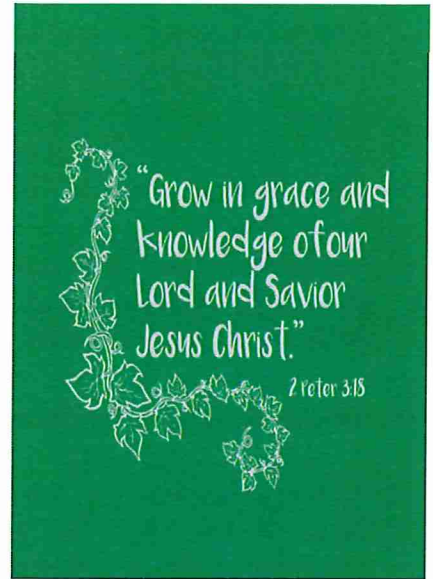


NOTES AND NEWS

September 30, 2016

TRINITY LUTHERAN SCHOOL
NICOLLET, MN



Upcoming Events

Oct. 3 - School pictures - 9 am
Oct. 3-7 - TerraNova standardized testing for grades 3-8
Oct. 7 - Chapel - 8 am
Oct. 11 - Hearing/Vision Screenings
Oct. 13 - Dental Exams/Fluoride Treatments; 1st-4th grade Field Trip to Fairmont; 5th-7th grade Field Trip to St. Peter
Oct. 14 - Early Dismissal - 12:50 pm

Upcoming Sports

Oct. 1 - Soccer game @ Lake Crystal (U10) - 10:30 am - newly added to the schedule!
Oct. 4 - Soccer games @ Gibbon - 4:00 pm (U10); 5:00 pm (U14)
Oct. 6 - Soccer game vs. Lake Crystal (U10) - 5:30 pm (@ Gault Park, St. Peter) - newly added to the schedule!
Oct. 10 - Soccer Game @ Mt. Olive, Mankato, 3:30 pm

Hot Lunch Menu: Monday - Hamburger/Bun, Tuesday - Deli style sub, Wednesday - French toast sticks, Thursday - Turkey ala King Gravy/Biscuit Friday - Chicken Nuggets

FRIDAY, SEPTEMBER 30:

- Missions:** Our Missions destination this semester is the WELS' Christian Aid and Relief, which provides aid to areas that have been struck by disaster. Most recently, Christian Aid and Relief has sent aid to people in Baton Rouge, LA, who are suffering from disastrous flooding. Mission offering boxes have been sent home; they may be returned to school to be deposited in your child's classroom at any time. Each class will then bring their offerings to God at chapel time. \$28.11 has been collected so far. Keep up the great work!
- School pictures**—Now is a good time to think about those haircuts since school pictures will be coming up in a few weeks on October 3rd. Order forms were sent home this week for each student; please remember to bring them back on Monday!
- Terra Nova Testing:** Students in grades 3-8 will be taking standardized tests the week of **October 3-7**. To ensure that your children can do their very best on these tests, please make sure that they eat breakfast before coming to school and are able to get a good night of sleep each day that week. Any questions about the TerraNova testing may be directed to Mr. Gumm.
- Hearing/Vision Screenings** will be completed by the school nurse on Tuesday, Oct. 11th.
- Dental Exams** will be given to students by the Open Door Health Center dental team in the afternoon on Thursday, Oct. 13th, at no cost to families. Permission forms are attached and should be returned to school by Thursday, Oct. 6th.
- Field Trips!** The teachers are planning field trips for our students in the next couple of weeks. The 1st through 4th graders will be heading to a pumpkin patch in Fairmont on Thursday, October 13th, in the morning; the 5th through 7th graders will be headed to St. Peter to visit the Treaty Site History Center and Traverses des Sioux in St. Peter on

Trinity Lutheran School

425 6th St.
Nicollet, MN 56074
507.232.3938

trinitynicollet.org



Field Trip - Pumpkin Patch

On Thursday, October 13th, students in grades 1-4 will have the opportunity to travel to Fairmont to the Center Creek Orchard to visit their pumpkin patch. We plan to leave school at 8:00 am on the 13th, spend time at the pumpkin patch from 9:00 to 11:00 am, and return to school by lunchtime. The cost per child is \$5. This money may be given to your child's teacher when this permission form is returned. Please fill out the form below.

Please wear your GREEN field trip shirts for that day. Dress appropriately for the weather as well.

We are in need of drivers to accompany our students on this field trip. If you are able to drive, please fill out the "Adult Driver of Private Vehicle" form that is on the back side of this sheet.

_____ Yes, I give permission for my child(ren), _____, to participate in this field trip by submitting this form and signing my name below. Because of unforeseen hazards, I realize that there is always the possibility of accidents and injuries but release the teacher, school, and congregation of responsibility should a mishap occur.

_____ I am able to drive for this field trip (if so, please fill out the form on the back).

Parent Signature _____

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Field Trip - Treaty Site History Center

On Thursday, October 13th, students in grades 5-7 will have the opportunity to travel to St. Peter to visit the Treaty Site History Center and, if weather permits, Traverse des Sioux. We plan to leave school at 9:40 am on the 13th, take a tour at the History Center at 10 am, walk the trails at 11 if weather allows, and return to school by lunchtime. There is no cost for students. Please fill out the form below.

Please wear your GREEN field trip shirts for that day. Dress appropriately for the weather as well.

We are in need of drivers to accompany our students on this field trip. If you are able to drive, please fill out the "Adult Driver of Private Vehicle" form that is on the back side of this sheet.

_____ Yes, I give permission for my child(ren), _____,
to participate in this field trip by submitting this form and signing my name below.
Because of unforeseen hazards, I realize that there is always the possibility of accidents
and injuries but release the teacher, school, and congregation of responsibility should a
mishap occur.

_____ I am able to drive for this field trip (if so, please fill out the form on the back).

Parent Signature _____

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September 29, 2016

Parent-Teacher Conferences

The 2016-2017 school year is well underway! Midterms are quickly approaching, and we the teachers have expressed a desire to meet with parents for conferences earlier in the first quarter than in the past. We have set aside two dates, Tuesday, October 11th, and Thursday, October 13th, as the days for parent-teacher conferences this year. Conferences will begin after the school day is over and continue through the early evening.

Below are the time slots that are available for you to choose from. Please indicate your top choice with a 1, your second choice with a 2, and your third choice with a 3. We understand that circumstances may not allow you to make use of any of these times. If that is the case, please indicate at the bottom of the page which dates would work better for you. Once all the forms are returned, the teachers will compile a conference schedule, which will be given to students next week.

Please return this form by Monday, October 3rd.

Family Name: _____

Tuesday, October 11
3:00-4:00 pm _____

4:00-5:00 pm _____

5:00-6:00 pm _____

6:00-6:30 pm _____

Thursday, October 13
3:00-4:00 pm _____

4:00-5:00 pm _____

5:00-6:00 pm _____

6:00-6:30 pm _____

If none of these times work for you, please indicate below which dates/times would work.



OPEN DOOR HEALTH CENTER
School Based Dental Outreach Program

Dear Parent or Guardian:

Your child's school has chosen to participate in the Open Door Health Center dental health program which includes application of fluoride varnish and sealants. A healthy mouth is an important part of overall health and wellness, and a healthy child is more ready to learn. There is no cost to participate in this program.

If you choose to participate, Open Door Health Center's dental team will screen your child's teeth to check for possible dental problems and apply a fluoride varnish. Your child will receive a toothbrush and teeth cleaning instructions. If your child is in 2nd or 5th grade and it is determined during the screening process that your child needs sealants, we will be able to provide those services during this time as well. If time permits, we will apply sealants to children in 3rd and 4th grade as needed. You will receive a report on the care provided and be notified if follow-up is recommended. The fluoride varnish and sealants, along with brushing and flossing, will help prevent cavities.

This screening does not take the place of regular dental checkups by a dentist.

To allow your children to receive these services at their school, a parent or guardian must sign the consent form attached and complete the screening questions. Please return the signed form to your child's teacher. Additional information about the program is at the back of this form.

Please call our School Dental Outreach Department at Open Door Health Center at 507.388.2120 ext. 5654 if you have any questions or email schooloutreach@odhc.org.

Parents please sign and return permission form by: October 6th, 2016. One form per child please.

**Trinity Lutheran School's screening date is:
October 13th, 2016.**

Please turn over for information about this program.



Fall 2016

School-based Dental Outreach Program brought to you by:



PARENT OR GUARDIAN MUST COMPLETE AND RETURN

This form is also available at www.odhc.org/dental/schooloutreach

Child's Name _____ Birth Date ___/___/___ Age ___ Male Female

Parent/Guardian Name _____ Address _____

Home Phone _____ Cell Phone _____

Child's School _____ Child's Teacher/Grade _____

Family Advocate (if applicable) _____

Race/ethnicity (Check all that apply): White Black/African American Asian Hispanic
 American Indian/Alaska Native Native Hawaiian/Pacific Islander Other _____

My Child: Rides the bus/is picked up Walks to/from school Participates in ACES

My Child attends Preschool: AM or PM on: M T W TH F

My Child receives: Free lunch/Reduced lunch Special Education Services

Oral Health Questions: {Circle best answer - Y= Yes, N= No, N/A= Not Applicable}

Y N N/A Has the child seen a dentist? Who? _____ When? _____

My child's teeth are brushed: 2-3 times/day 1 time/day not brushed daily

My child's teeth are flossed: daily weekly occasionally never

Do you have any concerns with your child's teeth? Y N N/A If Yes: Please Explain:

Permission for Open Door Health Center to provide services

Yes, I give permission for **Fluoride Varnish** treatment.

No, I do not give permission for the **Fluoride Varnish** treatment.

Yes, I give permission for **Sealant** treatment.

No, I do not give permission for the **Sealant** treatment.

Parent/Guardian Signature: _____ Date: _____

Please turn over for additional questions



HIPAA Notice of Privacy Practices



THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

309 Holly Lane - Mankato, MN 56001
(507) 388-2120 www.odhc.org

When it comes to your health information, you have certain rights:

- Get a copy of your paper or electronic chart, including confidential information
- Correct your paper or electronic medical record
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated

You have some choices in the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Raise funds

We may use and share your information as we:

- Treat you
- Bill for your services
- Do research
- Respond to organ and tissue donation requests
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions
- Run our organization
- Help with public health and safety issues
- Comply with the law
- Work with the medical examiner or funeral director

This section explains your rights and some of our responsibilities to help you:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually with 30 days of your request.
- We may need to say "no" to your request, but we'll have to tell you why in writing within 60 days.
- We can make corrections to your medical record. Ask us how to do this.
- You can ask us to contact you in a specific or confidential or specific way or to send mail to a different address. Please complete the information on the last page. We will say "yes" to all reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one list per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting us at the address on the other side.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil/Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa complaint.
- We will not retaliate against you for filing a complaint.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to: