exit safely</td>
<td>● Remain seated</td>
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<td>● Turn in assignments on time</td>
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**VOICE LEVELS (VL):**

0 = Silent  
1 = Low (Whispering)  
2 = Medium (Conversation Voice)  
3 = High (Outside Voice)
Today more than ever, the arts are needed by our young people as a forum for safe expression, communication, exploration, imagination, and cultural and historical understanding.

The School of Art at Bowling Green State University is proud to offer youth art classes each semester for children ages 5-19.

Young people will develop their creative abilities, increase their artistic skills and learn about art of the past and present. All classes involve hands-on participation.

**Classes:** Classes meet for 10 Saturdays each semester from 10:00-11:30am.

- **For Fall of 2019,** classes will be meeting
  September 21st - November 23rd.

- **For Spring of 2020,** classes will be meeting
  February 22nd - May 9th.
  (no classes on March 21st or April 11th)

**Fee per semester:** $79, plus $10 material fee (tuition support maybe available each semester for families in financial need)

Class descriptions, registrations and waiver forms can be located on the BGSU School website. Go to [http://www.bgsu.edu/arts-and-sciences/school-of-art/community-engagement/saturday-art-program.html](http://www.bgsu.edu/arts-and-sciences/school-of-art/community-engagement/saturday-art-program.html) or by E-mailing Shari Densel, Director of the BGSU Saturday Children’s Art Program at saturdayart@bgsu.edu

Children interested in these classes will need to be preregistered by mailing, faxing or emailing the forms as indicated on them. Class sizes will remain low so pre-registration is required. If you have any questions, please don’t hesitate to email,

**Shari Densel**
Director, BGSU Saturday Art Program
sdensel@bgsu.edu

The Power Of Creativity!

"Imagination is more important than knowledge. Knowledge is limited. Imagination encircles the world." -Albert Einstein

"To draw you must close your eyes and sing" -Pablo Picasso
Health Partners of Western Ohio
Dental Outreach Consent Form

PLEASE RESPOND YES OR NO, SIGN, AND RETURN TO SCHOOL

Our Oral Health Outreach Team will be coming to your school and offering exams, teeth cleanings, fluoride treatments, and dental sealants to students. Regular dental check-ups are an important part of overall health. We will bill Medicaid and Private Insurance, but you will have NO out of pocket expense by participating. If your child has no health coverage there will be NO charge. Our center may be able to help sign you and your family up for insurance, if eligible. The program is open to all children.

• With this consent your child will be checked again next school year and sealants applied, as needed.

Child’s Last Name: ___________________________ First Name: ___________________________ □Female □Male

School Name: ___________________________ Grade _____ Rm # _____ Teacher: ___________________________

Please check Yes or No and complete the form as indicated:

□ YES, I give my informed consent for my child to participate in the School-Based Dental Outreach Program. Please complete the rest of this form, PRINT & SIGN at the bottom and return it to school.

□ NO, I do not want my child to receive dental services. Stop here and sign:

Child’s Date of Birth: __________ / __________ / __________ Child’s SSN: __________ (Required)

Address: ___________________________ City: ___________________________ Zip: ___________________________

Phone: ___________________________ Email: ___________________________

Race (mark all that apply)  White  Black/ African American  Asian  Pacific Islander/ Native Hawaiian  Native American/ Alaskan Native  Other

Is your child Hispanic?  □Yes □No

Does your child have any serious health problems? □Yes □No

If yes, please explain__________________________________________

Does your child have any allergies? (i.e.: acrylics/plastics/bees/latex, etc) □No □Yes Explain: ___________________________

Name of Family Dentist ___________________________

No payment is required from you for this program. It is made possible through federal grant funding and billing of government-based insurance. If your child has insurance coverage through one of the insurances below, please provide information found on your child’s card.

Dental Insurance

Name of Dental Private Insurance Company ___________________________

Policy Holder Name: ___________________________

Employer: ___________________________

ID #: ___________________________

Group ID #: ___________________________

MMIS Number ___________________________

Billing or ID# ___________________________

I have read and completed the information on this consent form and my signature below gives consent for treatment and is valid for this school year and next. I have read and understand the Notice of Privacy Practices on the back of this form and know that a copy is available from the school office or hpwohio.org. This form, when signed and filled in, contains Protected Health Information and the information is to be protected according to the Health Insurance Portability and Accountability Act (HIPAA).

Parent/Guardian Signature ___________________________ Date ___________________________

Print Parent/Guardian Name ___________________________

To find a medical or dental office near you, please visit our website at www.hpwohio.org or call 419-221-3072

Consents: Den Outreach
WE ARE COMMITTED TO PROTECTING THE PRIVACY OF YOUR HEALTH INFORMATION. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices explains how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your care provider or HPWO Pharmacy, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the care provider or HPWO Pharmacy, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your care provider’s practice or HPWO Pharmacy. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your care provider. We may also call you by name in the waiting room when your care provider or pharmacist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers’ compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke the authorization, at any time, in writing, except to the extent that your care provider’s practice or HPWO Pharmacy has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS

The following are statements of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information (fees may apply) — Under federal law, however, you may not inspect or copy the following records:
- Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your protected health information — This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to your requested restriction.

You have the right to request to receive confidential communications — You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to request an amendment to your protected health information — If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures — You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of this request.

You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and to make new notice revisions effective for all protected health information that we maintain by:
- Posting the revised notice at our facilities
- Making copies of the revised notice available upon request

CONTACT FOR QUESTIONS OR COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer of your complaint. We will not retaliate against you for filing a complaint.

Compliance Officer: Elizabeth West, Health Partners of Western Ohio, 329 North West St. Lima, OH 45801-419-221-3072, ext. 1110.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Please sign the accompanying "Acknowledgment" form. Please note that by signing the Acknowledgment form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.
**WHAT YOUTH SPORTS DO WE OFFER?**

**FALL SPORTS**
- Soccer, Flag Football, Tackle Football, Cheerleading, Lacrosse

**WINTER SPORTS**
- Basketball, Volleyball

**SPRING SPORTS**
- Soccer, Flag Football, Lacrosse

**SUMMER SPORTS**
- Baseball, Softball, T-Ball, 3v3 Outdoor Basketball

---

**OREGON PARKS & REC**

5330 SEAMAN ROAD
OREGON, OHIO 43616
WWW.OREGONOHIO.ORG/REC

---

**FUN THINGS TO DO!**

- Splash Pad
- Fitness Court
- Outdoor Basketball
- Skate Park
- Outdoor Pickleball
- Outdoor Volleyball
- 2 Picnic Pavilions
- 3 Playgrounds
- Bike Trails

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**Hours of Operation**

8:00 a.m. - 4:30 p.m. Lunch
typically 12:30 p.m. - 1:00 p.m.
To get timely details of ALL our programs & events:
Sign up for our Quarterly newsletter at www.oregonohio.org/rec
Sign up for our texts alerts by texting "Oregon" to 84483
Follow us on Facebook, Instagram & Twitter

@OregonRec #Orec

William P. Coontz Complex
Dedicated in 1993 for William P. Coontz, the first recreation director in the City of Oregon. The Coontz complex boasts 8 baseball/softball diamonds, with 5 lighted baseball/softball diamonds, and 1 lighted baseball field named for John Ousky, a former Oregon Police officer active in the Police Athletic league.

- Free Family Movie nights
- Free Fitness Court Classes
- Youth Sports Camps
- Youth Sports Training on FC
- Holiday Events
- Art Programs for youth
- Art Programs for adults
- Fitness classes for adults
- Adult Sporting Events
- STEM Programs
<table>
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<th>Sunday</th>
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Notes: Classes are cancelled with rain & heat at 90 degree F. For text alerts test Oregon to 84483 Classes are FREE! Please bring water & REGISTER FOR CLASS ON THE FC APP All classes are for the BEGINNER to learn the court to the Elite Athlete.

WWW.OREGONOHIO.ORG/REC W.O.W: Workout of the Week found on our FB page!
Ohio School Vaccination Requirements include a **Tdap** vaccine booster shot and a **Meningitis** shot for all children entering the 7th grade.

Please plan now to make sure that your child is up-to-date.

**Required Vaccinations:**

- **Tdap Booster** — protects against Tetanus, Diphtheria, and Pertussis (Whooping Cough)
- **Meningitis Vaccine** — protects against bacterial meningitis

They are recommended to be given at age 11–12 years.

**Recommended Vaccinations:**

- **HPV (Human Papillomavirus)** — protects against cervical cancer in girls and genital warts in boys
- **Varicella Booster** — protects against Chickenpox. A booster dose is now recommended if child has received only 1 previous dose

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I verify that this student ____________________________________ (name)

Has received Tdap vaccine on ____________________________________ (date)

Has received Meningitis vaccine on ____________________________________ (date)

Signed:_________________________________________________________

**Must be signed by the medical professional.** Forgery of a medical personnel is against the law and will be handled accordingly.
Fassett Junior High

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Please fill out information below and return to the school office by Friday, November 1.

Student Name ___________________ 1st per. Teacher

_______________ Cash _____ Check Number ______________
Grade

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Student Name ___________________ 1st per. Teacher

_______________ Cash _____ Check Number ______________
Grade