

# NOVEMBER 2023



Ph# 920-852-5535


Connect to our webpage for school news, menus, calendars, full-length newsletters, staff email addresses, Infinite Campus Parent Portal access and more!

[ABS WEBPAGE](#)

Like our Facebook page at

[ABS Facebook Page](#)

We will be posting exciting news about upcoming events and things happening in our classrooms!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Full-Length Newsletter available on our webpage		<i>Book Character</i>	1 <i>Vaquero/Ranchero Western</i>	2 <i>Hat Day</i>	3 <b>NO BG Club Sports Day</b>	4
5	6	7 <b>Picture Re-Take Day</b> 	8 <b>Vision Screening</b>	9	10 <b>Veterans Day Program 2:30 -3:00 Zion Gym</b>	11
12	13	14 <b>ABS PTA mtg 6:00 pm</b>	15	16	17	18
19	20	21 <b>ABS Board Mtg 4 -5 pm</b>	22 <b>No School Conf Comp Day</b>	23 <b>No School Thanksgiving Break</b>	24 <b>No School Thanksgiving Break</b>	25
26	27 <b>No School Prof Dev Day</b>	28	29	30	Dec 1 <b>NO BG Club</b>	



## Important message about birthdays and other celebrations:

**Please do not bring in snacks/treats for birthdays or other celebrations.** The AASD Board Policy (458) regarding Student Wellness was updated in 2018 in order to align our school wellness procedures with best practices. This change is to focus on honoring students through more inclusive practices that are not only more aligned to the updated policy, but are practices identified as being best for overall student health and wellness. Policy 458 reads:

### D. Recognition for special occasion without treats

Recognitions for special occasions (birthdays, holidays, etc.) during the school day (starting at midnight the day before through a half hour after students are dismissed for the day) will not include students bringing in snacks/treats from outside of the District for other students and will instead take place through non-food practices.

## Winter Recess Policy Baby it's Cold Outside!!

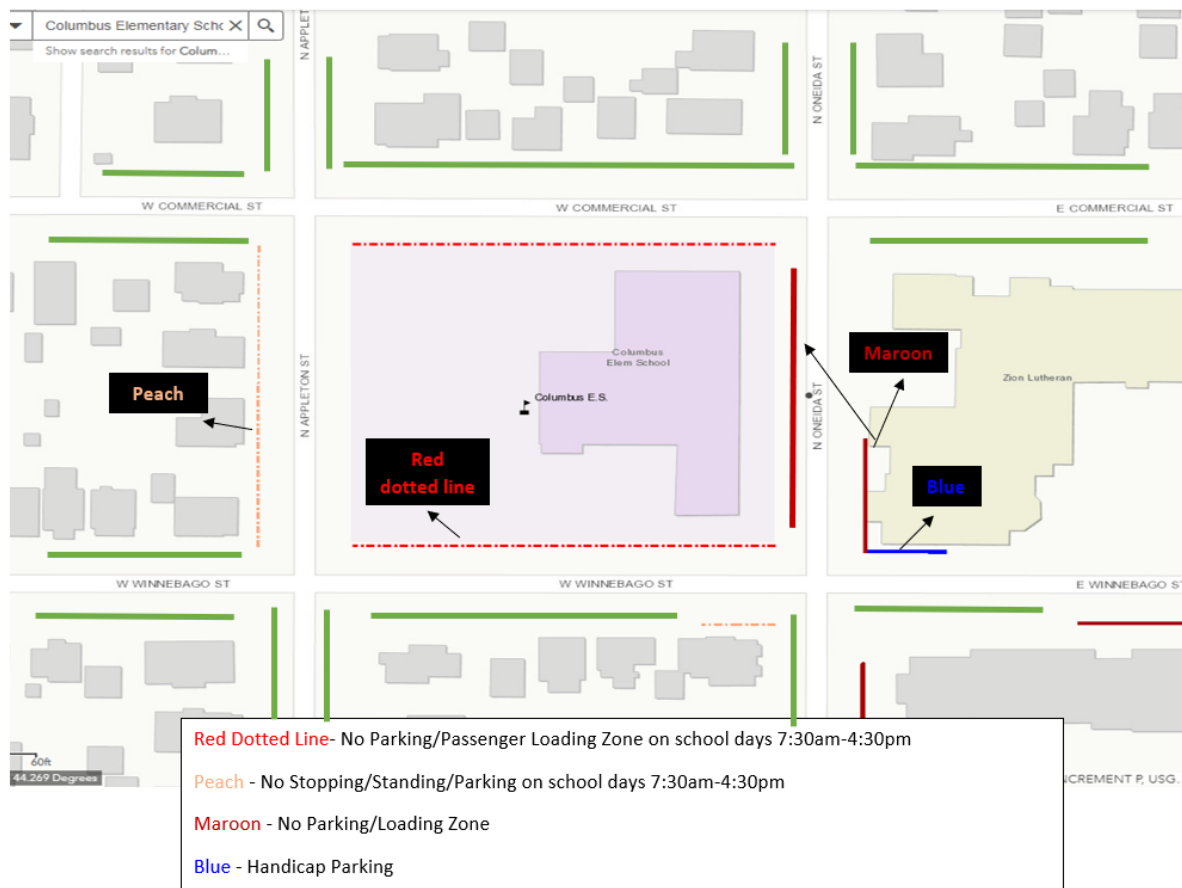
In Wisconsin, we know winter can be brutal! Our district does follow cold-weather guidelines for when the students must stay inside to avoid frostbite.

We cannot honor parent requests for their child to stay inside for recess without a medical excuse from a doctor. Please be sure your child is dressed for winter weather each morning as most days students will be spending their recess outdoors. Thank you. If your child is in need of winter outerwear, please call the office and we can help you out.

**Reminder: All visitors must check in at the office to sign in and obtain a visitor name badge. Thank you!**

Hello Families-

Thank you for your support as we close out the first quarter of the school year and I hope everyone who participated in Halloween trick or treating had a safe and happy time! Thank you for coming to our October events and it was great to see so many families at our school dance night :). Two things I wanted to share with you in this space. One, as evidenced this week, consistent snow is not far away and we know there have been struggles with parking around the building. As with many urban schools, parking is certainly at a premium with our site being no exception. Below is a map to help you know exactly where to park to avoid any citations should we hold events after school (besides the church parking lot). We continue to work and inform the city on any issues that arise but any changes to current zones is a lengthy process. In short, the areas below in green are open to parking should you need to do so. Any suggestions or feedback is certainly welcome and appreciated.



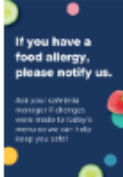
Second, our staff have been engaged in many activities to successfully launch a new school year including gathering student evidence and setting goals for the school year. As a school we are focused on continuous improvement with our reading and math grade level achievement data as well as closing the achievement gap for underserved students. There is an increasing focus on phonics in our English Language Arts instruction as well as providing more support for staff to be able to provide differentiated instruction for all students. We meet as staff approximately every seven weeks to measure progress students are making towards their learning goals and recalibrate learning groups to make sure students are getting the right amount of targeted learning. It is a total team effort and we are blessed with a staff dedicated to doing this work. We are looking forward to celebrating our successes in the spring.

Best,  
**JOEL**

# November 2023

## Appleton Bilingual School

### Lunch

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		<b>1</b> Lunch • Mini Turkey Corn Dogs • Teriyaki Glazed Chicken Sides for All Meals • Broccoli • Fresh Carrots • Fresh Orange Wedges • Unsweetened Applesauce	<b>2</b> Lunch • Cheesy Italian Pull Apart • Marinara Sauce • Meatballs in Zesty Marinara Sides for All Meals • Savory Green Beans • Fresh Grape Tomatoes • Fresh Banana • Chilled Peaches	<b>3</b> Lunch • Muffin, Goldfish & Yogurt Fun Lunch • The Perfect Sloppy Joe Sides for All Meals • Seasoned Corn • Fresh Cauliflower Florets • Fresh Whole Apple Gala • Mandarin Oranges
<b>6</b> Lunch • Beef Taco Meat • Creamy Cheddar Cheese Sauce • Ham and Cheese Wrap Sides for All Meals • Tater Tots • Fresh Carrots • Fresh Whole Apple Gala • Chilled Diced Pears	<b>7</b> Lunch • Chicken Nuggets • Personal Galaxy Cheese Pizza Sides for All Meals • Sliced Carrots • Red and Green Bell Pepper Strips • Fresh Orange Wedges • Mixed Fruit Cocktail	<b>8</b> Lunch • Classic American Cheeseburger • Twisted Mozzarella Stuffed Breadstick Sides for All Meals • Seasoned Corn • Sliced Cucumbers • Sliced Fresh Apples • Chilled Peaches	<b>9</b> Lunch • Popcorn Chicken • Crispy Fish Sandwich with Cheese Sides for All Meals • BBQ Baked Beans • Fresh Broccoli Florets • Fresh Banana • Unsweetened Applesauce	<b>10</b> Lunch • Chicken Corn Dog • Toasty Cheese Sandwich • Campbell's Tomato Soup Sides for All Meals • Rainbow Veggie Medley • Fresh Grape Tomatoes • Fresh Pear • Pineapple Tidbits
<b>13</b> Lunch • Crispy Chicken Patty Sandwich • Cheesy Italian Pull Apart Sides for All Meals • Baked Beans • Fresh Celery Sticks • Fresh Whole Apple Gala • Strawberry Cup	<b>14</b> Lunch • Classic Pepperoni Pizza • Sunbutter & Crackers Fun Lunch Sides for All Meals • Seasoned Peas • Fresh Broccoli Florets • Sliced Fresh Apples • Chilled Peaches	<b>15</b> Lunch • Macaroni and Cheese • Cheese Quesadilla Sides for All Meals • Savory Green Beans • Sliced Cucumbers • Fresh Pear • Mixed Fruit Cocktail	<b>16</b> Lunch • Whole Grain Waffles • Breakfast Syrup • Strawberry Banana Yogurt • Turkey & Cheese Sub Sides for All Meals • Sliced Carrots • Fresh Grape Tomatoes • Fresh Orange Wedges • Chilled Diced Pears	<b>17</b> Lunch • Beef Walking Tacos • Turkey Hot Dog Sides for All Meals • Corn • Fresh Carrots • Fresh Banana • Unsweetened Applesauce
<b>20</b> Lunch • Boneless Chicken Wings • Italian Meatball Sub Sides for All Meals • Savory Green Beans • Fresh Broccoli Florets • Fresh Pear • Mixed Fruit Cocktail	<b>21</b> Lunch • Classic American Cheeseburger • Chicken Caesar Salad Sides for All Meals • Baked Beans • Baby Carrots & Celery Sticks • Fresh Whole Apple Gala • Strawberry Mango Frozen SideKicks	<b>22</b>	<b>23</b>	<b>24</b>
<b>27</b>	<b>28</b> Lunch • WG Cinnamon Glazed French Toast Sticks • Breakfast Syrup • Pork Sausage Patty • Hummus Sides for All Meals • Corn • Fresh Carrot Sticks • Sliced Fresh Apples • Strawberry Cup	<b>29</b> Lunch • Cheesy Italian Pull Apart • Marinara Sauce • Teriyaki Glazed Chicken Sides for All Meals • Seasoned Peas • Fresh Cauliflower Florets • Fresh Orange Wedges • Chilled Peaches	<b>30</b> Lunch • Cheese Pizza • Jumbo Crispy Chicken Tenders Sides for All Meals • Seasoned Carrots • Fresh Broccoli Florets • Fresh Banana • Unsweetened Applesauce	

**Menus Subject to Change** We try our best to serve our menus as posted; however, sometimes last minute changes occur. Please check with the cafe manager prior to the meal if you have any concerns.

# PTA UPDATES

- O1 Teacher Wish List! Because of your support during our fundraisers, PTA was able to supply teachers with items for their classrooms. Thank you!
- O2 The Scholastic Book Fair was super successful! Over 375 books sold. ABS will receive over \$1,200 in Scholastic Bucks. These funds will be used throughout the school year to continue to supplement classroom libraries and purchase other items through Scholastic to support student literacy.
- O3 During the Book Fair PTA utilized Books for all funds to purchase incentives for the upcoming reading challenge, as well as items to celebrate student's birthdays.
- O4 **NEXT PTA MEETING TUESDAY, NOVEMBER 14 6P-7:30P**

St Joe's Food Pantry provides food bags for each Thursday to Columbus and ABS families in need. If your family would benefit from this service, please contact our school social worker by emailing [mcinnesrobert@aasd.k12.wi.us](mailto:mcinnesrobert@aasd.k12.wi.us)



*If you have not completed the application for free/reduced meals and fees, please complete as soon as possible. It is available through your parent portal on Infinite Campus. Paper copies are available in the office. You can also print a copy from the foodservice website: [Application for Free/Reduced Meals and Fees](#) . The upcoming Dental Screening also requests completion of this application.*



# STUDENT ATTENDANCE



## EMBRACE THE EVERY DAY!



### DID YOU KNOW?



Students who are chronically absent in preschool through 1st grade are much less likely to read at grade level by the end of 3rd grade.



By 6th grade, chronic absence is a proven early warning sign for students at risk of dropping out of school.



Frequent absences can be a sign that a student is:

- Losing interest in school
- Struggling with school-work
- Dealing with a bully
- Facing some other difficulty

### WHAT CAN YOU DO?



Make school attendance a priority. Help your child to be on time to school.



Help your child maintain daily routines, such as finishing homework and getting a good night's sleep.



Develop backup plans for getting to school if something comes up. Call on a family member, neighbor, or another parent to take your child to school.

### HOW DOES LATE ARRIVAL AFFECT STUDENTS?



Minutes late per day	Equal days work of teaching lost in a year
5 mins	3.4 days
10 Mins	6.9 days
15 Mins	10.3 days
20 Mins	13.8 days
30 Mins	20.7 days



Absenteeism in the first month of school can predict poor attendance throughout the school year. Half of students who miss 2-4 days in September go on to miss nearly a month of school.

### HOW TO CREATE A GOOD ROUTINE:



Set a daily schedule with the same wake-up times and bedtimes for each school day -- and stick to them.



Prepare morning routines the night before. Each night, have your student pick out their outfit, and have school supplies ready by the door. Being prepared the night before makes the morning routines simpler.



**HEALTH SERVICES \* P.O. Box 2019, Appleton, WI 54911 \* 920-852-5344**

### **Does Good Attendance Matter?**



#### **Success Starts with Attendance**

If a student misses 10 days per year for the lifetime of their school career, that adds up to 140 days... almost a full school year. Research and experience teach us that students with poor attendance are at greater risk for school difficulty. Making up missed schoolwork is very helpful, but missed classroom instruction cannot be made up.

We try to impress upon students that there is a difference between “not feeling well” and being truly sick. We all know there are times when we do not feel 100%, but still try to make it through the day. Students understand that parents do this in order to keep their jobs. This is a real “life skill” that employers look for when hiring. They want employees they can count on to come to work. For students, school is their job.

Common sense can guide parents in deciding when a child is sick enough to be at home. If you are uncertain about sending your child to school, please reference [Is Your Child Well Enough to Go to School](#) from our district website or please call us. Sometimes a second opinion can be of help! Not only is school attendance a legal requirement, it encourages behavior that will help your child be successful in life. So while the goal of “perfect attendance” may not be realistic for all, great school attendance is something to work towards!

Here are some helpful tips:

- Schedule appointments outside of school hours
- Request beginning or end of day appointments
- If appropriate, consider having child return for ½ day if feeling better.
- Ask your provider to write a letter for the time they missed from school





## **FREE DENTAL CARE** **PROGRAM FOR YOUR CHILD**



If your **preschool, kindergarten and/or elementary school child**

- is eligible for free or reduced cost hot lunch
- or has a ForwardHealth card from Medicaid (BadgerCare)
- *and* **DOES NOT** have private dental insurance

they can receive **free** dental care.

Complete the attached forms and return them to your child's school and your child will be seen throughout the school year for routine dental care.

*If you have any questions, PLEASE contact Lisa or Nkaoxue at Tri County Dental @920-882-5500 for additional information.*

\*See the back of this sheet for specific program information

## **Dental Program Process**

### **Phase 1 Takes place in your child's school**

(Or at clinic, a chaperoned school bus will transport children to and from the clinic)

- ✓ Dental hygienist will:
  - Clean your child's teeth and record the student's general oral health
  - Contact a parent/guardian with notification of urgent needs
  - Apply fluoride varnish (a mineral proven to reduce cavities), sealant or SDF (Silver Diamine Fluoride) as appropriate

### **Phase 2 Takes place on the Mobile Dental Clinic at your child's school**

- ✓ Dental Hygienist or Dental Assistant will:
  - Take x-rays
  - Place sealants, if appropriate
  - Apply fluoride varnish and Silver Diamine Fluoride (if necessary)
- ✓ Children will receive oral health education
- ✓ A Dentist will do a thorough examination of your child's teeth, preparing a treatment plan if your child requires fillings and/or other dental work
- ✓ *Children requiring additional treatment will need Phase 3*

### **Phase 3 Takes place on the Mobile Dental Clinic at your child's school or at Tri-County Dental Clinic**

(For clinic visits, a chaperoned school bus will transport children to and from the clinic)

- ✓ A dentist will provide the necessary restorative work your child requires  
(You will be notified before your child is seen for fillings and consent must be obtained by you before any tooth extraction.)
- ✓ Parent/guardian is encouraged to call our clinic for restorative needs  
(Please know that dental problems will not go away on their own, so please contact us as soon as possible to schedule follow-up care.)

**920-882-5500**



For Office Use Only:

Chart #: \_\_\_\_\_



## DENTAL CONSENT FORM

Dear Parent,

Tri-County Dental is offering an oral health program for children in your elementary school. The program includes a dental cleaning, an exam, x-rays, fillings, fluoride treatments and oral health education. A new toothbrush, toothpaste, and floss will be sent home with your child. Please complete this form if you want your child to be part of the program:

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Female / Male Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Child's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade (circle): EC/PK K 1 2 3 4 5 6

- Does your child have private dental insurance? **YES / NO** – if YES, your child may only be seen for fluoride treatment  
Name of Dental Insurance Company: \_\_\_\_\_
- Does your child see a dentist on a regular basis (every 6 months)? **YES / NO**
- Does your child have allergies to Colophony resin? **YES / NO**
- Does your child have Medicaid (Medical Assistance, Badger Care, Title 19)? **YES / NO**  
Medicaid Number (Member ID) \_\_\_\_\_

Child's Race/Ethnicity (Check all that apply): \_\_\_\_\_ White \_\_\_\_\_ African American/Black \_\_\_\_\_ Asian  
\_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian / Alaska Native \_\_\_\_\_ Native Hawaiian / Pacific Islander \_\_\_\_\_ Other

I understand the nature of the treatment provided and authorize Tri-County Dental staff to provide oral health treatment.

- I acknowledge that Tri-County Dental may use my child's information for treatment and may disclose it to my insurance company and/or other health care providers even though it may affect future insurance claims.
- I understand that this registration is effective for a period of **thirteen months** to provide follow-up services, including restorative treatment, dental cleaning, application of sealants and multiple fluoride applications which may include silver diamine fluoride SDF is an antibiotic liquid and helps slow further decay; will cause staining to the treated lesion and potential staining of skin and clothes; will not stain a healthy tooth; is a treatment for cavities but not a cure, so additional restorative care may be needed; reapplication for disease control may be needed. Please inform Tri-County Dental if child has a silver allergy or is unable to have fluoride.
- I understand that my child's restorative treatment plan, if necessary, will be provided to me prior to the treatment starting.
- I am authorizing Tri-County Dental to use nitrous oxide if needed for the completion of dental treatment.
- I agree to the release of my child's treatment plan records so I can receive them from the school.
- I am specifically authorizing the clinic to treat my child whether I am physically present at the clinic during a scheduled treatment.

My signature will confirm my informed consent, my status as the legal custodian of the minor patient identified and my authority to grant this consent. I understand that I may contact Tri-County Dental at 920.882.5500 with any questions.

\_\_\_\_\_  
(Print) parent/guardian

\_\_\_\_\_  
(Signature) parent/guardian

\_\_\_\_\_  
Date

# Medical History

For the following medical history questions, **please (x) whichever applies**. Your answers are for our records only and will be kept confidential in accordance with applicable laws. Please note you will be asked some questions about your responses to this questionnaire and there may be additional questions concerning your child's health. This information is vital to allow us to provide appropriate care for your child. This clinic does not use this information to discriminate.

Child's Name: \_\_\_\_\_

**WE CANNOT SEE YOUR CHILD IF THIS IS NOT COMPLETE**

Please check yes, no, or unsure if your child has/had any of the following conditions:

Yes	No	Unsure		Yes	No	Unsure		Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Ear Infections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant (at this time)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Transmitted Diseases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss/Impairment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart Conditions/Murmur
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes to heart murmur, is an antibiotic required before dental appointments? <b>If you are unsure, we will need confirmation from your cardiologist before treatment.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice (not at birth)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delayed Speech Development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Problems				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downs Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Anemia				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Disorders				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis				

Please explain all "Yes" or "Unsure" responses:

Please list any other problems/conditions/allergies your child may have

## Current Medication List

Is your child taking any prescription medications, over the counter medications, vitamins, natural and/or herbal dietary supplements? ☐ Yes ☐ No If yes, please list medications.

Medication	Reason for Taking	How Much	How Often

To the best of my knowledge, the indicated health history remains current. I understand that any change in the patient's health or medication requires that an updated form be completed. I will not hold my dentist, or any other member of his/her staff, responsible for any action they take or do not take because of errors or omissions that I may have made in the completion of this form. I certify that I have read and understand the above.

I acknowledge that my questions, if any, about inquiries set forth above have been answered to my satisfaction.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Print) parent/guardian (Signature) parent/guardian Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

For Office Use Only:

Chart #: \_\_\_\_\_



STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_



## PHOTO / INTERVIEW RELEASE

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby give the Tri-County Community Dental Clinic, its staff, representatives, community partners, and legal representatives (in connection with dental services which I am receiving) and irrevocably agree and consent to allow photographs and or information from interviews to be used as part of the dental record, research, education, public relations, patient counseling, or other purposes.

Consent: \_\_\_\_\_  
*Signature*

