

Printed by The St. Edward Beaver

BEAVER NATION NEWS

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St. Edward Public Schools

MAY 2024

From the Superintendent's Desk

We have entered the month of May with Senior Graduation right around the corner. This celebration is on May 4, 2024 at 2:00 p.m. in the St. Edward Public School gym. The rest of the student body has less than 10 days of classes remaining in this school year. It has been a great school year, the students have made some great progress, and we are excited and have been busy preparing for a strong and successful finish to this year. Thank you to all of the parents for all of your hard work and commitment in helping to make this such a successful school year. As we wind down this school year, we are busy winding up for the start of the 2024-2025 school year. A couple dates in May to mark on your calendar for planning purposes include: May 4th at 2:00 p.m. is graduation; The last day for preschool and preschool graduation is May 14th; The final day for all other students is May 15th with a planned early dismissal; and May16th and 17th are the final days for staff. With the school year coming to a close, so will our spring activities. Keep tuned into announcements just as St. Edward is preparing for the 2024-2025 school year, the NGSE Cooperative will be conducting various camps and open gym sessions as we prepare for next year's extracurricular activities.

Thank you for your time, make May a great month, and make it a safe and enjoyable summer!



Country Clinics, P.C.

St. Edward Medical Clinic 1102 Water Street PO. Box F St. Edward, Nebraska 68660 Phone: 402-678-2232 Fax: 402-678-2234 Terry L. Troyer, M.D. Sara D. Mahony, PA-C

Family Practice

Joyce A Troyer, M.D. Pediatrics

SPORTS PHYSICALS INFORMATION

Your son/daughter will be required to have a sports physical this year. Here is what to expect:

Vaccines: Your child will be offered any necessary vaccines as required by the CDC, Centers for Disease Prevention. Families with private insurance or Medicaid can get vaccines at our clinic.

Exam: We will check for health issues and do a basic eye exam.

Talk: We will talk with your child about sleep, physical activity, nutrition, relationships, decision making and more.

What to Bring:

-Your school's sport physical form, filled out. Pick up a copy of the NSAA Preparticipation History/Physical form at your school or the St. Edward Medical Clinic, or go to https://nsaa-static.s3.amazonaws.com/textfile/spmeds/PPE.pdf.

Immunization records for review.

-Glasses and contacts if you have them.

Bottles of medications for review.

Insurance card if you have one.

-Fill out Vaccine Consent form, see copy, or written consent signed by parent, ONLY needed if coming without a Parent. A parent is preferred to be there.

When to Schedule: The sooner the better as the schedule gets full fast and your child will need the physical in order to start practicing sports.

How to schedule: Call the St. Edward Medical Clinic at 402-678-2232 to schedule a sports physical.

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Terry L. Troyer, M.D. Family Practice Sara D. Mahony, PA-C

Joyce A Troyer, M.D. Pediatrics

KINDERGARTEN SCHOOL PHYSICALS

Your child will need their Kindergarten physical this year. Here's what to expect:

Vaccines:

Your child will get vaccines as recommended by the CDC and the American Academy of Pedatrics

- ProQuad MMR and Varicella (Chicken pox) combination
- Tdap
- Polio

Exam: We will check a urine sample. Please do not forget to schedule your eye appointment with your eye doctor.

Talk: We will talk with your child about sleep, physical activity, nutrition, relationships, decision making and much more. This is a great time for parents to ask questions or talk about concerns they have for their child's well being.

What to Bring: Full bladder or fresh urine sample in a clean container.

Immunization Records

When to Schedule: The sooner the better as the schedule gets full in July and August.

7th GRADE SCHOOL PHYSICALS

Your son/daughter will be having a 7th grade physical this year. Here's what to expect:

Vaccines:

Your child will get three vaccines recommended by the CDC to prevent cancer and meningitis. Both of these sicknesses can cause long term illness, so a shot will help protect your child:

-HPV - Gardasil (2 shots required 6 months apart if started before 15th birthday)

- -Tdap Tetanus, Diphtheria and Pertussis.
- -Meningococcal Meningitis

Your child is able to receive all of these vaccines at our clinics.

Exam: We will check a urine sample and do a basic eye exam. We will also check for other health issues.

Talk: We will talk with your child about sleep, physical activity, nutrition, relationships, decision making and much more. This is a great time for parents to ask questions or talk about concerns they have for their child's well-being. Also your child may talk to their medical provider alone about anything they may be worried about if they would like to.

What to Bring: Wear contacts or glasses if you have them.

Full bladder or bring a fresh urine sample in a clean container. Immunization records

Bring your parent. This age is a huge milestone not only for your child but also for you as a parent. When to Schedule: Any time before you child starts their 7th grade school year but the sooner the better as the schedule gets full in July and August.

HOW to SCHEDULE: Call the St. Edward Medical Clinic at 402-678-2232 or the Cedar Rapids Medical Clinic at 308-358-0615.

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

N 18		
N	ame.	
1.1	ume	

Date of examination:

_____ Date of birth: ___ Sport(s):

Sex assigned at birth (F, M, or intersex): ____

How do you identify your gender? (F, M, or other):

List past and current medical conditions.

Have you ever had surgery? If yes, list all past surgical procedures. _

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)								
	Not at all	Several days	Over half the days	Nearly every day				
Feeling nervous, anxious, or on edge	0	1	2	3				
Not being able to stop or control worrying	0	1	2	3				
Little interest or pleasure in doing things	0	1	2	3				
Feeling down, depressed, or hopeless	0	1	2	3				
(A sum of > 3 is considered positive on either s)	ubreals faunction	r 1 and 2 or ave	stions 3 and 41 for scra	aning purposes 1				

(A sum of \geq 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

(Exp	IERAL QUESTIONS lain "Yes" answers at the end of this form. le questions if you don't know the answer.)	Yes	No
1.	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
 Do you get light-headed or feel shorter of breath than your friends during exercise? 		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
 Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? 		
 Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly- morphic ventricular tachycardia (CPVT)? 		
 Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? 		

BON	IE AND JOINT QUESTIONS	Yes	No
14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MED	ICAL QUESTIONS	Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22.	Have you ever become ill while exercising in the heat?		
23.	Do you or does someone in your family have sickle cell trait or disease?		
24.	Have you ever had or do you have any prob- lems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
 Are you trying to or has anyone recommended that you gain or lose weight? 		
 Are you on a special diet or do you avoid certain types of foods or food groups? 		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
 Have you ever had a menstrual period? How old were you when you had your first menstrual period? 		<u> </u>
30. How old were you when you had your first		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: ____

Signature of	parent	ог	guardian:	
Date:				

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PREPARTICIPATION PHYSICAL EVALUATION ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

b . I		

Date of birth: _

1.	Type of disability:		
2.	Date of disability:		
3.	Classification (if available):		
4.	Cause of disability (birth, disease, injury, or other):		
5.	List the sports you are playing:		
		Yes	No
6.	Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7.	Do you use any special brace or assistive device for sports?		
8.	Do you have any rashes, pressure sores, or other skin problems?		
9.	Do you have a hearing loss? Do you use a hearing aid?		
10.	Do you have a visual impairment?		
	Do you use any special devices for bowel or bladder function?		
12.	Do you have burning or discomfort when urinating?		
13.	Have you had autonomic dysreflexia?		
14.	Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15.	Do you have muscle spasticity?		
16.	Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: ____

Signature of parent or guardian: ____

Date: ____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name:

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, e-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-enhancing 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 (Q4-Q13 of History Form).

EXAMINA	IION								
Height:				Weight:					
BP: /	,	(/)	Pulse:	Vision: R 20/	L 20/	Correc	ted: □Y I	□ N
MEDICAL								NORMAL	ABNORMAL FINDINGS
	stigmat				rched palate, pectus excavatum, arac d aortic insufficiency)	:hnodactyly, hyperk	axity,		
Eyes, ears, • Pupils e • Hearing	qual	nd thro	at						
Lymph nod	es								
 Heart^a Murmut 	rs (ausci	ultation	standir	ng, ausculta	tion supine, and ± Valsalva maneuve	er)			
Lungs									
Abdomen									
 Skin Herpes tinea co 		virus (H	HSV), le	esions sugg	estive of methicillin-resistant Staphylo	coccus aureus (MR	SA), or		
Neurologic	al								
MUSCULO	SKELET/	AL						NORMAL	ABNORMAL FINDINGS
Neck									
Back									
Shoulder a	nd arm								
Elbow and	forearm	n							
Wrist, hand	d, and fi	ingers							
Hip and thi	gh								
Knee									
Leg and an	kle								
Foot and to	es								
 Functional Double 	leg squ	at test, s	single-l	eg squat te:	st, and bax drop or step drop test				
					phy, referral to a cardiologist for abnormal c	ardiac history or exami	ination fine	dings, or a comi	nation of those.
Name of heal	th care j	professi	onal (p	rint or type)	:			Date:	
Address:						Phor	ne:	N/D	DO MB BA
	ican Aca topaedic	demy of Society	Family for Spo	Physicians, A	merican Academy of Pediatrics, America and American Osteopathic Academy of S			merican Medica	
I hereby give p athletics and a		for the n	elease of	the attached s	tudent medical history and the results of the	actual physical examine	ation to the	school for the p	urposes of participation in

Date of birth:

PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: Date	e of birth:	
Medically eligible for all sports without restriction		
Medically eligible for all sports without restriction with recommendations for further e	valuation or treatment of	
Medically eligible for certain sports		
Not medically eligible pending further evaluation		
Not medically eligible for any sports Recommendations:		
I have examined the student named on this form and completed the preparticip apparent clinical contraindications to practice and can participate in the sport examination findings are on record in my office and can be made available to arise after the athlete has been cleared for participation, the physician may re- and the potential consequences are completely explained to the athlete (and p	pation physical evaluation. The athlete de s) as outlined on this form. A copy of the the school at the request of the parents. scind the medical eligibility until the prob	e physical If conditions
 A second sec second second sec	arenna er geerenenat.	
Name of health care professional (print or type):	e	
	Date:	
Name of health care professional (print or type):	Date: Phone:	
Name of health care professional (print or type):	Date: Phone:	
Name of health care professional (print or type): Address: Signature of health care professional:	Date: Phone:	
Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION	Date: Phone:	
Name of health care professional (print or type):Address:	Date: Phone:	
Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION	Date: Phone:	
Name of health care professional (print or type):Address:	Date: Phone:	
Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION Allergies: Medications:	Date: Phone:	
Name of health care professional (print or type): Address: Signature of health care professional: SHARED EMERGENCY INFORMATION Allergies: Medications:	Date: Phone:	

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2024-2025 SAINT EDWARD PUBLIC	SCHOOLS	CL	EARANCE FORM
Name	M	F	_Grade
Allergies/Chronic Illnesses	Da	te of Birtl	h
HtWtB/P			
IMMUNIZATION RECORD REVIEWEDYESNO	RECORD AT	TATCHED_	YESNO
		1	
IMMUNIZATION RECEIVED TODAY	_ must be up to	date on in	munizations to participate.
Cleaned for all monto with out nothing			
Cleared for all sports without restriction			
Cleared for all sports without restriction with recomme	endations for fur	ther evalu	ation or treatment
of			
Not Cleared			
Pending further evaluation			
For any sport			
For certain sports/activities			
Reasons/Reccomendations			
Other Information:			
I have examined the above-named students and completed the pre- present apparent clinical contradictions to practice and participate physical exam is on record in my office and can be made available arise after the athlete has been cleared for participation, the physic resolved and the potential consequences are completely explained	in the sport(s) as to the school at th tian may rescind t	outlined a e request o he clearance	bove. A copy of the of the parents. If conditions ce until the problem is
Name of heath care provider (print/type)			Date
Address of health care provider		_Phone	

Signature of health care provider_____

To be completed for Students participating in any NSAA activities.

Student and Parent Consent Form

School Year: 20 -20	
Member School:	
Name of Student:	
Date of Birth:	Place of Birth:



The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;

(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID-19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even with the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA Bylaws and rules interpretations for participation in NSAA sponsored athletic and/or activities, and the athletic and activities rules of the NSAA member school for which the Student is participating; and,

(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the Student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and athletics, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the Student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.

(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities.

Name of	Student Student	[Print]	Namel

the Student's legal guardian.

Student Signature

Date

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for ______ [insert Student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Basketball	Bowling	Cross Country	Debate	Football	Golf
Journalism	Music	Play Production	Soccer	Softball	Speech	Swim/Dive
Tennis	Track & Field	Unified Bowling	Unified Track & Field	Volleyball	Wrestling	

Parent(s)/Guardian Printed Name(s)*	Parent/Guardian Signature	Date of Signature
"Both Mother and Father must sign, unless pa	irents are divorced, the custodial parent must si	ign, or if the Student is not living with parents,



NSAA Athletic and Activities Student and Parent Consent Form

School Year: Member High School: Name of Student: Date of Birth: Name of Parent(s), Guardian(s), or Person(s) in Charge: Relationship to Student: Address(es) of Student and Parent(s)/Guardian(s)/or Person(s) in Charge**:

**Note: If Student and all Parents/Guardians do not live in the same household, please include all addresses and inform the Member School as this may impact eligibility. **

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege and understand and agree that (a) by this Consent Form the NSAA has provided notice of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type, including exposure to communicable diseases, and even catastrophic injury, paralyzation, and death; and (c) even the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(2) Consent and agree to participation of the Student in NSAA activities subject to (a) all NSAA Bylaws and rules interpretations, including limitations on transfers and limitations on the use of the Student's name, image, and likeness when wearing school uniforms or engaging in commercial activity tied to the Student's participation in NSAA activities; and (b) the athletic and activities rules of the Member School;

(3) Consent and agree to the disclosure by the Member School to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student contained in the Member School's directory information or other similar policies, and any other records or documentation needed to determine the Student's eligibility and compliance necessary to participate in NSAA activities;

(4) Understand that (a) prior to athletic participation, a pre-participation release form signed by a health care professional must be signed and submitted to the Member School; and (b) for purposes of determining fitness to participate, injury, injury status, or emergency response, Parents may be asked to consent to the disclosure of confidential medical records or information. Records and information shared for this purpose will not be redisclosed to any entities outside of the health care provider(s), Member School, or NSAA;

(5) Consent and agree (a) to authorize licensed or trained individuals, including certified sports injury personnel, to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary care, treatment, and rehabilitation for these injuries that is made available by the Member school and/or the NSAA, including transportation of the Student to a medical facility if necessary; and (b) that Parents are obligated to pay for professional medical and/or related services; the NSAA and the Member School shall not be liable for payment of such services even if made available by the Member School or NSAA.

(6) Understand that the Student or Student's likeness being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests and that any such recording may be used for broadcast, sale, or display.

We, Parent(s) and Student, acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities, and agree that Student may participate in NSAA activities.

Student Printed Name	Student Signature	Date of Signature
Parent(s) Printed Name(s)	Parent Signature(s)	Date of Signature(s)

Revised October 2022

DISTRICT MUSIC RESULTS Friday, April 19, 2024

Superior Rating:

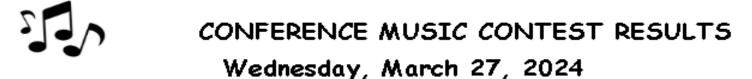
Sax Duet - Kalvin Sindelar & Claire Tibor Clarinet Trio #2 - Olivia Reardon, Arlette Irineo Gallardo, Anthony Reader Alto Sax Solo - Kalvin Sindelar Bass Clarinet Solo- Anthony Reader Clarinet Solo- Arlette Irineo Gallardo

Excellence Rating:

Concert Band Clarinet trio #1- Olivia Reardon, Arlette Irineo Gallardo, Kendra Werner Female Vocal Duet - Lydia Ketelsen & Alli Brauner Female Vocal Trio- Lydia Ketelsen, Alli Brauner &; Kendra Werner Clarinet Duet - Olivia Reardon & Arlette Irineo Gallardo Vocal Solo- Lydia Ketelsen Vocal Solo- Alli Brauner Vocal Solo-Jacob Reeves Mixed Choral Group - Jacob Reeves, Carter Anson, Lydia Ketelsen, Kendra Werner, Alli Brauner







Superior Rating:

Alto Sax Solo - Kalvin Sindelar Tenor Sax Solo - Claire Tibor Bass Clarinet Solo- Anthony Reader Clarinet Solo- Arlette Irineo Gallardo Sax Duet - Kalvin Sindelar & Claire Tibor

Excellence Rating:

Concert Band Clarinet trio #1- Olivia Reardon, Arlette Irineo Gallardo, Kendra Werner Clarinet Trio #2 - Olivia Reardon, Arlette Irineo Gallardo, Anthony Reader Female Vocal Duet - Lydia Ketelsen & Alli Brauner Female Vocal Trio- Lydia Ketelsen, Alli Brauner &; Kendra Werner Clarinet Duet - Olivia Reardon & Arlette Irineo Gallardo Vocal Solo- Lydia Ketelsen Vocal Solo- Lydia Ketelsen Vocal Solo- Alli Brauner Vocal Solo-Jacob Reeves Mixed Choral Group - Jacob Reeves, Carter Anson, Lydia Ketelsen, Kendra Werner, Alli Brauner Hawaiian Beach Party Tuesday, May 7th 6:30 p.m. K-12th Spring Program

Wear your Hawaiian Shirts, Bright Colors and be ready to PARTY !!!

Support The Music Department



GOOD AT ANY CASEY'S III \$20 Pizza Cards GOOD AT ANY CASEY'S III \$20 Pizza Cards Buy a Large SPECIALTY PIZZA GREAT GIFT IDEALIU get a Medium Single Topping FREE!!!



LIBRARY_NEW.S

AS THE LAST WEEKS OF SCHOOL ARE UPON US I WANT TO LET EVERYONE KNOW ABOUT LIBRARY WRAP UP. - ALL 7-11 GRADERS NEED TO HAVE BOOKS RENEWED OR RETURNED AND FINES PAID BEFORE SIGNING OUT FOR THE END OF THEY YEAR!! THERE ARE LISTS IN THE HALLS IF YOU HAVE QUESTIONS. NOTES ARE PASSED OUT WEEKLY!!!!!!

-APRIL 30 SENIORS MUST HAVE ALL LIBRARY MATERIALS RETURNED AND FINES PAID BEFORE SIGNING OUT.
-MAY 3 WILL BE THE LAST DAY TO RENEW OR CHECK OUT BOOKS.
- MAY 10 ALL BOOKS WILL BE DUE AND FINES SHOULD BE PAID.
- MAY 14, 15 BOOKS MUST BE RETURNED OR PAID FOR AND FINES PAID BEFORE CHECKING OUT FOR THE SCHOOL YEAR.

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PLEASE PASS THIS INFORMATION ALONG TO STUDENTS. I WILL ALSO BE REMINDING STUDENTS OF THESE DEADLINES.

THANK YOU!!!



2024 NG/SE Panthers High School Boys Basketball Camp

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Detes	June 3rd & 4th – St. Edward
Dates:	
	June 5th & 6th – Newman Grove
Time:	5:30-7:00 PM
Cost:	\$20 (includes a T-Shirt)
Registration is due	∙ Monday, May 13th
l é	turned into either School Office
	ut to SAA-Boys Basketball
Name:Next `	Year's Grade:
T-Shirt Size (Circle <u>One)</u> AS AM A	L AXL AXXL AXXXL
Emergency Phone <u># : _</u>	
THE WALVER BELOW MUST BE SIGNE	D AND TURNED IN BEFORE CAMPERS
	TO PARTICIPATE.
I doherebygrar	nt permission for my son(s)
to participate in the N	IG/SE Panthers Boys Basketball Team Camp. My signature
below indicates that I understand there is a risk of injury Public Schools, Newman Grove Public Schools, or any me	
that may occur. Furthermore, my signature indicates tha	t my son(s) is in good health and capable of participating
in this camp.	
Parent or Guardian Signature:	
Date:	

Boys Basketball 🖈	TURN IN THIS FORM BY <u>MAY 8^叶</u> to guarantee a	NG/SE Panthers Basketball Camp t-shirt. Camp Cost: \$20 (Cash or Check)	<i>Make checks payable to: S4A – Boys Basketball</i> Drop off this form and payment to the either the SE or NG High School Office OR Mail the form and payment to: st. Edward Public Schods / Attn Tyler Gray / 601 Clark St. / St. Edward, NE 68660	Name: Next Year's Grade:	Emergency Phone #:	THE WAIVER BELOW MUST BE SIGNED AND TURNED IN BEFORE CAMPERS WILL BE ALLOWED TO PARTICIPATE.	I	Parent or Guardian Signature:	Date:	Fundamental Skills Camp 🔗
Panthers Boy	May 28 & 29 – in St. Edward May 30 & 31 – in Newman Grove	This camp is open to all boys in grades 3-8 NEXT school vear.	Grades 3 thru 5 10:00-11:00 a.m.	Grades 6 thru 8 11:00 a.m Noon Transnortation WTL NOT be provided by each school	Please be prompt in picking up your child.	Skills Emphasized at the Camp: Dribbling	 Shooting Passing Rebounding Defense Team Work 	Sportsmanship	Competitions and Prizes at the End of Each Day! [Keep this side for your records]	Fundamenta

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Foot	Football Skills
	Camp
July 8th and 9th in Newman Grove July 10th and 11th in St. Edward	TURN IN THIS FORM BY <u>MAY 15TH to guarantee</u> a NG/SE Panther Camp t-shirt.
This camp is open to all boys in grades 3-8 for the <i>NEXT</i> school year.	Camp Cost: \$15 <i>Make checks payable to: S44 Activities</i> You may drop off this form and payment to EITHER High School Office OR Mail form and payment to:
Time is 10:30 a.m. – 11:30 a.m.	Michael Roscoe/ St. Edward Public Schools / 601 Clark St. / St. Edward, NE 68660
Camp will be on the practice field. Weather will	Name: Grade:
move it into the gym or community building.	T-Shirt Size (Circle One) YS YM YL AS AM AL AXL
Offensive Work Defensive Technique	E-Mail: OR Emergency Phone <u>#</u> :
Blocking Agilities	THE WAIVER BELOW MUST BE SIGNED AND TURNED IN BEFORE CAMPERS WILL BE ALLOWED TO PARTICIPATE.
 Football Stance Catching Route Running Team Work 	I do hereby grant permission for my son(s) to participate in the NG/SE Football Team Camp. My signature below indicates that I understand there is a risk of injury with any physical activity and will not hold St. Edward Public Schools or Newman Grove Public Schools, or any member of the camp coaching staff liable for any injuries that may occur. Furthermore, my signature indicates that my son(s) is in good health and capable of
Sportsmanship	participatingin this camp. Parent or Guardian Signature:
	Date:

St. Edward Public School 2024-2025 Calendar Approved 2-12-2024

August, 2024								
Sun	Mon	Tue	Wed	Thu	Fri	Sat		
				1	2	3		
4	5	6	7	8	9	10		
11	12	13	14	15	16	17		
18	19	20	21	22	23	24		
25	26	27	28	28	30	31		

September, 2024								
Sun	Mon	Tue	Wed	Thu	Fri	Sat		
1	2	3	4	5	6	7		
8	9	10	11	12	13	14		
15	16	17	18	19	20	21		
22	23	24	25	26	27	28		
29	30							

	October, 2024					
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

	November, 2024					
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

	December, 2024					
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 12, 2024	First of fall practice-FB, VB, CC
Aug. 8, 9, 12, 13:	Teacher In-Service/Workdays
August 14, 2024	First Day for Students, 1:30 PM Dismissal
September 2, 2024	No School-Labor Day
September 19, 2024	1:30 Dismissal-Parent/Teacher Conferences
	3:00-8:00 p.m.
September 20, 2024	No School - Teacher Workday
October 16, 2024	1:30 p.m. Dismissal-Teacher In-Service
October 16, 2024	End of 1st Quarter
October 17, 2024	No School Teacher Workday
October 18, 2024	No School Fall Break
November 27-29.2024	No School- Thanksgiving Break
December 19, 2024	End of Second Quarter
December 20, 2024	No School - Teacher Workday

January, 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	З	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February, 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

	March, 2025					
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April, 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

	May, 2025					
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	18	20	21	22	23	24
25	26	27	27	29	30	31

No School Staff Inservice/Workday
No School
Early Dismissal

October 16, 2024	End of 1st Quarter
October 17, 2024	No School Teacher Workday
October 18, 2024	No School Fall Break
November 27-29.2024	No School- Thanksgiving Break
December 19, 2024	End of Second Quarter
December 20, 2024	No School - Teacher Workday
December 23 -January 3	No School - Christmas Break
December 22-December 26	NSAA Moratorium
	•
January 3, 2024	No School - Teacher Workday
January 6, 2025	School Resumes for Students
February 6, 2025	1:30 Dismissal-Parent/Teacher Conferences
	3:00-8:00 p.m.
February 7, 2025	No School - Teacher Workday
March 5, 2025	1:30 p.m. Dismissal-Teacher In-Service
March 5, 2025	End of 3rd Quarter-45 days
March 6, 2025	NO SCHOOL-Spring Break
March 7, 2025	NO SCHOOL-Spring Break
	•

April 18, 2025	NO SCHOOL-Easter Break
April 21, 2025	NO SCHOOL-Easter Break
April 30, 2025	Senior's Last Day

May 3, 2025	Senior Graduation-2:00 p.m.
May 15, 2025	Early Dismissal Students Last Day
May 16, 2025	Teacher Workday

Job Title/areas worked at school: K-12 Vocal Instrumental Music, Assistant One Act Coach, School CheerLeader, St. Edward Explorers Travelers, Blood Drive

e will miss you, Mrs. Tex

Years taught/worked in SE school system: 6 years in St. Edward 29 Years Total (Orleans NE, Spalding Academy, Newman Grove, St. Michaels Albion)

Favorite Memory while @ SE School: When Miranda and I didn't realize St. Edward had won District One Act, until the coaches repeated it 3 times. Then acting like we hadn't placed, when we came out of the coaches meeting, so our students had no idea we were going to State. (we were such good actors)

Favorite thing about SE as a community, give examples if you can. - How we care for our staff and treat each other as family.

1)When Darrell passed away, every thing reached out and showed so much kindness to my family.

2) How everyone cares for my parents. Even though we have good laughs - you show that you care and give me strength. Funny memory with students/ most memorable time with students/staff

1). Accidently leaving a student in the school bathroom as we left for the conference music contest. Getting the call from Kenna asking if we were missing him.

2). Me being sick, and trying to keep up with the marching band while they were marching - so I cut through the alleys of St. Edward. OR when I was feeling good and running (haha) to get ahead of them at corners to make sure they had straight lines. (I will miss my FALL workouts)

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3). District Music contest, directing the band and my director's baton flew up in the air and somehow I caught it and went right on directing.

4). Early morning travels with students to honor bands or choirs and making stops at McDonalds for caffeine and breakfast.

5). Dressing up during Homecoming Week with <u>Staci</u> <u>MacDonald</u>. (Garth & Wayne - My favorite)

6). Summer Couch Time with Paula Stone at The Dotted Daisy.

7). I loved sitting in the workroom at my lunchtime and laughing with Roscoe, Alex or whoever is in there for those 5 minutes. Laughter does the heart good.

8). Christmas Staff gift exchanges - (How many years did Ann S. and I have each other? Or Staci and I?)

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Advice to new teachers today: You can not do it all. Breathe and enjoy your day. Make your classroom enjoyable for your students.

Biggest changes in education now vs first few years of teaching/working: Standards, Testing, IEP's, Computers, I don't remember students missing so much school. Sports etc were held on Friday and Saturdays.

If you could change one thing in your time here at SE, what would it be? Getting students to take more pride in their accomplishments, school, community. To strive for excellence. To be their best. To Care for themselves and others.

What do you plan to do in your retirement? I will be taking 2. care of my parents, playing piano for funerals, weddings, churches, schools, maybe subbing, crocheting and TRAVELING!!!!! Wednesday, April 10, students in grades K-3 ventured to the Public Library to participate in Computational Activities. Ms. Vickie talked about cause and effect scenarios and breaking problems into parts or steps.

With "Work It Out Wombat" videos Ms. Vickie shared simple examples of causes and effects and breaking a difficult dance into simple steps. Then she read <u>If You Take a Mouse</u> to School. This story told about the consequences of taking a mouse to school. Following a discussion, the students were broken into small groups to do some activities related to the videos and story.





For open gyms you can come if you would like, I don't need you to tell me if you are/are not coming, just show up to either place if you can.

<u>Open gyms</u>

May 20 NG May 24 NG June 10 SE June 14 SE June 17 SE June 21 SE July 23 SE July 29 SE Aug 2 NG

JH GIRLS BASKETBALL OPEN GYM SCHEDULE!

Here are the summer camp dates. I would really like you to be there if at all possible, I gave the office sheets for signing up.

July 16-17 SE Youth K-3 (8am-8:45am) 4-6 (9am-10am) 7-8 (10am-11:30am) July 18-19 NG Youth K-3 (8am-8:45am) 4-6 (9am-10am) 7-8 (10am-11:30am)





Enjoy Retienment, Mrs. Condreay!

What were your Job Title/areas worked at school? Title I teacher, para, assistant varsity volleyball, head jr. high volleyball. I have also taught 6th grade in both parochial and public schools.

> Years taught/worked in SE school system: 11 years in St. Edward, 24 Total!!!

Favorite Memory while @ SE School: Favorite thing about SE as a community, give examples if you can. Friendly people in and around town and great local businesses! I enjoy working with people that want to have fun together!

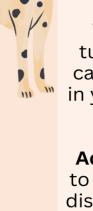


While innocently practicing volleyball with the junior high, I turned on some music in the gym and an "inappropriate" song came over the loud speakers.... Kenna and the AD came running in yelling at me "You can't play this song!" I didn't know what the words were-and still don't-I just liked the beat.

Advice to new teachers today: This is the advice my Mom gave to me before my first teaching job-Start out as hard core and be disciplined and set your standards high! It is always easier to get easier and more lenient and relaxed than to start off as the "nice guy" and then become the "mean guy"!!!

Biggest changes in education now vs first few years of teaching/working: Behavior of students and home issues

What do you plan to do in your retirement? Do what old people do in Arizona during the winter...haha



ST. EDWARD FFA NEWS





This year 13 St. Edward FFA members traveled to Lincoln for State FFA convention. We had 2 teams compete in State CDEs in the areas of Livestock Management and Agriscience. Our teams competed hard, and some members earned ribbons for their performances. Senior Lydia Ketelsen received her State FFA Degree and Junior Carter Anson had the honor of singing with the Nebraska FFA Honor Choir. The chapter was recognized on stage as an Agricultural Literacy Champion for their participation in the Nebraska Farm Bureau Connecting Chapters Program. All members attended community service and leadership development activities while at convention. It was a great State FFA Convention!



STATE FFA RESULTS

Agriscience Team: Arlette Irineo, Noah Ketelsen, Kalvin Sindelar, Katelyn Werts Team placed 42nd/141 teams, earn a red ribbon.

Arlette Irineo & Noah Ketelsen - red ribbons Kalvin Sindelar - white ribbon

Livestock Management Team: Ryan Cumming, Lydia Ketelsen, Rebekah Ketelsen, Olivia Reardon, Josie Sock Placed 32nd/58 teams.

The FFA Chapter was recognized on stage as an Agricultural Literacy Champion.

STATE FFA CONVENTION

During the state convention, there were seven sessions for the members to attend. Each of the sessions had different focuses and the members all enjoyed the sessions that they attended, especially the session where Coach John Cook spoke. The team also attended workshops and a career fair with businesses from around Nebraska. Our members took this time to learn about these businesses and developed team building skills, leadership skills, and dance skills during the workshops. Before events took place there was a time for meeting new people and making new friends at the welcome center. Our members also had time to explore downtown Lincoln and the Haymarket area between sessions, workshops, and watching LDEs.



This year the St. Edward FFA Chapter hit the ground running. Many students took on competitions and placed remarkably well. All members took on the challenge of competing in new contests and attending chapter activities. After State Convention, the chapter celebrated the year with the annual banquet. Mrs. Meyer is very excited about the future of the St. Edward FFA Chapter. Good things are coming, have a great summer!





The St. Edward FFA Chapter Banquet was held on Monday, April 22, 2024, in the St. Edward gym. The evening started with a great meal provided by Wert's GW. After the meal the officer team kicked off the banquet with opening ceremonies and then went into member awards. The banquet wrapped up with a review video and installation of the 2024-2025 chapter officers. It was a very momentous occasion.

l Believe in the Future of Ag Award

Corey Anson

Honorary Chapter Degree

Tami Texley

Chapter Star Awards:

Star Greenhand:

- Arlette Irineo

- Noah Ketelsen

Star Chapter Farmer:

- Lydia Ketelsen

Chapter Scholarship & Leadership Awards:

Scholarship: Olivia Reardon, John Laska, Ian Reardon, Payton Fitchner

Leadership: Ryan Cumming, Carter Anson, Lydia Ketelsen, Malaina Francis







Greenhand & Chapter Degree Recipients:

Members receiving their Greenhand Degree at the April 22, FFA Banquet were:

- Korina Bittner
- Abner Carvajal
- Kalvin Sindelar
- Lexi Strain
- Nathan Fitzsimmons
- Arlette Irineo Gallardo Katelyn Werts
- Damien Jones
- Noah Ketelsen

- Jo Tibor
- Blake Foshee - Rebekah Ketelsen
 - John Laska

- Carter Anson

- Alli Brauner

- Mason Steensnes

Members receiving their

22, FFA Banquet were:

Chapter Degree at the April

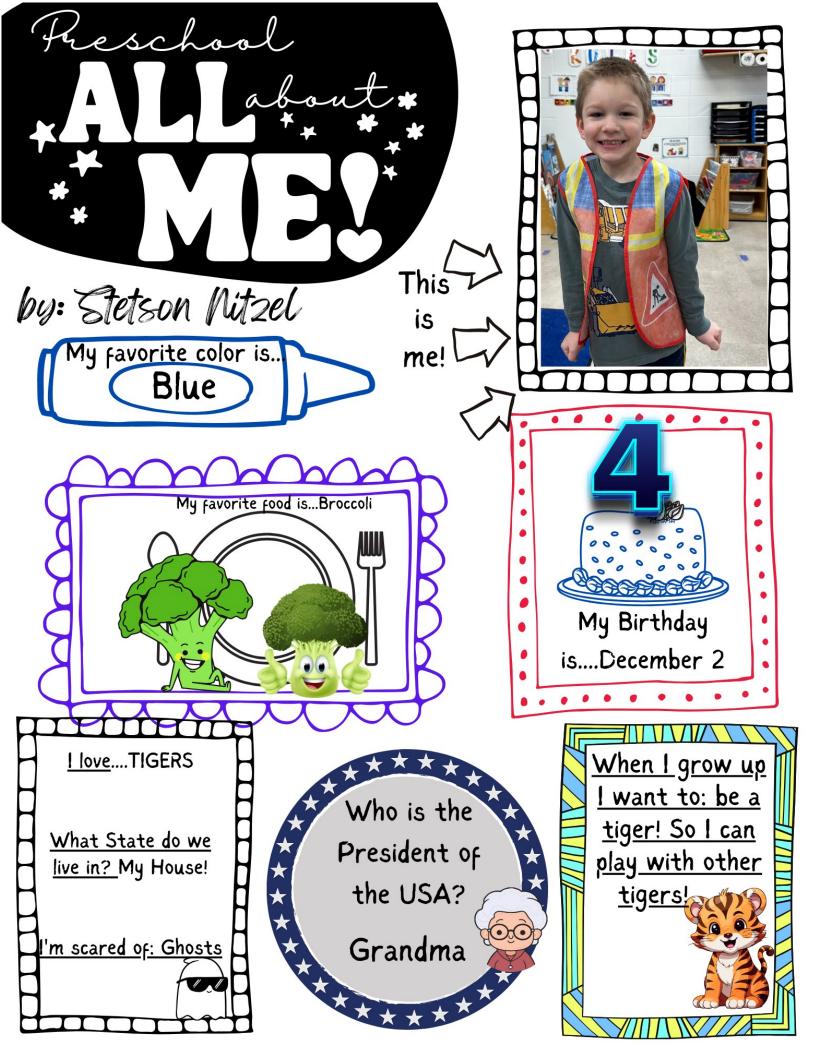
2024-2025 Chapter **Officer Team**

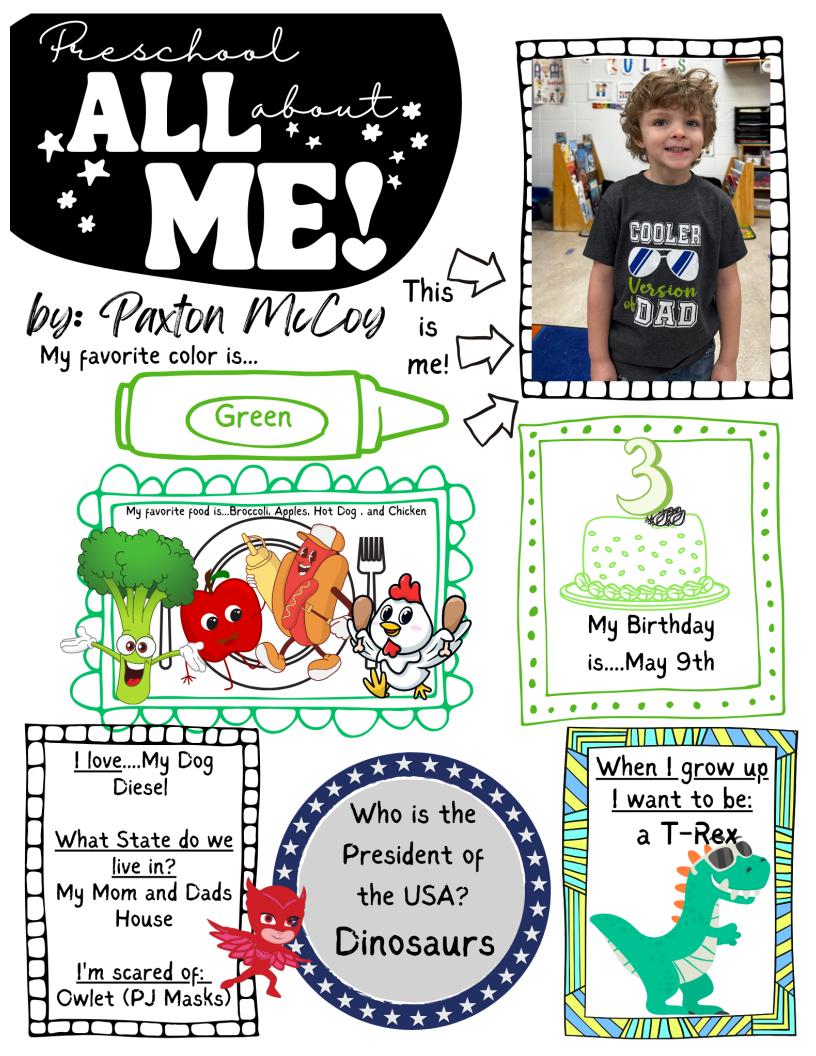
President: Olivia Reardon Vice President: Arlette Irineo Secretary: Josie Sock Treasurer: Ryan Cumming **Reporter: Alli Brauner** Sentinel: Rebekah Ketelsen

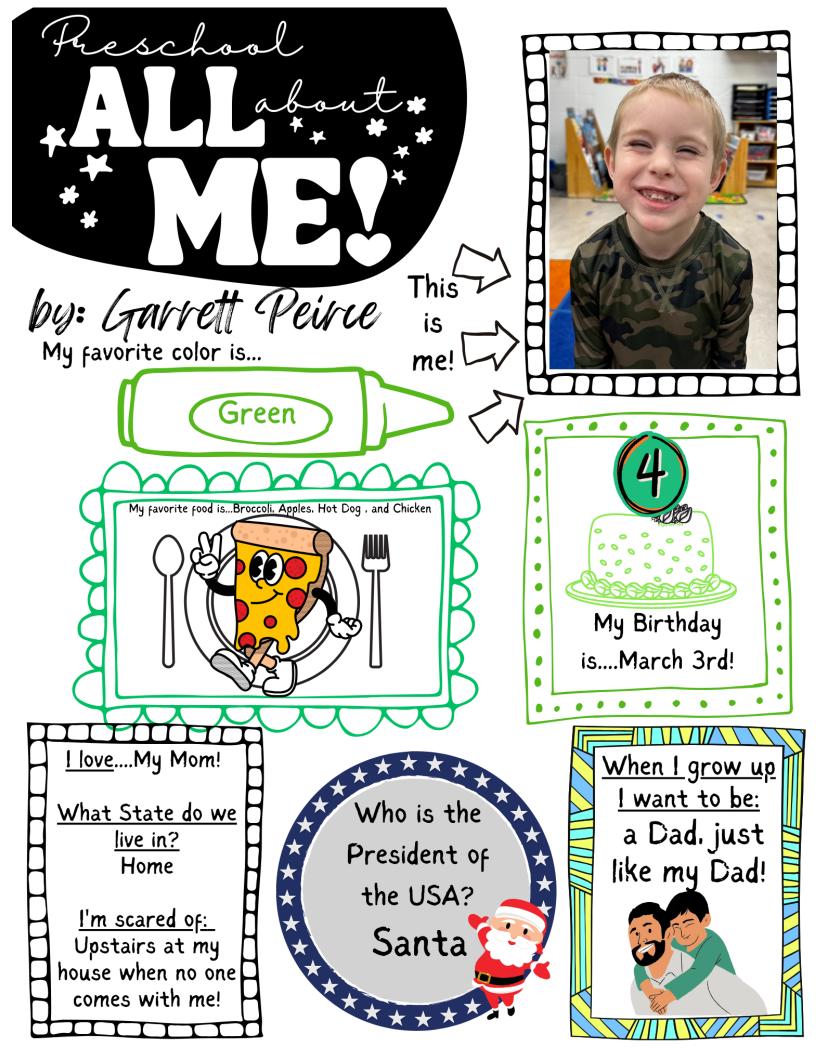
Parliamentarian: Kalvin Sindelar





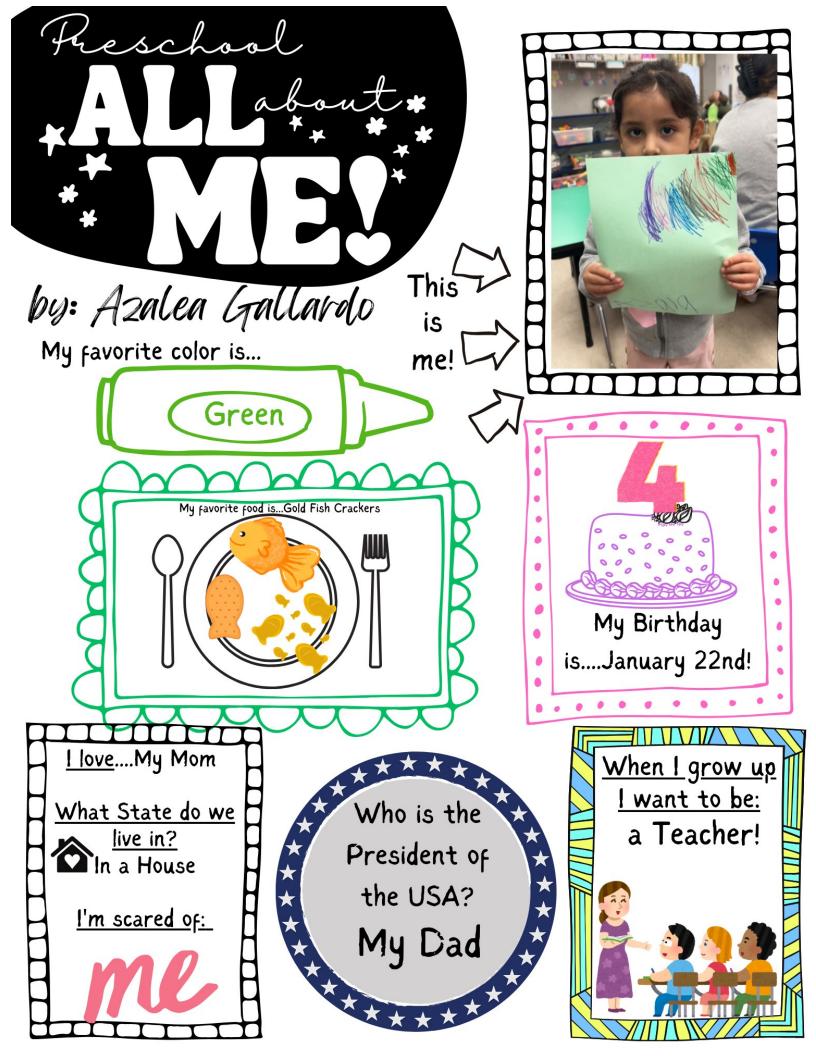












<u>HIGH SCHOOL</u> <u>Supply List</u>

12 notebooks- at least 3 college ruled 1 package of red pens 1 package of black pens 1 package of blue pens 2 packages of pencilsmechanical or regular package of highlighters 1 8 pocket folders 7 Jumbo Book Covers 1- 3 Ring Binder 1 scientific calculator 3 packages of index cards 3 Boxes of Kleenex- take to your sponsor's room-Clothes/Shoes for P.E. classes



St. Edward Public School

2024-2025 Back to School

Elementary Supply Lists

'Please label individual items with your child's initials or name

PRESCHOOL

- 1 book bag
- 2 boxes of Kleenex
- **4** qlue sticks
- **1** bottle liquid glue
- 1 pack of dru erase markers
- 1 pair scissors
- 1 box 24 count Crayola crayons
- 1 box of 8 count thick Crayola markers
- 1 box of 8 count fine line markers
- 1 plastic pencil box
- 2 packs disinfecting wipes
- **1 FULL change of clothes**

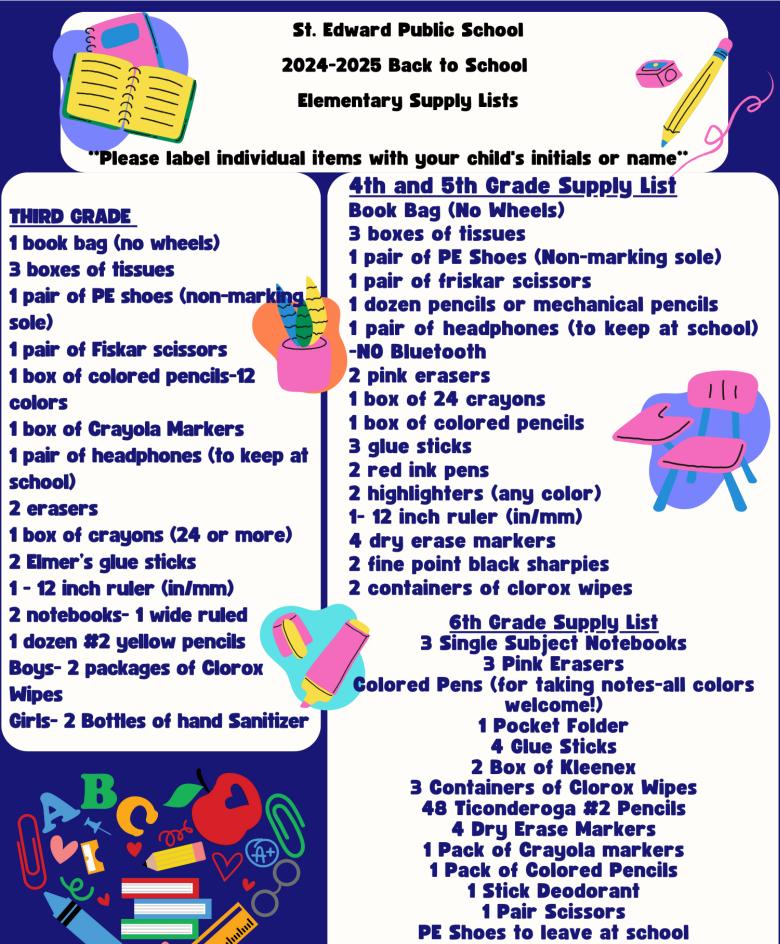
KINDERGARTEN

- 1 book bag (no wheels) 3 boxes of tissues 1 pair of PE shoes (non-marking **sole**)
- 1 pair of Fiskar scissors (blunt-tip) 1 box of colored pencils-12 colors 1 dozen sharpened #2 pencils 1 pair of headphones (no earbuds) 1 paint shirt (no long sleeves,
- please)
- 1 bottle of Elmer's school glue 4 large glue sticks (.77 ounce or larger)
- 1 box of 24 regular size crayons 1 large eraser
- 1 pkg of washable Crayola markers (10 basic colors wide tip) 1 beach towel or small blanket 1 clear plastic shoe storage container *14x8x4 7/8 with lid
- 4 dry erase markers 1 watercolor paint set

- FIRST GRADE
 - 1 book bag (no wheels) **3 boxes of tissues** 1 pair of PE shoes (non-marking sole) 1 pair of Fiskar scissors (blunt-tip)
 - 20 sharpened #2 pencils
 - 1 pair of headphones (no earbuds)
 - 1 bottle of Elmer's school alue
 - **4 large glue sticks**
 - 2 boxes of Crayons (24 count)
 - 1 large eraser
 - 2 dry erase markers
 - 2 packages of wide tip markers
 - 1 clear plastic shoe storage box -with a lid-14x8x4 7/8-
 - 1 colored ink pens (no black)
 - 1 highlighter (any color)
 - 1 small plastic storage container (pencil box)

SECOND GRADE

- 1 book bag (no wheels)
- 3 boxes of tissues
- 1 pair of PE shoes (non-marking sole)
- 1 pair of scissors
- 1 box of colored pencils-12 colors
- 1 dozen sharpened #2 pencils
- 1 pair of headphones (no earbuds)
- 1 bottle of Elmer's school glue
- 4 large glue sticks
- 1 box of Crayons (24 count)
- 2 large erasers
- 1 Package of markers (wide tip)
- 1 Clear plastic shoe storage container with lid 14x8x4 7/8
- 1 Highlighter, any color
- 4 Dry erase markers
- 2 Container of Clorox Wipes
- 1-1 subject Notebook-WIDE Ruled



1 Bookbag 1 Pair of corded headphones (no earbuds) 1 Washable Water Bottle 1 1" 3 Ring Binder

K-6 FIELD DAY

12345678

NG/SE Youth Volleyball CAMP

May 20th - 23rd



COME AND HAVE FUN IN THE SUN @ FIELD DAY

@ THE FOOTBALL FIELD

PLEASE REMEMBER YOUR TENNIS SHOES,T-SHIRT AND A WATER BOTTLE!!



GRADES K-2 9:00AM-10:30AM GRADES 3-5 10:30AM-12:00PM (GRADE LEVEL FOR CURRENT SCHOOL YEAR)

MAY 20 & 21- AT THE NEWMAN GROVE GYM May 22 & 23- at the st. Edward Community Building

Form due back by Friday, April 26th!



JUNIOR HIGH & HIGH SCHOOL VOLLEYBALL CAMP

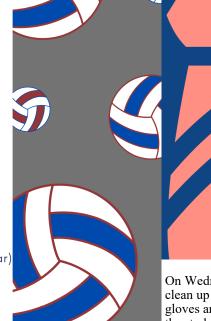
JULY 1-3

High School Camp 9:00am-10:30am

Junior High Camp 10:30am–12:00pm (Grade Level for Next School Year)

JULY 1 & 2- AT THE NEMAN GROVE GYM July 3- At the St. Edward Community Building

FORMS DUE BACK BY MONDAY, MAY 13TH!



THANK YOU FOR YOUR SERVICE, MR. ARASMITH

Jo**b Title/areas worked at school:** 7-12 FCS, Fitness Instructor, FCCLA Adviser

Years taught/worked in SE school system: 6 years

Favorite Memory while @ SE School: Generosity and support from the Community and School when I first started and my wife was going through Breast Cancer Chemo Treatments

Favorite thing about SE as a community, give examples if you can.

Outside of the previous answer, Teachers working together in all aspects of school related stuff

On Wednesday, April 24, Kindergarten-12th grade students and staff helped clean up the school grounds and city park in honor of Earth Day! Students wore gloves and removed trash, sticks, and debris! The city of St. Edward rewarded the students for their help with popsicles!















Student Council members from L-R. Lydia Ketelsen, Kate Werts, Yoselin Frias, Rebekah Ketelsen, Beaver– Damien Jones, Olivia Reardon, Macy Reardon, Noelia Meijas Alonso

On April 11 the Student Council hosted an event called Breakfast with the Beavers. The event brought kids and their parents together to eat breakfast together and recognize the importance of eating meals together. Over 115 parents and kids showed up and the donuts were running out quickly. After kids and parents finished eating, they got the opportunity to take pictures with the Beaver. Breakfast with the Beavers was a huge success. We hope they will host another event like this in the near future. –Leilani Vargas



SOME OF THE SPECIFIC BENEFITS OF EATING MEALS TOGETHER INCLUDE: BETTER ACADEMIC PERFORMANCE BIGGER SELF-ESTEEM GREATER SENSE OF RESILIENCE COLOWER RISK OF SUBSTANCE ABUSE COLOWER RISK OF DEPRESSION COLOWER LIKELIHOOD OF DEVELOPING EATING DISORDERS COLOWER RATES OF OBESITY DETTER CARDIOVASCULAR HEALTH IN TEENS COLOWER VOCABULARY IN PRESCHOOLERS COLOWER EATING PATTERNS IN YOUNG ADULTS

REASONS TO EAT BREAKFAST

EATING BREAKFAST IT IMPROVES YOUR ENERGY LEVELS AND ABILITY TO CONCENTRATE IN THE SHORT TERM CONCENTRATE IN THE SHORT TERM

FUN FACTS ABOUT DONUTS

O DONUTS WERE ONCE CALLED "OILY CAKES" AMERICANS CONSUME OVER 10 BILLION DONUTS EVERY YEAR.

DID YOU KNOW, A HEALTHY BREAKFAST MAY REDUCE THE RISK OF ILLNESS COMPARED WITH PEOPLE WHO DON'T HAVE BREAKFAST?! THOSE WHO REGULARLY EAT BREAKFAST TEND TO HAVE A LOWER RISK OF BOTH OBESITY AND TYPE 2 DIABETES. THERE IS ALSO SOME EVIDENCE THAT PEOPLE WHO DON'T HAVE BREAKFAST MAY BE AT A HIGHER RISK OF CARDIOVASCULAR DISEASE.

BREAKFAST with the BEAVERS Sponsored by SE Student Council

2024 NG/SE Panther Junior High Volleyball Camp



Dates:	 July 1, 2, 3 July 1st \$ 2nd camp in NG Gym July 3rd camp in SE Community Building
Time:	10:30 am-12:00 pm (7-8)
Cost:	\$25 (includes a t-shirt)

Registration Deadline: Monday, May 13th

Forms and Checks may be turned into either school office.

Checks should be made to <u>Newman Grove Public Schools</u> or <u>St. Edward</u>

Public Schools

Name:	T-shirt size:
Grade (2024-2025 school year):	
I give permission for	to participate in the NG/SE Youth
Volleyball Camp. I release the NG/SE Coaching staff, pla Edward Public Schools from all liability.	ayers, Newman Grove Public Schools, and St.

Parent SignatureDate

Parent's Contact Information (Name & Phone Number)

2024 NG/SE Panther High School Volleyball Camp



Dates:	July 1, 2, 3 • July 1st \$ 2nd camp in NG Gym • July 3rd camp in SE Community Building
Time:	9:00 am-10:30 am (9-12)
Cost:	\$25 (includes a t-shirt)

Registration Deadline: Monday, May 13th

Forms and Checks may be turned into either school office.

Checks should be made to Newman Grove Public Schools or St. Edward

Public Schools

N	-	m	\sim	
1 1	a		e	
-	_			

T-shirt size: _____

Grade (2024-2025 school year): _____

I give permission for ______ to participate in the NG/SE Youth Volleyball Camp. I release the NG/SE Coaching staff, players, Newman Grove Public Schools, and St. Edward Public Schools from all liability.

Parent Signature

Date

Parent's Contact Information (Name & Phone Number) ____



MEMBERS OF THE ST.EDWARD FIRE DEPARTMENT HOSTED THE ST.EDWARD AND NEWMAN GROVE SCHOOL JUNIORS TO TEACH STUDENTS ABOUT WHAT IT TAKES TO BE A VOLUNTEER FIREFIGHTER!







11





STUDENTS TOURED THE FIRE DEPARTMENT FACILITIES AND VEHICLES AND LEARNED HOW EACH VEHICLE OPERATES. STUDENTS WERE ABLE TO USE THE JAWS OF LIFE TO CUT OPEN A CAR, RIDE IN THE AMBULANCE, AND TAKE PART IN A REAL LIFE FIRE SITUATION AT THE FIRE HALL. THANK YOU VOLUNTEER FIRE DEPARTMENT FOR TAKING THE TIME TO TEACH OUR STUDENTS!









VNNE TALLEY 05/02 **JOHN LASKA** 05/04 **MR. STARK** 05/04 PAXTYN MCCOY 05/09 **MR. OSBORN** 05/09 **MATT JUSTUS** 05/10 LYDIA KETELSEN 05/11 **KATELYN WERTS** 05/14

DAFNE LOPEZ MARTÍNEZ 05/18 **BENTLEY ROAN** 05/19 **KALANY IRINEO GALLARDO** 05/19 **ROSELLA LABENZ** 05/23 **HAYDEN PEIRCE** 05/27 **KALVIN SINDELAR** 05/28





NUS	MON	TUE	MED	THU	FRI	SAT
			1	S	C	4
			FFA Meeting 3:45	TRACK AT MCCOOL JUNCTION 9:30AM		Servier Graduation 2:00
ъ	g	٦	Ø	6	10	11
				3 Year Old Pre School Last Day!		
		K-6 SPRING MUSIC CONCERT 6:30	DISTRICT TRACK @ OSCEOLA IOAM	Blemenfary Ficld Day 1:00pm	Blementary Field Day (RAIN DAY)	
12	13	14	15	16	17	18
		+ Year Old Pre School Last Day! Pre School Graduation	1:30 Dismissal Students Last Day	Teacher Workday	Teacher Workday	
19	20	21	22	23	3 1 A 1 E 24	25
	K-2 VB Camp @ NG-9AM 3RD-5TH VB CAMP @ NG-10:30AM	K-2 VB Camp @ NG-9AM 3RD-5TH VB CAMP @ NG-10:30AM	K-2 VB Camp @ SE-9AM 3RD-5TH VB CAMP @ SE- 10:30AM	K-2 VB Camp @ SE-9AM 3RD-5TH VB CAMP @ SE- 10:30AM		SENS Alumni Banquet 6:30pm
26	27	28	59	30	31	
	Eastern SeaBoard Tour-Music Memorial Day	Eastern SeaBoard Tour-Music	Eastern SeaBoard Tour-Musio	Eastern SeaBoard Tour-Music	Eastern SeaBoard Tour-Music	

St. Edward Public Schools

P.O. Box C St. Edward, NE 68660-0138

Phone: 402-678-2282 Fax: 402-678-2284

Web Page: http://www.stedpublicschool.org St. Edward Beavers Public School on Facebook

Upcoming Events:

May 15–1:30 Dismissal-Students Last Day May 16/17– Teacher Work Day

Our website and app allow for great insite on so many school functions/activities/dates! Use the app for quick finds and use the webiste to find next year's school calendar, school supply lists, picture order forms, help seeing your student's grades on JMC, information from our counselor, and morel

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