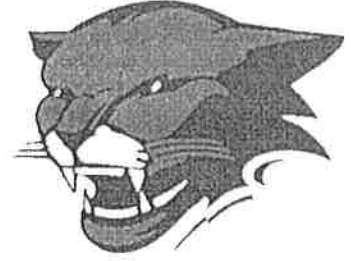


Casper Classical Academy



A Team Dedicated to Excellence in All We Do!

900 S. Beverly Street
Casper, WY 82601
(307) 253-2300

Matt Teterud, Principal

Dear Casper Classical Academy Parents and Students:

I hope this letter finds you doing well and having an amazing summer!

We are getting close to the start of the 2019-2020 school year, and my hope is that it will be a terrific year of learning and growing. Casper Classical Academy strives to prepare your child for success in life and in future career. We do this by partnering with parents to instill character, work habits, and academic skills in students.

Let's get right to some important information that will be helpful as you prepare for the start of a new school year.

Back-To-School Orientation * August 29, 2019 * 3-7 p.m. window at CCA

Instead of a traditional Back-To-School night, we will have a day where parents and students visit our school anytime within the 3-7 p.m. window. We urge all families to take part in this if at all possible, and ask that students come with a parent/guardian. If you are not able to make it, you can stop by the school the next day (August 30th) between the hours of 7:30 a.m. and 3:00 p.m. to complete the needed items. If you cannot make it either of these dates, then please contact the school ahead of time to make necessary arrangements. You can reach us at (307) 253-2300.

When you arrive in the main CCA doors, you can sign in and receive a map to guide you through the stations. Below is a summary of what the stations will be:

Station 1: Welcome Table (Sign in and get your map of the stations.)

*Stations 2-8 you can complete in any order. Then please complete Stations 9-11 in order.

Station 2: Paperwork (Read and sign forms.)

Station 3: Cafeteria (New students can get their fingerprint scanned for the cafeteria; anyone can ask school meal questions.)

Station 4: Health (Nurse or other staff can give you information on how to fill out the electronic health form and answer any medication or health-related questions regarding your child.)

Station 5: CCA Handbook / Dress Code

(You can read the CCA Handbook by visiting the NCS D website. Go to: www.natronaschools.org and click on "Schools" and "Middle Schools" and "Casper Classical Academy." Then click on "View School Handbook" to read it! At this station, parents or students can ask any questions to clarify the handbook or dress code.

Knowing the expectations on the front end is always better, and puts everyone on the same page.)

Station 6: Clubs & Activities (Learn more information about our clubs, sports, and other activities going on this year at CCA!)

Station 7: PTO (Governing Council hosts this station to welcome families, answer questions, and invite parents to take part.)

Station 8: Yearbook (You can sign up for a yearbook and ask any yearbook questions.)

Station 9: Student Supplies

Turn the completed green signature sheet from the station #2 Paperwork table in to the staff at this station #9 Student Supplies table (You keep the rest of the packet). New this year, NCS D has decided to provide student supplies to each student for the school year. You can Opt out and get your own supplies, or Opt in and receive supplies at this station. After this station, you should drop your child's supplies off in your locker. What locker will your child have? The folks at Station 10 will help you with this one. You may want to take some of the supplies and keep them at home to act as refills throughout the year (paper, pencils, etc.).

Station 10: Schedule

Once you get your supplies, head to your grade level floor (6th grade = floor 1 * 7th = floor 2 * 8th = floor 3).

In the hall of your grade level, you will see a table station where you can meet some of your grade-level teachers, put supplies into your locker, get your class schedule, and walk your class schedule so you know where your classrooms will be.

Feel free to ask the teachers for help.

Station 11: Meet the Principal in the Library

This is the last stop! If you wish, stop by and say hello to Mr. Teterud, CCA's principal.

Ask any questions, and have some cookies and lemonade. Thanks for attending!

First Day of School * Tuesday, Sept. 3, 2019

The first day of school will be Tuesday, Sept. 3, 2019.

Students should arrive at CCA between 7:20 a.m. and 7:45 a.m. If you are dropping your child off, please follow proper traffic flow rules, so no one is blocking traffic. Students can enjoy the front patio area or head to the cafeteria for breakfast.

If a student cannot remember his/her homeroom location, it will be printed and posted in the cafeteria windows as a reminder.

The first bell will ring at 7:45 a.m. This is when students will be allowed into the halls. Students should stop by their locker, and then head to their homeroom class.

The tardy bell rings at 7:50 a.m. This is when students should be seated in their homeroom class, ready to learn.

We will show grace this first week back--and assist students in getting situated in the new school year with a new schedule.

In homeroom, teachers can hand out a copy of their class schedule (in case their Back-to-School schedule is misplaced).

General Information

I encourage each parent and student to read the CCA Handbook to be aware of our goals, focus, and how things work. You can access policies and information that will be quite helpful. The updated handbook is now on the district website and our school website. After reading the handbook, please call the CCA office with any questions.

This school year, students should arrive at CCA between 7:20-7:45 a.m.

Students should not be on campus before 7:20 a.m. as there will be no supervision.

There is breakfast in the cafeteria to purchase, available to those who are interested every school morning at 7:20 a.m.

Students who do not wish to eat breakfast at school can be outside on the front patio until the first bell.

(On inclement weather days, students will be brought inside to the cafeteria or the gym).

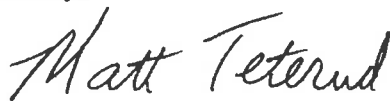
The first bell rings for students to come inside at 7:45 a.m. Students have 5 minutes to stop by their lockers and then be seated in their homeroom class by the tardy bell at 7:50 a.m.

As mentioned, for this first week, grace will be shown, as students adjust to a new school year and schedule. Starting the second week of school, regular CCA handbook tardy policy will be followed.

Students move through their classes throughout the day. They first attend homeroom from 7:50-8:12 a.m. and then travel to 9 periods a day (8 classes and 1 lunch). Each period is 41 minutes long. Students have 3 minutes in between classes for hall passing. Students can bring a lunch from home or purchase school lunch. Typically, students eat lunch and then head outside for some fresh air. School dismisses at 2:48 p.m. Students should head directly home unless they are in an after-school sport or activity that is supervised by CCA staff. Students should not be on campus after 3:20 p.m., as there will be no supervision.

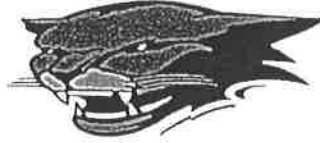
Included in this envelope is CCA sports information. Rick Robinson is our Athletic Coordinator. If you have any questions after reading through the information, feel free to call in to the school phone number and ask for Rick. We are very excited to begin a great school year. Enjoy the rest of your summer, and we'll see you soon!

Sincerely,



Matt Teterud
Casper Classical Academy Principal

COUGAR ATHLETICS



Dear Cougar Student/Athletes,

I would like to welcome you to Cougar Athletics for the 2019-2020 school year. We are very excited to have you participate in our athletic program. Attached to this letter is the Middle School Athletic Calendar, NCSD #1 Physical form, NCSD #1 Consent to participate form and the CCA Cougar Custom Sock order form. **(All proceeds go to the CCA Athletics Uniform Fund)**. If you will be participating in Football, Cross Country or Volleyball please note the important information below concerning the first week of practices. *Practice times may be adjusted after the first week of practice.*

7th & 8th Grade Football

First day of practice will be Tuesday, August 20th. Practices will be held from **5:00 to 6:30 PM** during the first week. Participants will be in helmets, mouthpieces, T-shirts, shorts and cleats for the first 3 practice days. Please use the Activities Entrance to enter & exit the school.

6th, 7th & 8th Grade Cross Country

First day of practice will be Tuesday, August 20th. Practices will be from **4-5:30 PM** during the first week. Practices will be held on the grass areas between CCA and the Casper Recreation Center. Please use the Activities Entrance to enter & exit the school.

6th, 7th & 8th Grade Volleyball

First Practice day for all grade levels will be Tuesday, August 20th. 8th grade will practice from **1 to 3 PM** during the week. 7th grade practice times are **4:30 to 6 PM** during the week and 6th grade practice times are **3:30 to 5 PM** during the week. Please use the Activities Entrance to enter & exit the school.

***** There will be a Fall Sports Parent meeting on Thursday, August 29th @ 6:00 PM in the Main Gym. Please plan on attending this meeting to learn more about Cougar Athletics, meet the Coaches, receive important information and ask any questions that you may have. *****

Note: It is a school district requirement that all middle school athletes have an annual sports physical completed **after May 1, 2019** to be eligible to participate in athletic programs. Please turn your completed sports physicals in to the main office.

If you have any further questions regarding Cougar Athletics, please feel free to contact me at the phone number below. We are excited to have your children involved in our athletic program.

Sincerely,
Rick Robinson, CAA/Cougar Athletics/253-2219 Office

NCSD Middle Level Athletic Seasons 2019-2020

	Week																																							
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	32	33	34	35	36	37	38	39	40	41
7/8 FB		6/7/8 VB		6/7/8 XC		(8/19-10/12)		7/8 Girls Bball		6/7/8 Wrestling		(10/14-12/7)		6-8 Nordic		(12/9-2/8)		7/8 Boys Bball		(12/9-2/8)		6-8 Swim		(2/24-3/27)		6 Boy/Girl BB		(2/10-3/20)		6/7/8 Soccer		6/7/8 Track		(4/6-5/16)						
SEASON I (40)		SEASON II (40)		SEASON III (40)		SEASON IV (40)		SEASON V (40)		SEASON VI (40)		SEASON VII (40)		SEASON VIII (40)		SEASON IX (40)		SEASON X (40)		SEASON XI (40)		SEASON XII (40)		SEASON XIII (40)		SEASON XIV (40)		SEASON XV (40)		SEASON XVI (40)		SEASON XVII (40)		SEASON XVIII (40)		SEASON XIX (40)		SEASON XX (40)		
Winter Break 12/19-1/1		Spring Break 3/30-4/3		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break		Spring Break				
Dean Morgan / Cy		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA		Centennial / CCA				
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May																															

NATRONA COUNTY SCHOOL DISTRICT #1 PHYSICAL EXAMINATION FORM

Physicians Statement Must Be Dated AFTER MAY 1 to Be Valid For the Upcoming School Year

RED Areas Are To Be Completed By Parent and Student Prior to Physical Examination

STUDENT INFORMATION

School _____ Grade _____ DOB _____ Name _____ Gender M F

SPECIFIC SPORT YOU WILL BE PARTICIPATING: Fall _____ Winter _____ Spring _____

CONSENT TO PARTICIPATE

I/We, as legal guardians, give our permission for our child named above to participate in organized NCSD #1 athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasion these injuries can be so severe as to result in total disability, paralysis or death.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I/We as legal guardians, give our permission for NCSD#1 to sign for emergency treatment for our child named above. Parents/Guardians will be notified in case of serious illness or injury as quickly as possible, but this will make treatment possible. In case of emergency and parent cannot be reached contact:

Name _____ Phone _____ Physician _____ Phone _____

INSURANCE (Parent/Guardian please check one statement) Insurance is mandatory for anyone participating in athletics and/or cheerleading. NCSD #1 does not carry health or accident insurance for students.

- The child named above is not covered by an accident insurance policy and we wish to purchase insurance. Student insurance is available through a local carrier and forms can be obtained at the school office.
- The child named above is covered by an accident insurance policy, the policy will remain in effect during all activities our child is involved in, and we do not wish to purchase additional insurance.

Insurance Company _____ Policy # _____

PARENTAL INFORMATION

I/We as legal guardians, agree that should any information on this form (including physician exam record below) change during the course of the school year we will submit to school officials in writing, the change that has occurred immediately. I/We, as legal guardians, acknowledge that I/We have read and understand the content of the Athletic/Activity Clearance Form, have completed the Health History (back), and further understand that no participation will be allowed until this form is completed and returned to administrative personnel.

Signatures _____
 Parent/Guardian Student/Athlete

Work Phone _____ Home Phone _____ Address _____ Date _____

PHYSICIAN'S EXAMINATION RECORD (Physician's Use Only) Physician, please check all blanks

Height _____	Ears _____	Blood Pressure _____ / _____	Spine & Posture _____
Weight _____	Nose _____	Abdomen _____	Arms & Hands _____
Eyes _____	Throat _____	Hernia _____	Legs & Knees _____
Pupils _____	Teeth _____	Lymph Nodes _____	Feet & Ankles _____
Vision R _____ / _____	Lungs _____	Testicular Exam _____	Other _____
Vision L _____ / _____	Heart _____	Skin Conditions _____	

Corrected Y N

Physical Activity: Cleared without restrictions
 Cleared with restrictions (Please list) _____
 Not cleared (Reasons/Recommendations) _____

 PRINTED Name of Physician Address City State Zip

 Physician Signature Phone Date

PLEASE TURN IN TOGETHER: 1) COMPLETED PHYSICAL, 2) INSURANCE APPLICATION 3) INSURANCE PREMIUM PAYMENT TO THE SCHOOL ATHLETIC DIRECTOR/ATHLETIC/ACTIVITIES FACILITATOR-ML AT THE SAME TIME

MEDICAL/HEALTH HISTORY

Please explain "Yes" answers on bottom of page

Y	N

1. Have you ever been hospitalized?
 - a. Have you ever had surgery?
2. Are you presently taking any medications or pills?
3. Do you have any allergies (medicine, bees or other stinging insects)?
4. Have you ever passed out during or after exercise?
 - a. Have you ever been dizzy during or after exercise?
 - b. Have you ever had chest pain during or after exercise?
 - c. Do you tire more easily than your friends during exercise?
 - d. Have you ever had high blood pressure?
 - e. Have you ever been told that you have a heart murmur?
 - f. Have you ever had racing of your heart or skipped heartbeats?
 - g. Has anyone in your family died of heart problems or a sudden death before age 50?
5. Do you have any skin problems (itching, rashes, acne)?
6. Have you ever had a head injury?
 - a. Have you ever been knocked out, unconscious, or lost your memory?
 - b. Have you ever had a seizure?
 - c. Have you ever had a stinger, burner, pinched nerve, or numbness in extremities?
7. Have you ever had heat or muscle cramps?
 - a. Have you ever been dizzy, passed out, or become ill due to heat?
8. Do you have trouble breathing or do you cough during or after activity?
9. Do you use special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?
10. Have you had any problems with your eyes or vision?
 - a. Do you wear glasses or contacts or protective eye wear?
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?

Head Elbow Shoulder Neck Thigh Knee Foot
 Back Chest Forearm Wrist Ankle Hand Hip Shin/Calf

Y	N

12. Have you had any other medical problems (asthma, diabetes, mononucleosis, etc.)?
13. Have you had a medical problem or injury since your last evaluation?
14. When was your first menstrual period? _____
 a. When was your last menstrual period? _____
 b. What was the longest time between your periods last year? _____

Y	N

15. Has a physician ever denied or restricted your participation in sports or any physical activity? _____

Explain all "Yes" answers

PLEASE TURN IN TOGETHER: 1) COMPLETED PHYSICAL, 2) INSURANCE APPLICATION 3) INSURANCE PREMIUM PAYMENT TO THE SCHOOL ATHLETIC DIRECTOR/ATHLETIC/ACTIVITIES FACILITATOR-ML AT THE SAME TIME

NATRONA COUNTY SCHOOL DISTRICT #1 ATHLETICS
Student / Parent / Guardian Information and Consent

PLEASE SIGN AND RETURN TO YOUR SCHOOL'S ATHLETIC DIRECTOR

Student Name _____
Last First M.I.

Date of Birth _____ Age as of Aug 1 _____ Nov 1 _____ Mar 1 _____

Grade _____ Male Female

School Attended Previous Semester _____

Sports Participated in Last School Year _____

CONSENT TO PARTICIPATE (PHYSICAL EXAMINATION FORM)

The NCSD #1 Safety Program is designed to provide a safer environment for athletic participation. We want participants and parents to understand the inherent risks of athletic participation. To educate the athlete, we require them to view the video "Sports Risk: You Be the Judge." We strongly encourage every parent/guardian to view this same video when scheduled at your child's school, which is normally prior to the first contest of each sports season. If parents/guardians are unable to attend the scheduled meeting, arrangements to view the video may be made by contacting your school's athletic director.

I/We, as legal guardians, give our permission for our child to participate in organized NCSD #1 athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or death. I/We acknowledge that I/we have read and understand this warning.

CONSENT FOR EMERGENCY MEDICAL TREATMENT (PHYSICAL EXAMINATION FORM)

I/We as legal guardians, give our permission for NCSD #1 to sign for emergency treatment for our child named above. Parents/Guardians will be notified in case of serious illness or injury as quickly as possible, but this will make treatment possible.

INSURANCE (PHYSICAL EXAMINATION FORM)

I/We as legal guardians understand that insurance is mandatory for anyone participating in athletics and/or cheerleading. NCSD #1 does not carry health or accident insurance for students. As a convenience to patrons, the school district does endorse one student accident insurance company yearly. Information and application for purchasing this insurance is available at your school and is included as part of this Student/Parent/Guardian Information Packet.

PHYSICAL INFORMATION (PHYSICAL EXAMINATION FORM)

I/We as legal guardians, agree that should any information on the physical form change during the course of the school year, I/we will immediately submit to school officials in writing, the change that has occurred. I/We understand that no participation will be allowed until the physical form is completed and returned to administrative personnel.

ACADEMIC ELIGIBILITY / CODE OF CONDUCT

I/We have reviewed and understand the Academic Eligibility and Code of Conduct policies.

WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION ELIGIBILITY INFORMATION

I/We have reviewed the WHSAA information, "How to Protect Your Eligibility for High School Activities," with our son/daughter.

TRANSPORTATION

I/We understand that an activity may be conducted at a location other than the student's school of attendance. In many instances, the school and District will provide transportation between the school of attendance and the site of the activity. In those instances, the student must use the District provided transportation. In some instances the school and District will *not* provide transportation between the school of attendance and the site of the activity. In these instances transportation to the site is the responsibility of the student and/or parent/guardian, and may involve transportation by a private vehicle driven by others.

RECORDS RELEASE

I/We give permission for academic information including grade point average, class rank and any academic awards/recognition received by the student/athlete to be released for the purpose of recognizing excellence in both athletics and academics. Most typically this information will be used by newspapers, school publications, awards banquets, assemblies, all conference or all state awards. I/We understand NCSD #1 will protect my child's health information (Form SS-H-06) as prescribed the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) and that the information becomes part of the student's permanent record. The information will be shared with individuals working at or with NCSD #1 for the purpose of providing appropriate educational and school health services. Wyoming law prohibits NCSD #1 from making further disclosure of health information. This authorization shall become effective immediately and shall remain in effect until revoked. I/We understand that I/we may revoke, in writing, this authorization at any time.

I/We have read and understand the information contained in this packet.

Parent Signature _____

Date _____

Student Signature _____

Date _____

If you have any questions, please call your school's athletic director or principal.

CCA COUGARS CUSTOM SOCKS

\$15.00 PER PAIR



1

2

Shoe Size: (Men) youth 4 and under, small 5-8, med 8-10, large 11-13, XL 14+

(Women) youth 5 and under, small 5-8 Med 8-111, large 12+ (socks are unisex)

Sock Design (unisex sizing)	Youth	Small	Medium	Large	XL
1					
2					

Mark quantity wanted of each size ordered

Name _____

Phone: _____

MAKE CHECKS PAYABLE TO CCA



Casper Classical Academy
900 S. Beverly
Casper, WY 82601
307-253-3160