

ST. SEBASTIAN SCHOOL

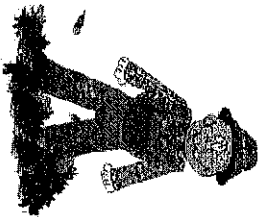
SCHOOL COMMITTEE MEETING MINUTES


September 17, 2015 – Adult Formation Room

1. Meeting was called to order with opening prayer at 6:35 p.m.
2. Present were: Chair Brent Nistler, Principal Paul Hohl, Steve Dodridge, Sha’Nese Burnell Jones, Elizabeth Drew, Lori Golomski, Melissa Karls, Kevin Mullen, Reanna Ottoson, Maureen O’Meara-Rowen, Jill Schmid, Cynthia Schoonover; excused: Sarah Mrozinski, Anne Novotny.
3. Welcome again new School Committee members: Anne Novotny and Cynthia Schoonover
4. Approval of Minutes: approved via email
5. Principal’s Report
 - Forward Exam: grades 3-8 for ELA and Math
 - Convention Overview
 - PowerSchool SIS: in progress
6. Committee Reports
 - Parish Council
 - 11/17 presentation by Barb Vite, Arch Parish Stewardship Director
 - Parish Norms: approved
 - Retreat Overview
 - Home and School
 - Volunteer Registration Portal
 - Covenant t-shirts and Spirit Wear
 - Open Positions
 - Faith Formation: families needed for baptism preparation classes
 - Finance: discuss budget variance at October meeting (including K4)
7. Old Business
 - Mini Open House
 - All Parent Meeting
8. New Business
 - Strategic Planning: School and Parish; discussion of “Analysis of Parish Ministries Worksheet” for submission to Parish Strategic Planning Committee
 - Seton Catholic Schools: discuss rollout, Paul on task force
9. Closing Prayer at 8:30 p.m.
10. Next Meeting: 10/15 @ 6:30 p.m. – Multipurpose Room

2015 October

St. Sebastian School



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	01 Home and School Meeting at 6:30 St. Thomas More High School visit for 8th grade	02 Final Magazine Turn-in Fish Fry 4:30 to 7:30	03
04	05	06	07 Mass 8:15 Dismiss 2:00	08 No School Teacher	09 No School Convention	10
11 Marquette Math Meet	12	13	14 Mass 8:15 Dismiss 2:00	15 School Committee Meeting at 6:30	16 World Hunger Day Non-uniform Day with donation St. Lawrence/St. Joan Antida High School visits for 8th grade	17 Catholic Schools Walk @ Mt. Mary 9:30 Trivia Night at 7:30 in the Church Hall
18	19	20	21 Mass 8:15 Dismiss 2:00	22	23	24 Parish Auction
25	26	27 First Grade to UEC AM/PM	28 Mass 8:15 Dismiss 2:00 Seventh Grade to UEC AM/PM	29	30 End of 1st grading period Halloween Parade and Parent Coffee at 2:15	31 

October 2015

ST SEBASTIAN SCHOOL

LUNCH



Lunch 3.00 414-453-6850
Milk .60
ncayce@saintsebs.org

Nutrition Tip: My Plate recommends: Choose vegetables rich in color! Brighten your plate with vegetables that are red, orange, or dark green. They not only taste great but also are good for you, too.



Monday

5 Nachos w/ cheese
Choice of veggie
Choice of fruit
Milk

12 Pizza
Choice of veggie
Choice of fruit
Milk

19 Chicken Nuggets
Choice of veggie
Choice of fruit
Milk

26 Hamburgers
Choice of veggie
Choice of fruit
Milk

Tuesday

6 Grilled Cheese
Choice of veggie
Choice of fruit
Milk

13 Meatball Subs
Choice of veggie
Choice of fruit
Milk

20 Shepherds Pie
Choice of veggie
Choice of fruit
Milk

27 Chicken Alfredo
Choice of veggie
Choice of fruit
Milk

Wednesday

7 Sloppy Joes
Choice of veggie
Choice of fruit
Milk

14 Salad Bar
Choice of veggie
Choice of fruit
Milk

21 Corn Dogs
Choice of veggie
Choice of fruit
Milk

28 Turkey w/gravy
Choice of veggie
Choice of fruit
Milk

Thursday

8 NO SCHOOL

15 Tater tot Casserole
Choice of veggie
Choice of fruit
Milk

22 Chicken Patty
Choice of veggie
Choice of fruit
Milk

29 Baked Potato Bar
Choice of veggie
Choice of fruit
Milk

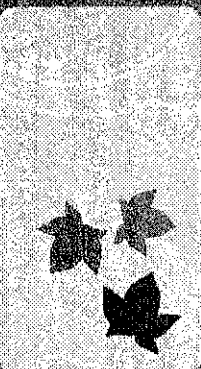
Friday

9 NO SCHOOL

16 Fish Sticks
Choice of veggie
Choice of fruit
Milk

23 Mac & Cheese
Choice of veggie
Choice of fruit
Milk

30 Hot Dogs
Choice of veggie
Choice of fruit
Milk



2015 St. Sebastian Basketball Registration Form

A separate registration form needs to be filled out for each athlete. The fee for basketball is \$100.00 per athlete. Checks should be made payable to St. Sebastian YAC. An athlete will not be considered fully registered until entire fee is paid. Teams will only be formed based on number of full registrants. Parents and athletes need to comply with all policies listed on this form.

Registration, Medical, Insurance, & Emergency Consent Information (Form 6145.d(a))

Athlete Name: _____ Birthdate: _____ Grade: _____ Gender: _____
T-Shirt Size: _____ Adult: S M L XL
Address/City/Zip: _____ (Circle) Youth: S M L XL
E-Mail Address(es): _____
Parents / Guardians: _____
Phone#s: _____
Physician / Group: _____ Phone: _____ Preferred Hospital: _____
Insurance Company: _____ Group #: _____ Policy #: _____
Subscriber Name: _____ Preexisting Conditions: _____
Emergency Contact: _____

In the event of injury or illness I grant permission to any health care provider designated by St Sebastian coaches/YAC board members to provide my child any and all necessary medical care related to the injury or illness. I further understand I will be contacted as soon as practical as to the medical emergency and will be provided with all necessary information related to the medical emergency.

Parent Signature: _____ Date: _____

Risk Acknowledgement & Consent to Participate (Form 6145.2(b)):

I realize that there are numerous risks involved in participating in the sport of Volleyball. These risks could involve (but not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, paralysis and possible death. These risks could impair my child's future abilities to earn a living, engage in business, social and recreational activities and to generally enjoy life. I have been informed about the various risks associated with our child's participation in Volleyball and the potential injuries that may occur.

I assume all responsibilities and certify my child is in good physical condition and has undergone a complete sports physical exam by a licensed clinician in the past two years. Further, I am unaware of any medical condition that would inhibit my child's participation.

I agree to accept all the previously mentioned risks as a condition of my child's participation in volleyball.

Parent Signature: _____ Date: _____

Parent Volunteer Commitment:

As a parent, I recognize that there is a cost associated with maintaining a sports program and there is a need to raise funds in addition to the registration fee. I agree to work at least one assigned shift in the concession stand or admission table during the season per participating child. If I cannot make a shift, it is my responsibility to find someone else to work my shift. I recognize that failure to fulfill this obligation will result in a \$25 fine that must be paid before my child is allowed to register for another sport season. Parents that are coaches or YAC board members are not subject to this obligation.

Parent Signature: _____ Date: _____

St. Sebastian Volleyball Registration Form - Page 2

Sportsmanship Pledge:

As a parent or student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and/or family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

Athlete Signature: _____

Date: _____

I understand that I may not be able to attend activities if I do not display good sportsmanship.

Parent Signature: _____

Date: _____

Concussion Awareness (Form 5141(b) 6145.2(f)):

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

I have read the Concussion Fact Sheets on the St. Sebastian website (www.saintsebastianonline.net/school/current-families/athletics/) and understand what a concussion is and how it might be caused. I also understand the common signs, symptoms and behaviors. I agree that the athlete must be removed from play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent Signature: _____

Date: _____

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature: _____

Date: _____