



Soaring to New Heights of Excellence

SUNNY HIGHLIGHTS



MSD WARREN TOWNSHIP

The Future Begins Here

www.warren.k12.in.us

August 31, 2018

Barton Lewis, Principal 11149 Stonybrook Drive
Cassie Wykes, Dean of Students

Indianapolis, IN 46229

Office 532-2900

FAX 532-2938

Office Hours: 8:00 a.m. – 4:30 p.m. School Days

Sunny Heights Families,

Thank you to all for your participation in our Title 1 night, Back to School Night, and PTA Skating Party this week! We love our Sunny Heights Families! Warren Township has a couple of exciting events coming up this week. September is Attendance Awareness month! More information about our student attendance incentives will be coming out. This Friday is Homefest at Warren Central! Please join us in celebrating Warren and cheering on our WC Warriors! It is great to be a Warrior and show our Eastside Pride!

Thank you for all you do!

Your Very Proud Principal,

Barton Lewis



IMPORTANT DATES TO REMEMBER

September 3 rd	Labor Day; no school
September 5 th	\$1 Jeans Day or 10 Box Tops
September 7 th	HOMEFEST 4-7 p.m. @ WCHS
September 12 th	Late start day; Elementary starts @ 9:40 a.m.
September 13 th	Flu shots available, forms in the office
September 21 st	SMILE! It's Picture Day
October 1 st	Healthy Smiles – tentative date
October 2 nd	Parent/Teacher conferences; no school for PreK-8 students
October 4 th & 5 th	Healthy Smiles – tentative dates
October 8 th	Intercession Break – no school
October 22 nd	School reconvenes
November 1 st	Picture re-take day
November 6 th	Professional Development for Teachers; no School for all students

To receive a Sunny Highlights bulletin via email, please supply the following information to the office or your child's teacher. Please include the student's name and teacher's name or room number, parent name and your email address. Thank you for helping communicate the bulletin to you!!



NO SCHOOL, on **LABOR DAY** Monday, September 3rd for students & staff. Enjoy the three-day weekend!



ATTENDANCE!

RESEARCH SHOWS THAT ATTENDANCE IS AN IMPORTANT FACTOR IN STUDENT ACHIEVEMENT.

Students who attend school regularly have been shown to achieve at higher levels than students who do not have regular attendance. Every school day counts in a child's academic life...a missed school day is a lost opportunity for students to learn. The effects of lost school days build up one absence at a time on individual students. Leaving early or coming in late, is a loss of instruction time that cannot be made up. Please ensure that your child understands the importance of being at school on time, every time.

While we love to celebrate, please remember there is a "no birthday treats" guideline. To access fun and helpful resources for healthy celebration ideas, please visit: <http://www.warren.k12.in.us/wellness> #wellnesswarriors #WEaretheKey

WEEKLY ATTENDANCE

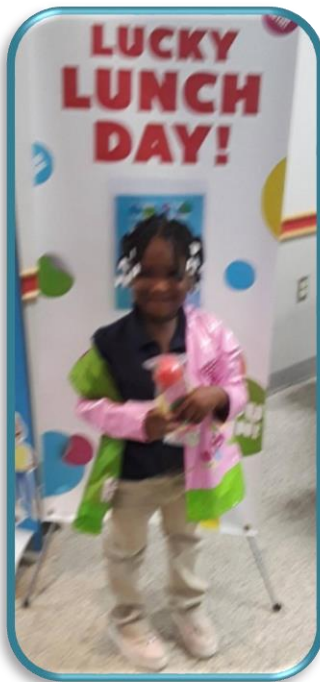
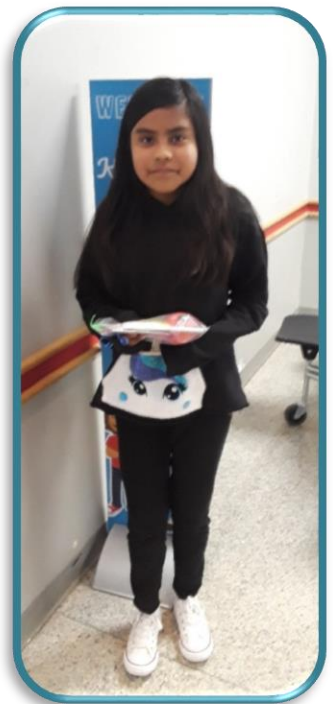
Kindergarten	1 st grade	2 nd grade	3 rd grade	4 th grade	SH Total	Township Goal
96.12%	97.60%	96.17%	96.33%	92.90%	95.87%	97.0%

LUCKY TRAY WINNERS!!

Chartwells (our food service company) is sponsoring a monthly "Lucky Tray Winner" program. This week's tray winner for each grade level is:

My'ahna Flemming – KDG
Yaley Bedgood – 1st grade
Jarred Banks – 2nd grade
Brandon Goggans – 3rd grade
Melany Ruiz - 4th grade

Each winner receives a goodie bag filled with surprises for the winners! Congratulations to this month's winners!!



CAR RIDERS PROCEDURES

Sunny Heights's Car Rider Drivers should:

1. Be on time. (8:30 a.m. & **by** 3:45 p.m.)
2. Stay in the vehicle.
3. Place the car rider number in the front passenger window.
4. Watch and follow the instructions of the coordinating adult.
5. Be safe and stay mindful of others around you.

SONNY DAY COMMUNITY CENTER

The Sonny Day Community Center is an outreach project of the Warren Township Council of PTAs. We provide both perishable and non-perishable food items, toiletries, cleaning products, school supplies and gently used clothing to MSD Warren families who are experiencing a need. The September schedule for Sonny Day is as follows at 10502 E. 21st Street:

Saturday, September 15th 9:00 am to 11:00 am
Thursday, September 27th 6:00 pm to 7:30 pm





FLU SHOTS ARE COMING TO STUDENTS!

In the bulletin this week, there is a copy of the form that may be filled out for your child to receive a flu shot in the near future. Fill out the form in this bulletin (or you may get one from the nurse at school) and return to the school nurse.

SUNNY HEIGHTS ELEMENTARY

11149 Stonybrook Drive, Indianapolis 46229

Phone: 532-2900; Fax: 532-2938

School hours: 8:40 a.m. to 3:40 p.m.

www.warren.k12.in.us

<http://sunnyheights.warren.k12.in.us/home/>

<https://www.facebook.com/SunnyHeightsElementary>

Follow Sunny Heights on Twitter @sunnyheightselem

#WarrenMatters



The Students Rights and Responsibilities book is located on the district website for your viewing at:
<http://www.warren.k12.in.us/student-rightsresp>



IMMUNIZATIONS

Just a reminder. All students must have current immunizations on file. The exclusion date is September 17, 2018. If your child's immunizations are not current, they will not be able to attend school on that day and until immunizations are completed. If you have any questions, please call the nurse at 317-532-2903.

Remember, NO SCHOOL on Monday, September 3rd!!
Celebrate the long weekend, relax and enjoy an extra day!

College Spirit Days for Teachers and Students!

Below you will find the dates for **College Spirit Days**. Students and teachers are encouraged to wear COLLEGE t-shirts, jerseys, or sweatshirts on these dates. We want students to think about their future and to know that college can be a choice for them. (No PROFESSIONAL sports teams, please.)

Students MUST wear uniform dress bottoms. Hoodies are allowed ONLY on College Spirit Days. Basketball 'tank-top' like jerseys need a t-shirt under them! Students participating in College Spirit Days DO NOT have to wear a collared shirt.



College Spirit Days 2018-2019

Friday, Aug. 31st	Friday, Jan. 25th
Friday, Sept. 14th	Friday, Feb. 22nd
Friday, Oct. 26th	Friday, March 8th
Friday, Nov. 30th	Friday, April 26th
Friday, Dec. 7th	Friday, May 24th



2018-2019 Flu Vaccine Consent Form

School Name/Number:

PLEASE COMPLETE ALL OF THE INFORMATION BELOW - Please print using ink (Incomplete forms will not be accepted)

FIRST NAME of Student:										LAST NAME of Student:									
Gender: Male Female					Birthdate: (mo, day, yr)					Age					Homeroom Teacher / Grade				
Address										Phone # () - Alt. Phone # () -									
City					Zip Code					State					Student Race: (Circle one) African American / Black White Alaskan / Native American Asian Hispanic Non-Hispanic Hawaiian / Pacific Islander Other :				
Email address:																			

The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential.

Please fill out the following questions pertaining to your child's Health Insurance:

Medicaid <input type="checkbox"/> My child does NOT have health insurance <input type="checkbox"/>										Insurance Company:									
Policy Holder's First Name:										Policy Holder's Last Name:									
Contract ID#:										Policy Holder's Date of Birth: (mo, day, yr)									

CHECK YES OR NO FOR EACH QUESTION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your child ever had a life threatening reaction(s) to the flu vaccine in the past?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has your child ever had Guillain-Barre' syndrome?
<input type="checkbox"/>	<input type="checkbox"/>	3. Does your child have an allergy to eggs?
<input type="checkbox"/>	<input type="checkbox"/>	4. Does your child have a blood disorder such as hemophilia?
<input type="checkbox"/>	<input type="checkbox"/>	5. Will this be the first time your child has ever received a flu vaccination?

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL US AT 317-419-0433 TO SPEAK TO A REPRESENTATIVE.

I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at www.immunize.org or www.cdc.gov. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine's success. I hereby release the school system, Health Hero of Indiana, Inc. & subsidiaries, affiliated schools of nursing, their directors and employees from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date. Clinic dates can be obtained from the school. I understand that the health related information on this form will be used for insurance billing purposes and your privacy will be protected.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

VIS CDC IV 08/07/2015
LOT Number:
RN #

FLUCELVAX
EXP Date:
Date:

AREA FOR OFFICIAL ADMINISTRATION USE ONLY

Health Hero of Indiana Inc.
1411 W. Bella Dr.
Marion, IN 46953
317-419-0433

