

SOUTHSIDE JUNIOR HIGH

6th GRADE

ORIENTATION!

Tuesday, August 8th @ 1:00 PM

in SJHS Cafeteria

***Turn in South Entrance of school and park in Gym Parking**

***Get Schedules**

***Meet 6th grade Teachers**

***Bus / Carpool Information**

***Purchase Spirit Shirts / Sweatshirts**

***Band and Instrument Information**



SOUTHSIDE JUNIOR HIGH SCHOOL

www.southsidejuniorhigh.org

Follow us @GoBucsSJHS



School Hours: 7:20 AM to 2:20 PM

Student Fees: \$30.00 student fee, \$20.00 PE uniform fee. There are also fees included for band, athletics, field trips, and other extra-curricular activities.

Spirit Shirts: Spirit shirts can be purchased and may be worn every Friday for that calendar school year (\$15). School approved crew neck, ¼ zips, and hoodie sweatshirts will also be sold (\$25-\$35). We will those available to buy at orientation.

Supply List: The supply list will be on the school website and app by July 1.

Student Laptops: Each student will receive a loaner laptop that they will take to and from school. This computer will be responsibility of the student. Insurance is available to purchase for \$25 in case of accidental damage. Each parent will receive a Loaner Agreement form that must be signed before the student is issued a computer.

Transportation: Students are not allowed on campus until 6:50 AM. A map of carpool drop off and pick up is attached. Buses will dismiss in the afternoon at 2:20. Carpool will begin at 2:25.

Buses: Parents can visit our app / website to find bus pick up and drop off times, locations and bus numbers. Please wait for the transportation department to make these updates around the 1st of August

Cafeteria: Each grade eats lunch at a different time. You may bring your lunch or eat hot lunch. No canned drinks, fast food, etc. allowed in the cafeteria.

Cell Phone Policy: Students may be in possession of a cell phone. The devices should be out of sight and turned to the "off" position during school hour unless authorized by administration. Students are NOT allowed to bring wireless earbuds (air pods) or wear smartwatches (apple watch, etc.)

Dress Code: Solid color white or navy polo or button-up shirts. Solid color khaki pants, shorts, skirts, etc. Shirts will be tucked in and a belt worn at all times. Hair should be neat, clean, and out of the student's eyes. Hair should be natural color. Please refer to the Livingston Parish Public

Schools website and student planner for a complete list of dress code rules for the 2023-2024 year.

Discipline:

- Respect for adults and other students is #1. When you are told to do something, you are expected to do it. There will be consequences if you choose to disobey rules/procedures, are disrespectful, or don't listen to instructions.
- Consequences could be: punish work, parent conference, morning detention, after-school behavior clinic, Saturday clinic, suspension, and expulsion.
- When you attend assemblies/functions in the gym or cafeteria, you are expected to behave appropriately and be respectful of the speaker and each other.
- There will be no physical contact, neither aggressive nor affectionate.

Subjects you will take: Math, ELA (English Language Arts), Social Studies, Science, PE, and your choice of either Exploratory (Spanish) or Band. Each student will also rotate through enrichments classes 1st hour that will include Art, Literature, Computer, Geography, Music, STEM, and Math classes.

*As students continue through middle school you will have the opportunity to earn High School credit early. This includes: LSU STEM, Keyboarding, Health, Spanish I, Algebra I, and Quest for Success.

Grading: As students transition to middle school, we do have weighted grades. Some elementary schools have implemented this. Assignments graded for accuracy count for 80% and assignments for completion will count for 10%. Common Summative Assessments (Unit Tests) count for another 10% of grade. Weighted grades give us a true picture of what that student knows and understands.

Sports: Football, Basketball, Cheer, Dance, Swimming, Track and Field, Cross Country

**Physical Form is attached in this packet. You must have a physical to participate in middle school athletics. A suggestion would be to complete this in the summer and it will be good for one calendar year as the students competes. It can be turned into coaches as they tryout for their sports and will be filed so all sports can see the current form.

Clubs and Activities: Beta Club, Art Club, Fellowship of Christian Athletes (FCA), Gaming Club, 4-H Club, Garden Club, Computer Club, CSI club, Kindness club, Student Council, Field Trips, School Activity Nights, Homecoming Dance and more.

Transition to Middle School:

- You will have 8 classes at SJHS with different teachers for each subject.
- Your job is to do your homework, your classwork, follow rules, and behave respectfully toward teachers and students.
- Meet new kids from other schools (Southside, Lewis Vincent, Seventh Ward, and Denham Springs Elementary).
- Changing from a child to a young adult.
- More responsibility and more expected from you.
- Behaviors are different at Middle School...no playground, recess is different.
- Playing organized sports at a more competitive level.

6th Grade Orientation:

- *****There will be a 6th Grade Orientation Tuesday, August 8th at 1:00 PM in the SJHS Cafeteria.
- An email will be sent to all parents in July to update all information for PowerSchool. All student information forms will be completed online using the link sent. Please make sure your email in PowerSchool is up to date.
- Please download our App (flyer included in this packet). This is our main line of communication by the school and teachers. You can sign up for push notifications in settings.
- Schedules will be given to students during Orientation. They will also get one the first day of school. Teachers will distribute schedules by last name in the cafeteria. (Very easy process)

Thank you and we look forward to an incredible 2023-2024 school year. Please do not hesitate to call with any questions that you may have.

Wes Partin, Principal

email: wes.partin@lpsb.org

Terry Griffin, Asst. Principal

email: terry.griffin@lpsb.org

Ashton Bordelon, Administrative Asst.

email: ashton.bordelon@lpsb.org

Shelli DuRousseau, Instructional Coach

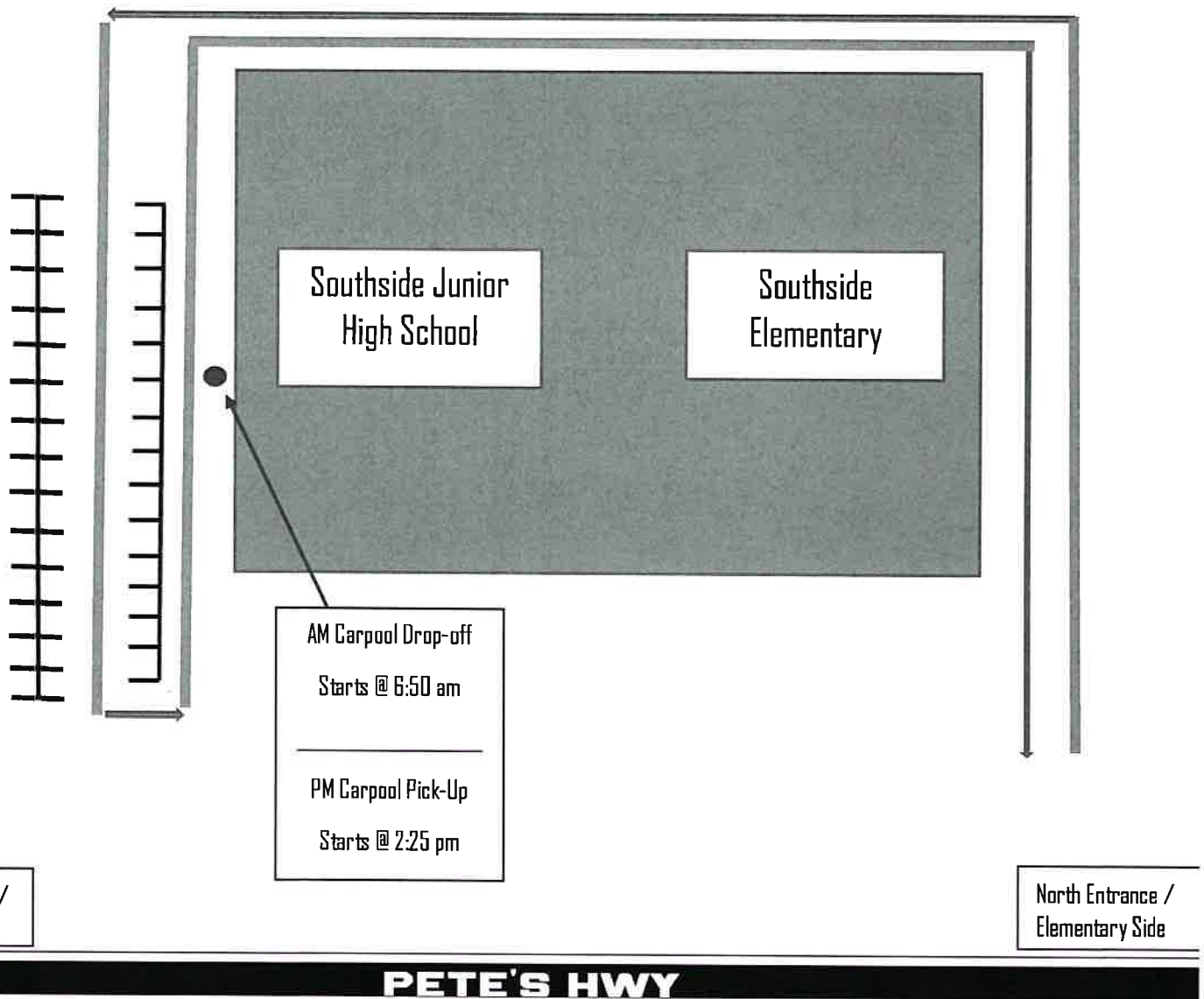
email: shelli.durousseau@lpsb.org

Parents:

This is our updated carpool drop-off for the 2023-2024 school year.

Morning: Drop-off will start at 6:50 am. Please pull up as far as you can under the canopy to allow multiple vehicles to exit simultaneously.

Afternoon: The carpool bell will ring at 2:25 pm each day. We will pull up under the canopy. Please pull up as far as you can under the canopy to allow multiple vehicles to pick up simultaneously.





SOUTHSIDE JUNIOR HIGH SCHOOL

There's
an **App**
for
that!



**Download
for Free
Today!**



STAY INFORMED

Notifications from administrators and teachers make it easy to stay on top of what's going on at school and in the classroom.

QUICK AND EASY ACCESS TO GRADES, MENUS & MORE

Quick access to everything school-related including calendars, directions to events, important documents, menus, grade systems, sports scores, school resources and more!

EASY SCHOOL CONTACT

One click to call, email and submit important forms directly to us. Subscribe to receive important notifications from groups that are important to you.

EASY TEACHER CONTACT

One click to call, email and visit teacher websites and class resources. Subscribe to receive important notifications from teachers.

How To Opt-in for Teacher Notifications



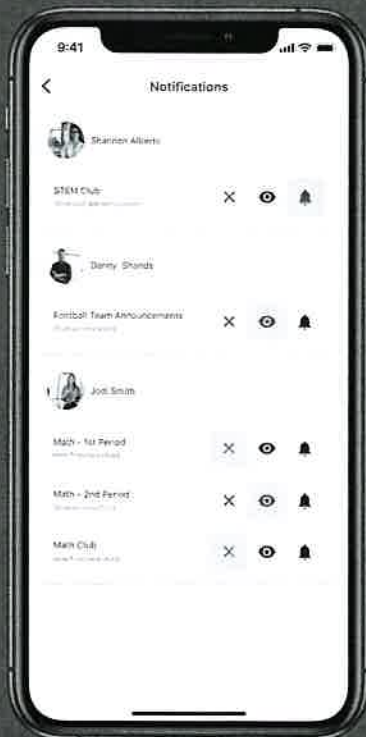
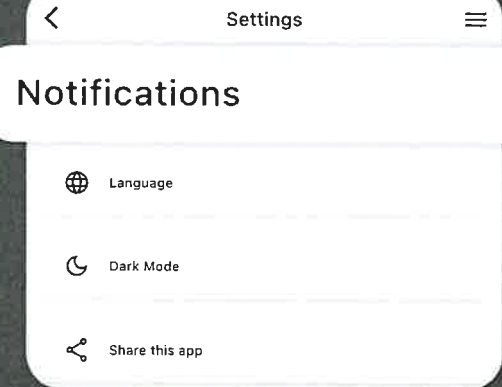
RESOURCES

NEWS

EVENTS

DIRECTORY

Open your
personal settings
and navigate to the
Notifications feature



Turn on Notifications

1. Find your teacher by scrolling down the list.
**If you don't see your teacher, they haven't set up any feeds yet. Once they do, they will appear here.*

2. Select your class

3. Choose between three notification options:

- Hide from newsfeed
- Show on newsfeed
- Show and get push notifications



You're All Set!

Never miss an important
message from your teacher
again.



Hello Parents!

I hope that all of you and your families have had a wonderful school year! I am so excited that your child is coming to Southside Jr. High next year. Signing up for band is such a great opportunity for your child to learn how to learn many new skills. They will learn how to read music, work as a team, and of course play their new instrument! If you have any questions, please feel free to email me at rebecca.gambino@lpsb.org.

See you next year!
Mrs. Gambino

SJHS Band Sign Up Form

Please fill out the following form. This will ensure that your child will have Band on their schedule for the 2023-2024 school year. We will be choosing instruments within the first few weeks of school in the fall. **PLEASE DO NOT PURCHASE ANY INSTRUMENTS AT THIS TIME.** We will have an instrument rental night in August.

Student Name: _____

Elementary School: _____

Parent Name: _____

Parent Email Address: _____

Parent Phone Number: _____

Have you ever played an instrument before? _____

Instrument choices for Beginning Band: Flute, Clarinet, Saxophone, Trumpet, Trombone

List your instrument choice in order of 1st choice, 2nd choice and 3rd choice.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Please turn this form into your school's front office by April 28th!

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes No Condition	Whom	Yes No Condition	Whom	Yes No Condition	Whom
<input type="checkbox"/> <input type="checkbox"/> Heart Attack/Disease	_____	<input type="checkbox"/> <input type="checkbox"/> Sudden Death	_____	<input type="checkbox"/> <input type="checkbox"/> Arthritis	_____
<input type="checkbox"/> <input type="checkbox"/> Stroke	_____	<input type="checkbox"/> <input type="checkbox"/> High Blood Pressure	_____	<input type="checkbox"/> <input type="checkbox"/> Kidney Disease	_____
<input type="checkbox"/> <input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia	_____	<input type="checkbox"/> <input type="checkbox"/> Epilepsy	_____

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes No Condition	Date	Yes No Condition	Date	Yes No Condition	Date
<input type="checkbox"/> <input type="checkbox"/> Head Injury / Concussion	_____	<input type="checkbox"/> <input type="checkbox"/> Neck Injury / Stinger	_____	<input type="checkbox"/> <input type="checkbox"/> Shoulder L / R	_____
<input type="checkbox"/> <input type="checkbox"/> Elbow L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Arm / Wrist / Hand L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Back	_____
<input type="checkbox"/> <input type="checkbox"/> Hip L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Thigh L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Knee L / R	_____
<input type="checkbox"/> <input type="checkbox"/> Lower Leg L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Chronic Shin Splints	_____	<input type="checkbox"/> <input type="checkbox"/> Ankle L / R	_____
<input type="checkbox"/> <input type="checkbox"/> Foot L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Severe Muscle Strain	_____	<input type="checkbox"/> <input type="checkbox"/> Pinched Nerve	_____
<input type="checkbox"/> <input type="checkbox"/> Chest	_____	Previous Surgeries: _____			

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes No Condition	Yes No Condition	Yes No Condition
<input type="checkbox"/> <input type="checkbox"/> Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/> <input type="checkbox"/> Asthma / Prescribed Inhaler	<input type="checkbox"/> <input type="checkbox"/> Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/> <input type="checkbox"/> Seizures	<input type="checkbox"/> <input type="checkbox"/> Shortness of breath / Coughing	<input type="checkbox"/> <input type="checkbox"/> Rapid weight loss / gain
<input type="checkbox"/> <input type="checkbox"/> Kidney Disease	<input type="checkbox"/> <input type="checkbox"/> Hernia	<input type="checkbox"/> <input type="checkbox"/> Take supplements/vitamins
<input type="checkbox"/> <input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> <input type="checkbox"/> Knocked out / Concussion	<input type="checkbox"/> <input type="checkbox"/> Heat related problems
<input type="checkbox"/> <input type="checkbox"/> Single Testicle	<input type="checkbox"/> <input type="checkbox"/> Heart Disease	<input type="checkbox"/> <input type="checkbox"/> Recent Mononucleosi
<input type="checkbox"/> <input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> <input type="checkbox"/> Diabetes	<input type="checkbox"/> <input type="checkbox"/> Enlarged Spleen
<input type="checkbox"/> <input type="checkbox"/> Dizzy / Fainting	<input type="checkbox"/> <input type="checkbox"/> Liver Disease	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia
<input type="checkbox"/> <input type="checkbox"/> Organ Loss (kidney, spleen, etc)	<input type="checkbox"/> <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> Overnight in hospital
<input type="checkbox"/> <input type="checkbox"/> Surgery	<input type="checkbox"/> <input type="checkbox"/> Prescribed EPI PEN	<input type="checkbox"/> <input type="checkbox"/> Allergies (Food, Drugs)
<input type="checkbox"/> <input type="checkbox"/> Medications _____		

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary..... **Yes No**
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately..... **Yes No**
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school..... **Yes No**
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s)..... **Yes No**

Date Signed by Parent _____ Signature of Parent _____ Typed or Printed Name of Parent _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(if Needed)		

COMMENTS: _____

OPTIONAL EXAMS:

VISION:
 L: _____ R: _____ Corrected: _____

DENTAL:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM :

	Norm	Abnl
I. Spine / Neck		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
II. Upper Extremity		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>
III. Lower Extremity		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

From this limited screening I see no reason why this student cannot participate in athletics.

- Student is cleared
 Cleared after further evaluation and treatment for: _____
 Not cleared for: ___contact ___non-contact

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date of Medical Examination _____

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.