From the Superintendent's Desk

"Educational Excellence for EVERY student, EVERY day"

First Day Of School is Wednesday, August 26, 2026

School Day Begins at 8:05 a.m.

Special Points of Interest:

- Open House
- Meal Information
- Bus Schedule
- Sports Seasons
- August & September Calendars
- School Supply Lists

Board Meeting
September 8th
6:00 PM

Welcome to the 2026-2027 school year! I am grateful to have been welcomed into the Clinton community and thrilled to be returning for my second year at Clinton School. We are fortunate to have so many of our excellent staff members returning and extend a warm welcome to our new staff members. Joining us this year are:

- Kari Zachary—Paraprofessional/Assistant Cook
- Amy Gonzalez—School Psychologist

We are grateful they are part of our school community and wish them a terrific year!

Middle School (grades 6-8) soccer, volleyball, and football (co-op w/Bonner) seasons will begin on Monday, August 31st. Students planning to play must turn in completed physical, emergency, and concussion forms to the front office *prior to playing.*

Our Afterschool Program (ASP) will begin Tuesday, September 8th. Watch for information coming home soon. ASP will run Monday-Wednesday 3:15-5:15. Please contact Mrs. Swanson or Mrs. O'Neel with questions.

The current enrollment as of this letter is 206. Class sizes as of Friday, August 21st are:

ELP – 9	4th—28
K –15	5th—18
1st—17	6th— 25
2nd—24	7th—28
3rd—22	8th—20

The Four Bs are our Clinton School Expectations. Please review the following with your child(ren):

- Be Safe – cooperate with others, keep hands and feet to yourself
- Be Respectful—respect the rights & property of others, use your manners
- Be Responsible – do the right thing, even when it isn't easy
- Be Kind—treat others the way you want do be treated , help others

Sincerely,
Kathy Schneider, Superintendent
Clinton School

Clinton Community,

I hope this letter finds you well and excited for the upcoming school year. My name is Tim Rose, and I am honored to be entering my sixth year as principal at Clinton School. I have been fortunate to be part of this incredible community for 18 years, beginning my career as a third-grade teacher in 2009. Over the years, I also had the opportunity to teach fourth and fifth grade before stepping into the role of principal in 2021.

Outside of school, I cherish spending time with my wife and our four-year-old daughter, who keeps us on our toes with her love of art, music, and golfing and bowling with Dad. My wife is also an educator. After ten years of teaching in Missoula, she served as the State Assessment Director for Montana's Office of Public Instruction for three and a half years. This year, she will be joining me in the world of school administration as the preschool–5th grade principal at Target Range in Missoula while also continuing to pursue her PhD in Educational Policy. As a family, we enjoy exploring our beautiful state and visiting relatives whenever we can. Personally, I try to get outdoors as much as possible and especially enjoy golfing and playing basketball.

I take great pride in the extraordinary community we share here at Clinton School, and I am grateful for the opportunity to continue serving as your principal. I am excited to continue working alongside Mrs. Schneider and our incredible staff as we work together to make Clinton School the very best it can be for our students and families. While I have had the privilege of meeting many of you throughout my years in Clinton, I would love the opportunity to get to know even more of our families and community members. Please don't hesitate to stop by and say hello.

I would also like to give a special shout-out to our kitchen staff, Renee Peterson and Vanessa Goss, as well as our secretary Michelle Ask, for their hard work in getting our summer food program up and running. This program provided free breakfast and lunch for children ages 0–18 in the Clinton community who signed up. Our team served between 85 and 115 boxes each week! We are incredibly proud of how well the program went and are excited to see what we can accomplish next year.

I hope everyone enjoyed a wonderful summer filled with family, friends, and plenty of time to recharge. As we begin this new school year, I want to carry forward that same sense of energy, connection, and renewal. Our school is at its best when we work together, and I know that with the support of our families, staff, and community, this will be another year filled with growth, learning, and success for all of our students.

Here's to a great year ahead at Clinton School! Welcome back, and as always, **Go Cougars!**

Sincerely,
Tim Rose
Principal
Clinton School

Middle School Sports

Co-Ed Soccer– Grades 5-8th

Will be starting Monday,

August 31st

Girls' Volleyball

Grades 6-8th

Will be starting Monday,

August 31st

Sport physicals MUST be turned in prior to Sept 2nd*

Middle School Sports

Boys' Basketball Will be starting Monday, Oct 12th

Girls' Basketball will be starting Monday, Jan 11th

Co-Ed Track will be starting Monday, April 12th

Sport physicals MUST be turned in prior to practices*

AUGUST 2026

Health-e Pro

MON	TUE	WED	THU	FRI
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26 CEREAL YOGURT	27 SCRAMBLED EGGS HASH BROWNS	28 CINNAMON ROLL CHEESE STICK
31 PANCAKES LINK SAUSAGE				

ANNOUNCEMENTS

Menu Subject to Change

MEAL PRICES

Student Breakfast- $2.10
Adult Breakfast- $2.26

Breakfast Times
7:45-7:55

NOTES

All breakfast meals are served with fruit and milk

SEPTEMBER 2026

Health-e Pro

MON	TUE	WED	THU	FRI
	1 BISCUIT & SAUSAGE GRAVY	2 RASPBERRY & BACON BREAKFAST NACHOS	3 STRAWBERRY & WAFFLE PARFAIT	4 BLUEBERRY BAGEL WITH CREAM CHEESE H.B. EGG
7 **LABOR DAY NO SCHOOL**	8 EGG BITES WITH TATERS	9 CEREAL YOGURT	10 PEANUT BUTTER BANANA OVERNIGHT OATS	11 MUFFIN CHEESE STICK
14 WAFFLES LINK SAUSAGE	15 CHEESY POTATO BAKE	16 PEANUT BUTTER BANANA QUESADILLA	17 ORANGE CREAMSICLE PARFAIT	18 COFFEE CAKE TURKEY BACON
21 PANCAKE & LINK SAUSAGE	22 BREAKFAST BURRITO	23 CEREAL CHEESE STICK H.B EGG	24 PEACH & STRAWBERRY OVERNIGHT OATS	25 BAGEL FILLED WITH STRAWBERRY CREAM CHEESE H.B EGG
28 EGG & CHEESE BAGEL	29 BREAKFAST SANDWICH	30 HASH BROWN CASSEROLE		

ANNOUNCEMENTS

Menu Subject to Change

MEAL PRICES

Student Breakfast- $2.10
Adult Breakfast- $2.26

Breakfast Times
7:45-7:55

NOTES

All breakfast meals are served with fruit and milk

AUGUST 2026

Health-e Pro

MON	TUE	WED	THU	FRI
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26 CHICKEN STRIPS OR NUGGETS **1ST DAY**	27 TATER TOT CASSEROLE	28 PIZZA & SALAD
31 EGG ROLL				

ANNOUNCEMENTS

MEAL PRICES

Student Lunch- $2.65
Adult Lunch- $4.65

Lunch Times
K-2nd 11:20
3rd-5th 12:00
6th-8th 12:30

NOTES

08/26- 1st day of school, QTR 1 begins

08/31- Soccer & VB Start

SEPTEMBER 2026

Health-e Pro

MON	TUE	WED	THU	FRI
	1 WALKING TACO	2 CHICKEN ALFREDO	3 BURGER & FRIES	4 SLOPPY JOES
7 **LABOR DAY NO SCHOOL**	8 CHICKEN BURRITO	9 MINI CORN DOG MAC & CHEESE	10 BAKED SPAGHETTI	11 PIZZA QUESADILLA
14 CHEESY BREAD & MARINARA	15 CHICKEN FAJITA	16 CREAMY CHEESEBURGER CASSEROLE	17 CHICKEN SANDWICH	18 CHILI & CORN BREAD
21 HOT DOG	22 TACO	23 BEAN & CHEESE BURRITO	24 MEATBALL STROGANOFF	25 MCRIB SANDWICH
28 ORANGE CHICKEN	29 NACHOS	30 SPAGHETTI GARLIC TOAST		

ANNOUNCEMENTS

09/08- VB @ Bonner, 4 PM
09/09- VB @ DeSmet, 4 PM
09/14- VB vs. Potomac, 4 PM
09/16- Soccer @ FT. Mssla, 4 PM
09/17- VB @ Seeley, 4 PM
09/21- VB vs. VC, 4 PM
09/21- Soccer @ Hellgate, 4 PM
09/22- Soccer vs. Washington, 4 PM
09/23- VB vs. St. Joes, 4 PM
09/23- Soccer @ TR, 4 PM
09/28- VB vs. DeSmet, 4 PM
09/29- Soccer vs. Hellgate, 4 PM
09/30- VB vs. Bonner, 4 PM

MEAL PRICES

Student Lunch- $2.65
Adult Lunch- $4.65

Lunch Times
K-2nd 11:20
3rd-5th 12:00
6th-8th 12:30

NOTES

09/08- Individual, Classroom, Fall Sports Photos
09/08- First Day of ASP
09/08- Board Meeting, 6 PM
09/15- Clinton Council, 6 PM
09/24- First Day of Bible Club

Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 — List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 — Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

○ **NO** → Go to STEP 3.

○ **YES** → Write case number here, fill in social security number in STEP 3 and proceed to STEP 4. Subject to verification.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 — List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2xMonth	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2xMonth	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received? Weekly	Every 2 Weeks	2xMonth	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) ☐

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) ☐☐☐☐

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2 Weeks	2xMonth	Monthly	Annual
$	○	○	○	○	○

STEP 4 — Contact information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws. I attest that all information I have provided is true and correct, and I am not already receiving Summer EBT benefits in another State or ITO."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for of-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2xMonth	Monthly	Annual
○	○	○	○	○

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
○	○	○

Determining Official's Signature | Date | Confirming official's Signature | Date | Verifying official's Signature | Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: **https://www.usda.gov/sites/default/files/documents/ad-3027.pdf**, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Ofce of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.

Clinton School Open House
Monday, August 24th - 5:00-7:00

Please join us for an evening to recognize our great community!

* Community BBQ serving Pulled Pork Sandwiches, Chips & Coleslaw

* Tours of the School—visit classrooms and drop off supplies

* PTSA booth with Cougar gear to purchase

* Short presentation to meet the staff at 6:15-6:30 in the gym

MS Parents Meeting 6:30-6:45 please join us if your child is doing any sports in 2026-2027

PTSA is back

PTSA could not be more excited for this next school year. We love and miss all the activities we get to do for the school, the staff and most importantly the kids! However, in order to keep these amazing events alive for our community we need YOUR help! Our PTSA is so successful because of the time and effort put in by everyone. No experience needed, just a love for the community and the events we make happen. Please sign up today!

Contact Info: ptsa@clintoncougars.com 1 (406) 531-8145 Chelsea Walmsley (text or leave a message)

2026-27 School Supply List Grades ELP/5th

ELP

- Reusable Water Bottle (Labeled)
- Disinfecting Wipes
- 2 packs of glue sticks
- 1 pair gym shoes (clean and older are fine)

please note gym shoes MUST be indoor use ONLY*

**** optional/helpful for teacher**

- 10 color pack of washable markers
- Water color paint
- Sidewalk chalk
- Gallon size ziplock bags
- Address labels big and small
- stickers

KINDERGARTEN

- 20- #2 yellow pencils
- 1 box of crayons
- 12 glue sticks
- 2 packs of Expo whiteboard markers
- 2 boxes of washable markers (8-10 pk)
- 1 pair scissors
- 4 containers of clorox wipes
- 1 pair of headphones (over the head ONLY, NO ear buds please!)
- 1 pair of gym shoes (clean & older are fine)
- 2 boxes of kleenex
- 1 water bottle
- 2 homework folder (needs to have two pockets on inside please!)

please note gym shoes MUST be indoor use ONLY*

GRADE 1

- 20 #2 yellow pencils – (Ticonderoga if possible)
- Pack of Highlighters
- 1 plastic 2 pocket folder (Take Home Folder)
- Primary composition journal
- 1 box crayons
- 6-pack of glue sticks
- 2 boxes washable markers (8-10 pk)
- 1 pack fine tip dry erase markers
- 1 set watercolor paints
- 1 pair scissors
- 2 containers disinfecting wipes
- 2 boxes of tissue or Kleenex
- 1 box of Ziploc bags (girls – sandwich; boys – gallon)
- 1 pair gym shoes (clean & older are fine)

please note gym shoes MUST be indoor use ONLY*

GRADE 2-Brunner

- 20 #2 yellow pencils (Ticonderoga if possible)
- 2 erasers or pkg of eraser caps
- 6 count pack of glue sticks
- 1 box crayons- (no larger than 24 count)
- 1 pack wide rules loose leaf paper
- 3 plastic 2 pocket folders
- 1 box colored pencils
- 1 box markers- (8-10 count)
- 1 primary journal (K-2)
- 1 pair scissors- (8-11 year or 12+ year)
- 1 pencil box or pouch simple style
- 1 containers of disinfectant wipes
- 2 boxes of tissue/Kleenex
- 1 box of Ziploc bags- (boys quart size, girls gallon size)
- 1 headphones no earbuds please
- 1 water bottle closeable and leak proof
- 1 pair PE shoes

please note gym shoes MUST be indoor use ONLY*

Grade 2- Dimmitt

- Homework folder (one with 2 pockets on the inside)
- Writing Journal (A k-2 primary writing journal with illustrations and a writing road)
- Scissors
- 2 packs of markers
- 2 packs of crayons
- 2 packs of colored pencils
- PE shoes
- 3 packs of Ticonderoga pencils (or any #2 pencils)
- 2 packs of index cards
- 1 pack of highlighters
- 2 packs of glue sticks
- 1 ruler
- 2 packs of EXPO dry earase markers
- Please no pencil boxes

2026-27 School Supply List Grades ELP/5

GRADE 4

Community Supplies

- 20 #2 yellow pencils (NO MECHANICAL PENCILS PLEASE) & 2 large eraser
- 1 pack of highlighters (green, pink, blue, yellow)
- 2 containers of disinfecting wipes
- 3 or 4 glue sticks

Personal Supplies

- 1 box crayons or colored pencils
- 1 box markers
- 1 pair scissors
- 1 12" ruler
- 7 folders w/ pockets
- 5 composition notebooks, or notebooks without spirals
- 1 water bottle (closeable, leak-proof lid)
- 1 pair of gym shoes (clean & older are fine)
- Headphones

*****please note gym shoes MUST be indoor use ONLY*****

GRADE 3

- 20 #2 yellow pencils (Ticonderoga if possible)
- 2 Large Erasers
- 1 pack of pencil top erasers
- 2 pens
- 1 box colored pencils
- 1 box washable markers (8-10 pk)
- 2 Expo/whiteboard markers, whiteboard eraser
- 2 glue sticks
- 1 pack of highlighters (green, pink, blue, yellow)
- 1 pair of scissors
- 1 12"ruler
  2 spiral notebooks (70 pages or more)
- 2 packages of wide-ruled notebook paper
- 3 plastic folders with pockets
- 1 water bottle
- 1 container of disinfectant wipes
- 2 boxes of kleenex
- Earbuds or Headphones
- 1 pair gym shoes (clean & older are fine)

*****please note gym shoes MUST be indoor use ONLY*****

GRADE 5

- 3 packs- #2 yellow pencils (Ticonderoga if possible)
- Glue stick and liquid glue
- I box crayons or markers
- Pack of highlighters (green, pink, blue, yellow)
- 1 pair scissors
- 2 folders with pockets
- 3 notebooks or 1 five-subject notebook
- 1 dry erase marker
- 1 12" ruler
- 1 water bottle (closeable, leak-proof lid)
- 2 containers of disinfectant wipes
- 1 pair of gym shoes (clean & older are fine)
- Headphones

*****please note gym shoes MUST be indoor use ONLY*****

Extra items will be kept for use later in the year. We do not need: binders or ink pens for K, 1st or 2nd grade

2026-27 School Supply List Grades 6th-8th

ART- 2nd Semester Only

- 1 sketch notebook
- 1 box colored pencils
- 1 box crayons
- 1 pack markers
- 3 glue sticks
- 1 pair scissors

P.E./HEALTH

- Gym clothes (T-shirt, athletic shorts/pants)
- Indoor athletic shoes
- 1 subject spiral notebook for health class

LANGUAGE ARTS

- Notebook paper
- 1 large 3 ring binder
- pens & pencils in a pencil pouch
- 1 pack highlighters
- 1 pack markers or colored pencils
- folder
- homework folder
- tape or glue sticks
- composition notebook (journaling)

MATH

- 1- 5 subject spiral notebook
- 1-scientific calculator- (graphing calculator is not needed; phone calculator will not be able to be used) **(8th grade)**
- 1 calculator **(6th & 7th grade)**
- Pens & pencils in a pencil bag
- tape or glue sticks
- 3-ring binder (6th grade)
- Notebook paper (6th grade)
- Graphing paper (6th grade)
- Skinny expo markers (6th grade)

SCIENCE

- pens & pencils
- 1 box colored pencils
- 1 4 or 5 subject spiral notebook w/folders *(at least 300 pages)*
- 2 glue sticks
- 1 sketch notebook

SOCIAL STUDIES

- 1 large 1 subject spiral notebook
- Homework folder
- pens & pencils in a pencil bag
- tape or glue sticks
- colored markers
- 1 pack highlighters

FOREIGN LANGUAGE

- 1 subject spiral notebook
- 1 folder
- index cards 3x5 *(optional for flash cards)*

6th Grade Only

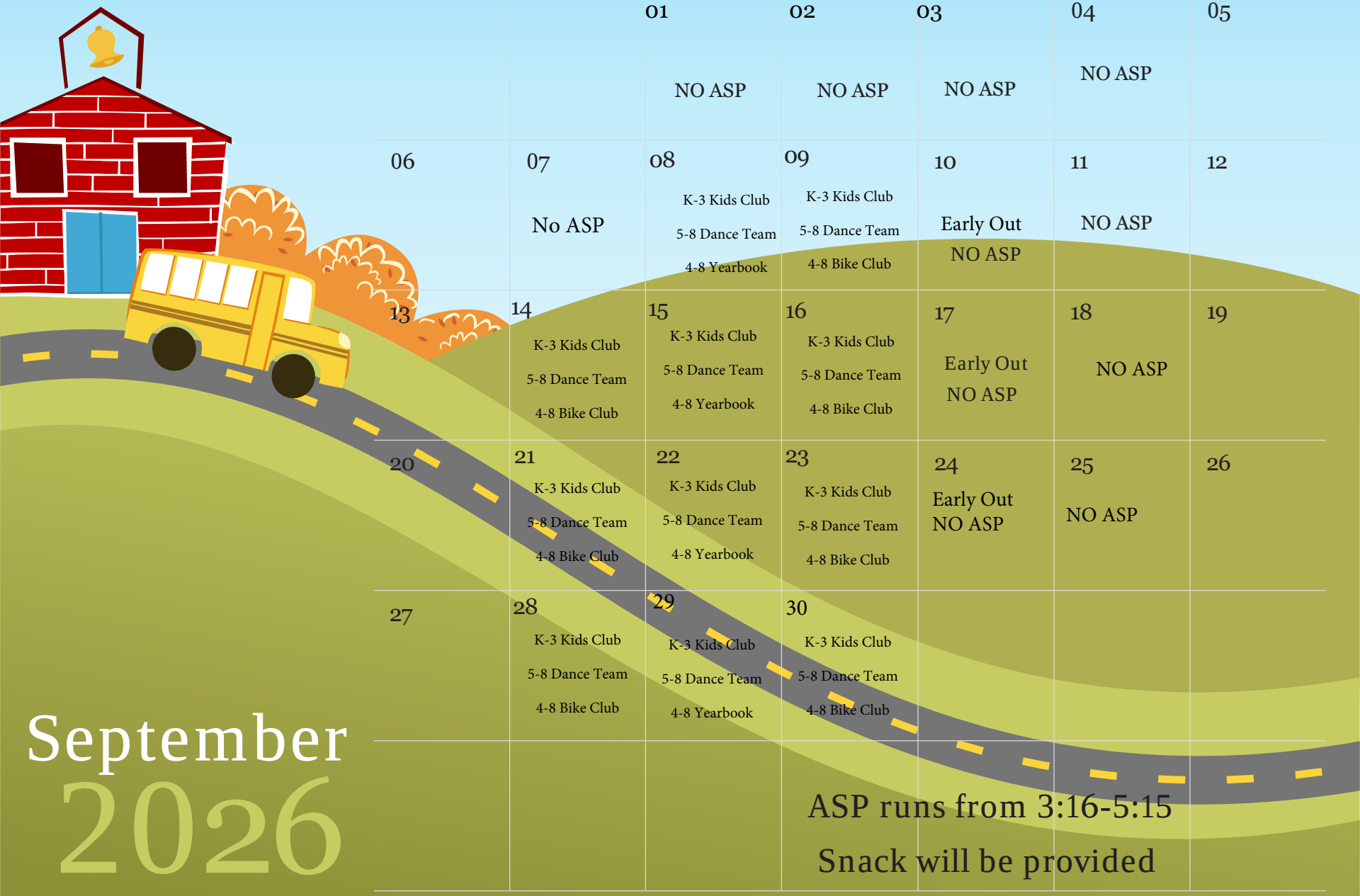
- 1 2” three ring binder w/ front/back pockets
- 3 hole punched plastic folders for each subject (minus social studies)
- Zipper pouch for binders

Please label ALL of your items!

Especially shoes & clothing

We ask all Middle School students to bring at least one container of Disinfectant Wipes to their homeroom teacher.

Thank You!



September 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		01 NO ASP	02 NO ASP	03 NO ASP	04 NO ASP	05
06	07 No ASP	08 K-3 Kids Club 5-8 Dance Team 4-8 Yearbook	09 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	10 Early Out NO ASP	11 NO ASP	12
13	14 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	15 K-3 Kids Club 5-8 Dance Team 4-8 Yearbook	16 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	17 Early Out NO ASP	18 NO ASP	19
20	21 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	22 K-3 Kids Club 5-8 Dance Team 4-8 Yearbook	23 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	24 Early Out NO ASP	25 NO ASP	26
27	28 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	29 K-3 Kids Club 5-8 Dance Team 4-8 Yearbook	30 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club			

ASP runs from 3:16-5:15

Snack will be provided

2026 After School Program

Sun	Mon	Tue	Wed	Thu	Fri	Sat
ASP TIMES **3:16-5:15** snack provided				1 Early Out No ASP	2 No ASP	*3*
4	5 No ASP	6 K-3 Kids Club 5-8 Dance Team 4-8 Yearbook	7 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	8 Early Out No ASP	9 No ASP	*10*
11	12 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	13 K-3 Kids Club 5-8 Dance Team 4-8 Yearbook	14 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	15 Early Out No ASP	16 No ASP	17
18	19 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	20 K-3 Kids Club 5-8 Dance Team 4-8 Yearbook	21 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	22 Early Out No ASP	23 No ASP	24
25	26 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club	27 K-3 Kids Club 5-8 Dance Team 4-8 Yearbook	28 K-3 Kids Club 5-8 Dance Team 4-8 Bike Club **Last Day Session 1**	29 Early Out No ASP	30 No ASP	31

September 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Practice Starts 3:15-5:00	1 Practice 3:15 – 5:00	2 Practice 3:15 – 5:00	3 No Practice Early Out	4 No Practice	5
6	7 No School	8 Practice 3:15 – 5:00	9 Practice 3:15 – 5:00	10 No Practice Early Out	11 No Practice	12
13	14 Practice 3:15 – 5:00	15 Practice 3:15 – 5:00	16 Soccer Fort Missoula-Jamboree 4/5	17 No Practice Early Out	18 Practice 3:15 – 4:30	19
20	21 Clinton @ Hellgate 4	22 Washington @ Clinton 4	23 Clinton @ Target Range 4/5	24 No Practice Early Out	25 No Practice	26
27	28 Practice 3:15 – 5:00	29 Soccer Hellgate @ Clinton 4	30 Practice 3:15 – 5:00			

October

2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 No Practice Early Out	2 TBD	3
4	5 CS Porter @ Clinton 4	6 Soccer Ends	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-Volleyball

2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	31 Practice Starts	1 Practice	2 Practice	3 No Practice Early Out	4 Practice	5
6	7 No School	8 VB @ Bonner 4/5	9 VB @ Desmet 4/5	10 No Practice Early Out	11 Practice	12
13	14 VB Potomac @ Clinton 4/5	15 Practice	16 Practice	17 VB @ Seeley 4/5	18 Practice	19
20	21 VB VC @ Clinton 4/5	22 Practice	23 St Joe's @ Clinton 4/5	24 No Practice Early Out	25 Practice	26
27	28 VB Desmet @ Clinton 4/5	29 Practice	30 Bonner @ Clinton 4/5	No Practice Early Out	Practice	

October

2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5 VB Seeley @ Clinton 4/5	6 Practice	7 VB @ Potomac 4/5	8 TBD –8th only	9 Practice – 8th only	10 VB Tournament
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2026

Dear Parents/Guardians:

Clinton School District Athletic Participation Requirements

Students wishing to participate in any sport at Clinton School must have an updated physical form on file in the main office before the season begins. **Physical exams remain valid for two school years.** Each year, student-athletes must also submit **History, Concussion, and Emergency Forms** before they are eligible to compete.

This policy applies to all Clinton sports, including soccer, basketball, volleyball, and track. While students may watch practice, they may not actively participate or compete until a current physical is on file.

For questions about Clinton's athletic programs, please contact the school. A schedule with season start and end dates is included for your reference. Your child's coach will provide an updated calendar, including game and practice times, at the beginning of each season.

Additionally, please review our athletic policies regarding discipline and academic requirements in the Parent/Student Handbook, which is distributed at the beginning of the school year.

	Start Date	End Date
Soccer (5-8 grade)	**August 31st**	**October 9th**
***Girls' Volleyball (7-8 grade)**	**August 31st**	**October 10th**
Boys' Basketball (6-8 grade)	**October 12th**	**December 4th**
Girls' Basketball (6-8 grade)	**January 11th**	**March 5th**
Co-ed Track (6-8 grade)	**April 12th**	**May 19th**

*The number of student-athletes who try out will determine whether sixth graders will be brought in to play during each season.

Please feel free to contact us should you have any questions or concerns regarding the athletic physical requirement or places in town to get a physical exam. There are a places in town that provide school sports physicals for a minimal cost. We have extra physical forms in the school office and posted online should you need one.

Sincerely,

Court Perry
Athletic Director

Clinton Middle School Activities Permission Slip/Medical Emergency Information

I give permission for (student's name) _____ to participate in each of the Clinton Middle School Activities that I have initialed below. I understand that I must provide transportation home after practice and competitions. My student and I have received a copy of the Concussion Statement as well. We know we must return this form, a physical signed by a doctor, and the concussion statement form prior to my child being able to participate.

Parent Signature: _____
Home Phone: _____
Student Signature: _____ Grade: _____

5th-8th Grade Co-Ed Soccer _____
7th-8th Grade Girls' Volleyball _____
6th-8th Grade Boys' Basketball _____
6th-8th Grade Girls' Basketball _____
6th-8th Grade Co-Ed Track _____

Medical Emergency Information on Back Must be Filled Out!

MEDICAL EMERGENCY INFORMATION

Year: _____

Student Name: _____Grade:_____ Age: _____

Parent/Guardian: _____Phone_____

Address: _____

Family Physician: _____Phone:_____

Medical Release Form

I authorize those involved with the _____ athletic program to obtain all necessary emergency care for my child. Every effort will be made to first contact the parent/guardian.

My son/daughter is covered by (check all that applies):
_____ Student health insurance _____ Private health/accident insurance

Parent/guardian signature: _____Date:_____

Insurance name: _____Policy No: _____

(Please include a copy of current insurance card)

Please list any factors which might limit participation (i.e. allergies, medial problems, or medications):_____

_____

_____

MONTANA HIGH SCHOOL ASSOCIATION

PROMOTING SUCCESS ON THE COURT, ON THE FIELD, ON STAGE, AND EVERYWHERE ELSE UNDER THE BIG SKY SINCE 1921

May 2026

TO: **PARENTS OF MHSA SPORTS PARTICIPANTS**
LICENSED MEDICAL PROFESSIONALS

FROM: **BRIAN MICHELOTTI, EXECUTIVE DIRECTOR**

RE: **UPDATED MHSA PRE-PARTICIPATION PHYSICAL EXAM (PPE) FORM**

Article II, Section (3) of the MHSA Handbook requires that a physical exam must be completed for a student to be considered eligible for participation in an Association contest. Physical exams must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. **Physical examinations conducted May 1 and thereafter are valid for the following two school years; Physical examinations conducted prior to May 1 are valid only for the remainder of that school year and the following school year. An interim history form is required during the off years when no physical examination is conducted and must be submitted to the school prior to the first practice. All 9th graders must have a physical after May 1st of the year they enter high school, regardless of whether they had one in 8th grade.**

This MHSA pre-participation form is the only form that will be allowed for the student's exam **(no other forms will be accepted)**. The following process should be followed:

- Parent(s)/legal guardian(s) and their student will fill out the History portion of the form together.
- The student and parent/guardian will sign the form.
- A medical provider will review the form with the student and parent/guardian and perform the exam. A signature from the medical provider is required to clear the student for participation.
- The completed MHSA Pre-participation Physical Exam form will be given to the appropriate school administrator.

The MHSA is committed to the safety and health of our student activity participants and believes this new form will facilitate that objective. For further information, the MHSA position statement on two-year PPEs is available on the MHSA website at www.mhsa.org.

If you have any questions regarding the updated pre-participation examination form, please contact me or the MHSA sports medicine liaison, Greta Buehler.

MHSA CONFIDENTIAL ATHLETIC PREPARTICIPATION PHYSICAL EXAMINATION

Students must have a preparticipation physical examination to participate in any sport. The examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. **Physical examinations conducted May 1 and thereafter are valid for the following two school years; Physical examinations conducted prior to May 1 are valid only for the remainder of that school year and the following school year. An interim history form is required during the off years when no physical examination is conducted and must be submitted to the school prior to the first practice. All information is to remain confidential.**

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Athlete Name: _____ **Gender:** _____ **Grade:** _____ **Date of Birth:** _____

Home Address: _____ **Phone Number:** _____

Parent/Guardian's Name: _____ **Family Physician:** _____

Date of examination: _____ **Current school:** _____

List past and current medical conditions. _____

_____

Have you ever had surgery? If yes, list all past surgical procedures. _____

_____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

_____

_____

Do you have any allergies? If yes, please list all your allergies (i.e. medicines, pollens, food, stinging insects). _____

_____

_____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of the form. Circle questions if you don't know the answer.)	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**YES**	**NO**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12 Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	**YES**	**NO**
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
16. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
MEDICAL QUESTIONS	**YES**	**NO**
17. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
18. Have you ever used an inhaler or taken asthma medicine?		
19. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		

MEDICAL QUESTIONS (*CONTINUED*)	YES	NO		ADDITIONAL INFORMATION
20. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?				**Explain any "Yes" responses to questions in the history sections below.**
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?				
22. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?				
23. Have you ever become ill while exercising in the heat?				
24. Do you or does someone in your family have sickle cell trait or disease?				
25. Have you had or do you have any problems with your eyes or vision?				
26. Have you ever had an eating disorder?				
27. Have you had infectious mononucleosis (mono) within the last Month?				
FEMALES ONLY	**YES**	**NO**		
28. Have you ever had a menstrual period?				
29. How old were you when you had your first menstrual period?				
30. When was your most recent menstrual period?				
31. How many periods have you had in the past 12 months?				

Name of Athlete (typed or printed): _____

Signature of Athlete: _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Name of Parent/Guardian (typed or printed): _____

Signature of Parent/Guardian: _____

Date: _____ Address: _____ Insurance Company: _____

Parent's Home Phone: _____ Parent's Cell Phone: _____ Parent's Work Phone: _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL

Pre-participation physical (PPE) exams contain sensitive health information. It is highly recommended the following precautions are taken to protect this information:

- Securely store physicals and additional medical information in locked cabinets or secure digital systems with password protection to protect student privacy.
- Access should be limited to authorized personnel only (i.e. team physician, athletic trainer, school nurse, principal or athletic director).
- Adhere to relevant privacy laws and regulations, such as FERPA (Family Educational Rights and Privacy Act) and HIPAA (Health Insurance Portability and Accountability Act), to ensure that student data is handled appropriately.
- Follow the school district's policies and legal requirements regarding the retention period for sports physicals. Typically, records should be kept for 7 years post-graduation. Make sure that records are disposed of securely, shredding is recommended, when they are no longer needed.

While security is paramount, it is also important to ensure that authorized staff can access these records promptly when needed, such as in an emergency situation. The following strategies can help to achieve this while still maintaining privacy:

- Implement a system for quick retrieval while maintaining confidentiality.
- When collecting physicals, ideally a healthcare professional such as an athletic trainer or school nurse should review each form for pertinent medical history.
- Red flags should then be relayed to the athlete's head coach such as past or current medical conditions, allergies and medications. However, the coach should not have access to the entire physical form.
- If the physician listed any recommendations for further evaluation or treatment on the clearance form, ensure and document that these have been followed.
- The best practices in managing mental health information do not differ from the practices listed above when handling the PPE form. It is the responsibility of the physician administering the physical exam to review the answers, discuss and refer when necessary.

By implementing these measures, we can ensure that student sports physicals are managed in a manner that protects their privacy and meets compliance obligations.

PROVIDER'S PHYSICAL EXAMINATION FORM

Athlete Name: _____ **Date of Birth:** _____

EXAMINATION: TO BE FILLED OUT BY MEDICAL PROVIDER ONLY		
Height: _____ Weight:: _____		
Pulse: _____ BP: _____ / _____ Vision: R 20/_____ L 20/_____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal		
MEDICAL (Please initial)	**NORMAL**	**ABNORMAL FINDINGS**
Appearance (Marfan stigmata)		
Eyes/Ears/Nose/Throat (pupils equal, hearing)		
Lymph Nodes		
Heart (murmurs)		
Pulses (simultaneous femoral and radial)		
Lungs		
Abdomen		
Skin (HSV, MRSA, tinea corporis)		
Neurological		
Genitourinary (males only)		
MUSCULOSKELETAL (Please initial)	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional (double-leg squat test, single-leg squat test, box drop or step drop test)		

Notes: _____

CLEARANCE

☐ Cleared without restriction

☐ Cleared with recommendations for further evaluation or treatment for: _____

☐ Not cleared for ☐ All sports ☐ Certain sports _____ Reason: _____

Recommendations: _____

Name of Physician/Medical Provider [print or type]: _____ Date: _____

Address: _____ Phone: _____

Signature of Physician/Medical Provider: _____

(Updated 4/26)

Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steiger's Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name:_____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Guardian Name(s):_____

☐ We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet.*

If true, please check box

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	*N/A*
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	*N/A*
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	*N/A*
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

_____ _____

Signature of Student-Athlete Date

_____ _____

Signature of Parent/Legal Guardian Date

A Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:

> The right equipment for the game, position, or activity
> Worn correctly and fit well
> Used every time you play

Remember, when in doubt, sit them out!
It's better to miss one game than the whole season.

A Fact Sheet for **PARENTS**

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily • Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Remember, when in doubt, sit them out!
It's better to miss one game than the whole season.

Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
•Appears dazed or stunned •Is confused about events •Answers questions slowly •Repeats questions •Can't recall events prior to the hit, bump, or fall •Can't recall events after the hit, bump, or fall •Loses consciousness (even briefly) •Shows behavior or personality changes •Forgets class schedule or assignments	**Thinking/Remembering:** •Difficulty thinking clearly •Difficulty concentrating or remembering •Feeling more slowed down •Feeling sluggish, hazy, foggy, or groggy **Physical:** •Headache or "pressure" in head •Nausea or vomiting •Balance problems or dizziness •Fatigue or feeling tired •Blurry or double vision •Sensitivity to light or noise •Numbness or tingling •Does not "feel right"	**Emotional:** •Irritable •Sad •More emotional than usual •Nervous **Sleep*:** •Drowsy •Sleeps less than usual •Sleeps more than usual •Has trouble falling asleep **Only ask about sleep symptoms if the injury occurred on a prior day.*

LINKS TO OTHER RESOURCES

- CDC –Concussion in Sports
  - http://www.cdc.gov/concussion/sports/index.html
- National Federation of State High School Association/ Concussion in Sports - What You Need To Know
  - www.nfhslearn.com
- Montana High School Association – Sports Medicine Page
  - http://www.mhsa.org/SportsMedicine/SportsMed.htm

Code of Conduct Agreement for the 2026-2027 school year

- **Attendance:** Students must attend school the entire day unless the athlete provides a medical note to the office or coach. This pertains to practice and participation in games. If you know your child is going to be absent or late please contact the coach or the office to get prior permission.
- **Physical/Emergency Contact/Concussion Form:** All students participating in athletics must have a current physical examination. Physicals must be certified by a licensed physician and are good for one year only. Students may not practice or participate in games unless the physical is turned in. Emergency contact and concussion form must be signed by student and parent to be eligible to compete.
- **Conduct Ineligibility**: A student, who, because of violations of school district rules and regulations or legal violations of federal or state law, is suspended from school (ISS or OSS) will not be allowed to participate in extracurricular or co-curricular activities during the term of suspension. This ban on participation includes practice sessions, competitions, and attendance at school-sponsored activities like dances and non-educational field trips. Absences caused by violation of law may result in loss of participation altogether as determined by the Board of Trustees.
- **Academic Requirements**: A student must maintain passing grades (A-D) throughout the entire athletic season. Grade checks are done weekly. If a student is failing one or more classes, the student will be placed on probation, and may not compete in athletic competition. Grades must be raised 24 hours prior to the next game to be eligible. Late work needs to be turned in ASAP so the teacher has time to grade them.
- **Travel:** Athletes must travel to school sponsored events on a school day using school provided transportation unless given prior notice. All athletes must have signed Handley Transportation's handbook to travel. If a parent must take a child from competition they **must** sign out with a coach prior to leaving.

_____ _____

Student signature Date Parent Signature Date

SEASON DATES:

Soccer - 8/31 – 10/9

Volleyball - 8/31 – 10/10. Tournament in Frenchtown Saturday, Oct. 10th

Boys B-Ball - 10/12– 12/04. Tournament: Week of Nov. 30th

Girls B-Ball - 1/11 – 3/5. Tournament: Week of March 1st

Track - 4/12- 5/18 Meet of Champions: May 18th