

Marysville High School Newsletter

January 2023

As we begin the new year and start a new semester, it is a great time to make sure that we have current contact information for you and your student.

If you have recently moved, changed telephone numbers or email addresses, or need to make any updates to your student's emergency contacts, please contact the Attendance Office.

(530) 741-6180, ext. 3106 or ext. 3108.

Updated contact information also allows you to receive messages with important information from Marysville High School & MJUSD.



**HAPPY
NEW YEAR!**

JANUARY ^{UPCOMING} EVENTS

What's happening at Marysville High School?

03 Tuesday

2nd Semester Begins

Students can access their schedules by logging into their Aeries Student Portal

10 Tuesday

Student Council Meeting

Students will check in at the South Aud for 5th Period

11 & 25 Wednesday

Collaboration Days

School Dismisses at 12:15

16 Monday

Martin Luther King, Jr. Day

No School

February

09 Thursday

Student Council Meeting

Students will check in at the South Aud for 5th Period

Spring Preview Night 5:30-7:30

MARYSVILLE HIGH
SCHOOL
PRESENTS

February 9
6PM-8PM

SPRING PREVIEW NIGHT



- ✓ 8th GRADE PARENT/STUDENT PRESENTATIONS
- ✓ AP CLASS PREVIEW PRESENTATIONS
- ✓ MHS PREVIEW: CLASSES, CTE, CLUBS, ACTIVITIES, SPORTS, CAREER CENTER, COUNSELING
- ✓ AND MORE!

More detailed information to follow.

www.marysville.mjUSD.com



Winter Homecoming

Spirit Week January 23-27

Royalty Voting

Thursday & Friday,
January 26 & 27
Lunchtime

Class Hallway Build

Thursday,
January 26
3:30pm-9:00pm

Rally* & Basketball Games**

Friday,
January 27
4th Period*

6:30pm & 8:00pm**

Semi-Formal Dance

Saturday,
January 28
8:00pm-11:00pm

Guest Passes Available



Congrats!



Marimar Rodriguez

Attendance Office

**December 2022
Staff of the Month**



Thank you for all you do!

Wampum Winners

**Chris
Watson**

**Ash
Hamilton**

**Nicqwan
Mills**

**Carma
Walchesky**

**Hasib
Mashuq**

**Karisma
Briggs**



SPORTS NEWS

Spring sports are starting soon!

If you are interested in playing a sport, start the clearance process now. You will need the following items to be completed before you will be deemed "clear" to participate in the sports activity:

- ★ A current physical exam completed by a doctor
- ★ A complete online profile in "Athletic Clearance"
- ★ A minimum 2.0 GPA with no more than 1 "F" at the last official grade posting (quarter/ semester)

Clearance paperwork may be picked up from the AP Office or can be found on the MHS website under the "Athletics" tab.



Spring sports are:
BASEBALL
BOYS VOLLEYBALL
COED TRACK & FIELD
SOFTBALL
SWIMMING
TENNIS- BOYS & GIRLS



PRE-PARTICIPATION HISTORY & PHYSICAL EXAM

Name: _____ Sex: ☐ F ☐ M Age: _____ Date of Birth: _____
 Grade: _____ School: _____ Sport(s) Please list ALL: _____
 Address: _____ Phone: _____
 Personal Physician: _____ ☐ None
 Emergency Contact Name: _____ Relationship: _____ Phone#(s): _____

Attention parent or guardian and athlete: answers to the following questions are very important!!! Please take the time, read through the questions, and answer to the best of your knowledge.

General Medical History:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have sickle cell trait? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any other major medical problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been hospitalized or had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you cough, wheeze or have trouble breathing with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a single organ (testicle or kidney)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you currently taking any medicines or do you take any medicines on a regular basis (prescription or over-the-counter)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever taken any supplements or vitamins to help with weight loss, weight gain, or improve performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have any allergies (seasonal, insects, food, or medicines)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you have any skin problems other than acne? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had a head injury, been knocked out, lost your memory, had your "bell rung," or a concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you had mononucleosis or any significant illness in the last 60 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have trouble with your eyes/vision/ wear glasses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you have trouble with your hearing/wear hearing aid(s)? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you lose weight regularly to meet weight requirements for your sport or other reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you feel stressed out, tired, or depressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are there any other issues you would like to discuss with the doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Are your immunizations up to date? | <input type="checkbox"/> | <input type="checkbox"/> |

FEMALES ONLY

- | | | |
|---|--------------------------|--------------------------|
| 27. Are your periods regular (every month)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are your periods heavy? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "YES" answers here (use back/page 2 if needed): _____

Cardiac History:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had chest pain or chest pressure during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you tire easily or more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been told you had a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been told you had an enlarged or weak heart? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any member of your family:
-died of heart problems or sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| -been told they had a serious heart problem before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| -been told they had Marfan's syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a physician ever denied or restricted your participation in sports? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "YES" answers here: _____

Orthopaedic History:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever broken or fractured any bones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever subluxed or dislocated any joint? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any other problems related to your:
-neck, spine, or back? | <input type="checkbox"/> | <input type="checkbox"/> |
| -shoulders? | <input type="checkbox"/> | <input type="checkbox"/> |
| -elbows? | <input type="checkbox"/> | <input type="checkbox"/> |
| -wrists, hands, or fingers? | <input type="checkbox"/> | <input type="checkbox"/> |
| -hips? | <input type="checkbox"/> | <input type="checkbox"/> |
| -knees? | <input type="checkbox"/> | <input type="checkbox"/> |
| -ankles, feet, or toes? | <input type="checkbox"/> | <input type="checkbox"/> |
| -other? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "YES" answers here (put date of injury if known): _____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

As the parent or legal guardian of the above named student-athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of athlete _____

Date _____

Signature of parent/guardian _____

Date _____

PRE-PARTICIPATION SPORTS PHYSICAL EXAM

Height _____ Weight _____ Pulse _____ B/P (R arm) _____

Medical	Normal	Abnormal Findings
Appearance/Emotional Affect		
Head/Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart (squatting to standing and supine)		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

☐ May Participate in all sports, *EXCEPT* those listed below:

☐ May Participate after completing evaluation/rehabilitation for: _____

☐ May Not Participate -- Reason: _____

Recommendations: _____

Signature of Medical Practitioner: _____ Date of Exam: _____

Printed Name: _____

Phone Number: _____

Extra Space for "YES" answers from the front: _____

Developed from the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

ONLINE ATHLETIC CLEARANCE

1 VISIT [ATHLETICCLEARANCE.COM](https://athleticclearance.com) CHOOSE CALIFORNIA LOG INTO ACCOUNT

Return Users

Log into existing account used in previous School Year.

New Users

Create an account. Please register with a valid PARENT/GUARDIAN email address as the username and generate a password.

2 SELECT START CLEARANCE HERE

Type in School & Confirm Address
Select Year
Add Sports

Participating in multiple sports? Use Add New Sport button. Athletes participating in multiple sports will have to create clearances for each sport.

3 COMPLETE ALL REQUIRED FIELDS

Student Information, Parent/Guardian Information, Medical History, Signature Forms, and upload any File(s).


Student Info & Parent Guardian Info

Type in Student & Parent/Guardian Information. This information will be saved for future clearances. Utilize the drop down menu to autofill information for subsequent clearances.

Signatures

Sign required documents by typing in an EXACT match of what is on the Student & Parent/Guardian page.

Files

Click  to add a file. Browse from your computer for the file or select Choose Existing File to search for a previously uploaded file.

**MAKE SURE TO CLICK SAVE & CONTINUE
AFTER COMPLETING THE FILES PAGE TO
SUBMIT THE CLEARANCE.**

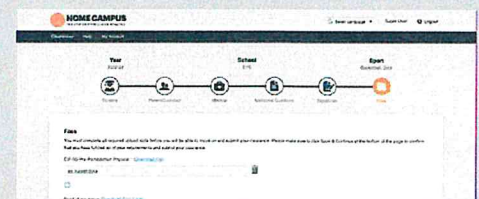
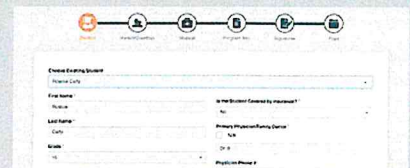
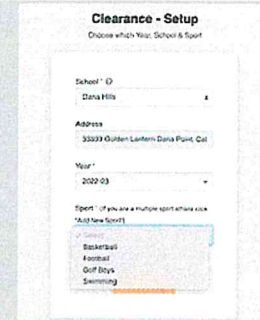
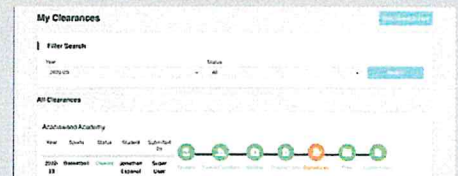
4 CONFIRMATION MESSAGE

Your clearance is ready for review by your school once you have reached the CONFIRMATION MESSAGE page.

THE STUDENT IS NOT CLEARED YET!

THE SCHOOL MUST REVIEW AND CLEAR THE STUDENT. AN EMAIL NOTIFICATION WILL BE SENT ONCE THE SCHOOL HAS REVIEWED AND CLEARED THE STUDENT FOR PARTICIPATION.

ATHLETICCLEARANCE.COM



CONTACT HOME CAMPUS

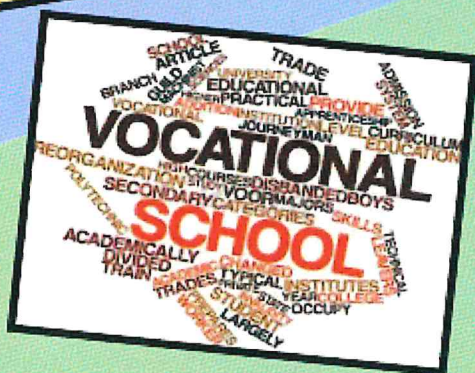
SUPPORT@HOMECAMPUS.COM

[ATHLETIC CLEARANCE HELP ARTICLES](#)

CENTER



PLAN AHEAD FOR YOUR FUTURE!



DO YOU NEED HELP WITH:

- ✓ SCHOLARSHIP INFORMATION & FINANCIAL AID APPLICATION HELP
- ✓ EMPLOYMENT SEARCH ASSISTANCE
- ✓ COLLEGE OPTIONS
- ✓ TRADE SCHOOL INFORMATION & PRESENTATIONS
- ✓ MILITARY SERVICE RECRUITMENT INFORMATION

Visit Mr. Stan Easter in the College & Career Center in the Library M-F 8:30-3:00

Order your 22-23 Yearbook
Today!

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- 3: Enjoy a Lifetime of Memories

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Page

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Page

\$100



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Select 1399 or search Marysville, CA
to find the order page and start your design today!
What a special way to honor your graduating senior.



GRAD NIGHT 2023

Parents,
Grad Night is up to us!

Please stay informed and help us out!

Sign Up for Remind Texts

- ★ Enter this number: 81010
- ★ Text this message: @mhs2023c

Follow us on Facebook

- ★ MHS Class of 2023

Email Us

- ★ MHSIndiansGradNight@gmail.com

Grad Night Meetings

- ★ Dates: 01/09/23 at 6:00pm
- ★ Location: Ellyson Chiropractic

Stay Connected!

- ★ Get reminders and updates by signing up with Remind
- ★ Your student will earn tickets for raffle prizes when you attend meetings, events, & help with fundraisers

CLASS OF 2023 GRAD NIGHT BID

\$100

Ways to pay: Bring the completed form and \$75 to Mrs. Wood in Counseling Office,

VenMo @Mandi-Halsted

(530) 701-2545,

or mail it to

MHS Grad Night P.O. Box 5502 Marysville, CA 95901

Come have a fun filled night of games, prizes, and lasting memories with your friends!

Included in your bid:

Entrance for graduate to an all-night party (10:30 p.m. – 5:00 a.m.), entrance for one guest (approved 11th grader–age 20), \$25 gift card, Grad Night T-shirt, startup Funny Money, all you can eat food and drinks, all night games and entertainment, and you will have the opportunity to earn funny money to purchase prizes.

For more information, contact:

Penny Rogers
(530) 870-6581

or

Dana Larsen
(530) 701-2600

MHS Class of 2023 Grad Night Bid

Student's Name: _____ Telephone: _____

Parent's Name: _____ Telephone: _____

Email Address: _____

Please circle which T-shirt size you would like:

T-shirt size: S M L XL XXL XXL

***Make checks payable to MHS Grad Night

MARYSVILLE HIGH SCHOOL
COLLEGE INFORMATION
AND SCHOLARSHIP BULLETIN
January 2023

General Information

1. **FAFSA – Free Application for Federal Student Aid** is the form to apply for financial aid for college. All families should complete this application no matter what their income by the **March 2, 2023 deadline**. This will be used to evaluate Cal Grants, Federal Aid such as Pell Grants, school aid, and some scholarships. It is also required to determine eligibility for the California College Promise Grant (formerly known as the BOG Fee Waiver). This permits enrollment fees to be waived. Yuba College requires completion of the FAFSA to qualify for the Yuba College Promise which will pay for tuition for new, first-time Yuba College students for up to two years. Apply online at <https://studentaid.ed.gov>
2. **What is the Student Aid Report (SAR)?**: The Student Aid Report (SAR) is a paper/electronic document that gives you some basic information about your eligibility for federal student aid and lists your answers to the questions on your FAFSA. If you provided a valid e-mail address on your FAFSA, you will receive an email with instructions on how to access an online copy of your SAR. If you did not **(1)** provide a valid email address on your FAFSA, **(2)** the social security number you included in your FAFSA did not match the one on file for you with the Social Security Administration, or **(3)** you did not sign your FAFSA, you will receive either a SAR or a SAR Acknowledgement via mail. Typically, you will be able to access your SAR within 2 weeks of filing your FAFSA. **Note:** Any student with an FSA ID can view or print their SAR by logging in to their account on the FAFSA homepage, then selecting view/print your SAR from the “My FAFSA” page. To determine what type of SAR you should receive and when you should receive it, visit: <http://studentaid.ed.gov/fafsa/next-steps/student-aid-report#how-and-when>

SCHOLARSHIPS (more scholarships can be found on goingmerry.com, studentscholarships.com and your naviance account)

1. **America’s Farmers Grow Ag Leaders Scholarship**: America’s Farmers Grow Ag Leaders exists to make youth aware of the various career opportunities within the industry of agriculture by providing scholarships that help further their education. The Monsanto Fund, a philanthropic arm of Bayer, offers \$1,500 scholarships to students pursuing a career in various sects of agriculture. Information available at <https://www.goingmerry.com/scholarships/americas-farmers-grow-ag-leaders-scholarship/7028> **Deadline: January 5, 2023**
2. **GE- Reagan Foundation Scholarship**: This \$10,000 renewable scholarship is for students who demonstrate exceptional leadership, drive, integrity, and citizenship. Application and information available online at <https://www.reaganfoundation.org/education/scholarship-programs/ge-reagan-foundation-scholarship-program/> **Deadline: January 4, 2023**

3. **Ron Brown Scholar Program:** The Ron Brown Scholar Program provides Scholars with financial resources to attend some of the finest colleges and universities in the country. Upon acceptance, Scholars are each awarded \$40,000(\$10,000 per year for 4 years) that may be used for the college or university of their choice. To be eligible, applicants must be U.S. citizens or permanent residents and a Black/African American. Acceptance into the program means Scholars are also provided with the nurturing and mentorship to succeed and flourish in college and beyond. For more information, go to <https://www.ronbrown.org/section/apply/rbsp-application>
Deadline: January 9, 2023
4. **Foot Locker Scholar Athletes:** The Foot Locker Scholar Athletes program honors student-athletes who demonstrate exceptional academic ability and strong leadership skills in sports, in their schools, and within their communities. Whether you're the lead scorer or the most spirited team player, we want to hear how you have taken the skills you've cultivated in the locker room and used them to create a powerful, positive impact on the lives of others around you. For more information go to, <https://app.goingmerry.com/scholarships/foot-locker-scholar-athletes-2023/16347>
Deadline: January 30, 2023
5. **eQuality Scholarship Collaborative:** This scholarship is available to Northern and central California to recognize service to the lesbian/ gay/bisexual/transgender community. Apply online at <https://www.equalityscholarship.org/apply.html>
Deadline: January 31, 2023
6. **Grange Co-op Scholarship Program:** The Grange Co-op is offering eight \$1,500 to and one \$2,000 scholarships to high school seniors who have a minimum GPA of 3.5. Students must have participated in FFA, 4-H, Horticulture, DECA, FBLA, Student Body Leadership, school sports, or non-school related activities such as work experience. Must reside in Yuba, Sutter, Colusa, or Butte County. Apply online at <https://www.grangecoop.com/scholarship-program/>
Deadline: January 31, 2023
7. **Golden 1 Credit Union Scholarship:** Recipients of this scholarship can receive up to \$1,000 annually to full-time students who plan to attend an accredited, nonprofit, two-year community college in California or up to \$5,000 annually to full-time students who plan to attend an accredited, nonprofit, four-year college or university in California. In order to be eligible, students must have a grade point average (GPA) of 3.0 or higher, be involved in community service totaling at least 24 hours in the last 12 months, and be a Golden 1 member for at least one year, or be a dependent of someone who has been a member for at least one year. Application can be found on their website: <https://www.golden1.com/our-community/scholarships> **Deadline: January 31, 2023**

When registering for the SAT / ACT / PSAT use this code:
MARYSVILLE HIGH SCHOOL CODE

051925