

Pilot School News

April 19, 2024 | Volume #15



UPCOMING EVENTS >>>

April 20, 2024

State History Day

April 22, 2024

Murray PACT Meeting

5:00pm – 6:30pm

April 23-25, 2024

MCA's (Math)

May 6, 2024

Murray PACT Meeting

5:00pm – 6:30pm

May 21, 2024

Murray PTO Meeting

6:00pm – 7:15pm

May 23, 2024

Spring Band/Orchestra Concert

6:30pm

May 27, 2024

No School – Memorial Day

Behold, my friends, the spring is come; the earth has gladly received the embraces of the sun, and we shall soon see the results of their love! **Sitting Bull**

I used the above quote in a message to our staff this week because it got me thinking about the work we all do and how it represents our students. In my mind, the work we all do is the sun and our students are the green trees, colorful flowers and the smell of freshly cut grass! We are now well into quarter 4 and the final stretch of the school year. The weeks will go by fast and furious. Our hope is that the sunshine we all provide our young Pilots will lead to our students finishing the year successful and excited for the next step in their educational journey.

The final quarter of the year is filled with events such as our last dance of the year, our final Core Value assembly, field trips, award recognition events, our final band/orchestra concert and Valley Fair for our 8th graders! We want to remain strong and consistent with our work to help our students finish at their very best. This is done through a strong family-educator partnership. Please maintain communication with your child's teachers and reach out if you have questions, need support or would like to celebrate something!

One final note is that our school budgets for year 24/25 are being finalized. There will be a budget informational session scheduled for our community in early May. At that time, everything will be fairly solid on where we sit for our next school year. Stay tuned for more information regarding the date and time of this event.

Celebrations:

#Pilotprops of the week! Ms. Miller would like to celebrate Nevaeh Roberts. She meets and exceeds all goals she sets for herself. She has also been a great leader and helper in our community with new students. We are so proud of her. Keep up the great work!

#Pilotprops of the week! Ms. Ulven would like to celebrate Donald Hoang. Donald is a leader in our classroom and in the community. He sets a great example by working hard and encouraging others. We are so lucky he joined our community this year!

#Pilotprops of the week! Mr. Willis would like to celebrate Miles Gulbranson. Miles does a great job of helping out in class. He is always volunteering to help pass out papers or collect things. He is very attentive and asks great questions. Thanks for helping make our class a community!

#Pilotprops of the week! Ms. Stedje would like to celebrate Myles McCormick. Myles is a creative writer and an all-around wonderful person!

Your Co-Pilot,

Jamin McKenzie

Principal, Murray Middle School

Valleyfair – Eighth Grade Celebration!

Monday, June 10th / 9:00am – 6:00pm / \$37.00

[Valleyfair Trip - Class Registration v3.0 - Saint Paul Public Schools \(rschooltoday.com\)](https://rschooltoday.com)

Money and Permission Forms Due May 28, 2024
Students need to be picked up at Murray at 6:00pm

Sixth Grade

Math with Mr. Lee:

As we enter 4th quarter, I wanted to update you on our current classroom activities. Our 6th graders have been diligently working on mastering the concepts of percent and probability in mathematics. It's been wonderful to see their growth and engagement throughout this unit!

With the Minnesota Comprehensive Assessments fast approaching on April 23rd, it's important for our students to understand the importance of getting plenty of rest and starting each day with a nutritious breakfast. A good night's sleep and a healthy meal can make a significant difference in your child's focus, energy levels, and overall performance during the MCA.

Thank you for your ongoing support and partnership in your child's education.

Here's to a strong start to the 4th quarter and a strong performance on the MCA!

Seventh Grade

Science with Ms. Dooley and Mr. Altringer:

Life Science students are learning about the cycling of matter and energy through ecosystems. We began by tasting maple water (as it comes from the tree – not very sweet), and then used our chemical reactions and molecules understanding from earlier this year to ask questions and design investigations around where plants get their food (inputs) and how it is processed before being used by other organisms (outputs).

Eighth Grade

Global Studies with Ms. Croone and Mr. Kareem:

State History Day is happening this Saturday, April 20 at the Minneapolis Convention Center. Murray has 35+ groups that will be participating! Good luck to all-

Africa is our next stop on the tour of regions! We are just starting this adventure but plan to look at a variety of countries in depth as we travel this amazing land.

E2 Plant Sale Fundraiser

Purpose:

This fundraiser will support the E2 (Environmental Inquiry Immersion) Science Elective class at Murray Middle School and students that take this course. This year's students will be caring for your seedlings raising them up from seeds. By participating in this course, the students learn gardening skills while learning about the chemistry that is happening to help the plants grow. The proceeds will be paid forward to the next year's class of students where funds will be used to support science fair, field trips, and other class materials.

Cost:

Each seedling will cost \$3 and money will be due at Pickup. Orders will be given first ordered first priority. This is our first time doing this fundraiser but not our first-time raising plants.

Glimpse at seedlings growing spring 2023.



Please take the following survey if interested in purchasing:

https://docs.google.com/forms/d/e/1FAIpQLScfsXpNL6J1vTA7rHvdu7hELyPTwfhMN3xu1aOZOjalQWID6A/viewform?usp=sf_link

Health

Does your child need dental care? Children's Dental provides dental care to students in school. If you are interested in enrolling your student in this service, the following is how you can sign up:

1. Fill out a consent form (see below or you can get a paper copy from Nurse Novak). This consent form allows Children's Dental Services to provide an exam and preventative services without a parent/guardian present.
2. Return the consent form to Nurse Novak.

If you choose to utilize these school based dental services, other dental care should not be sought out or obtained as it risks overtreatment and insurance disputes.

Please contact Nurse Novak for more details or if you have any questions. 651-888-7650

Help!

As we all know, cold and flu season was rough this year, and the increased visits to the health office depleted the tissue supply. The health office is-in-need of some tissue donations to restock. If you are willing and able to donate, please leave tissue donations in the main office or bring them to the health office. Thank you for your support!

Counselor's Corner

Hello Murray Families -

8th grade families/high school information

- **Como Park High School**
 - Academy of Finance: Hey 8th graders! Are you going to Como Park Senior High School next year? Are you interested in business? Consider joining the Academy of Finance! The Academy of Finance (AOF) is a small learning community that offers high school students an opportunity to study all areas of business in preparation for college and/or a professional setting.
 - On April 26th, current Academy of Finance students will be coming to speak with you at the 8th grade Assembly.
 - For more information, check out this [flyer](#) or visit our [website](#).

All families:

It's already that time - Summer School registration is open TODAY.

Registration info here: <https://www.spps.org/academics/summer-learning-programs#anchorName>.

There is also a paper application attached at the end of this newsletter.

You will register through Campus Parent Portal: <https://spps.infinitecampus.org/campus/portal/parents/stpaul.jsp> - if you need to reset your Parent Portal password or find username use this link: <https://www.spps.org/families/campus-parent-portal-onestop/reset-username-password> or call Murray at (651) 293-8740

Contact Murray Middle School Counselors with any questions or to help register: Justine Revermann (justine.revermann@spps.org) 651-744-7130 or Lisa Engelstad (lisa.engelstad@spps.org) 651-744-2397.

Here's more information: [Middle School Summer information](#)

3 Middle School Summer Options:

K-8 Freedom School:

- **Location:** LEAP - *former John A. Johnson school*, 740 York Avenue, Saint Paul, MN 55106
- **Program Dates and Times:** June 24-August 2 (28 days), 8:45 a.m.-3:45 p.m.
No programs on Thursday, July 4 and Friday, July 5
- **Description:** Freedom Schools strengthens literacy skills through a researched-based Integrated Reading Curriculum that features books, materials and projects that represent the heritages and experiences of our scholars. Essential features include Hero Elementary K-2; science, technology, engineering, arts, and math instruction; parent and family empowerment events; community engagement; pathways to careers; health and wellness; social action and field trips. Scholars see themselves in our high-quality Servant Leader Educators and community leader mentors/role models. This program is developed in collaboration with the Saint Paul Promise Neighborhood.

Grades 3-8 ESTEM (Environmental Science, Technology, Engineering, Math):

- **Location:** E-STEM Middle School, 600 Weir Drive, Woodbury, MN 55125
- **Program Dates & Times:** June 24-July 26 (23 days), 8:45 a.m.-2:45 p.m.
No programs on Thursday, July 4 & Friday, July 5
- **Description:** Students experience hands-on activities and field trips with a focus on environmental science, technology, engineering and math (STEM). Classes and activities include engineering, coding, construction, sports, environmental studies, cooking and working with computers. This program is sponsored by 3M and includes multiple STEM-themed field trips.



Grades 5-8 Summer Quest:

- **Location:** Washington Technology Magnet (1495 Rice Street, Saint Paul, MN 55117)
- **Program Dates & Times:** June 24-July 26 (23 days), 8:45 a.m.-2:45 a.m. No programs on Thursday, July 4 and Friday, July 5
- Students receive academic support, develop leadership skills and participate in enrichment activities. Students in grade 5 learn skills to prepare for their transition to middle school. When registering, students rank their top 3 elective choices to enhance their summer learning experience.

Based on space availability, students will be placed in 2 of the following enrichment and elective course options:

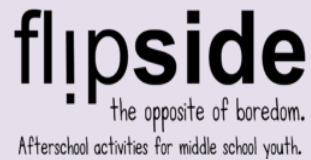
- *Cooking / Agriculture*
- *Fiber Arts and Textile Design*
- *Intro to Coding*
- *Physical Education / Gym*
- *Robotics*
- *Theater Arts*
- *Various Music Options (band, orchestra, guitar/ukulele, keyboard, digital music, drums)*
- *Visual Art and Design*

EVERY MEAL

Please fill out our QR code or this link if you are interested in getting items from the Murray food pantry sponsored by Every Meal. Link: <https://forms.gle/Uu7GTHWuTCiZgZ9b9>. We have food available at Murray for students to pick up at the end of the day on Fridays. It is in our Food pantry – see Google Form for more info. Please write down your name, your contact information, and which items you'd be interested in your student picking up each week. Students will take these items home in their backpacks.

Contact Justine Revermann (justine.revermann@spps.org or 651-744-7130) or Lisa Engelstad (lisa.engelstad@spps.org or 651-744-2397). You can reach out to us to schedule an appointment to pick up some food items.





The school year is coming to an end very quickly. That means it is time to begin thinking about summer plans. Flipside is offering two sets of summer camp this summer and they are all free!

Camp participants can only sign up for one camp, each camp has the same itinerary just different dates.

Camp A: July 8th- 25th and Camp B: July 29th- August 15th.

Camp details-

- Camp is at Johnson Sr. High School
- Camp is Monday-Thursday and from 8:45am- 2:45pm
- Transportation will be provided to those in SPPS boundaries
- Breakfast and Lunch are provided

If you are interested, please grab a form from the main office/ Ms. Abby or check out the Flipside website to get registered or if you have any questions - Space is limited so act fast.

AbbyAdegeye (she/her)

Flipside Coordinator, Murray Middle School

Community Education • Saint Paul Public Schools

2200 Buford Ave, St Paul, MN 55108

Office Phone: 651-744-3189

www.spps.org/murray



Academic All-Star Quarter 3

Aminat Akindele – Aminat is a great student, she is always willing to learn and is a great partner.

Katherinne Alvarado Linares – Kat is a good student who completes her work and helps others. She is collaborative and kind with all and makes sure all are included in our learning activities. She uses her bilingual skills to help other students be successful.

Oly Bagg – Oly does an excellent job applying his learning to real world problems in math. His creativeness has allowed him to make great connections with the math and he puts a lot of effort into his learning.

Lila Baum – Lila is an excellent student in class, she is always on time and pushing herself to learn.

Tedros Berry – Tedros shows academic excellence in pre-algebra through hard work and participation in his learning.

Logan Blank – Logan is always putting his best foot forward and always leads by example. He is a silent leader and it is awesome to see him lead by example.

Kiran Boyd – Ki has been working hard in Quarter 3 to improve his grades in all of his classes! He has been focused and working to do his best!

Pacifique Bukuru – Pacifique is a very hard worker and he's willing to take risks to try new language and learning activities. He has an excellent positive attitude!

Javi Cantellano – Javi has been working hard to succeed in all of his classes! He has a great attitude and is a supportive classmate and great member of our Murray community!

Chris Chavez – Chris has worked very hard this quarter to earn a passing grade in Math. He not only passed, but earned a high grade as well. It has been great to see your growth Chris!

Aiden Deckert – Aiden always gives 110% in class, and he has a wealth of knowledge that he is always eager to disseminate among his classmates. Aiden is such an awesome friend to everyone in class. Way to go Aiden!

Luc Dreamer – Luc is a hard worker in class. He is always willing to share his thoughts with the class and helps advance learning opportunities for all students.

Ashley Heesch – Ashley is an outstanding student who prioritizes her work, asks questions to support her learning, works well with others, and always tries her best!

Tony Htoo – Tony is a consistent and persistent worker and consistently respectful.

Eli Johnson – Eli has shown a tremendous amount of growth this year, and really thrived in Q3! He gets all his assignments done in a timely manner and exhibits all the qualities we expect from our academic all-stars!

Sadie Kersey – Sadie is committed to creating the best work in any Art medium or iPad app, and is reflective on the process as well as the success of her project.

Emma Kue – Emma has been working hard to be a leader in Life Science by encouraging her peers to do their work and modeling sharing of ideas.

Peter Laska – Peter shows above grade level work in Readers and Writers and works hard to make sure he understands the skills. He is also a powerful debater, growing from Rookie to Novice and practicing JV all in ONE YEAR! Way to go!

Anneliese Lindfors – Anneliese works incredibly hard in American Studies. She consistently submits excellent work and is willing to help her classmates. She is a great member of our classroom community!

Mary Grace Lindsley – Mary Grace shows academic excellence in algebra through hard work and participation in her learning.



Academic All-Star Quarter 3

Yerik Lopez Munoz – Yerik is a quiet and serious student. He is focused on his assignments and continues working even when others are not. He is thoughtful and kind when collaborating with others.

Zangchee Lor – Zangchee is the epitome of a hard worker. He may be quiet, but he's always on task and striving to improve his skills and knowledge.

Mi'Yanna Nelson – Mi'Yanna has been working hard to succeed in all of her classes! She has a great attitude, is willing to ask for help and always trying to improve her knowledge!

Alejandro Perales – Alejandro has shown tremendous growth this quarter! He has worked hard in his English class and participates often. He also did a wonderful job in the musical. I'm proud of you!

Ezequiel Perales – Ezequiel has shown tremendous growth this year. He has increased his math skills and is always willing to help!

Eh Thein Poe – Eh Poe is an academic leader in our classroom, working hard to show above grade level work. Keep up the powerful work!

Sam Proulx – Sam is both a great leader and a hard worker. He does his best on all his assignments and even helps his peers when they are-in-need of assistance. Keep up the great work!

Anna Reimringer – Anna is a wonderful student. She is always willing to participate in class discussions and has great ideas!

Jordi Rovira – Jordi always participates positively and his work is always exceptional! He is supportive of his lab team making sure they all succeed! Way to go!

Iris Rudolf – Iris always participates positively and her work is always exceptional! She is supportive of her lab team making sure they all succeed! Way to go!

Marcus Ruiz Alvarado – Marcus is not afraid to share his ideas during discussions and has been working hard all year. And doesn't give up when the work is tough.

Nyx Sands – Nyx has come into her own this quarter! The smiles and happiness spill over into class and the work she produces. Way to go!

Ella Schrecengost – Ella is both a great leader and a hard worker. She does her best on all her assignments and even helps her peers when they are-in-need of assistance. Keep up the great work!

Cody Shook – Cody works hard to try to include other students when doing group work. He puts in effort to fix his mistakes by asking questions.

Miles Wagner-Hemstad – For outstanding work in Life Science. Both independent and group projects are done well, and he is a great lab team member!

Nijia Wheeler – Nijia is always helping out and leading by example.

Jane Williams – Jane is a detail-oriented student. She is committed to doing her best on her assignments and asks questions when she doesn't understand a topic.

Piper Williamson – Piper is an incredible student. She is responsive, always on task, and willing to help out. Her skills in reading and writing are advanced and continuing to grow!

Da'Riyah Winkler – Riyah has stretched herself academically and is seeing HUGE success in her work and grades. Way to go!

Annie Yang – Annie is quiet and thoughtful in her work. She steps up to help others and is very kind.



PARK PERKS

Drink Coffee. Do Good.

This month, proceeds from Sunrise Banks' charitable coffee bar benefit the Murray PTO.

Sunrise Banks
2300 Como Avenue, St. Paul, MN 55108
Mon - Fri 9AM-5PM
Sat 9AM-12PM





Family Fun Night



Friday, May 10, 2024 | 5 - 8 PM

Attention ALL Como Park Senior students, families, staff, and teachers! Join us for a FREE evening of fun-filled activities, food, music, and more!

*Como Park Senior High School
740 Rose Ave W | St. Paul, MN 55117*

CONTACT

Jamie Hoffman, Parent Family Liaison
jamie.hoffman@spps.org | 651-744-5529





Children's Dental Services

Children's Dental Services (CDS) provides dental care at your school, which may include exams, x-rays, cleanings, fluoride, sealants, silver diamine fluoride (SDF), fillings, crowns, extractions and other treatments during regular school hours. If you would like your child to receive dental care or if you are able to fill out this form as an adult (18 years or older), please fill out this form and return it to school. *Note: Annual permission is required. We may need to call with questions prior to treatment; please provide a number to reach you during the school day. Care will be offered in 2021-22 if COVID-19 conditions allow.*

If you DO NOT want your child to be seen, please DO NOT fill out this form.

Step 1: Patient Information

Patient Name (print) _____	Birth Date _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parents' Names (print) _____		
Address _____		Zip Code: _____
Phone (_____) _____	2 nd Phone (_____) _____	Race/Ethnicity _____
Child's School _____	Grade _____	Teacher _____

Step 2: Dental Information

IS THE PATIENT HAVING ANY DENTAL-RELATED PAIN OR CONCERNS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	
HAS THE PATIENT SEEN THE DENTIST IN THE LAST 6 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES: Approximate date of last dental visit: _____ Name of Clinic _____	

Step 3: Insurance Information

CDS offers reduced cost to families who are income eligible.	
If your child has no dental insurance, please call CDS at 612-746-1530 and ask about our sliding scale program.	
A. Does the patient have insurance through the state? Yes No If yes, what is the member ID number (PMI) _____	
B. Does the patient have private insurance through a parent's employer? Yes No If yes, fill in information below:	
Name of Dental Insurance _____	Name of Employer _____
Policy Holder's Name/Name of Employee _____	Date of birth _____
Dental Plan Identification Number or Social Security # _____	

Step 4: Medical History

1. Indicate YES to all that applies to the patient, and indicate NO to all that DOES NOT apply to the patient.					
PLEASE MARK EVERY BOX.					
ADHD/ADD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Congenital heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
AIDS/HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Depression/psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No	Radiation/chemotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial heart valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	Developmental disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rheumatic fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Thyroid disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug addiction	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis (TB)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autism spectrum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy or seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Blood transfusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical dependency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cold sores or fever blisters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis/liver disease	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please explain any boxes marked yes: _____					
CONTINUE TO NEXT PAGE _____					



PLEASE MARK EVERY BOX

2. Does the patient have any disease, condition, or problem not listed? ☐ Yes ☐ No
If yes, please list _____
3. Does the patient have any allergies to food, drugs, SILVER, or medicines? ☐ Yes ☐ No
If yes, to what and how do you/ your child react? _____
4. Is the patient taking any medicines, drugs, herbal supplements or vitamins? ☐ Yes ☐ No
If yes, list all medications _____
5. Has the patient ever had any unusual reaction to a dental anesthetic? ☐ Yes ☐ No
6. Has the patient ever had any excessive bleeding requiring special treatment? ☐ Yes ☐ No
7. Has the patient seen a physician within the past 2 years? ☐ Yes ☐ No
If yes, for what reason? _____
8. Has the patient been hospitalized within the past 2 years? ☐ Yes ☐ No
If yes, for what reason? _____
9. Has the patient ever had any operations or surgery? ☐ Yes ☐ No
If yes, what was the reason? _____
Were there any complications? (describe) _____
10. Is the patient pregnant now or possibly pregnant? ☐ Yes ☐ No ☐ N/A
If yes, when is your due date? _____

Step 5: Review Authorization Information

Children's Dental Services Authorization for Dental Exam and Treatment: I give permission for CDS to provide a dental exam, preventive services, and required restorative care (dental treatment). Specifically I consent to routine dental treatments being performed on my child, including examinations, x-rays, cleanings, fluoride, and plastic sealants. For the treatment of minor cavities, I consent to the use of silver diamine fluoride (SDF). I am aware that SDF will turn the decayed area of the tooth gray or black in color, I am also aware there is a risk that the use of SDF may not stop the decay, and that the tooth may still require a filling. I understand that CDS staff may be in contact with me to obtain additional informed consent to provide restorative procedures such as fillings, crowns, extractions and other treatments if needed. I understand that with any procedure there are associated risks, but that these risks are often outweighed by the benefits of such treatment. **Risks of not having treatment done include the following:**

1. Tooth ache, tooth infection, or dental abscess that may cause pain, fever, swelling, and/or spread of infection to other parts of the body that can lead to potentially life-threatening complications.
2. Difficulty chewing and/or maintaining good nutrition.
3. Gum inflammation.
4. Development of cyst in gum tissue.
5. Facial swelling.
6. Tooth sensitivity to hot or cold.
7. Ongoing pain, bad breath, unpleasant taste in mouth and difficulty opening mouth.
8. Loss of teeth.

I also understand that while rare, there are certain inherent and potential risks in any treatment plan or procedure, and that such operative risks include but are not limited to the following:

1. Occasional bleeding of the gums that can last up to 12 hours.
2. Swelling of the face or pain or jaw stiffness that can last for several days.
3. Injury to adjacent teeth, tissue, or fillings.
4. Fracture of the jaw and necessity to surgically treat the fracture.
5. Injury to the nerve underlying the lower teeth, resulting in numbness, tingling, pain, or other sensory disturbances to the lip, cheek, chin, gums, teeth, and tongue.
6. Unexpected reaction to the anesthetic.
7. Infection in the tooth socket that can be painful, tender, and swollen if a permanent tooth is extracted.
8. Biting lip while still numb.

Children's Dental Services carefully follows Centers for Disease Control's health and safety guidelines relating to COVID-19.

Step 6: Sign and Date Consent Form

I give permission for CDS to bill my insurance for any services provided to the individual listed for care and I understand that I am responsible for any amount not covered by the insurance. I give permission for CDS to share the patient's oral health information with the school and the school permission to share information necessary for the provision of care to the patient, to provide the most comprehensive care possible. I also give permission for the school to share student information with CDS (including class schedules and data). This consent form is valid for one year from the date signed unless revoked in writing to CDS. If I had any further questions about the risks and benefits of treatment or alternate treatment options I have contacted a provider at CDS to ask such questions and they have been answered adequately. I have had adequate time to make the decision to give consent freely. The medical history provided is accurate to the best of my knowledge. If my medical history changes I will inform CDS.

Parent/Guardian (or patients 18 years of age or older) Signature

Date

****Please note:** If you or your child is seen by one of CDS' hygienists this does not take the place of an exam; we recommend a full examination with the dentist within 6 months if he/she has not already done so.





Children's Dental Services

Children's Dental Services (CDS) muaj ib qhov chaw kho hniav nram tsev kawm ntawv, uas los rau fub kuaj hniav, thajj fais fub, ntshuav hniav, plov hniav kom muaj zog (fluoride), looj hniav hlau thiab yas kom kab txhob noj, rho hniav, ntawv hniav, thiab lwem yam uas tseem nyog yuav kho thaum lub sij hawm nyob tim tsev kev ntawv. Yog koj xav kom koj tus menyuam txais txoj kev kho hniav los ntawv pib lub kos haum, los yog koj paub koj cov ntaub ntawv thiab muaj 18 xyoo, thov teb cov lus nug nram qab no thiab sa daim ntawv no mus rau tim tsev kawm ntawv. **Nco Nthoov:** Yuav tsum tau kev too cai txhua xyoo. Thov teb cov lus nram qab no kom tag txhua xyoo lub caij kawm ntawv ex tus menyuam thiaj li tau txais txoj kev kho hniav. Yog muaj lus nug dab tsi CDS yuav hu koj ua ntej pib txoj kev kho hniav rau koj tus menyuam; thov tso tus xav tooj uas kom pib hu tau koj yog muaj lus nug los sis teeb meem.

Yog hais tias koj tsis xav koj tus me nyuam tsum saib cov hniav, Tsis txhob kos daim ntawv.

1. Qhia tus neeg mob

Menyuam Npe _____	Hnub Yug _____	<input type="checkbox"/> Txiv Neej <input type="checkbox"/> Poj Niam
Niam/Txiv Npe _____		
Chaw Nyob _____		Zip Code: _____
Xov Tooj (_____) _____	2 nd Xov Tooj (_____) _____	Haiv neeg yog dab tsi? _____
Menyuam Tsev Kawm Ntawv _____		Qib _____ Xib fwb _____

2. Kev kho hniav Keeb kwm

TUS MENYUAM PUAS TAU MUS NTSIB TUS KWS KHO HNIAV (6) RAU LUB HLIS LOS NO?	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog
YOG : Hnub kuaj hniav tas los no: _____ Chaw Kho Hniav Npe _____	
Tus menyuam puas muaj mob hniav los yog kev txhawj ntawm cov hniav ?	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj
Yog muaj, thov qhia: _____	

3. Ntaub ntawv tuav pov fwn

Yog hais tias tus me nyuam tsis muaj ntawb (health insurance).	
Thov hu rau CDS (612)746-1530 Nug pab txog (Sliding Scale Program) Lawv yuam pab koj.	
1. Tus menyuam puas muaj ntawb ntawv tuav pov fwm kuaj hniav los ntawm toom fwm?	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog
Yog muaj, tus member ID yog li cas (PMI) _____	
2. Tus menyuam puas muaj ntawb ntawv tuav pov fwm kuaj hniav los ntawm niam/txiv chaw ua hauj lwem ?	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog
Ntaub ntawv tuav pov fwm npe _____ Qhov chaw ua hauj lwem _____	
Tus tuav cov ntaub ntawv pov fwm kuaj hniav npe _____ Hnub Yug _____	
Tus zais ID ntawm ntaub ntawv tuav pov fwm los sis tus Social # _____	

4. Kev mob nkeeg keeb kwm

1. Yog hais tias tus me nyuam muaj sau (YES) yog. Sau (NO) yoj tus me nyuam tsis muaj.

KOS TXHUA TXHUA KEM

ADHD/ADD	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Qhov ncaj tawm/sawv hlus	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Los tshav tsis tu (Hemophilia)	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj
Mob AIDS/HIV	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Mob plawv	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Kab mob siab (hepatitis)	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj
Tshav liab tsis txuas	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Nthai Kuaj Hniav (oral cavity)	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Nthav siab	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj
Muaj plawv yas	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Nyuaj siab/ntshov siab	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Mob Raam	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj
Muaj cog yas los npab yas	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Hnub qeeb los xiam hoobqhub	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Radiation/chemotherapy	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj
Ua pa nyuaj (asthma)	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Tshav qab zib (diabetes)	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Ua npawv	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj
Hnub qeeb hais lus tsis tau	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Quav yeeb, quav tshaj	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	O txis (thyroid disease)	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj
Tau txiv tshav	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Quag dab peg	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Mob ntawv (TB)	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj
Quav dej quav caw	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Plawv dhlia tsis tau	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj	Kev tsis haum rau nyiaj	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Muaj

Thov qhia cov ua koj khij "Yog": _____

YOG MUJ NTSIB LOS NTAWV



KOS TXHUA TXHUA KEM

2. Tus menyuam puas muaj tej yam ua tsis hais los saum no? ☐ Yog ☐ Tsis Yog
Yog muaj, thov qhia _____
3. Tus menyuam puas muaj kaub thuas los yog phiv rau zaub mov thiab tshuaj noj? ☐ Yog ☐ Tsis Yog
Yog muaj, phiv dab tsi thiab phiv li cas? _____
4. Tus menyuam puas noj tshuaj, siv tshuaj, siv tshuaj ntauab los noj tshuaj qab los? ☐ Yog ☐ Tsis Yog
Yog siv tshuaj, thov qhia _____
5. Yus menyuam puas tau phiv cov tshuaj txhaj kom qhov ncauj loog thaum khov hniav? ☐ Yog ☐ Tsis Yog
6. Tus menyuam puas tau los tshav loj heev li uas yuav tsum muaj kev kho thiab tu? ☐ Yog ☐ Tsis Yog
7. Tus menyuam puas tau mas kuaj kws kho mob 2 xyoo tas los no? ☐ Yog ☐ Tsis Yog
Yog tau lawm, yog vim li cas? _____
8. Tus menyuam puas tau mas pw tim tsev kho mob 2 xyoo tas los no? ☐ Yog ☐ Tsis Yog
Yog tau lawm, yog vim li cas? _____
9. Tus menyuam puas tau mas phais dab tsi li? ☐ Yog ☐ Tsis Yog
Yog tau lawm, yog vim li cas? _____
Puas muaj tej yam nyuaj? (thov piav) _____
10. Poj niem: tus menyuam cev xeeb tub los yog muaj fws tsam yuav muaj me nyuam sai? ☐ Yog ☐ Tsis Yog ☐ N/A
Yog muaj, thaum twg mam los yug? _____

5. Xyuas tag nrho ntaub ntawv koj yog

Children's Dental Services daim ntawv tso cai rau txoj kev kuaj thiab kho hniav: Kuv tso cai rau CDS muab txoj kev kho hniav los rau fah kuaj hniav, thauj fah fah, ntxuav hniav, pleev hniav kom muaj zog (fluoride), looj hniav blau thiab yas kom kab txhob noj, rho hniav, ntsaw hniav, thiab lwem yam uas tsim nyog yuav kho rau kuv tus menyuam. Tsis tas li ntawv, kuv tso cai rau lub koos haum kuaj tus menyuam cov hniav txhua lub sijhawm uas muaj kev kho hniav ntxiv rau kuv tus menyuam. Kuv nkag siab tias cov kws ua hauj lwem rau CDS yuav hu kuv yog muaj lus ntxiv txog tej ntaub ntawv los sim kev kho hniav rau tus menyuam. Kuv nkag siab tias txoj kev kho hniav no yuav muaj lwem yam teeb meem, tab sis qhov zoo yog qhov ntau uas yuav pab tas menyuam. Yog tsis kho cov hniav ces yuav muaj teeb meem xws li:

1. Muaj mob hniav, kis mob hniav, ua npaws, kub cev, phob vog, thiab cov kab mob uas muaj rau tag nrho lub cev.
2. Zom zaub mov tias tau, thiab kev noj haus tsis zoo rau tag nrho lub cev.
3. Pos hniav mob, liab thiab o.
4. Ua pob rau sab hauv daim ntawv nqaj pos hniav.
5. Ntsuj muag o (phob vog)
6. Rhiab hniav rau tej yam kub thiab txias.
7. Mob hniav ntev, ua pa tow phem, qhov ncauj hnrog iab, thiab rau qhov ncauj tsis tau.
8. Hniav Lod.

Kuv nkag siab tias kev khov hniav muaj cov kev yuav ua teeb meem mus raws li no (cov teeb meem tsis tas li no):

1. Pos hniav los ntxav txog 12 suab moo.
2. Ntsuj muag o (phob vog) thiab puab tsaig khov txog ob peb hnub.
3. Hnrog mob rau cov hniav nyob ntawm ib sab.
4. Puab tsaig lov/lawg thiab kev phais mob.
5. Cov leeg xa xov hauv cov hniav ua koj hnrog mob loog, casu yuam mas rau koj daim di ncauj, pib, pob tsaig, pos hniav, kaus hniav, thiab tau nplaig.
6. Lub cev tsis haum tshuaj loog.
7. Kev kis mob hauv cov qhov hniav mob heev, mob me ntais, thiab o/su/phob vog thaum rho cov hniav laus.
8. Tom di ncauj tau qhov ncauj teem loog.

Children's Dental Services yuav ua raws li cov lus pom zoo los tawm Centers for Disease Control hais txog tus kabmob COVID-19.

6. Thov kos npe thiab hnub

Kuv tso cai rau CDS xa cov nqi kuaj/kho hniav mus rau kuv lub koom haum ntaub ntawv tuav pov fwm rau tus meeg ua tau txais kev kho hniav. Kuv paub thiab nkag siab zoo tias kuv yuav tau them cov nqi tom qab kuv lub koos haum ntaub ntawv tuas pov fwm them tas es tseem tshuav cov seem. Kuv tso cai rau Children's Dental Services muab kuv tus menyuam cov ntaub ntawv qhia txog nws cov kaus hniav rau nws lub tsev kawm ntawv. Thiab kuv tso cai rau lub tsev kawm ntawv pab muab kuv tus menyuam cov ntaub ntawv uas qhia txog kuv tus menyuam kev noj qab haus kom Children's Dental Services nhriav qhov kev zoo tshaj plaws los kho nws cov kaus hniav. Kuv nkag siab thiab paub zoo tias daim ntawv tso cai no tsuas siv tau ib lub xyoo pib txij li hnub kos npe. Yog kuv muaj lub nug txog cov kev cai kho hniav no, kuv mam hu nug ib tub kws kho hniav kom kuv to taub. Kuv tau muab sijhawm los teb cov lub nug thiab tso cai kws kho hniav los kuaj kuv tus menyuam. Cov ntaub ntawv uas sau los saum no muab tseeb, yog muaj lwem yam pab kuv mam li qhia rau CDS paub sai.

Niam/Txiv (los yog muaj 18 xyoo rov sau) Kos Npe _____

Hnub _____

****Nco Ntuov:** Yog koj tus menyuam tau txais kev txhuam hniav los ntawm CDS ib tug kws ntxuav hniav es tsis tau txais kuaj hniav los; peb xav kom koj koj koj tus menyuam tuaj kuaj hniav 6 lub hil ntawv.

မှန်အိပ်ထမီ၊ ထာရက်လီထပ် ID နံပါတ်(PMI): _____

မှန်အိပ်ထမီ Insurance(အခွင့် ဟဲမီဖွဲ့လာ မိတ်တက်မလီခါ?) အိပ်/တအိပ်

မှန်အိပ်ထမီ၊ မာပွဲထောင်တက်လာလပ်သွန်တအိပ်အံတကျ: _____

Insurance အမံ: _____ တက်မလီအမံ: _____

Insurance ကလိမံ/တက်မလီမံ: _____ အိပ်/တအိပ်မှန်မလီမံ: _____

ID နံပါတ် ဖုတ်ဖုတ် social security # _____

Step 4. တက်အိပ်ထမီအိပ်ထမီတက်တက်

1. မှန်အိပ်ထမီကလီလာ အိပ် တကျ၊ မှန်အိပ်ထမီကလီလာ တအိပ် တကျ၊ ဝဲလာလူ၊ မာပွဲထောင်အံတကျ၊			
1. ADHD/ADD	အိပ်/တအိပ်	18. ဆင်စောတက်ဆါ	အိပ်/တအိပ်
2. AIDS/HIV	အိပ်/တအိပ်	19. တက်ဆါထိုင်ဖျက်	အိပ်/တအိပ်
3. သးအဲဒြဲလီလာပုကလီတုဒါမာပွဲကုအံ	အိပ်/တအိပ်	20. လွန်တက်ဆါ/လွန်ညီတက်ဆါ	အိပ်/တအိပ်
4. စုစောအိပ်စောလာတမှန်ကီတက်	အိပ်/တအိပ်	21. High blood pressure (လွန်ထိုင်မိပ်)	အိပ်/တအိပ်
5. တက်သိတဲ	အိပ်/တအိပ်	22. ကလုတက်ဆါ	အိပ်/တအိပ်
6. autism spectrum(အိတ်စာတက်ဆါ)	အိပ်/တအိပ်	23. စုစောအိပ်စော၊ ညှပ်ထွန်ဆိုင်ထိုင်	အိပ်/တအိပ်
7. တက်ဒြဲပုကလီ	အိပ်/တအိပ်	24. ပသိုင်တက်ဆါ	အိပ်/တအိပ်
8. စွဲကလပ်ဖုလီ	အိပ်/တအိပ်	25. တမီးလိပ်အသးဒီးတဲ	အိပ်/တအိပ်
9. Cold sores or fever blister(ညှပ်ကမီထိုင်တဖျန်တဖျန်လာအသးဒီးဒီး)			အိပ်/တအိပ်
10. Congenital heart lesions(သးအဲလီလာအိပ်မှန်လုပ်)			အိပ်/တအိပ်
11. တက်ဆါတက်သွန်ပွဲသးဒု၊ လွန်တက်သးတက်			အိပ်/တအိပ်
12. တက်ဆါသးတက်ဖျိပ်၊ လိပ်တက်တက်ထုမိယသိတုဂါသးတက်ပိညါ			အိပ်/တအိပ်
13. နီမီကွာဂါးတအိပ်တဖျန်၊ ဖုတ်ဖုတ်တလာတပွဲ			အိပ်/တအိပ်
14. heart murmur(သးအဲသိုင်လာအလီမေ)			အိပ်/တအိပ်
15. hemophilia(လွန်ပထုပ်တက်တက်ဆါ)			အိပ်/တအိပ်
16. radiation/chemotherapy(တက်ထုမိယသိတုဂါတက်ဆါအဲဒါမာပွဲထောင်အံတကျလုပ်ထပ်)			အိပ်/တအိပ်
17. Thyroid disease(တက်ဆါအဲဒါလာအိပ်လာပကီပ်တီမိပ်ညါ)			အိပ်/တအိပ်

4 မဲကူးအညွှတ်ကျွတ်အမှတ်အသား

5 မိသားစုညွှတ်

6 မဲပုံသေခံစားရန်ပုံစံတူတူပုံစံတူတူပုံစံ

7 တစ်ဆင့်တစ်ဆင့်၊ ကိတ်ပုံစံ၊ ထူးခြားသောပုံစံ၊ ထူးခြားသောပုံစံ၊ ထူးခြားသောပုံစံ၊ ထူးခြားသောပုံစံ

8 မဲကူးအမှတ်အသား

ယခင်ကမိသားစုတစ်ခုတည်းအဖြစ်တစ်ခုတည်း၊ တစ်ခုတည်းအဖြစ်တစ်ခုတည်း၊ တစ်ခုတည်းအဖြစ်တစ်ခုတည်း၊ တစ်ခုတည်းအဖြစ်တစ်ခုတည်း

1 မဲကူးအမှတ်အသား 12 နှစ်အတွက်ပုံစံတူတူပုံစံတူတူပုံစံ

2 မိသားစုတစ်ခု၊ ကမ္ဘာ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ

3 မဲကူးအမှတ်အသား၊ မဲကူးအမှတ်အသား၊ မဲကူးအမှတ်အသား

4 မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ

5 တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်

6 တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်

7 တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်၊ တစ်ဆင့်တစ်ဆင့်

8 မဲကူးအမှတ်အသား၊ မဲကူးအမှတ်အသား၊ မဲကူးအမှတ်အသား

Step 6. ဆုံးသတ်ပုံစံ၊ မူဝါဒ၊ မူဝါဒ

ယခင်ကမိသားစုတစ်ခုတည်းအဖြစ်တစ်ခုတည်း၊ တစ်ခုတည်းအဖြစ်တစ်ခုတည်း၊ တစ်ခုတည်းအဖြစ်တစ်ခုတည်း၊ တစ်ခုတည်းအဖြစ်တစ်ခုတည်း

မိသားစုတစ်ခုတည်း၊ မိသားစုတစ်ခုတည်း၊ မိသားစုတစ်ခုတည်း၊ မိသားစုတစ်ခုတည်း၊ မိသားစုတစ်ခုတည်း၊ မိသားစုတစ်ခုတည်း၊ မိသားစုတစ်ခုတည်း၊ မိသားစုတစ်ခုတည်း

မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ၊ မူဝါဒ

ပိုဒ်/ပိုဒ် ဆုံးသတ်ပုံစံ

မူဝါဒ



Children's Dental Services

Children's Dental Services (CDS) waxay siinayaan caawimaad ilkaha ah ciyaalka iskuulka. Ima badan waxay ku caawinayaan iskuulka ilmaha dhexdii. Caawimaad waxaa ka mid ah ilkaha firistooda. Raajo qaadida, radiifinta, daawada fluoride, plastic sealant, iyo buuxinta. Haddii cunugaaga haysto dentist kale oo aadan rabin CDS inay aragto cunugaaga fadlan ha ku soo celin foomkaan cunugaaga iskuulkiisa. Hadda caawimaad ilkaha ah umarro cunugaaga ama aad adiga rallaada. umarro (18 sano am aka wayn tahay), fadlan buuxi foomkaan kana socii iskuulka. Ogaysii: *Waa inaad ogoshahay inaad sanad saxiixdo. CDS waxaa laga yahay inay kusoo wadaan haday su aaf qabsan markay cunuga dawaynuu. Fadlan na sii number lagaa sawoco, Maal maha iskuulka jiro. Daryeelka waxaa la biin doonaa 2022-23 haddii xaaladaha COVID-19 ogoolaadaan.*

HADDII AADAN RABIN IN ILMAHAAGA LA, ARKO, FADLAN HA BUUXIN FOOMKAN

1. Sualaha Bukanka

Magaca Ardayga:	Dhalashadiisa:	<input type="checkbox"/> Will <input type="checkbox"/> Gabar
Magaca Waalidka:		
Ciwaankaaga:	Zip Code:	
Numbarkaga: ()	Numbarkaga lavad: ()	
Iskuulka cunugaaga:	Fasalkooda iskuulka:	Macallimad:

2. Sualaha Dentist

BUKANKA MA ARKAY DENTIST LIX BILOOD ASOO DHAAFAY?	<input type="checkbox"/> HAA <input type="checkbox"/> MAYA
Goorma ugu dan baysay inu dhakhtar arkey? Magca isbitaalka:	
Bukaanka wax xanuunah ilka ha maka hayee? <input type="checkbox"/> HAA <input type="checkbox"/> MAYA	
Haddii aad haa ku jawaabtay maxaa lagaa qalay:	

3. Sualaha Enshuuranska

CDS waxay bixisaa kharashka hoos qoysaska u qalma dakhliga haddii ilmahaagu uusan haysan insurance. Fadlan soo wac CDS 612-746-1530 oo weydii ku saabsan sliding scale.

A. Bukaanka enshuuranskiisa ma dawladda siis? ☐ HAA ☐ MAYA
Haa hadda tiri, waa maxay nambarka kaarka caafimaadka (PMI):

B. Bukaanka enshuuranskiisa ma shaqadaa waalidka siis? ☐ HAA ☐ MAYA Haa hadda tiri, buuxi hoos:

Magaca kaarka caafimaadka laanta: Magaca meesha ka shaqaysid:

Magaca policy holderka: Dhalashada:

Nambarka kaarka caafimaadka ama Nambark sooshaal sikurarka:

4. Taariikhda

1. Goobaab kuwaan qaar ka mida hadaad qabsat hada ama aad qabsat mar hore.

FADLAN CALAAMADEE MID KASTA.					
ADHD/ADD	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Congenital heart disease	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Dhiigkar	<input type="checkbox"/> Haa <input type="checkbox"/> Maya
AIDS/HIV	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Dental anxiety	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Cudurka Kalitha	<input type="checkbox"/> Haa <input type="checkbox"/> Maya
Anemia	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Buufis	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Radiation/chemotherapy	<input type="checkbox"/> Haa <input type="checkbox"/> Maya
Artificial heart valve	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Developmental disability	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Qando Batham	<input type="checkbox"/> Haa <input type="checkbox"/> Maya
Artificial joint	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Sokorow	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Cudurka Qariidhka Qoorta	<input type="checkbox"/> Haa <input type="checkbox"/> Maya
Neef	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Balwad daroogo	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Tiibisho (TB)	<input type="checkbox"/> Haa <input type="checkbox"/> Maya
Autismo	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Qalaal	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Xasaasiyadda lacagta	<input type="checkbox"/> Haa <input type="checkbox"/> Maya
Ku Shubista Dhiig	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Wadno xanuun	<input type="checkbox"/> Haa <input type="checkbox"/> Maya		
Chemical dependency	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	Hemophilia	<input type="checkbox"/> Haa <input type="checkbox"/> Maya		
Hirgaab/don hanoon/ Qarido	<input type="checkbox"/> Haa <input type="checkbox"/> Mya	Cudurka Barka	<input type="checkbox"/> Haa <input type="checkbox"/> Maya		

Fadlan sharax melaha haa dahy

SII WAD PAGE SOO SOCDA

FADLAN CALAAMADEE MID KASTA.

2. Ma qabtaa cudur, xaslad, dhib kale oo aan kor ku soo sheegin? ☐ Haa ☐ Maya
Fadlan fafeen naga sii: _____
3. Elergi ma ku tahay wax daawa ah? ☐ Haa ☐ Maya
Hadaad haa ku jawaabtay kuwee? Sidee ku noqotaa? _____
4. Ma qadanaysaa daawo ama waax vitamin? ☐ Haa ☐ Maya
Hadaad haa ku jawaabtay, maxaad qadanaysaa? _____
5. Kabuuyada madhibta beshanka? ☐ Haa ☐ Maya
6. Waligaa ma kugu dhacay dhiig bax badan oo aad u baahatay daawayn? ☐ Haa ☐ Maya
7. Beshanka dhakhtar maarkay labadi sano oo lasoodhaafay? ☐ Haa ☐ Maya
Hadaad haa ku jawaabtay, maxaad qadanaysaa? _____
8. Beeshanka dhakhtar magaley? ☐ Haa ☐ Maya
Hadaad haa ku jawaabtay, maxaad qadanaysaa? _____
9. Waligaa qalbiin ma gaashay? ☐ Haa ☐ Maya
Hadii aad tiri haa, goormu ahaa xiliga qalitaankaaga? _____
Waxdhib ah makalukulantay? (qeeq hadaa dhibkala kulantay) _____
10. Dumarka: Uur miya laahay? ☐ Haa ☐ Maya ☐ Moko xisabsa noo
Hadii aad tiri haa, waa goorma xiliga dhalitaankaaga? _____

5. Dib u Oggalaanshaha Information

Dactarka ilaha CDS Caruurta-Ogolaanshaha Baaritaanka iyo Daaweynta: Waxaan ogolaansho u siinayaa rugta daryeelka ilaha caruurta CDS baaritaanka joogtada ah ee kahortaga, daaweynta ilaha. Gaarahaan waxaan ogolaansho in baaritaanka joogtada ah lagu sameeyo ilmahayga oo ay ka mid tahay, neegnada, naajadda, nadrifinta, fluoride, buuxinta cinjirka, daboolka (Crown) saaritaanka iyo wixii daawayn kale ah oo loo baahdo. Daaweynta godadka yaryar waxaan ogolaahay isticmaalka silver diamine fluoride (SDF). Waxan la soodaa in SDF a ilaha ka dhigaysaa madaw. Sidee kale waan la soodaa in SDF laga yaabo inaysan joojin qodhunka aa liggaasi weli u baahan karaa buuxin. Waxaan fahamsanahay in shaqo kasta oo la liqabantayo ay khatar leedahay, laakiin intabadan ay faa'iidada ka miisaan wayn tahay dhibaatada khatarta OOGAYSIIIS: Dhibaatoyinka ka imaan kara in aan la daaweyn ilaha waxa ka mid ah:

1. Ilka xannuun, iliga oo jirada, boolel xannuun keema, qandho, barar iyo amaba dhibaatadaas oo u sii gudubta xubnaha kale ee jirka oo khatar galin kara naftaada.
2. Caboolka oo dhib noqda iyo amaba inaad si joogta ah aad is qadin wayside.
3. Ciriidka oo isbadal jirto gaduudna ka dhiga in ku yimaado
4. Ilaga iyo ciriidka gadihiisa oo boogaynta
5. Wajiga oo ku barar
6. Ilaha oo kulul iyo qabawgaba ku safiilyooda
7. Xannuun joogta ah, neefnaada u soo urta, dhadhanka oo xamaada iyo afka ood fari waydo.
8. Iliga oo kaa soo dhaca.

Waxaan kaloo fahamsanahay inkastoo ay yar yihiin in wax yaabaha qaarkood la dhaqdo iyo inay khatartu jireyso si kasta oo loo daaweyno ama loogu qorsheeyo daryeel, waxaana khatarshaas ka mid ah in kastoo aysan ku koobnayn kuwan soo socda.

1. Dhiig bax ciriidka ah oo socotarka illaa iyo 12saac
2. Wajiga oo ku barar ama daamanka oo ku xamaada
3. Dhaawac gaara ilaha isku dhagan, lafta ama buuxinta
4. Daanka oo jaba ama qalitaan lagama maarmaan ah oo lagu sameeyo jabka
5. Dhaawac soo gaara daren vidaha iliga ka hooseeya, oo sababa daren ka oo dhuma, xanto-xanto, xannuun ama darenka beshimaha oo isku qama, daanka, garka, ciriidka, ilaha iyo carabka.
6. Daawada kabuubiyada oo si aan lafilayn jirku ula qabsanwaydo.
7. Hurgan (Infection) ilaha dhaqda ka gala oo aad u xannuun badan kara, jileec iyo barar ku yimaada haddii la bixiyo iligii saxda ahaa.
8. Beshimaha ood qaniintid kabuubiyada ka dib

Children's Dental Services waxay si taxaddar leh u raacaan xeer-deganta Xarumaha Xakamaynta Cudurada ee kus saabsan COVID-19.

6. Qaab Calaamad Iyo Ogolaansho Taariikhda Form

Saxiixa aan manta saxeexo waxaa laga wada inaan u fasaxay CDS iney u diraan inshuuranskeyga bilika wax kastoo loo qabtay ama ama cunugeeyga waana fahamsanahay in la lga rabo wixii usaan enshuuranskeyga bixin. Waxaan kala oo ogolaahay in cunugeeyga lagudaaweyno iskuulka. Warqadaan waxay qalmo leedahay ilaa hal sano laga bilaabo maadintii la saxiixay hadii aadan u soo qorin CDS qoraal baajinaaya in cunugaaga la arko iskuulka.

Saxiixa waalidka ama masuulka (ama bechanka 18 jiro ama ka wayn)

Taariikhda

****Fadlan ogoow:** Hadii cunugasy arkay hygienists kasocda CDS ma ah inuu arkay dentist fiinyey ilkihiisa. Ardayga wuxuu ubaahan donna eksaam buuxa lixbilod todobood.



Children's Dental Services

Children's Dental Services (CDS) ofrece el cuidado dental en la escuela de su hijo, que puede incluir exámenes, radiografías, limpiezas, tratamientos de fluoruro, sellantes, **fluoruro de diamina de plata (SDF)**, rellenos, coronas, extracciones, y otros tipos de tratamientos necesitados durante las horas regulares del escuela. Si usted desea que su niño reciba cuidado dental o si usted es un adulto legalmente y puede completar este permiso (tiene 18 años o mayor), por favor complete este permiso y devuélvalo a la escuela. **Aviso: Pedimos este permiso cada año. Es posible que CDS necesite llamarle con preguntas antes de ciertos tratamientos. Por favor indique un número de teléfono para contactarles durante el día escolar.**

Si Usted no desea los servicios de CDS, no complete este permiso.

Parte 1: Información de Paciente

Nombre del Paciente _____		Fecha de Nacimiento _____		Masc. <input type="checkbox"/> Fem. <input type="checkbox"/>
Nombres de los Padres _____				
Dirección _____			Código Postal: _____	
Teléfono (____) _____		2 ^{do} Teléfono (____) _____		Raza/Identidad étnica _____
Escuela del paciente _____		Año escolar ____		Profesor _____

Parte 2: Información Dental

¿TIENE EL PACIENTE ALGUN DOLOR DENTAL? <input type="checkbox"/> Sí <input type="checkbox"/> No	
Si contestó "sí" por favor explique: _____	
¿EL PACIENTE HA TENIDO UNA CITA EN LOS ÚLTIMOS DESDE 6 MESES? <input type="checkbox"/> Sí <input type="checkbox"/> No	
Si contestó "sí": Fecha de la última cita dental: _____ Nombre de la clínica dental _____	

Parte 3: Información del Seguro

CDS ofrece descuentos para familiar quienes califican en base a sus ingresos. Si su niño no tiene seguro médico o dental, por favor llame a CDS al 612-746-1530 y pregunte sobre nuestro programa de descuento.	
A. ¿Tiene el paciente seguro por medio del estado? <input type="checkbox"/> Sí <input type="checkbox"/> No Si contestó "sí", cuál es el número de miembro? (PMI) _____	
B. ¿Tiene el paciente seguro dental por medio del empleo de los padres? <input type="checkbox"/> Sí <input type="checkbox"/> No Si contestó "sí", necesitamos la siguiente información:	
Nombre del Seguro Dental _____	Nombre de Empleador _____
Nombre del empleado quien recibe el seguro _____	Fecha de nacimiento _____
Número de identificación del plan dental o de seguro social _____	

Parte 4: Historia Médica

1. Indica "sí" si aplica al paciente, y indica "no" si no aplica al paciente					
MARQUE CADA BUZÓN					
ADHD/ADD	<input type="checkbox"/> Sí <input type="checkbox"/> No	Cardiopatías congénitas	<input type="checkbox"/> Sí <input type="checkbox"/> No	Presión alta	<input type="checkbox"/> Sí <input type="checkbox"/> No
SIDA/VIH	<input type="checkbox"/> Sí <input type="checkbox"/> No	Ansiedad Dental	<input type="checkbox"/> Sí <input type="checkbox"/> No	Enfermedad del riñón	<input type="checkbox"/> Sí <input type="checkbox"/> No
Anemia	<input type="checkbox"/> Sí <input type="checkbox"/> No	Depresión o Tratamiento	<input type="checkbox"/> Sí <input type="checkbox"/> No	Radiación o Quimioterapia	<input type="checkbox"/> Sí <input type="checkbox"/> No
Válvula de Corazón artificial	<input type="checkbox"/> Sí <input type="checkbox"/> No	Discapacidad de Desarrollo	<input type="checkbox"/> Sí <input type="checkbox"/> No	Fiebre Reumática	<input type="checkbox"/> Sí <input type="checkbox"/> No
Articulación artificial	<input type="checkbox"/> Sí <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Sí <input type="checkbox"/> No	Enfermedad de los Tiroides	<input type="checkbox"/> Sí <input type="checkbox"/> No
Asma	<input type="checkbox"/> Sí <input type="checkbox"/> No	Adicción a las drogas	<input type="checkbox"/> Sí <input type="checkbox"/> No	Tuberculosis (TB)	<input type="checkbox"/> Sí <input type="checkbox"/> No
Espectro Autista	<input type="checkbox"/> Sí <input type="checkbox"/> No	Epilepsia o Convulsiones	<input type="checkbox"/> Sí <input type="checkbox"/> No	Alergia a la plata	<input type="checkbox"/> Sí <input type="checkbox"/> No
Transfusión de sangre	<input type="checkbox"/> Sí <input type="checkbox"/> No	Soplo Cardíaco	<input type="checkbox"/> Sí <input type="checkbox"/> No		
Dependencia a sustancias	<input type="checkbox"/> Sí <input type="checkbox"/> No	Hemofilia	<input type="checkbox"/> Sí <input type="checkbox"/> No		
Herpes labial o ampollas	<input type="checkbox"/> Sí <input type="checkbox"/> No	Enfermedad del hígado	<input type="checkbox"/> Sí <input type="checkbox"/> No		
Por favor, explique los que marcó "sí": _____					
Continúa a la próxima página →					

MÁRQUE CADA BUZÓN

2. ¿El paciente tiene alguna enfermedad, condición o problema que no esta incluida en la lista? ☐ Sí ☐ No
Si contest "sí", por favor liste las condiciones _____
3. ¿El paciente tiene alguna alergia a las comidas, drogas, **PLATA**, o medicinas? ☐ Sí ☐ No
¿Alergia a qué y cómo reacciona el paciente? _____
4. ¿El paciente toma alguna medicina, droga, suplemento herbal o vitaminas? ☐ Sí ☐ No
Liste todos los medicamentos _____
5. ¿El paciente ha tenido reacciones anormales a la anestesia dental? ☐ Sí ☐ No
6. ¿El paciente ha tenido algún sangrado prolongado que requirió tratamiento especial? ☐ Sí ☐ No
7. ¿El paciente ha visitado un medico durante los últimos dos años? ☐ Sí ☐ No
Si contesta que si, ¿por que? _____
8. ¿El paciente ha estado hospitalizado durante los últimos dos años? ☐ Sí ☐ No
Si contesta que si ¿por que? _____
9. ¿El paciente ha tenido alguna cirugía u operación? ☐ Sí ☐ No
Si contesta que si, ¿por que? _____
¿Tuvo complicaciones? (explique) _____
10. ¿La paciente está embarazada o hay posibilidad que está embarazada? ☐ Sí ☐ No ☐ N/A
Si contesta que si, ¿cuándo es la fecha del parto? _____

Parte 5: Revisar Información de Autorización

Autorización para examen y tratamiento dental por Children's Dental Services: Doy permiso para que CDS le proporcione a mi hijo(a) un examen dental, servicios preventivos y tratamiento restaurativo requerido. Específicamente, doy permiso para realizar los tratamientos dentales básicos, incluidos los exámenes, las radiografías, limpieza, aplicación de fluoruro, sellantes plásticos en las muelas, restauración de caries, coronas, extracciones y otros tratamientos si fueran necesarios. **Para el tratamiento de caries menores, doy permiso para el uso de fluoruro de diamina de plata (SDF).** Soy consciente de que SDF hará que el área cariada del diente sea de color gris o negro. También soy consciente de que existe el riesgo de que el uso de SDF no detenga las caries y que el diente aún requiera un relleno. Entiendo que los empleados de CDS pueden estar en contacto conmigo para obtener un consentimiento informado adicional para proporcionar procedimientos de restauración como empastes, coronas, extracciones y otros tratamientos si es necesario. Entiendo que con cualquier tratamiento hay riesgos asociados, y que estos riesgos a menudo son superados por los beneficios del tratamiento. **Las consecuencias de no hacer el tratamiento a tiempo pueden incluir las siguientes:**

1. Dolor en el diente, infección, o absceso que puede causar dolor, fiebre, inflamación y/o el pas de infección a otras partes del cuerpo y que pueden causar complicaciones potencialmente graves.
2. Dificultad para masticar y/o mantener Buena alimentación
3. Inflamación de las encías
4. Desarrollo de bolsas en la piel de las encías.
5. Inflamación en la cara.
6. Sensibilidad al frío o al calor.
7. La continuación del dolor, mal aliento, sensación molesta y dificultad para abrir la boca.
8. La pérdida de dientes.

Además, yo entiendo que aunque son poco probables, hay ciertos riesgos inherentes y potenciales asociados con cualquier tratamiento dental, y que los riesgos pueden ser, pero no son limitados, a los siguientes:

1. Sangrado en las encías que pueden durar hasta un mínimo de 12 horas.
2. Inflamación en la cara, dolor o falta de sensación en la región mandibular, que pueden durar varios días.
3. Daño a los dientes vecinos, a la piel o a las restauraciones existentes.
4. Fractura en la mandibular y la necesidad de tratar quirúrgicamente la fractura.
5. Daño al nervio localizado debajo de los dientes, el cual puede resultar en falta de sensación, temblor, dolor u otras molestias al labio, mejilla, barbilla, encías, dientes o lengua.
6. Alguna reacción anormal a la anestesia.
7. Infección en el alveolo (hueso) del diente que puede ser doloroso, frágil e inflamado luego de extraer un diente permanente.
8. Mondadura del labio durante el efecto de la anestesia.

Children's Dental Services sigue con cuidado las pautas del Centro de Control y Prevención relacionado con COVID-19.

Parte 6: Firma y Fecha

Autorizo a CDS para que envíe la facture de pago a mi seguro por servicios proporcionados al individuo indicado. Entiendo que soy responsable por la porción que el seguro no cubra. Doy permiso a CDS a compartir información sobre la salud oral del paciente con la escuela, para proporcionar el tratamiento lo más completo posible. También doy permiso a la escuela a compartir información escolar del paciente (incluso a horarios de clases y datos). Este consentimiento es válido por un año a partir de la fecha de la firma a menos que sea revocada por escrito a Children's Dental Services. Si tuve más preguntas sobre los riesgos y beneficios del tratamiento u opciones alternativas, he contactado al proveedor de servicios dentales de CDS para hacer estas preguntas y han sido respondidas adecuadamente. He tenido suficiente tiempo para tomar una decisión y dar libremente mi permiso. También, la historia médica proporcionada es exacta a lo mejor de mi conocimiento. Si hay un cambio en la historia médica de mi niño(a), lo comunicare con CDS.

Firma del Padre/Guadán (o del paciente si tiene 18 años de edad o más)

Fecha

****Aviso:** La cita de su niño con una higienista para la limpieza dental no toma el lugar de un examen dental. Recomendamos un examen com-

...ento con el dentista cada 6 meses.

DISCOVER SUMMER

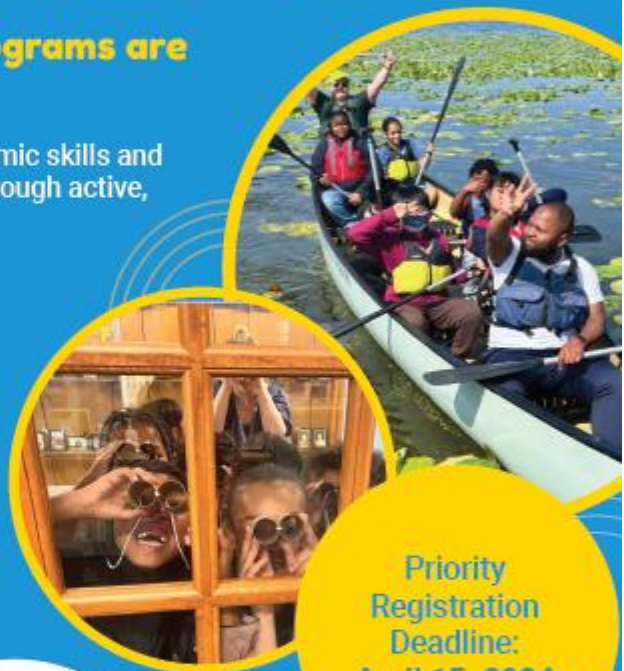
SPPS Summer Learning Programs are your opportunity to:

Learn new and strengthen current academic skills and prepare for the upcoming school year through active, fun and hands-on activities.

We have program options for kids in grades PreK-8.

Summer Learning Highlights:

- Enrich and expand skills in reading
- Project-based activities
- Experiential learning
- Exploratory courses
- Community partnerships
- Field trips
- FUN!



**Priority
Registration
Deadline:
April 15, 2024**

**All programs
are free**

**Free breakfast
and lunch**

**Transportation
available**

**Programs start
June 24**

Register between March 15 - April 15 for the best opportunity to get into the program of your choice. Many programs fill quickly. Based on capacity, students may be placed on a waiting list.

For program descriptions, dates and registration information, visit spps.org/summer.



Saint Paul
PUBLIC SCHOOLS



Nrhiav Qhov Khoos Kas Kawm Ntawv Lub Caij Ntuj So Uas Nej Nyiam

Kev kawm ntawv lub caij ntuj so hauv SPPS yog ib lub cib fim rau cov tub ntxhais kawm ntawv:

Mus kawm tej yam tshiab thiab kawm txhawb ntxiv rau lawv txoj kev kawm tam sim no thiab npaj rau xyoo kawm ntawv tom ntej los ntawm kev kawm tej yam lom zem thiab siv tes ua kiag.

Peb muaj cov khoos kas kawm rau cov me nyuam uas kawm qib K txog 8.

Cov Kev Kawm Lub Caij Ntuj So Muaj Xws Li:

- Kev kawm txhawb ntxiv rau txoj kev nyeem ntawv
- Kev kawm raws tes num
- Kev kawm los ntawm kev nqis tes ua kiag
- Kev tshawb kawm tej tuj uas txaus siab
- Kev koom tes rau hauv zej zos
- Tawm mus kawm sab nraud
- KEV LOM ZEM!



**Hnub Kawg Rau
Kev Teev Npe:
Lub Plaub Hlis
Tim 15, 2024**

**Txhua qhov khoos
kas yog kawm dawb**

**Muaj noj tshais
thiab su dawb**

**Muaj tsheb thauj
mus los**

**Cov khoos kas yuav
pib rau thaum lub 6
Hli tim 24**

Mus sau npe thaum lub Peb Hlis tim 15 mus rau lub Plaub Hlis tim 15 kom muaj lub cib fim zoo tshaj tau qhov khoos kas uas nej xaiv. Ntau qhov khoos kas puv sai heev. Yog chaw puv lawd, ces peb yuav muab cov tub ntxhais kawm ntawv tso npe rau daim ntawv tuav npe tos kawm.

**Yog xav paub txog qhov khoos kas, cov hnub thiab kev teev npe,
mus saib hauv spps.org/summer.**



ယုထံၣ်သ့ၣ်ညါတၢ်ကီၤခါ တၢ်ရဲၣ်တၢ်ကျဲၤ

**စ့ၣ်ဖိလံပဒိၣ်ကွဲၣ် တၢ်ကီၤခါတၢ်မၤလိအတၢ်ရဲၣ်တၢ်ကျဲၤတဖၣ် မ့ၢ်
နတၢ်ခွဲးတၢ်ယၢ်လၢ -**

မၤလိတၢ်အသိးဒီး မၤဂ့ၢ်ဒိၣ်ထီၣ် ကွဲၣ်သ့တၢ်သ့တၢ်ဘၣ်ခဲအံၤတဖၣ် ဒီး ကတၢ်ကတီၤ
သးလၢကွဲၣ်န့ၣ်ဆူၣ်ညါ တနံၣ်အဂီၢ် ခီဖျါ မၤလိတၢ်ဟူးတၢ်ဂံၤတဖၣ်လၢအိၣ်ဒီးတၢ်ဖုံ,
မၤလၢနီၤကစၢ်ဒီးတၢ်သ့ၣ်ဆူၣ်သးဂံၤအပူၤ န့ၣ်လီၤ.

**ပအိၣ်ဒီးတၢ်ရဲၣ်တၢ်ကျဲၤတၢ်ယုထံၣ်သ့ၣ်ညါတဖၣ်လၢ
ဖၣ်ခဲၣ်-စတၢ်ကွဲၣ်မိတဖၣ်အဂီၢ်လီၤ**

တၢ်လၢကွဲၣ်မိကမၤလိမဲတၢ်ကီၤခါတၢ်မၤလိအပူၤမ့ၢ်ဝဲ:

- တၢ်မၤဂ့ၢ်ထီၣ် ဒီး မၤထီၣ်တၢ်မးလံာ်အတၢ်သ့တၢ်ဘၣ်တဖၣ်
- တၢ်မၤလိတၢ်ဟူးတၢ်ဂံၤလၢပၣ်ဃုာ်ဖျါကွဲးတဖၣ်
- တၢ်မၤလိတၢ်ဟူးတၢ်ဂံၤလၢဘၣ်ယုသ့ၣ်ညါမၤတၢ်လၢနီၤကစၢ်
- တၢ်မၤလိတၢ်ယုထံၣ်သ့ၣ်ညါတၢ်တဖၣ်
- ပုၤထဝါတၢ်မၤသကိးတၢ်တဖၣ်
- တၢ်လဲၤဟးဒီးမၤလိတၢ်ဆူတၢ်လီၤဂ့ၢ်ကတဖၣ်
- တၢ်သးဖုံ



တၢ်ဆဲးလီၤမံၤမဲၤခဲကတၢ်မ့ၢ်နီၤ -
လါအုၣ်ဖျါ ၁၅သီ,
၂၀၂၄ နီၣ်

တၢ်ရဲၣ်တၢ်ကျဲၤခဲလၢတလိၣ်န
ဟ့ၣ်အပူၤဘၣ်

တၢ်ဟ့ၣ်လီၤကလိဂီၢ်ခိးမ့ၢ်
ဆါခိးတၢ်အိၣ်

တၢ်ဝံၣ်တီၢ်ဆူၣ်အိၣ်

တၢ်ကီၤခါတၢ်ရဲၣ်တၢ်ကျဲၤတ
ဖၣ်စးထီၣ် လါယုၤ ၂၄သ

ဆဲးလီၤမံၤမဲၤ လါမးစုး ၁၅သီ - လါအုၣ်ဖျါ ၁၅သီအဘၣ်စၢၤ ဒ်သီးနကဒီးနီၣ်တၢ်ခွဲးတၢ်ယၢ်အဂ့ၢ်ကတၢ်လၢ နကမၤနီၣ်
တၢ်ရဲၣ်တၢ်ကျဲၤလၢန့ၣ်သ့ၣ်ဘၣ်သးအဂီၢ်န့ၣ်တက့ၢ်. တၢ်ရဲၣ်တၢ်ကျဲၤခါခါ ပုၤချေဒိၣ်မးလီၤ. လၢတၢ်တူၢ်လိာ်ကွဲၣ်မိတဖၣ်အိၣ်, ကွဲၣ်မိတဖၣ်
ကဘၣ်တၢ်ဟံၣ်အိၣ်အိၣ်ဒီးတၢ်အစီၤပုၤန့ၣ်လီၤ.

နမ့ၢ်အိၣ်ဒီးသ့ၣ်ညါ တၢ်ရဲၣ်တၢ်ကျဲၤအဂ့ၢ်အကျိၤတဖၣ်, မ့ၢ်နီၣ်မ့ၢ်သီ ဒီး တၢ်ဆဲးလီၤမံၤမဲၤအတၢ်ဂ့ၢ်တၢ်ကျိၤန့ၣ်,
နီၣ်လီၤကွဲၣ် spps.org/summer ဟံၣ်ယဲၤန့ၣ်တက့ၢ်.



Wax Kororso Xagaaga

Barnaamijyada Waxbarashada Xagaaga ee SPPS waa fursad ah:

In la barto wax cusub oo la xoojiyo xirfadaha tacliimeed ee hadda jira iyo in ardayda loo diyaariyo sannad-dugsiyeedka soo socdo iyada oo loo marayo hawlo firfircoon oo leh madaddaalo iyo wax tijaabin.

Waxaan haynaa barnaamijyo kala duwan oo loogu talagalay carruurta dhigata fasallada PreK-8.

Waxyaabaha Muhiimka ah ee Waxbarashada Xagaaga:

- Kobcinta iyo waasicinta xirfadaha waxakhriska
- Hawlo waxbarasho oo ku saleysan mashruucyo
- Waxbarasho qaab tijaabo ah wax loo baranayo
- Koorsooyin Xogo lagu Sahaminayo
- Wadashaqeynta bulshada
- Safarro gaaban oo waxbarasho
- MADADDAALO!



Taariikhda kama dambaysta ee isdiwaangelinta mudnaanta leh:

April 15, 2024

Dhammaan barnaamijyadu waa lacag la'aan

Quraac iyo qado bilaash ah

Gaadiid waa lagu heli karaa

Barnaamijyadu waxay billaabanayaan June 24

Isdiwaangelinta inta u dhaxaysa March 15 iyo April 15 si aad u heshid fursadda ugu fiican ee gelitaanka barnaamijka aad dooratay. Barnaamijyo badan ayaa si dhakhso leh u buuxsanaa. Iyadoo barnaamijka lagu saleynayo kuraasta bannaan, ardayda boos loo waayo waxaa lagu qorayaa liiska sugitaanka.

Wixii ah faahfaahinta barnaamijka, taariikhaha, iyo xogaha isdiwaangelinta, booqo spps.org/summer.



Descubra el Verano

Los Programas de Aprendizaje de Verano son la oportunidad para:

Aprender nuevas y fortalecer habilidades académicas actuales y prepararse para el próximo año escolar a través de actividades activas, divertidas y prácticas.

Tenemos opciones de programas para niños entre PreK-8.

Información destacada de los Programas de Aprendizaje de Verano:

- Enriquecer y ampliar las habilidades en lectura
- Actividades basadas en proyectos
- Aprendizaje experimental
- Cursos exploratorios
- Asociaciones comunitarias
- Excursiones
- ¡DIVERSIÓN!



Plazo prioritario de inscripción:
15 de abril, 2024

Todos los programas son gratuitos

Desayuno y almuerzo gratis

Transporte disponible

Los programas comienzan el 24 de junio

Inscríbase entre el 15 de marzo y 15 de abril para tener la mejor opción de quedar en el programa de su elección. Muchos programas se llenan rápidamente. Dependiendo de la capacidad, los estudiantes pueden ser puestos en listas de espera.

Para descripción de programas, fechas e información sobre inscripción, visite spps.org/summer.



Saint Paul
PUBLIC SCHOOLS





Grades PreK-8 Registration Summer Learning Programs 2024

For dates and to learn more about program choices go to spps.org/summer.

Register by **April 15, 2024**, for the best chance of enrollment in your program of choice.

Many programs fill quickly. Based on capacity, students may be placed on a waiting list.

Select ONE of the following ways to register:

1. Register online at spps.org/summer.
2. Download, complete, and submit completed form by U.S. Mail to:
Summer Registration, Student Placement Center, 2102 University Ave. West, Saint Paul, MN 55114.
3. Download, complete, and email form to spc@spps.org.

Student ID/Lunch#: _____	Student Name: _____
<small>Does not apply to non-SPPS students</small>	
Birth Date: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male Home Language: _____
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> White
Current Grade (2023-24): _____	2023-2024 SPPS School/District: _____

Parent/Guardian Name(s): _____	First Name	Last Name
Relationship to Student: _____		
Home Address: _____	Street	City State Zip
Home Phone: _____	Cell Phone: _____	
Parent/Guardian Email: _____		

<u>Alternate Address (student can be picked up and dropped off at alternate addresses if they are located in the same Area)</u>		
Pick Up Address: _____	Street	Apt. #
Relationship to Student: _____		
Pick Up Contact Person: _____	Pick Up Phone: _____	
Drop Off Address: _____	Street	Apt. #
Drop Off Contact Person: _____	Drop Off Phone: _____	

<u>Emergency Contact</u>	
Emergency Contact Name: _____	Emergency Contact Phone: _____
Emergency Contact Email: _____	
<u>Health Conditions (Non-SPPS students ONLY. Current SPPS student health history is on file):</u>	
Does your student have health concerns/conditions requiring medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, what is the condition and what medical attention is required (i.e. medications)? _____	



Summer Learning Program Options (no programs Thursday, July 4, and Friday, July 5):

You may choose only ONE Summer Learning Program that serves your student's current grade level (2023-24):

<input type="checkbox"/> Pre-K Summer Program (for students who have completed 23-24 SPPS Pre-K)	June 24-July 26
<input type="checkbox"/> Grades K-4 Summer Stars	June 24-July 26
Grades K-4 Language Immersion & Culture	June 24-July 26
<input type="checkbox"/> SPPS Language Immersion (for students currently enrolled in an SPPS immersion program)	
<input type="checkbox"/> American Indian Youth Enrichment (open to all students)	
<input type="checkbox"/> Grades K-4 Power Scholars Academy	June 24-July 26
<input type="checkbox"/> Grades K-5 Arts Us Camp Teranga (transportation is limited to Areas E and F1)	June 24-July 26
<input type="checkbox"/> Grades 3-8 Environmental STEM Program	June 24-July 26
<input type="checkbox"/> Grades 5-8 Summer Quest	June 24-July 26
<input type="checkbox"/> Grades K-8 CDF Freedom Schools	June 24-August 2

To learn more about program choices, go to spps.org/summer.

GRADES 5-8 Summer Quest ONLY:

Rank your top three choices for elective classes (1, 2, 3). If music is chosen, indicate the Music Elective Options in Boxes A & B below.

See boxes A and B below if selecting a band or orchestra elective.		
<input type="checkbox"/> Agriculture and Cooking	<input type="checkbox"/> Robotics	<input type="checkbox"/> Band
<input type="checkbox"/> App Design and Coding	<input type="checkbox"/> Theatre Arts	<input type="checkbox"/> Digital Music
<input type="checkbox"/> Fiber Arts and Textile Design	<input type="checkbox"/> Visual Art & Design	<input type="checkbox"/> Guitar
<input type="checkbox"/> Physical Education		<input type="checkbox"/> Keyboard/Piano
		<input type="checkbox"/> Orchestra

Grades 5-8 Summer Quest ONLY IF music is chosen as an elective:

Make one choice per box:

Box A - My student wants to play:	Box B - My student's current music level is:
<input type="checkbox"/> Alto Sax	<input type="checkbox"/> No prior music instruction
<input type="checkbox"/> Baritone	<input type="checkbox"/> Beginning level
<input type="checkbox"/> Cello	<input type="checkbox"/> Intermediate level
<input type="checkbox"/> Clarinet	
<input type="checkbox"/> Drums/Percussion	
<input type="checkbox"/> Flute	
<input type="checkbox"/> Trombone	
<input type="checkbox"/> Trumpet	
<input type="checkbox"/> Viola	
<input type="checkbox"/> Violin	

Continual Learning Plan (CLP)

Student CLP goals include gaining critical thinking and standards-based academic skills and/or improving English language skills. It is important to discuss with your student why you are voluntarily enrolling them for a summer program. Prior to submitting this form, please sign below if you agree with the student CLP goals listed above.

Signature

Date

I give permission for my student to be photographed and interviewed during Summer Learning Programs, and for my student's first name to be used in promotional materials for Saint Paul Public Schools.

☐ Yes ☐ No

Families will receive confirmation of enrollment by email the last week of April. Transportation information will be sent via email the week of June 10, 2024. Current SPPS student enrollment and transportation information will also be available in the Campus Parent Portal.

Questions? Go to spps.org/summer, or call the Department of Alternative Education at 651-744-8020.

