The Leigh Legend June-July 2022

The Legend is a Newsletter for the patrons of the Leigh Community School District #39. The Legend is printed by the Educational Service Unit #7. Submit article suggestions to Monica Hake at Leigh High School at 487-2228 or mhake@leigh.esu7.org.



Congratulations to the following seniors who were awarded scholarships from various local and state individuals and organizations:

Kevin Becerril

Paul Hollatz Memorial Scholarship

Alternate to: Lisa Settje Kuta Scholarship

Aaron Cech Memorial Scholarship

Natalie Brabec

Northeast Academic Contest Scholarship

University of Nebraska Lincoln Husker Traditions Scholarship

University of Nebraska Lincoln Emerging Leader Scholarship

Jan Fuhr Music Memorial Scholarship

Leigh Volunteer Fire Department Scholarship

Leigh Community Club Scholarship

Emily and Stanley Cada Scholarship

Alternate to: Jay Blessen Memorial Scholarship

Citizens State Bank Scholarship

Lavern Went Memorial Scholarship

Cortlynn Cadwallader

Northeast Community College Garry Kuester Memorial Scholarship

Leigh Education Association Scholarship

Alternate to: Jan Fuhr Music Memorial Scholarship

Jacob Eisenmann

Norman Ochsner Ag Scholarship

Platte Valley Cattlemen's Scholarship

Rick and Frankie Charipar Scholarship

Leigh Alumni Association Scholarship

Wade Went Memorial Scholarship

Leigh FFA Scholarship

Aaron Cech Memorial Scholarship

Alternate to: Sons of American Legion Scholarship

Legion Post 302 Scholarship

Kanyon Held

University of Nebraska Lincoln Husker Traditions Scholarship

University of Nebraska Lincoln Commitment Scholarship

Wayne State College Board of Trustees Scholarship

Wayne State College Leadership Scholarship

Columbus Area Human Resources Association Scholarship

Nebraska Energy Federal Credit Union Scholarship

Sons of American Legion Scholarship

Jim & Helen Evans Scholarship

Citizens State Bank Scholarship

Taylor Went Memorial Scholarship

Cooperative Supply Scholarship

Patriot Booster Club Scholarship

Wade Went Memorial Scholarship

Leigh FFA Scholarship

Patriot Youth Advisory Scholarship

Alternate to: Irene Gobler Legion Auxiliary Scholarship

Vickie Wietfeld Memorial Scholarship

Sara Reichmuth Memorial Scholarship

Makenna Held

University of Nebraska-Lincoln David's Distinguished Scholarship

University of Nebraska-Lincoln Chancellor's Leadership Scholarship

Midwest Dairy Nebraska Division Scholarship

Retail Value Steer Challenge Scholarship

John & Michele Hollatz Scholarship

Legion Auxiliary Scholarship

Vickie Wietfeld Memorial Scholarship

Terri Wietfeld Memorial Scholarship

Citizens State Bank Scholarship

Lavern Went Memorial Scholarship

Taylor Went Memorial Scholarship

Wade Went Memorial Scholarship

Patriot Booster Club Scholarship

Patriot Youth Advisory Scholarship

Alternate to: Leigh Volunteer Fire Department Scholarship

Aiden Miller

Northeast Academic Contest Scholarship

Madison Noonan

Wade Went Memorial Scholarship

Alternate to: Leigh Rescue Unit Scholarship

Paul Hollatz Memorial Scholarship

Lyle Hamernik Memorial Scholarship

Logan Schroeder

Whitetail LLC Scholarship

McIntosh Family Endowment Scholarship

Sara Reichmuth Memorial Scholarship

Cooperative Supply Scholarship

Wade Went Memorial Scholarship

Lyle Hamernik Memorial Scholarship

Kennedy Settje

Wayne State College Leadership Scholarship

Northeast Community College Dr. Desai Scholarship

Lost Island Scholarship

Leigh Rescue Unit Scholarship

John & Michele Hollatz Scholarship

Jay Blessen Memorial Scholarship

Lisa Settje Kuta Scholarship

Russ Herman Memorial Scholarship

Leigh Alumni Association Scholarship

Patriot Youth Advisory Scholarship

Aaron Cech Memorial Scholarship

Legion Post 302 Scholarship

Alternate to: Terri Wietfeld Memorial Scholarship

Citizens State Bank Scholarship

Jim & Helen Evans Scholarship

Leigh Community Club Scholarship

RHOP scholarship at Wayne State College for Physical Therapist

Audie Tejkl

Elkhorn Valley Cattlemen Scholarship

Alternate to: Rick and Frankie Charipar Scholarship

Calvin Wemhoff

University of Nebraska Husker Power Scholarship

Leigh Community School Board of Education Regular Meeting May 16, 2022

President Kamin Held called the meeting to order at 7:05 p.m. Verification of Notice by Kamin Held (Published on May 11th, 2022 in the Leigh World Newspaper & Posted on May 11th, 2022 at Leigh Community Schools, Just Another Mini Mart and the Leigh Post Office)

Recognition of Open Meetings Law by Kamin Held

Secretary Brabec read the roll call. Present were Held K, Higby, Hoffman, McMullin, Went, Wietfeld M. Absent were Folken, Machmueller, Urban J.

Also present were Principal Holmberg, Secretary Brabec.

Excuse Absence of Folken, Machmueller, Urban J

Approval of Agenda

Consent Agenda approved the April 11th, 2022 and May 4th, 2022 meetings minutes, Treasurer/Financial Report & Bills/Payroll.

Principal's Report – April Students of the Month; ACT – Juniors; NSCAS Testing – 7th/8th Grade; Academic Awards Day; Last Two Student Days; Summer Weight Room; Track - State Qualifiers; East Husker Conference Awards Plaque.

Superintendent Fischer arrived @ 7:09 pm during the Principal's Report

Superintendent's Report: Last Day of School; Elementary Notes; Congrats to Sherry Hathaway on her retirement; Graduation; CCC & Northeast; Legislative Updates; Floors; Thanks to students & staff.

Urban J arrived @ 7:11 pm, Folken arrived @ 7:12 pm, Machmueller arrived @ 7:14 pm during the Superintendent's Report.

Public Comment – ELEM Room Expansion

Motion passed: Approved updated policies: 1220, 3132, 3540, 4009, 4133, 6600, 8343, 9340.

Discussion item: Coaching Extra-Duty Assignments.

Motions passed: Approved purchase agreement from Community Property Solutions on the Old High School Lot: Approved the 'Construction Management at Risk Method of Construction' and 'Design-Build Process' policies for ELEM addition.

Discussion item: New/Old JR/SR High School

Moved by Urban J, seconded by Hoffman to adjourn at 7:51 p.m. All present voting "aye". Motion carried. Next regularly scheduled meeting will be at 6:30 pm on Monday, June 13th, 2022 at the Leigh High School STEM Room (B138).

April R. Brabec, Board Secretary

Girls on the Run Leigh Elementary School

I have had the privilege to help lead the Girls on the Run Program at Leigh Elementary School for the past three years! Maybe you're unfamiliar with this program taking place at Leigh, and wonder what we do or stand for! Girls on the Run also known as GOTR is a nationwide program that inspires girls in grades 3rd through 6th to be joyful, healthy and confident using a fun. experience-based curriculum that creatively integrates running.

The Girls on the Run curriculum combines training for a 5K (3.1 miles) running event with lessons that inspire girls to become independent thinkers, enhance their problem-solving skills and make healthy decisions. All of this is accomplished through an active collaboration with girls, their parents, schools, volunteers, staff and the community.

GOTR starts in the spring each school year. We hold weekly meetings for 10 weeks before our final 5K celebration! We also do a community impact project each season! This year we wrote inspiring messages and gave goodie bags to our local police, volunteer firefighters, and EMT's.

We want to thank the girls who have participated this year and in past years. You made this team and the activities fun and memorable. Looking forward to the spring of 2023! -- Robin Urban & Tara Urban



ATTENTION ALL CURRENT/FUTURE PATRIOT GIRLS BBALL PLAYERS!!

It's time to release the **Patriot Nothin' But Net Shooting Club** for all current/future Patriot Girls basketball players! Last year we had 12 players in grades 9-12 make it and 10 players from grades 1-8! We must become better shooters so it's time to get to work. If you make the goal for your level, you'll receive a Nothin' But Net Shooting Club shirt with all names who made the club!

How it works:

- 1- Coach Murren provided the form in the social media posts to parents whose daughters are currently in 1st grade thru 11th grade sheets to keep track of **makes** throughout the summer!
- 2- Shooting Club runs May 1st- July 31st (92 Days), keep shooting after these dates also!
- 2- Shoot the basketball a lot, often, and all summer and don't forget ball handling!
- 3- Count your number of **makes** when you are out shooting hoops (only count shots **made**)
 - Set a goal each time on how many you'd like to make and shoot until you hit goal
 - Mark down your makes in the correct categories and keep a running total for the summer
 - Categories include:
 - Free Throws, 3's (only if in your range), Elbow, Wing, Corner, Post Moves, and Finishing Moves at Rim
 - Ball Handling: for every 15 minutes of ball handling you complete, you get to count 30 shots towards your total (Examples include: 2 ball dribbling, attacking work: crossover, behind the back, Isaiah, through the legs, hesitation, spin)

Things to remember when shooting:

- 1- Great form each shot, set feet, guide hand is a guide hand only, follow through
- 2- Consistency of shot (same shot every time, become confident in being a great shooter)
- 3- Follow through with your shooting hand (snap wrist, grab cookies out of jar)
- 4- If you ever need help with shot, please contact Coach Murren and he'd be glad to help!

Goals for T-Shirt for Summer (for grade in 2022-2023 school year):

2nd/3rd Grade- 1,500 Makes (17 makes a day/average)

4th/5th Grade- 2,500 Makes (27 makes a day/average)

6th Grade- 3,500 Makes (38 makes a day/average)

7th Grade- 4,500 Makes (49 makes a day/average)

8th Grade- 6,000 Makes (65 makes a day/average)

High School- 10,000 Makes (109 makes a day/average)

If your child would like to participate, please fill out form as summer goes along. Report totals at end of June by texting Coach Murren a picture of updated form for an update and then send final totals to Coach Murren by August 8th.

Coach Murren- 402-480-0210 or mmurren@clarkson.esu7.org

^{**}This letter and Monthly Shooting Forms are posted on the school web page

To be completed for Students participating in any NSAA activities.

Student and Parent Consent Form

| // | (10 | M | |
|----|-----|----|--|
| | 10 | A | |
| 1 | 11/ | JA | |
| | | | |

| School Year: 20 | 20 | | |
|------------------|-------|-------------|--|
| Name of Student: | | | |
| Date of Birth: | Place | e of Birth: | |

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

approved by the NSAA, except those crossed out below:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID-19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even with the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA Bylaws and rules interpretations for participation in NSAA sponsored athletic and/or activities, and the athletic and activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the Student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and athletics, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the Student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
- (6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities.

| Name of Student [Print Name] | Student Signature | Date |
|---|---|--|
| above, understand and agree to the terms thereof, inc | te] (Parent) (Guardian). (I)(We) acknowledge that (I)(We luding the warning of potential risk of injury inherent in | participation in athletics and activities. |
| Having read the warning in paragraph (2) above a | and understanding the potential risk of injury to my St | tudent, (I)(we) hereby give (my)(our) |
| permission for[ins | sert Student name] to practice and compete for the ab | pove named high school in activities |

| Baseball | Basketball | Bowling | Cross Country | Debate | Football | Golf |
|------------|---------------|-----------------|-----------------------|------------|-----------|-----------|
| Journalism | Music | Play Production | Soccer | Softball | Speech | Swim/Dive |
| Tennis | Track & Field | Unified Bowling | Unified Track & Field | Volleyball | Wrestling | |

| Parent(s)/Guardian Printed Name(s)* | Parent/Guardian Signature | Date of Signature | |
|-------------------------------------|---------------------------|-------------------|--|
| | | | |
| | | | |

*Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the Student is not living with parents, the Student's legal guardian.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

| Note: Complete and sign this form (with your parents | it younger than 1 | 8) before your app | pointment. | |
|---|----------------------|----------------------|--------------------------|-------------------|
| Name: Date of birth: | | | | |
| Date of examination: | Sport(s): | | | |
| Sex assigned at birth (F, M, or intersex): | How do | you identify your g | gender? (F, M, or other) | : |
| List past and current medical conditions. | | | | |
| Have you ever had surgery? If yes, list all past surgic | | | | |
| Medicines and supplements: List all current prescrip | tions, over-the-cou | unter medicines, ar | nd supplements (herbal | and nutritional). |
| Do you have any allergies? If yes, please list all you | ır allergies (ie, me | dicines, pollens, fo | ood, stinging insects). | |
| | | | | |
| Patient Health Questionnaire Version 4 (PHQ-4) | | | | |
| Over the last 2 weeks, how often have you been bo | | | | |
| | 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 \geq 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| (Exp | IERAL QUESTIONS lain "Yes" answers at the end of this form. e 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? | | |
| HEA | RT 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. | | |

| | RT HEALTH QUESTIONS ABOUT YOU NTINUED) | Yes | No |
|-----|---|-----|----|
| 9. | Do you get light-headed or feel shorter of breath than your friends during exercise? | | |
| 10. | Have you ever had a seizure? | | |
| HEA | RT 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? | | |

| BO) | IE AND JOINT QUESTIONS | | |
|-----|---|-----|----|
| | 是是这种是是这一种是一种的一种,但是是一种的一种。 | 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 bothers you? | | |
| MED | ICAL QUESTIONS | Yes | No |
| 16. | Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 17. | Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 18. | Do you have groin or testicle pain or a painful bulge or hernia in the groin area? | | |
| 19. | Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)? | | |
| 20. | Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | |
| 21. | 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? | | |
| 22. | Have you ever become ill while exercising in the heat? | | |
| 23. | Do you or does someone in your family have sickle cell trait or disease? | | |
| 24. | Have you ever had or do you have any prob- lems with your eyes or vision? | | |

| MED | ICAL QUESTIONS (CONTINUED) | Yes | No |
|-----|--|-----|----|
| 25. | Do you worry about your weight? | | |
| 26. | Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 27. | Are you on a special diet or do you avoid certain types of foods or food groups? | | |
| 28. | Have you ever had an eating disorder? | | |
| FEM | ALES ONLY | Yes | No |
| 29. | Have you ever had a menstrual period? | | |
| 30. | How old were you when you had your first menstrual period? | | |
| 31. | When was your most recent menstrual period? | | |
| 32. | How many periods have you had in the past 12 months? | | |

| xplain "\ | es" answ | vers her | e. | | |
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I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

| Signature of athlete: | |
|----------------------------------|--|
| Signature of parent or guardian: | |
| Date: | |

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PREPARTICIPATION PHYSICAL EVALUATION

Parent or Legal Guardian Signature _

| PHYSICAL EXAM | NINATI | ON FORM | | | | | | | | | | |
|--|--|--|---|--|---------------|------------------|---|--|--|--|--|--|
| Name: Date of birth: | | | | | | | | | | | | |
| During the pastDo you drink aHave you everHave you everDo you wear a | al question essed out of el sad, ho e at your tried ciga t 30 days, Icohol or taken and seat belt, | or under a lot o peless, depresso home or resider rettes, e-cigaret did you use ch use any other d abolic steroids co supplements to use a helmet, co | of pressure? ed, or anxious? nce? ttes, chewing tobacco, snuff, or d newing tobacco, snuff, or dip? | ipę hancing supplemei improve your perfo | ntệ | | | | | | | |
| EXAMINATION | | | | | | | | | | | | |
| Height: | | Weight: | | | | | | | | | | |
| BP: / (| /) | Pulse: | Vision: R 20/ | L 20/ | Correc | ted: 🗆 Y [| | | | | | |
| MEDICAL | | | | | | NORMAL | ABNORMAL FINDINGS | | | | | |
| myopia, mitral valv | e prolaps | | ed palate, pectus excavatum, ara nortic insufficiency) | chnodactyly, hyper | laxity, | | | | | | | |
| Eyes, ears, nose, and tPupils equalHearing | hroat | | | | | | | | | | | |
| Lymph nodes | | | | | | | | | | | | |
| Heart ^a | | | | | | | | | | | | |
| Murmurs (auscultat | ion standi | ng, auscultation | n supine, and ± Valsalva maneuv | er) | | | | | | | | |
| Lungs | | | | | | | | | | | | |
| Abdomen | | | | | | | | | | | | |
| Skin Herpes simplex viru tinea corporis | us (HSV), | esions suggesti | ve of methicillin-resistant <i>Staphyl</i> | ococcus aureus (M | RSA), or | | | | | | | |
| Neurological | - | | | | | | | | | | | |
| MUSCULOSKELETAL | | | | | | NORMAL | ABNORMAL FINDINGS | | | | | |
| Neck | | | | | | | | | | | | |
| Back | | | | | | | | | | | | |
| Shoulder and arm | | | | | | | | | | | | |
| Elbow and forearm | | | | | | <u> </u> | | | | | | |
| Wrist, hand, and finge | ers | DO TITLE TO THE PROPERTY OF TH | | | **** | | | | | | | |
| Hip and thigh | | | | | | | | | | | | |
| Knee | | H-VON-T-T-1100-WH-V-110-D-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V- | | | | | | | | | | |
| Leg and ankle | | | | | | | | | | | | |
| Foot and toes | | | | | | | | | | | | |
| Functional | *************************************** | | | | - | † | | | | | | |
| | est, single- | leg squat test, o | and box drop or step drop test | | | | | | | | | |
| Consider electrocardiograp | phy (ECG), | echocardiography. | , referral to a cardiologist for abnormal | | | | | | | | | |
| | | orint or type): _ | | | | Date: | | | | | | |
| Address: | | | | | | | | | | | | |
| Signature of health care p 2019 American Academ American Orthopaedic Socional purposes with acknow | y of Family iety for Spo | Physicians, Ame | rican Academy of Pediatrics, America d American Osteopathic Academy of | an College of Sports A | Medicine. A | merican Medic | D, DO, NP, or PA cal Society for Sports Medicine nt for noncommercial, educa- | | | | | |
| I hereby give permission for a athletics and activities. | the release o | f the attached stud | lent medical history and the results of th | e actual physical exam | ination to th | e school for the | purposes of participation in | | | | | |

Date_

PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM _____ Date of birth: _____ ☐ Medically eligible for all sports without restriction ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of ☐ Medically eligible for certain sports ☐ Not medically eligible pending further evaluation $\ \square$ Not medically eligible for any sports Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians). Phone: _____ Signature of health care professional: _____, MD, DO, NP, or PA SHARED EMERGENCY INFORMATION Medications: ____ Other information: ____ Emergency contacts: ____

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2022-2023 Leigh Elementary School Supply List:

Pre-Kindergarten

Morning Pre-K Class Mrs. Bahns & Mrs. Cash

1 large backpack

2 boxes of 8 count crayons (no jumbo)

1 pencil pouch (no boxes please)

6 glue sticks 2 bottles of glue

1-1.5" three ring binder

1 watercolor paint set

Disinfectant wipes

1 oversized paint shirt

1 full set of extra clothes

*Box of tissues (optional)

*Please initial all items.

Afternoon Pre-K Class

1 large backpack

2 boxes of 8 count crayons (no jumbo)

1 pencil pouch (no boxes please)

6 glue sticks 1-1.5" three ring binder

1 watercolor paint set

1 pair of blunt tipped scissors

4 Expo markers

1 oversized paint shirt

1 full set of extra clothes

Disinfectant wipes (Optional)

*Please initial all items.



Kindergarten Supply List

1 large backpack

1 pencil box

2 boxes of tissues

1 container Clorox wipes

2 boxes of 24 pack Crayola Crayons (one box will be saved for 2nd semester)

1 folder

2 wide ruled spiral notebooks

1 squeeze bottle of glue

10 glue sticks

1 pair of scissors

1 large eraser

1 pack of pencil top erasers 1 pack of plain pencils (no mechanical pencils)

4 Expo Markers (no Expo bottle spray)

1 pair of headphones for iPad

2 travel toothbrush holders (found at Dollar Store or Walmart)

Your child will need a pair of tennis shoes for P.E. The shoes do not need to be new, but clean on the bottom. THESE SHOES WILL STAY AT SCHOOL. Your child will also need a pair of boots during the winter months.

* Please NO rulers or small pencil sharpeners

1st Grade Supply List

8 glue sticks

1 pocket folder

4 expo markers with an eraser (Can use an old sock)

2 notebooks

pencils (No mechanical pencils)

2 sharpie markers

2 travel toothbrush holders (found at Dollar General or Walmart)

markers

crayons

pencil box

scissors

3 pink erasers

bookbag

2 boxes of Kleenex

1 Clorox wipes

Last name A-M 1 box of quart size baggies; N-Z 1 box of

sandwich size baggies

Water bottle that can be brought back and forth from home.

Due to our early lunch we would like everyone to bring a snack to share with the class during the first weeks of school. Examples: pretzels, goldfish, graham crackers, etc. A schedule will then be sent home for the remainder of the semester once these initial snacks are gone.

Headphones for ipad (I have your child's headphones from last year. They can use them if they would like. I can contact you after the first few weeks of school if they do not work.)

Your child will need a pair of tennis shoes for P.E. The shoes do not need to be new, but clean on the bottom. THESE SHOES WILL STAY AT SCHOOL. Your child will also need a pair of boots during the winter months.

No rulers or small pencil sharpeners! Please initial all supplies before coming to school.

2nd Grade Supply List

Book bag

1 bottom pocket folder

2 notebooks

Pencil box

6 glue sticks

2 bottles of glue

4 expo markers with an eraser NO SPRAY

Pencils (No mechanical pencils)

Markers

Crayons

Scissors

6 big pink erasers

3 black sharpie markers

1 highlighter

2 boxes of Kleenex

1 container of Clorox wipes

Last name A-M 1 box of quart size baggies; N-Z 1 box of sandwich size baggies

Due to our early lunch we would like everyone to bring a snack to share with the class during the first weeks of school. Examples: pretzels, goldfish, graham crackers, ect. A schedule will then be sent home for the remainder of the semester once these snacks are gone.

Your child will need a pair of tennis shoes for P.E. They don't need to be new, but clean on the bottom. These shoes WILL stay at school.

Mrs. Bruhn passed down the students' headphones. If your child needs new ones please purchase them for this school year.

No rulers or pencil sharpeners. Please initial all supplies before coming to school.

3rd Grade Supply List

#2 pencils

1 eraser for pencils

2 dry erase markers and eraser

3 glue sticks

scissors

markers

cravons

colored pencils

2 folders with pockets

1 composition notebook

1 wide ruled notebook

zippered pencil pouch

2 boxes of kleenex

1 pair of headphones or earbuds

Winter boots will be needed 1 pair of clean PE shoes to be kept at school will be needed (does not need to be new-just clean on the bottom) *No pens or mechanical pencils please



4th Grade Supply List

3 Notebooks

1 Box of Pencils

Something to color with (markers, crayons, or colored pencils)

Red Pen

Eraser

4 Dry Erase Markers

Glue Bottle

Glue Sticks

Scissors

Highlighter

Large Pencil Pouch

2 Boxes of Kleenex

2 Pocket Folders

Composition Notebook

Ear Buds

2 Book Covers

Deodorant (to keep in locker)

Winter boots & P.E. shoes will be needed. P.E. shoes do NOT need to be new, but clean on the bottom and they will stay at the school.

5th Grade Supply List

2 Boxes of Pencils

Pens (Blue/Red)

Highlighters (any color)

Erasers

1 pair of scissors

Glue sticks

Dry Erase Markers (dry eraser if possible, sock, etc)

3 spiral notebooks

3 pocket folder papers

2 composition notebooks

1 box of pencil colors, crayons, and/or markers

1 large pencil pouch (zipper bag recommended)

2 boxes of tissues

1 pair earbuds or headphones

2 Book covers (1large, 1 small)--if possible

Deodorant for PE/Recess

PE Shoes*

*Winter boots & P.E. shoes will be needed. P.E. shoes do NOT need to be new, but clean on the bottom and they will stay at the school.

<u>6th Grade Supply List</u>

Glue sticks and/or bottle

Scissors

2 boxes of tissues

1 folder

Large Pencil pouch

Dry erase marker(s)

Dry eraser if possible (sock, etc.)

Highlighter(s)

Something to color with: (markers, crayons, or

colored pencils)

Pen (preferably not black)

Pencils

eraser(s)

2 composition notebooks

3 college ruled notebooks

Earbuds or headphones

2 book covers - at least 1 large size

Deodorant

Winter boots & P.E. shoes will be needed. P.E. shoes do NOT need to be new, but clean on the bottom and they will stay at the school.

| Leigh Community School - 2022/23 School Calendar | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|---------------------------------------|-------|------|--------------|--|-------------|---|----|-------|----------------|-------------------|---|---------------------------------|----------------|----------------------|---------|-------|--|--|----------------|--|--|
| July 2022 | | | | | | | August 2022 | | | | | | | | September 2022 | | | | | | | | |
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| 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 1 | 4 | 15 | 16 | 17 | 18 | 19 | 20 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 2 | 1 | 22 | 23 | 24 | 25 | 26 | 27 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 2 | 8 | 29 | 30 | 31 | | | | 25 | 26 | 27 | 28 | 29 | 30 | | | |
| 31 | | | | | | | | T | | | | | | 16 | | | | | | | 21 | | |
| | | | | | | | | | | | her-P | | | | | | nool-La | | | | | | |
| | | | | | | | | | | | | | Dismi | ssal | 28th- | -PT Co | onfere | nces, | 2:00 🗅 | ismis | sal | | |
| | | | | | 17 | 17th-Pre-K-First Day | | | | | | | | | | | | | | | | | |
| | | Octo | ber 2 | 2022 | 2 | | | November 2022 | | | | | | | | December 2022 | | | | | | | |
| Su | Мо | Tu | We | Th | Fr | Sa | S | u | Мо | Tu | We | Th | Fr | Sa | Su | Мо | Tu | We | Th | Fr | Sa | | |
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| 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | 21 | 22 | CONTRACTOR AND | | | | _ | | | | Name of the last o | Name and Address of the Owner, where the Owner, which is the Own | | | |
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| 30 | 31 | | | | | 20 | | | | | | | | 19 | | | | | | | 15 | | |
| 5th-Late Start, No AM Pre-K | | | | | | 2nd-Late Start, No AM Pre-K | | | | | | | 7th-Late Start, No AM Pre-K | | | | | | | | | | |
| 21st-No School-Fall Break | | | | | | 15th-No School-Hosting Conf. One Act 23rd-25th-No School, Thanksgiving Break | | | | | | | 20th-Last Day of Pre-K 21st-1:00 Dismissal, No Pre-K | | | | | | | | | | |
| | | | | | | | 23 | 23rd-25th-No School, Thanksgiving Break | | | | | | | | | No Sc | | o Fie- | r\ | | | |
| | | | | | | | | | | | | | | | | 23rd-27th-Moratorium | | | | | | | |
| | J | lanu | ary 2 | 2023 | 3 | | | February 2023 | | | | | | | | March 2023 | | | | | | | |
| Su | Мо | Tu | We | Th | Fr | Sa | S | u | Мо | Tu | We | Th | Fr | Sa | Su | Мо | Tu | We | Th | Fr | Sa | | |
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| 8 | 9 | 10 | 11 | 12 | 13 | 14 | į. | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 1 | 2 | 13 | 14 | 15 | 16 | 17 | 18 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | 1 | 9 | 20 | 21 | 22 | 23 | 24 | 25 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | |
| 29 | 30 | 31 | | | | | 2 | 6 | 27 | 28 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | | | |
| | | | | | | 20 | | | | | | | | 20 | | | | | | | 21 | | |
| | | No School 1st-Late Start, No AM Pre-K | | | | | | | | 1st-F | T Cor | nferen | ces, 2 | :00 Di | smiss | al | | | | | | | |
| | eache | | | | | | | | | | | | | | | | hool, | | | | | | |
| 5th-Students first day of 2nd semester | | | | | | | 1 2255 | | | | | | | 2nd-6th-No School, Spring Break | | | | | | | | | |
| April 2023 | | | | | | | May 2023 | | | | | | | | June 2023 | | | | | | | | |
| Su | Мо | Tu | We | Th | Fr | Sa | S | u | Мо | Tu | We | D. St. Cheese Co. | Fr | Sa | Su | Мо | Tu | We | Th | Fr | Sa | | |
| | | | _ | | n journamen | 1 | | | 1 | 2 | 3 | 4 | 5 | 6 | | | | | 1 | 2 | 3 | | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | 8 | 9 | 10 | 11 | 12 | 13 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | 15 | 16 | 17 | 18 | 19 | 20 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 2 | _ | 22 | 23 | 24 | 25 | 26 | 27 | 18 | 19 | 20 | 21 | 22 | <u>23</u> | 24 | | |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 2 | 8 | 29 | 30 | 31 | | | | 25 | 26 | 27 | 28 | 29 | 30 | | | |
| 30 | | | | | | 18 | | | | | | | | 15 | | | | | | | | | |
| 5th-Late Start, No AM Pre-K 17th-Last day Pre-K | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | 18th-Last of school, 11:30 Dismissal | | | | | | | | | | | | | | | |
| 19th-Teacher PD | | | | | | | | | | | | | | | | | | | | | | | |

THE LEGEND

222 W 4TH STREET

P O BOX 98

LEIGH NE 68643

NON-PROFIT ORGANIZATION
US POSTAGE PAID PERMIT NO. 3
ECRWSS

BOXHOLDER

Included in this summer edition of The Leigh Legend you will find physical forms, the 2022-2023 School Year Calendar, and Elementary classroom supply lists. These are all also available on the school website.

This summer will be very busy with camps and activities—please check the school website for scheduling updates throughout the summer at: http://www.leighcommunityschools.org or check the Leigh Community Schools facebook page.

If there are any questions regarding any of the information included in this edition, please contact the school at 402-487-3301 or 402-487-2228. Enjoy Your Summer!!!