## 2018-2019 SANTA FE WALDORF SCHOOL
**GRADES 9-12 STUDENT RECORDS CHECKLIST**

Dear Parents and/or Guardians:

As summer begins, we begin to prepare for the 2018-2019 school year. It may seem early to begin working on your student's paperwork however, extra time is often needed to schedule sports physicals, have ears and eyes checked, and to have physician's review and update immunization records.

The checklist below has the forms listed which can be found on the SFWS website or the Parent Portal of Big Sis to support scheduling appointments early in the summer ensuring you are able to submit school forms on time.

## REMEMBER all school forms are to be submitted by August 6, 2018.

**To ensure the student paperwork submitted is complete, please use the following checklist:**

| **REQUIRED FORMS:** | **NOTES:** |
|---|---|
| o Health Info Section (4 tabs): Releases & Permissions, Health Care Providers, Allergies & Health Conditions, Medications | Parent Portal/Big Sis (tutorial available online) |
| o Immunization Records | Physician signature required |
| o Certificate of Exemption | If applicable |
| o NMAA Sports Physical Form | Physician signature required |
| & Concussion in Sports Fact Sheet for Athletes & Parents | Parent & student signature required |
| o Sports/Movement Form | Parent & student signature required |
| o Athletic Participation Contract | Parent & student signature required |

**INFORMATION DOCUMENTS:**

- o New Mexico Immunization Schedule
- o Back to School Supply List
- o After School Sports Letter
- o Grade 9-12 Summer Reading Lists
- o SFWS Sports Booster Club Membership
- o Wolf Pack Trail Run Registration Form

**MAIL OR DROP OFF ALL COMPLETED SCHOOL FORMS**
**BEFORE <u>MONDAY, AUGUST 6, 2018</u>**
**TO**
Ms. Juliana Werner, Administrative Assistant, Hooper Hall, Administrative Office
26 Puesta Del Sol, Santa Fe, New Mexico, 87508

**PARTIAL or INCOMPLETE PACKETS WILL NOT BE PROCESSED.**

****PLEASE NOTE****
**FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS MAY PREVENT YOUR STUDENT FROM ATTENDING SCHOOL ON THE FIRST DAY.**

## 2018-2019 SANTA FE WALDORF SCHOOL
**STUDENT IMMUNIZATION RECORDS**

**Student Name _____Entering Grade _____**

**Please fill select Option I or II:**

The New Mexico State Department of Health requires each student to have **up-to-date immunization record on file before attending school each year.**

**Option I:**

A **health care professional or your child's physician must sign below to verify** your child's immunization records are **up-to-date** and current with New Mexico State Department of Health requirements.

**Physician's/Nurse's Signature _____Date _____**
**(Or Medical professional)**

**Physician's/Nurse's Name in print _____**
**(Or Medical professional)**

- ❑ Attached is a copy of my child's immunization records **with our physician's or his nurse's signature above verifying immunizations are currently up-to-date.**

**Option II:**

If you are claiming an exemption from immunizations, please complete the **enclosed Certificate of Exemption form** or download one from http://nmhealth.org/publication/view/form/454/.

**Submit the Certificate of Exemption Form as soon as possible to ensure coverage for the current school year. Certificates of Exemption are only valid for 9 months please enter August 21, 2018 as the beginning date of validity.**

Please have completed forms notarized, take a **photocopy** for the school before bringing/sending it to the **New Mexico Department of Health, 1190 St. Francis, Harold Runnels Bldg., Ste. 1250**. The New Mexico Department of Health will send two copies; **one to the SFWS** and the other for your records.

- ❑ Attached is a **photocopy of the notarized** New Mexico State Certificate of Exemption Form, the approved copy has not been received yet.
- ❑ Attached is a **notarized and approved** New Mexico State Certificate of Exemption Form for the school.
- ❑ Attached are a New Mexico State Certificate of Exemption Form and a partial immunization record for the school.

Submit all **completed** student forms (Pre-K through 12th)
to Ms. Juliana Werner in the Hooper Hall administrative office
before

**Monday, August 6, 2018**

***PARTIAL SUBMITTALS WILL NOT BE PROCESSED***

# Exemption from Immunization Form
# Instructions

Who may use the Exemption from Immunization Form:

- Individuals requesting a religious or medical exemption to immunization may use this form.
- This form may be used for all children with an exemption going into any public, private or parochial pre-school, kindergarten, elementary, secondary school, or home school and for children attending daycare or childcare facilities.
- This form may not be used for exemption from immunization for personal or philosophical reasons. New Mexico law does not allow for such exemption. (Please see New Mexico Law 24-5-3 at page bottom.)

How to Complete the Exemption from Immunization Form:

- Fill out **all** blank lines and check boxes, including the check boxes for the religious or medical options.
- For medical exemptions, attach the letter from your duly licensed physician to this form.
- For religious exemptions using an affidavit, please attach the affidavit to this form.
- The form must be signed by a notary public.
- Mail the form to the New Mexico Department of Health at the address shown on the form. You may also submit your form in a drop box at the Department of Health in Santa Fe (Runnels Building).

Department of Health Exemption from Immunization Form Processing:

- The Department of Health has 60 days from receipt of the Religious Exemption from Immunization Form to either approve or not approve the request (see NMAC 7.5.3 below). Make sure that the Department of Health receives the form at least 60 days prior to the day your child starts school.
- Upon approval, the Department of Health will mail you two copies of the approved form. The Parent/Guardian must take one copy of the approved form to your child's pre-school, school, daycare, or childcare facility.
- If your request is not approved, you will get a letter from the Department of Health telling you why your request was denied. You will also receive information on how to arrange for a meeting with the Department of Health should you wish to protest.

New Mexico Immunization Exemption Law (24-5-3):

Any minor child through his parent or guardian may file with the health authority charged with the duty of enforcing the immunization laws:

(1) A certificate of a duly licensed physician stating that the physical condition of the child is such that immunization would seriously endanger the life or health of the child; or
(2) Affidavits or written affirmation from an officer of a recognized religious denomination that such child's parents or guardians are bona fide members of a denomination whose religious teaching requires reliance upon prayer or spiritual means alone for healing;
(3) Affidavits or written affirmation from his parent or legal guardian that his religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.

NMAC 7.5.3: "Within sixty (60) days of receipt of a request for exemption from immunization, the director of the public health division or the designee shall review the request to determine whether the certificate has been duly completed."

NEW MEXICO DEPARTMENT OF HEALTH

# CERTIFICATE OF EXEMPTION
# FROM SCHOOL/DAYCARE IMMUNIZATION REQUIREMENTS

Please Print Clearly, Complete All Fields, Use CAPITAL LETTERS ONLY

## Child's Information

First Name

Last Name

Address or P.O. Box

City

State

Zip Code

Phone

School Name

School Address

School City

School State

School Zip Code

Child's Grade

Child's Date of Birth m m d d y y y y

## Sex

- ◯ Male
- ◯ Female

## Ethnicity

- ◯ Hispanic
- ◯ Non-Hispanic

## Race

- ◯ Native American
- ◯ Asian
- ◯ Black
- ◯ White
- ◯ Other

## I object to my child receiving the following:

- ◯ Tetanus
- ◯ Diphtheria
- ◯ Pertussis
- ◯ Pneumococcal
- ◯ Hib - Haemophilus Influenza type B
- ◯ Measles
- ◯ Mumps
- ◯ Rubella
- ◯ Hepatitis A
- ◯ Hepatitis B
- ◯ Varicella (Chicken Pox)
- ◯ Polio

I request that the 9 month period this exemption form is valid for begin on

m m d d y y y y

*Mail original to:*

NM Immunization Program
1190 St. Francis/ Runnels S-1250
PO Box 26110
Santa Fe, NM 87502-6110

## Directions

Please complete this form. Check the box that corresponds to your request for exemption. Then in the presence of a Notary Public, please sign and date this certificate and have it notarized. IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO ENSURE AN APPROVED COPY OF THIS EXEMPTION CERTIFICATE IS FILED WITH THE CHILD'S SCHOOL.

**I request exemption from immunization requirements in accordance with:**

- ◯ NMAC 7.5.3.8 A.1, and I am attaching an affidavit or certificate from a duly licensed physician attesting that any of the required immunizations would seriously endanger the life or health of my child.
- ◯ NMAC 7.5.3.8 A.2, and I am presenting an affidavit or written affirmation from an officer of my denomination stating we are bona fide members of a recognized religious denomination which requires reliance on prayer or spiritual means alone for healing.
- ◯ NMAC 7.5.3.8 A.3, and I hereby certify through the attached affirmation or written affidavit that my religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agents.

I UNDERSTAND THIS REQUEST IS SUBJECT TO THE APPROVAL OF THE NEW MEXICO DEPARTMENT OF HEALTH. I HAVE READ THE 'COMPULSORY IMMUNIZATION REGULATIONS' AND UNDERSTAND THE RISK OF NON-IMMUNIZATION FOR MY CHILD. I UNDERSTAND THAT THIS CERTIFICATE, IF APPROVED, IS VALID FOR A PERIOD NOT TO EXCEED NINE MONTHS AND WILL EXPIRE THEREAFTER. IF I WISH TO REQUEST ANOTHER EXEMPTION AFTER THE NINE MONTH PERIOD, I MUST COMPLETE ANOTHER CERTIFICATE OF EXEMPTION AND SEEK APPROVAL.

I ALSO UNDERSTAND THAT WHERE ANY CASE OF COMMUNICABLE DISEASE OCCURS OR IS LIKELY TO OCCUR IN MY CHILD'S SCHOOL, THE DEPARTMENT OF HEALTH MAY REQUIRE THE EXCLUSION OF INFECTED PERSONS AND NON-IMMUNIZED PERSONS (7.4.3.9 NMAC - Rp, 7 NMAC 4.3.9, 8/15/2003).

I swear that all the foregoing statements are true to the best of my information, knowledge and belief.

Notary Seal

Parent/guardian's name (print clearly) _____

Parent/guardian's signature: _____ Date: _____

## NOTARY

Subscribed and sworn before me this _____ day of _____, 20____.

_____ My Commission expires:_____

Notary's Signature

DOH Use Only: ☐ DISAPPROVED ☐ APPROVED BEGINS ON Date

m m d d y y y y

Revised June 16, 2017

_____

*Authorized Signature*

EXPIRES ON Date

**The New Mexico Activities Association physical form provides schools, parents and providers with a recommended form.**

**If the NMAA recommended Physical Form is to be used, please ensure that your child's school grants permission to use this form and that no additional documentation is needed to gain athletic participation eligibility (i.e. parental permission form).**

# MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

**(Cover sheet)**

New Mexico Activities Association
6600 Palomas NE
Albuquerque, NM 87109
www.nmact.org

**NOTE:** The NMAA does not need a copy of this form. Please return to your school's athletic department.

## Medical History – Parent/Guardian please fill out prior to examination.

| | | | | | |
|---|---|---|---|---|---|
| **Student Athlete Name** *(Last, First, M.I.):* | | | | | |
| Home Address: | | | | Grade: | |
| *Street* | *City* | *State* | *Zip* | | |
| DOB: | | | | AGE: | |
| **Name of Parent/Guardian** | | | | | |
| Home Address: | | | | Phone: | Work: |
| *Street* | *City* | *State* | *Zip* | Cell: | |
| **Emergency Contact** | | | | Phone: | Work: |
| *Name* | | *Relationship* | | Cell: | |
| Address: | | | | | |
| *Street* | *City* | *State* | *Zip* | | |

## SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)

**Sports/Activities**

| | | | | |
|---|---|---|---|---|
| ☐ Baseball | ☐ Football | ☐ Cheer/Drill | ☐ Wrestling | ☐ Bowling |
| ☐Track/Field | ☐ Tennis | ☐ Volleyball | ☐ Golf | ☐ Other_____ |
| ☐ Cross country | ☐ Soccer | ☐ Softball | ☐ Basketball | |

Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form and return the entire packet to the school's athletic department.

**Concussion Management**

A concussion is a disturbance in the function of the brain that can be caused by a blow to the body or head and may occur in any sport or activity. Effects of a concussion may include a variety of symptoms (headache, nausea, dizziness, memory loss, balance problem) with or without a loss of consciousness. I/we understand there is a concussion management protocol established that includes care and return to play criteria.

_____ _____
Student-Athlete Signature Date

_____ _____
Parent or Court Appointed Legal Guardian Signature Date

# PREPARTICIPATION PHYSICAL EVALUATION
# HISTORY FORM

*(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)*

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

**Explain "Yes" answers below. Circle questions you don't know the answers to.**

| GENERAL QUESTIONS | Yes | No |
|---|---|---|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____ | | |
| 3. Have you ever spent the night in the hospital? | | |
| 4. Have you ever had surgery? | | |
| **HEART HEALTH QUESTIONS ABOUT YOU** | **Yes** | **No** |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____ | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | |
| 11. Have you ever had an unexplained seizure? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | |
| **HEART HEALTH QUESTIONS ABOUT YOUR FAMILY** | **Yes** | **No** |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | |
| **BONE AND JOINT QUESTIONS** | **Yes** | **No** |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | |
| 20. Have you ever had a stress fracture? | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | |

| MEDICAL QUESTIONS | Yes | No |
|---|---|---|
| 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 28. Is there anyone in your family who has asthma? | | |
| 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 33. Have you had a herpes or MRSA skin infection? | | |
| 34. Have you ever had a head injury or concussion? | | |
| 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 36. Do you have a history of seizure disorder? | | |
| 37. Do you have headaches with exercise? | | |
| 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 40. Have you ever become ill while exercising in the heat? | | |
| 41. Do you get frequent muscle cramps when exercising? | | |
| 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 43. Have you had any problems with your eyes or vision? | | |
| 44. Have you had any eye injuries? | | |
| 45. Do you wear glasses or contact lenses? | | |
| 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 47. Do you worry about your weight? | | |
| 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 50. Have you ever had an eating disorder? | | |
| 51. Do you have any concerns that you would like to discuss with a doctor? | | |
| **FEMALES ONLY** | | |
| 52. Have you ever had a menstrual period? | | |
| 53. How old were you when you had your first menstrual period? | | |
| 54. How many periods have you had in the last 12 months? | | |

**Explain "yes" answers here**

_____

_____

_____

_____

_____

_____

_____

_____

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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HE0503 9-2681/0410

# Preparticipation Physical Evaluation
# PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

## PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

| **EXAMINATION** | | |
|---|---|---|
| Height Weight ☐ Male ☐ Female | | |
| BP / ( / ) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N | | |
| **MEDICAL** | **NORMAL** | **ABNORMAL FINDINGS** |
| Appearance<br>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | |
| Eyes/ears/nose/throat<br>• Pupils equal<br>• Hearing | | |
| Lymph nodes | | |
| Heart[a]<br>• Murmurs (auscultation standing, supine, +/- Valsalva)<br>• Location of point of maximal impulse (PMI) | | |
| Pulses<br>• Simultaneous femoral and radial pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary (males only)[b] | | |
| Skin<br>• HSV, lesions suggestive of MRSA, tinea corporis | | |
| Neurologic[c] | | |
| **MUSCULOSKELETAL** | | |
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand/fingers | | |
| Hip/thigh | | |
| Knee | | |
| Leg/ankle | | |
| Foot/toes | | |
| Functional<br>• Duck-walk, single leg hop | | |

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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# NMAA New Mexico Activities Association

# CONCUSSION IN SPORTS

# A Fact Sheet for Athletes and Parents

## WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

*Observed by the Athlete*

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

*Observed by the Parent / Guardian*

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events after hit or fall
- Appears dazed or stunned

## WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

*Athlete*

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

*Parent / Guardian*

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

***It's better to miss one game than the whole season.***

***Give yourself time to get better.*** *If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.*

## RETURN TO PLAY GUIDELINES UNDER SB137

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (10 days).
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

## REFERENCES ON SENATE BILL 137 AND BRAIN INJURIES

Senate Bill 137:
http://www.nmlegis.gov/Sessions/16%20Regular/final/SB0137.pdf

For more information on brain injuries check the following websites:
http://www.nfhs.org/resources/sports-medicine
http://www.cdc.gov/concussion/HeadsUp/youth.html
http://www.stopsportsinjuries.org/concussion.aspx
http://www.ncaa.org/health-and-safety/medical-conditions/concussions

## SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity, and I am aware of the State of the New Mexico's Senate Bill 137; Concussion Law.

| | | |
|---|---|---|
| Athlete's Signature | Print Name | Date |
| Parent/Guardian's Signature | Print Name | Date |

# 2018-19 SFWHS
# Sports/Movement Form

Every high school student is required to fulfill 50 hours of extracurricular exercise/movement per academic year. These hours, combined with PE class time, complete the required annual PE credit for graduation. Please select the method (OPTION I or II) of how you will fulfill this requirement, then sign and have your parents sign below and turn in no later than **August 6th, 2018**.

Student name _____ Date _____

**OPTION I:**
*Fill out this section if you plan to play a SFWS sport. Participation in any of the SFWS sports programs will fulfill the 50-hour movement requirement. (If you do not plan to play a SFWS sport, skip to OPTION II.)*

**___ I commit to full participation in the following sport(s) at SFWS:**

Please check the team sport(s) of your choice:

☐ Volleyball (girls only) ☐ Track & Field

☐ Soccer (co-ed) ☐ Basketball

**OPTION II:**
*Fill out this section if you plan to fulfill your 50-hour movement requirement outside of the SFWS (for example: going to the gym or participating in another sport program not affiliated with SFWS). You will be required to log your activities on the attached log form and provide a signature and contact information of a coach/supervisor, certifying that you participated in these activities.*

**___I commit to participate in a total of 50 hours of movement in the below activity, which I will log on a 2018-19 Sports/Movement Activity Log Form and turn in to Ms. Green.**

Planned Activity _____

I understand that the Athletic Director will monitor the completion of this requirement and that failure to complete the requirement could result in my diploma and transcripts being withheld.

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

Signature of Athletic Director indicating completion of requirement:

_____ _____
Athletic Director Date

# 2018-19 SFWHS
# Sports/Movement Activity Log Form

Every high school student is required to fulfill 50 hours of exercise/movement per academic year. If you are not participating in a SFWS Sport, you will need to log a minimum of 50 hours of movement/exercise on this form and turn it in to Ms. Green by **May 1st, 2019**.

Student name _____ Date _____

| Activity | Hours | Signature of Coach/Instructor | Email address/Phone # |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |

Signature of Athletic Director indicating completion of requirement:

_____ _____

Athletic Director Date

# 2018-19 SFWS ATHLETIC PARTICIPATION CONTRACT

**Athlete Name:**_____

I will commit and agree to participate in these after-school sports in the 2018-19 year:

- ❑ Soccer
- ❑ Volleyball
- ❑ Basketball
- ❑ Track and Field

| | **Initial:** |
|---|---|
| 1. Invest my best effort. | |
| 2. Respect my team, coaches, and our opponents. | |
| 3. Follow all SFWS rules as well as coach's team rules *(see School Handbook).* | |
| 4. Refrain from smoking, drinking or using mind altering substances, understanding that evidence to the contrary will result in immediate dismissal from the team. | |
| 5. Attend all practices except for absences approved by the coach (i.e. emergencies, illness, medical appointments) who should be notified 24 hours ahead of time if possible. | |
| 6. Be punctual. | |
| 7. Maintain eligibility to play through good academic standing *(see School Handbook)*. | |
| 8. Attend all classes during the school day for eligibility to participate in that day's game or practice *(see Athletic Handbook - Eligibility to Play).* | |
| 9. Demonstrate good sportsmanship at all times as a representative of the team and SFWS. | |
| 10. Respect, care for, and return all issued athletic equipment/uniforms issued to me *(see Athletic Handbook - Uniform Policy).* | |
| 11. Maintain my best positive attitude throughout. | |

**Please turn over and sign**

# 2018-19 SFWS ATHLETIC PARTICIPATION CONTRACT

In signing this document, I acknowledge my understanding that I may be dismissed from my team and/or disciplined for any violation of the rules and regulations listed above. I agree to comply by the decision of the Athletic Director, Head Coach and/or faculty regarding any disciplinary action(s) that may arise throughout the year.

I also acknowledge that I have read the Athletic Handbook for the 2018-19 SFWS year and understand its guidelines and expectations of me as a student athlete.

Student Name (please print):_____

Student Signature: _____ Date: _____

As a parent/guardian, I acknowledge that I have read the Athletic Handbook and this Athletic Participation Contract for the 2018-19 SFWS school year and understand their guidelines and expectations of my child as a student athlete and of me as a parent/guardian.

Parent/Guardian Name (please print):_____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print):_____

Parent/Guardian Signature: _____ Date: _____

Athletic Director Signature:_____ Date: _____

NEW MEXICO DEPARTMENT OF HEALTH

# New Mexico Childcare/Pre-School/School Entry Immunization Requirements: 2018-19 School Year

*New Mexico School Nurses are granted Public Health authority by the NM Secretary of Health for collecting and submitting immunization information*

| Vaccine | Minimum # of vaccine doses by childcare and pre-school age levels | | | | | | | Vaccine doses by school grade level | | | | | | | | | | | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | By 4 Mo. | By 6 Mo. | By 12 Mo. | By 15 Mo. | 16-47 Mo. | 48-59 Mo. | ≥ 60 Mo. | K | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th | |
| Diphtheria/Tetanus/ Pertussis (DTaP/DT/Td)* | 1 | 2 | 3 | 3 | 3 | 4 | 5 (4) | 5 (4) | 5 (4) | 5 (4) | 5 (4) | 5 (4) | 5 (4) | 5 (4) | 5 (4) | 5 (4) | 5 (4) | 5 (4) | 5 (4) | 5 (4) | One dose required on/after 4th birthday. Four doses are sufficient **if last dose given on/after 4th birthday**, but five doses are preferred for optimal protection. |
| Tetanus/Diphtheria/ Pertussis (Tdap) | | | | | | | | | | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | One dose Tdap required for entry into 7th grade. Meningococcal (ACWY) and HPV vaccinations are also recommended at the same time. |
| Polio (IPV)* (OPV‡) | 1 | 2 | 3 | 3 | 3 | 4 (3) | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | Three doses sufficient if last dose was given on/after 4th birthday. Students in K-8th grades final dose required on or after 4th birthday. |
| Measles/Mumps/ Rubella (MMR) | | | | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | Minimum age for valid first dose is 12 months. Live vaccines (MMR, Varicella) must be given on the same day; if not, they must be administered a minimum of 28 days apart. |
| Haemophilus Influenzae type B (Hib)* | 1 | 2 | 2 | 2 | 3/2/1 | 3/2/1 | 3/2/1 | | | | | | | | | | | | | | |
| Hepatitis B (HepB) | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 (2) | 3 (2) | 3 (2) | 3 (2) | 3 (2) | 3 (2) | 3 (2) | Two doses adult Recombivax HB is also valid if administered at ages 11-15 years and if dose 2 received no sooner than 16 weeks after dose 1. |
| Pneumococcal (PCV)* | 2 | 3 | 3 | 4/3/ 2/1 | 4/3/2 /1 | 4/3/2 /1 | 4/3/2/ 1/0 | | | | | | | | | | | | | | |
| Varicella (VAR)** | | | | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | Minimum age for first dose is 12 months; two doses recommended for 12th graders. Dose 2 should ideally be given after 4th birthday, see note below. Live vaccines (MMR, Varicella) must be given on the same day; if not, they must be administered a minimum of 28 days apart. For K-3rd graders, receipt of vaccine, titer or laboratory-confirmed diagnosis is required as proof of prior disease. |
| Hepatitis A (HepA) | | | | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | |

**Diphtheria/Tetanus/Pertussis:** If child (4 months-6 years) is behind schedule, follow the CDC's catch-up schedule.

**Tetanus/Diphtheria/Pertussis:** Students in 7th-12th grades require proof of one dose of Tdap received regardless of when the last Td-containing vaccine was given.

Catch-up: Children 7-18 years who are not fully immunized with the childhood DTaP series should be vaccinated according to the CDC's catch-up schedule, with Tdap as the first dose followed by Td if needed. A 3-dose series is sufficient if initiated after 7 yrs. of age in which one dose must be Tdap, followed by two doses of Td. Tdap given ≥7 years can be counted for 7th grade requirement or may be repeated.

**Polio:** A minimum of 4 weeks between doses required with 6 months between last two doses. ‡OPV (oral polio) given after April 1, 2016 not valid.

**MMR:** Required 2nd dose should be given on/after 4th birthday. However, dose 2 may be given earlier with at least 4 weeks between dose 1 and 2.

**Hib:** If series started <12 months of age, three doses required with at least one dose on/after 1st birthday. Two doses required if dose 1 received at 12-14 months. One dose of Hib vaccine administered between 16 and 59 months of age is sufficient. Not recommended ≥60 months of age.

**Hep B:** Dose 2 a minimum of 4 weeks after dose 1; dose 3 at least 16 weeks after dose 1 and at least 8 weeks after dose 2. Infants currently receiving primary series, final dose should be administered no earlier than age 24 weeks.

**PCV:** Administer a series of PCV13 vaccine at ages 2, 4, 6 months with a booster at age 12-15 months. Catch-up: Administer one dose of PCV13 to all healthy children aged 12-59 months who are not completely vaccinated for their age; children >60 months, no doses required.

**Varicella:** For children aged 12 months-12 years, the minimum interval between the two doses is 3 months. However, if dose 2 was administered ≥28 days after dose 1, dose 2 is considered valid and need not be repeated. For children ≥13 years, the recommended minimum interval is 4 wks. **Required for proof of varicella immunity:**

- For K through 3rd graders: Receipt of vaccine; titer or laboratory confirmed diagnosis is required as proof of prior disease.
- For 4th through 12th graders: Receipt of vaccine, written proof of immunity by a physician/health care provider or laboratory titer is required.
- For **all newly diagnosed** varicella cases: Laboratory confirmation of disease is required.

**Hep A:** One dose required by 15 months; two doses recommended with at least 6 months between doses. Hepatitis A vaccine is only required for childcare and pre-school age children, but is recommended for all ages.

**Recommended schedule for adult students 19+ years of age in secondary school**

| Vaccine | Recommended doses |
|---|---|
| Tetanus/Diphtheria/ Pertussis (Tdap) | 1 |
| Measles/Mumps/Rubella (MMR) | 2 |
| Varicella (VAR)** | 2 |

**Resources**

NM Immunization Protocol:
https://nmhealth.org/publication/view/regulation/531/

NMSIIS:
https://nmsiis.health.state.nm.us

NM School Health Manual:
http://www.nmschoolhealthmanual.org

*For more information call your Regional DOH Immunization contact*

*Minimum age 6 weeks. **Note: Any vaccine administered ≤4 days prior to minimum interval or age is valid. All students enrolled in designated grades are expected to meet requirements.**

**In the event of an outbreak two doses may be required for all students; students who have had only one dose of varicella vaccine may be excluded from school.

Santa Fe WALDORF
Global K–12 for Unstandardized Minds

# Santa Fe Waldorf High School

## 2018-19 Back-to-School Shopping List

**To have at home and bring to school as needed:**

- Pencils #2. A year's supply – if you prefer mechanical pencils, please buy enough replacement lead
- Colored pencils – good quality for illustrations
- Art eraser and ruler
- Pens: black or blue ink, a year's supply
- Two packs of lined, 3-hole punched paper (paper from spiral notebooks is allowed if pages are perforated)
- One pack of graph paper or notebook of graph paper, ¼" grid
- Dictionary with roots of words (for example, Webster's New Collegiate Dictionary)
- Lunch box or bag. (Food is to be placed on shelves in kitchen and is not permitted in lockers)
- White-out correction fluid or similar tape
- Printer ink for your home printer
- Flash drive for document access and archiving work
- Scientific calculator –Casio fx-115 ES or better, or another equivalent major brand

**To keep at home:**

- Stapler – keep at home with staples
- One ream of unlined, white paper suitable for printer use
- Computer and internet access, especially in 10-12th grades
- For those typing essays, Main Lesson notes, etc., ensure you have enough printer ink and paper at home for the year

**Additional items for 9th grade**

- Staedtler® GeoMaster Bow Compass (or similar brand with centered wheel for opening and closing)
- 16" Ruler

**Additional items for 10th grade**

- Staedtler® GeoMaster Bow Compass (or similar brand with centered wheel for opening and closing)
- Protractor (medium size)
- 16" Ruler

**Additional items for 11th grade**

- One single-subject spiral notebook, college ruled

- A good spanish/english dictionary

**Additional items for 12th grade**

- Metal or plastic ruler, 16” long

**Wilderness Equipment for all grades (can be borrowed as appropriate)**

- Sturdy hiking boots
- Waterproof rain jacket and rain pants (trash bags don’t count)
- Wool or Synthetic long underwear tops and bottoms
- Wool socks and a wool hat
- Sun hat and water bottle
- Frame backpack (for grades 11-12 only)

Don't forget the tax free weekend (typically the first weekend in August) when you do your shopping! Check this website for future updates on this year’s event: http://www.tax.newmexico.gov/tax-holiday.aspx

Santa Fe WALDORF
Global K–12 for Unstandardized Minds

**Dear Rising High School Students and Parents,** **June 2018**
**Re: 2018-19 After School Sports Program**

This letter is to inform the Santa Fe Waldorf rising 9-12th grades about the sports program and details regarding the upcoming sports seasons for 2018-2019. Below you will find current practice schedules for Volleyball, Soccer, Basketball and Track and Field.

All sports have 2 hours per practice in the preseason, which is usually 3 weeks long. Preseason has no more than 4 practices in a week. During the regular season, there are no more than 5 contact days per week. Ex: 2 practices/3 games or 2 practices/2 games or 3 practices/2 games, etc. All athletes are driven on a school bus or drive themselves to practice. Students are expected to be picked up from the practice location within 10 minutes of end time by parents, a guardian, a prior agreed upon arrangement, or to drive themselves home if they drove their own car.

**Physical evaluation form** needs to be completed before practice may begin. It is highly recommended to get this done during the summer. Forms may be turned into the office.

**Athletic Handbook/Contract:** Must be signed off by parent and student/athlete which states everyone understands the rules/policies and protocols for participating in the sports program.

**Mandatory Sports Meetings:** these are held for parents, athletes, and the coaches to get organized and prepare for the season. They start at 7pm and go roughly until 8:15pm. They are mandatory and the consequence for not attending is not being eligible for the first contest/match/meet of the season. There are make up dates for students at 12:45pm. 2018-19 dates:

August 23: VB/Soccer; October 17: Girls/Boys Basketball; January 30: Track and Field. Make up dates TBA.

**Girls Volleyball** Head Coach Ian Longacre. Grades 9-12. If numbers allow, 8th graders will move up to form a JV team. Preseason Aug. 13-31, M/T/TH/F, times TBA, CL gym. Regular season 3:30-5:00. 20 games.

**Co-ed Soccer** Head Coach Enrique Otero. Grades 8-12. Practice starts Monday August 13th at the Downs of Santa Fe. The first 6 practices are 2hrs long (Aug. 13-17, 20), 3:30-5:30, then 1.5 hrs long, 3:30-5:00 every MWF starting August 22nd. Season ends October 27th. A team bus will be available from school to and from practice.

**Girls Basketball** Head Coach Mike Velarde. Preseason practices are Nov. 19-Dec. 14th, M/T/TH/F, 5:30-7:30pm at CL. Regular season practices are M/W/F, 3:30-5:00, Jan.1- Feb. 22nd. 20-24 games.

**Boys Basketball** Head Coach Enrique Otero. Preseason is Nov. 19-Dec. 14th, M/T/W/F, 3:30-5:30pm at CL. Regular season is M/W/F, 3:30-5:00, Jan.1- Feb. 22nd. 20 games.

**Track and Field** Head Coach Everett Cole. Start date is February 11th. Practice at NMSD Track and Field Complex, 3:30-5:30, M/W/F. Season ends April 27th.

Questions: Contact Athletic Director Daniel Wendland, 505-795-0632

Santa Fe
WALDORF
Global K–12 for Unstandardized Minds

June2018

Dear Incoming Freshman Class of 2022:

Congratulations on completing Eighth Grade and welcome to the Santa Fe Waldorf High School and to Ninth Grade! The faculty and staff at the High School are looking forward to your arrival and to getting to know you over the next four years and beyond.

To get you started into your freshman year of High School English, we ask that you read three books during this summer.

- The first book we ask you to read is Mark Twain's classic *The Adventures of Huckleberry Finn.* Please obtain your own copy, either at the library or a bookstore or online. Ideally, this book should be read closer to the end of summer so you remember it in the first week of school. Be sure to bring it to class for the first couple of weeks.

- The second book we ask you to read is one of your choice from the list of American novels on the back of this letter. You are encouraged to talk with your parents about the different authors and novels to help in your selection.

- Then for Spanish class, read "Las lágrimas de Xochitl" by Virginia Hildebrandt. This can be purchased at www.1goodstory.net/book-preview-las-lagrimas.html

- Our Fall Colloquium will not involve a book this year, but will require some research to be done late in the summer. Watch for an email home about research suggestions around our theme of FOOD.

Also, we ask that you learn to type and become proficient with the computer keyboard. If you do not already know "touch-typing," this is the summer to begin to learn. Touch-typing means that you can type blindfolded with all ten fingers, hitting the right keys at the right time without looking. Many students who are new to the keyboard have used the Mavis Beacon typing program, but there are others that can be purchased at an office supply or on-line. A good, free beginner's online program is at www.goodtyping.com, you can start this one today. We encourage you to practice typing for 15 minutes every day during the summer. Your proficiency in typing will allow you to better express yourself and will ultimately lighten your homework load.

Please come prepared the first day of school for both Main Lesson and the start the Fall Colloquium. In the meantime, feel free to contact us if you have questions or concerns.

We're excited about a vibrant 2018-19 year. Have a nice summer and happy reading,

Mr. Ryan, Ms. Barnard, and Mr. Otero
High School Humanities Teachers
eryan@santafewaldorf.org

**9th Grade Summer Reading**

**Read at Least One of These American Novels**

| AUTHOR | Written | READ ONE OF THESE BOOKS BY AUGUST 26 |
|---|---|---|
| John Steinbeck | 1900 | *Travels with Charley* *Grapes of Wrath* |
| Betty Smith | 1900 | *A Tree Grows in Brooklyn* |
| Ray Bradbury | 1900 | *Fahrenheit 451* *Dandelion Wine* |
| Sinclair Lewis | 1900 | *Arrowsmith* *Main Street* |
| Ernest Hemingway | 1900 | *A Farewell to Arms* *The Sun Also Rises* |
| Sherman Alexie | 2007 | *The Absolutely True Diary of a Part-Time Indian* |
| Uptain Sinclair | 1900 | *The Jungle* |
| Willa Cather | 1800/1900 | *My Antonia* *The Professor's House* *O Pioneers!* |
| A. B. Guthrie | 1900 | *The Big Sky* |
| Herman Wouk | 1900 | *The Caine Mutiny* |
| Jack London | 1800/1900 | *The Call of the Wild* *The Sea Wolf* |
| Conrad Richter | 1900 | *The Trees* *The Fields* *The Town* |
| W.H. Hudson | 1900 | *Green Mansions* |
| Oliver LaFarge | 1900 | *Laughing Boy* |
| Louisa May Alcott | 1800 | *Little Women* |
| Jack Scheaffer | 1900 | *Shane* *Riders of the Purple Sage* |
| Peter Hamill | 1900 | *Snow in August* |
| Nell Harper Lee | 1900 | *To Kill a Mockingbird* |
| B. Traven | 1900 | *The Treasure of Sierra Madre* |
| Harriet B. Stowe | 1800 | *Uncle Tom's Cabin* |
| Madeleine L'Engle | 1900 | *A Wrinkle in Time* *A Wind in the Door* *A Swiftly Turning Planet* |
| Ursula Le Guin | 1900 | *A Wizard of Earthsea* *The Tombs of Atuan* *The Farthest Shore* |
| Marjorie Rawlings | 1900 | *The Yearling* |
| Louis L'Amour | 1900 | Any of stories about the Sackett family |
| Owen Wister | 1900 | *The Virginian* |
| James Michener | 1900 | *Chesapeake* *Centennial* |
| James F. Cooper | 1800 | *The Deerslayer* *The Last of the Mohicans* |
| Washington Irving | 1800 | *Diedrich Knickerbocker's History of New York* |
| Edgar Allan Poe | 1800 | *Fall of the House of Usher and Other Stories* |
| Daniel Keyes | 1900 | *Flowers for Algernon* |
| Lois Lowry | 1900 | *The Giver* |
| Eudora Welty | 1900 | *The Robber Bridegroom* |
| John Knowles | 1900 | *A Separate Peace* |
| Booth Tarkington | 1900 | *Seventeen* |
| Mark Twain | 1800 | *Tom Sawyer* *A Connecticut Yankee in King Arthur's Court* |
| | | |

Santa Fe WALDORF
Global K–12 for Unstandardized Minds

June 208

Dear Rising Sophomores, Class of 2021:

Congratulations on completing your first year of high school and welcome to your sophomore year! This summer, you are asked to read three books and to begin to prepare for the PSAT and practice ACT.

Please read the following three books this summer:

- A memoir *The Color of Water, A Black Man's Tribute to His White Mother* by James McBride for English 10.
- An autobiography *Left to Tell* by Immaculee Ilibagiza for the Main Lesson on Africa/Islam
- For Spanish Class: "El viaje de su vida" by Lisa Ray y Blaine Ray Nivel 1- Libro D
- Our Fall Colloquium will not involve a book this year but will require some research to be done late in the summer. Watch for an email home about research suggestions around our theme of FOOD.

Also, it is important that you learn to type and become proficient with the computer keyboard. If you do not already know "touch-typing," this is the summer to learn. Touch-typing means that you can type blindfolded with all ten fingers, hitting the right keys without looking. Many students, who are new to the keyboard, have used the Mavis Beacon typing program, but there are others that can be purchased at an office supply or on-line. A good, free beginner's online program is at www.goodtyping.com, you can start this one today. We encourage you to practice typing for 15 minutes every day during the summer. Your proficiency in typing will allow you to better express yourself and will make your homework load more bearable this year.

It is optional, but you are encouraged to prepare for the upcoming practice SATs (PSATs) and practice ACTs. For the PSAT, you might want to go online and sign up at collegeboard.org for the question-a-day or engage the Khan academy skills building: www.khanacademy.org/test-prep/sat. It might also be helpful to pick up a workbook on these standardized tests and start developing your skills. ACT has similar programs- find something that suits you and begin exploring.

Please come prepared the first day of school for both Main Lesson and the start the Fall Colloquium. In the meantime, feel free to contact us if you have questions or concerns.

We're excited about a vibrant 2018-19 year. Have a nice summer and happy reading,

Mr. Ryan, Ms. Barnard, and Mr. Otero
High School Humanities Teachers
eryan@santafewaldorf.org

Santa Fe WALDORF
Global K–12 for Unstandardized Minds

June 2018

Dear Rising Juniors, Class of 2020:

Congratulations on completing sophomore year—and welcome to your junior year!

You are asked to read three books this summer:

- English III: read two books by an international author or about another country. Select both books from the list on the back of this letter and be prepared to present on the books in the first weeks of class.

- Spanish III: please read: Cajas de Carton by Francisco Jimenez (Houghton Mifflin Co.) up to p. 45.

- Our Fall Colloquium will not involve a book this year but will require some research to be done late in the summer. Watch for an email home about research suggestions around our theme of FOOD.

You are also encouraged to practice your standardized test-taking skills during the summer as junior year serves as a threshold to college. During the junior year, it is typical to take three-four standardized tests: the Pre-SAT (PSAT), the pre-ACT in October, the SAT I in May or June, and the ACT in April or June. With practice, it is known that you will score better on these tests. Look over your PSAT from last year (October 2016) and investigate the questions, both those you got right and wrong, via Khan Academy. Try taking a test a week—or every other week, and study test-taking techniques. Sign up online at collegeboard.org and with the ACT folks for the question-a-day—it can be helpful. There are many SAT and ACT practice books. Find those with explanations that work for you and USE THEM!

And if you have not mastered touch-typing yet, it is essential that you learn this summer. A good, free beginner's online program is at www.goodtyping.com, you can start this one today. We encourage you to practice typing for 15 minutes every day during the summer. Your proficiency in typing will allow you to better express yourself and will ultimately make your homework load more bearable.

Please come prepared the first day of school for both Main Lesson and the start the Fall Colloquium. In the meantime, feel free to contact us if you have questions or concerns.

We're excited about a vibrant 2018-19 year. Have a nice summer and happy reading,

Mr. Ryan, Ms. Barnard, and Mr. Otero
High School Humanities Teachers
eryan@santafewaldorf.org

**Eleventh Grade Summer Reading**

Read two books, at least one from this list. You will present on one of them in the first weeks of class.

| **Books from This Column Are Written by a European/American** | | | **Books from This Column Are Written by an International Author** | |
|---|---|---|---|---|
| *Narcissus and Goldmund; Siddhartha; Damien* | Herman Hesse-German | | *Colors of the Mountains* | Da Chen—China |
| *Mutant Message Down Under* | Marlo Morgan—Australia | | *The Other Side of the Sky* | Farha Ahmedi |
| *The Poisonwood Bible* | Barbara Kingsolver | | *Slave* | Mende Nazer |
| *Memoirs of a Geisha* | Arthur Godden | | *Stolen Lives* | Malika Oufir |
| *Seven Years in Tibet* | Harrer—WWII | | *Geisha, a Life* | Mineko Iwasaki |
| *West with the Night* | Markham—Kenya | | *What Is the What* | Dave Eggers |
| *Dream Stuff* | David Malouf—Australia | | *Red Sorgham* | Mo Yan—China |
| *The Chant of Jimmy Blacksmith* | Thomas Keneally-Australia | | *Soul Mountain* | Gao Xingjian—China |
| *A Story Like the Wind A Far Off Place* | Laurens van der Post—Africa | | *Segu* | Conde—Mali |
| *Out of Africa* | Isak Dinesen—Kenya | | *The Famished Road* | Ben Okri—Nigeria |
| *The Joy Luck Club; The Hundred Secret Senses*; *The Kitchen God's Wife* | Amy Tan—China/US | | *Things Fall Apart; Arrows of God; No Longer at Ease; Man of the People* | Chinua Achebe—Nigeria |
| *The Places Between* | Rory Stewart Afghanistan | | *The Power of One* | Bryce Courteney |
| *The Samurai's Garden* | Gail Tsukiyama | | *Whale Rider* | Ihimaera—Australia |
| *The Three Musketeers; The Count of Monte Cristo* | Dumas | | *A River Sutra* | Mehta—India |
| *The Red Tent* | Anita Diamant | | *The God of Small Things* | Arundhati Roy—India |
| *Shogun* | James Clavell | | *Of Water and Spirit: Ritual, Magic, and Initiation in the Life an African Shaman* | Maildoma Some |
| | | | *One Hundred Years of Solitude; Love in the Time of Cholera* | Gabriel Garcia Marquez |
| | | | *Zorro; House of Spirits; Eva Luna* | Isabelle Allende |
| | | | *The last Temptation of Christ; St. Francis* | Nikos Kazantzakis |

For information and summaries of these books, see www.goodreads.com

Santa Fe WALDORF
Global K–12 for Unstandardized Minds

June 2018

Dear Class of 2019:

Congratulations! You did it! You are Seniors—as of the evening of June 1st, anyway! Here, for your summer reading pleasure, are some great books to look into.

This summer, you are asked to read several books:

- Brave New World by Aldous Huxley—a British classic with New Mexico serving an intriguing role. It would be great if you would buy a copy since we'll be discussing it in English Track class for the first part of the school year.

- Please select one of the autobiographies listed on the back—or read an autobiography or biography of your own choice. This is a good summer to read about other people's lives: what inspired them. Find out what they did and what was important to them.

- One novel of choice, just for the pleasure of it. You decide. Ask a friend.

- Our Fall Colloquium will not involve a book this year but will require some research to be done late in the summer. Watch for an email home about research suggestions around our theme of FOOD.

Also, once you receive your scores from the tests this past spring, you are highly encouraged to study for the ACT or SAT if you plan to take the test again in the fall. Studying is the best way to definitively increase your score. Use your current scores in conjunction with the College Board, Khan Academy, or another test prep resource to help you further understand the expectations of these exams.

There will be a meeting with your sponsors to plan for the colloquium in the days before school starting. In the meantime, feel free to contact us or your class sponsor if you have questions or concerns. We're excited about a vibrant 2018-19 school year.

Have a nice summer and happy reading,

Mr. Ryan, Ms. Barnard, and Mr. Otero
High School Humanities Teachers
eryan@santafewaldorf.org

**Senior Year Summer Reading Suggestions—Autobiographies**

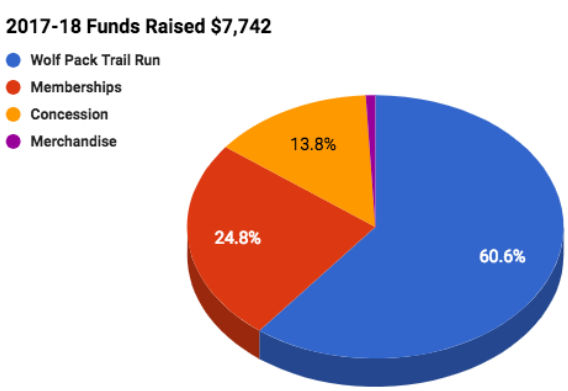
| *Title* | Author | Some Comments |
|---|---|---|
| *Left to Tell* | Immaculee Ilibagiza | A memoir about a young woman who survives the Rwandan holocaust |
| *The Other Side of the Sky* | Farha Ahmedi | A memoir of a Taliban refugee. |
| *Stolen Lives* | Malika Oufir | A memoir of a Moroccan girl who is imprisoned for political |
| *My Invented Country* | Isabelle Allende | Growing up in Chile then Argentina |
| *Paula* | Isabelle Allende | Allende's experiences with her daughter who is in a coma |
| *An Autobiography* | Gandhi | Compelling and lengthy |
| *Markings* | Hammarskjöld | WWII—Dag became the Secretary General of the UN |
| *Homage to Catalonia* | Orwell | Orwell's involvement in the Spanish civil war |
| *Profiles in Courage* | Kennedy | John Kennedy's reflections on presidency |
| *West into the Night* | Markham | The first (white) woman bush pilot in East Africa |
| *Angela's Ashes or 'Tis* | McCourt | McCourt's impoverished childhood in Ireland; his start as a teacher in the US |
| *A Leg to Stand On* | Sacks | For those interested in the medical world, Sacks tells some unusual stories |
| *Wind, Sand, and Stars* | St. Exupery | The autobiography of the author of *The Little Prince*—life in the clouds in the early days of flying |
| *Out of My Life and Thought* | Schweitzer | Life in Africa as a doctor |
| *Life on the Mississippi* | Twain | |
| *My Own Country* | Verghese | MD from India studies medicine in the US and works with AIDs patients. |
| *Colors of the Mountain* | Da Chen | Growing up in China in the 1960s during the Cultural Revolution in an ostracized landowner's family |
| *Once to Every Man: An Autobiography* | William Coffin Sloane | Civil-right activist, chaplain at Yale University, and Vietnam war protester |
| *Notebooks of Leonardo da Vinci* | da Vinci | The artist's notebooks and sketches, reflecting his ideas, thoughts on all sorts of subjects. |
| *Marbacka* | Selma Lagerlof | First woman to receive the Nobel Prize for Literature. |
| *A Land of Our Own* | Golda Meir | From Milwaukee, WI school teacher to Prime Minister of India. |
| *Interrupted Life: The Diaries of Etty Hillesum, 1941- 1943* | Etty Hillesum | A young Dutch Jewish lawyer wrote these diaries before and during the Holocaust, when she was imprisoned in Auschwitz. |
| *I, Rigoberta Menchu* | R. Menchu | A Guatemalan Indian woman, works to improving the lives of indigenous people, received the Nobel Peace Prize in 1992 |
| *The Gulag Archipelago* | Aleksandr Solzhenitsyn | His life in Soviet Union's prison and forced labor camps. His book forced his deportation from Russian to West Germany. |
| *Girl, Interrupted* | Susan Kaysen | A teenage girl describes her treatment for mental |

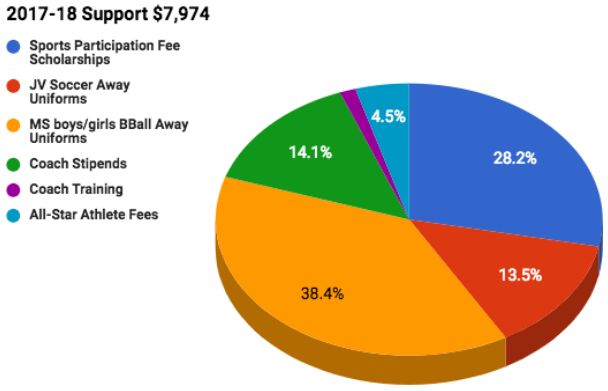
| | | |
|---|---|---|
| | | illness in the 1960s. |
| *The Flame Trees of Thika* | Elspeth Huxley | Account of extraordinary adventures of a childhood in Kenya in the early 1900s. |
| *Diving Bell and the Butterfly* | Jean-Dominique Bauby | Editor of the French magazine, Elle, was paralyzed by a stroke at the age of 43. Communicates by the blinking of the left eyelid. International bestseller |
| *Deep Cover* | Michael Levine | Harrowing challenges of life as an undercover agent for the Drug Enforcement Agency. |
| *Childhood* | Leo Tolstoy | Tolstoy's early years. First in a trilogy: *Boyhood* and *Youth*. |
| *Black Boy: A Record of Childhood and Youth* | Richard Wright | Experiences of a black child who grew up in the Southern US in the early 20th century |
| *And There Was Light* | Jacques Lusseyran | Blind at the age of 8, Lusseyran gained a significant role in the French Resistance Movement and with prisoners |
| *An Autobiography* | Chuck Yeager | World War II flying ace and first man to fly faster than the speed of sound |
| *Falling Leaves* | Deline Yen Mah | A memoir of growing up in a wealthy family in China between 1937 and the 1970s when girls were in cultural "chains." |
| *The Places Between* | Rory Stewart | Journalist Rory Stewart's trek across Afghanistan in 2002 after the fall of the Taliban. A New York Times best seller. |

# JOIN THE SANTA FE WALDORF SPORTS BOOSTER CLUB

**Who we are:**
The Santa Fe Waldorf Sports Booster Club is a parent-run organization that was established in 2011. It is dedicated to providing positive support to our student athletes, coaches and athletic programs.
Currently, we are a group of two parent volunteers plus the Athletic Director. Please consider joining us - as students have graduated, their parents also have moved on - we are in need of additional parents !

**What we do:**
- Fundraise to help cover the athletic programs' expenses
- Increase event attendance & contribute positively to the school athletics spirit
- Manage gate admissions for volleyball and basketball games




(Note that the funds raised are in addition to a carryover balance of $1730 from 2016-17)

**How YOU can help:**
- **Volunteer**
  - Wolf Pack Trail Run
    - Join a committee (sponsorship, food, advertisement, setup)
    - Participate and run/walk
    - Help organize pre-race day and/or help on race day
  - Admissions Gate - sign up to help with the gate and concession during volleyball and basketball seasons
- **Join the committee**
  - Help organize
  - Attend monthly (1 ½ hour) meetings
- **Contribute to our School Spirit**
  - Purchase event entry pass at beginning of school year
  - Attend games/meets - provide fan support for our amazing athletes, bring younger children to games to inspire. Studies have shown that participating in athletics creates a stronger student!
  - Purchase & wear Wolves apparel

**Contact Information:**
Keri Goorley, Treasurer, kerigoorley@gmail.com
http://www.santafewaldorf.org/booster-club/

# The Santa Fe Waldorf School

# Sports Booster Club Needs YOU!

Please join the school's Sports Booster Club, which seeks to provide positive support to our athletes, coaches, and athletic programs. The Sports Booster Club is dedicated to fostering the development and maintenance of sports programs that cultivate commitment, teamwork, and school spirit. Our goal is for every student to experience the benefits of team membership, including enhanced leadership abilities, work habits, and confidence. In addition, we seek to:

- ✓ Increase volunteer participation, increase event attendance, and raise funds to provide the athletic program with much-needed amenities.

Benefits of membership include the following.

- ✓ Admission to SFWS home basketball and volleyball games.* The number of people admitted is based on the level of membership you choose (see below).
- ✓ Knowing that you are directly supporting SFWS athletes. 100% of membership fees goes directly to SFWS sports participation fee scholarships
- ✓ Joining a team that works to achieve specific goals for the sports programs (described further in the club's Wish List, available soon on the SFWS website and at school).

The Sports Booster Club meets monthly; watch for email announcements of the time and place. Come be a part of enriching the playing experience for all our student-athletes!

## Membership Form

☐ **WOLF PASS: $35** Individual membership *(One adult & children under 12)*

☐ **WOLFPACK PASS: $70** Family membership (*2 adults and their children*)

☐ **ALPHA PASS: $100** Family membership plus 2 additional guests

**Waldorf Students** 5th grade and under are always free

☐ **$_____, please include my additional contribution to support our athletes**

Adult's name _____

Adult's name _____

Student's name _____ Grade _____

Student's name _____ Grade _____

After filling out the form, please attach a check payable to SFWS and drop it by either the grade school or high school office. Thank you! We look forward to building a strong and effective Booster Club!

*The 5th Annual*

# WOLF PACK TRAIL RUN

## 10k | 5k | 3k Run/Walk

**Sunday 9/9**
8am Start

*Professionally Timed*
*Prizes, Food & More*

26 Puesta Del Sol, Santa Fe
$30/$35 race day  $10/3k

Registration & more Info @
santafewaldorf.org/trailrun

All proceeds benefit
SFWS Athletics

Santa Fe
WALDORF
Global K-12 for Unstandardized Minds

# 5th Annual Wolf Pack Trail Run – Sunday, September 9, 2018

Start time: 8:00AM 10K/5K, 9:15AM 3K
Location: 26 Puesta del Sol, Santa Fe, NM 87508
Online registration deadline: September 7, 2018
email: trailrun@santafewaldorf.org
To register go to www.santafewaldorf.org/trailrun or submit this form along with payment
(Checks payable to "SFWS Sports Booster Club"):

SFWS Sports Booster Club
ATTN: Trail Run
26 Puesta del Sol
Santa Fe, NM 87508

**Gender:** ☐ **Female** ☐ **Male**

**Category:** ☐ **10K Run ($30 until 9/7, $35 on race day)** ☐ **5K Run ($30 until 9/7, $35 on race day)** ☐ **3K Fun Run/Walk ($10)**

**____ Waldorf Faculty/Staff discount - $15 5K/10K**

**First Name** _____ **MI**___ **Last Name** _____

**Address** (Street, City, State, Zip) _____

**Birthday** (mm/dd/yyyy) _____ **Age** (on 9/9/18) _____

**Phone number (**_____**)** _____**-**_____ **Email address** _____

**T-Shirt size:** (circle one style, one size) **Men's Ladies Youth | X-Small Small Medium Large X-Large**
(note, T-shirts included for 5K & 10K participants only) (Women only) (Women & Men)

**Emergency Contact Info**
**Name** _____ **Phone** _____

**Release Form**

I know that participating in a strenuous athletic event of this type is a hazardous activity. I certify that I have no physical, medical, nor mental condition which would interfere with my participation in the Santa Fe Waldorf School Wolf Pack Trail Run and that I have trained adequately for this off road trail race.

I fully understand that I, or the person I am responsible for, will be subjected to harsh environmental conditions, including but not limited to, extreme temperatures, unpredictable weather conditions, hiking trails, unimproved trails, uneven terrain, rocks, cliffs, roots, trees, stream crossings, wild animals, limited access to immediate medical assistance, as well as any other conditions that man or mother nature may provide.

I understand that there is a risk of sustaining serious bodily injury, permanent disability, or even death that might result not only from my own action, inaction, or negligence but the actions, inactions, or negligence of others, the rules of the race, or the conditions of the premises. Further, I acknowledge there may be other risks not known nor reasonably foreseeable at this time. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

Knowing these facts and in consideration of the acceptance of my Event entry, I or the person I am responsible for, and my/his/her assigns hereby waive, covenant not to sue, indemnify RELEASE AND DISCHARGE the Santa Fe Waldorf School, its race director(s), organizers, event staff, volunteers, sponsors, and property owners and their officers, directors, employees, agents, other participants, and any other persons or organizations involved in this event from and against any and all claims, liabilities, losses, damages, costs, and expenses arising from or in any way related to my participation in this event or the participation of the person I am responsible for.

I certify that I, or the person that I am responsible for, is of sound body and mind and truly capable of participating in this event. I agree to comply with the rules concerning this Event and agree to go only in those areas authorized by the Event organizers.

I understand that, in addition to the above, I, or the person I am responsible for, will be responsible for any cost of emergency service that is required during this event.

Signature _____

# SFWS 2018 Wolf Pack Trail Run Survey

Please take a moment to answer a few simple questions - this would greatly help us in future planning!

* Required

1. **How did you hear about the Wolf Pack Trail Run (WPTR)?** *
   **Mark only one oval.**

   - ◯ Race Calendar
   - ◯ Radio
   - ◯ Newspaper
   - ◯ nmsportsonline.com
   - ◯ Flyer
   - ◯ Santa Fe Waldorf School

2. **Have you run the WPTR in the past?** *
   **Mark only one oval.**

   - ◯ Yes
   - ◯ No

3. **How many friends or family do you expect to bring to the event who will NOT be running/walking?** *

   _____

4. **Do you maintain a health club or fitness center membership for yourself or your family?** *
   **Mark only one oval.**

   - ◯ Yes
   - ◯ No

## How much does your household spend on average per year on:

5. **Athletic Shoes** *
   **Mark only one oval.**

   - ◯ $0
   - ◯ under $250
   - ◯ $250-$500
   - ◯ over $500

6. **Athletic Apparel** *
**Mark only one oval.**

- $0
- under $250
- $250-$500
- over $500

7. **Sports Drinks** *
**Mark only one oval.**

- $0
- under $250
- $250-$500
- over $500

8. **Sports Nutrition Bars** *
**Mark only one oval.**

- $0
- under $250
- $250-$500
- over $500

9. **Outdoor Clothing and Equipment** *
**Mark only one oval.**

- $0
- under $250
- $250-$500
- over $500

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