TROY COLTS

FRESHMAN ORIENTATION PACKAGE



WEDNESDAY
AUGUST 19
2026

12:00 PM TO 3:00 PM

TROY HIGH SCHOOL'S

LEAP DAY

AUGUST 24, 2026

8:00AM TO 12:00PM

ALL FRESHMEN
ARE ENCOURAGED TO ATTEND!

NO COST!



TSD BUSING
BOTH WAYS



LUNCH
PROVIDED

RSVP



LET'S LEAP INTO A GREAT YEAR!



NATIONAL HONOR SOCIETY CLASS OF 2029 AND BEYOND REQUIREMENTS

CLASS OF 2029 GPA REQUIREMENTS

- Students must maintain an unweighted cumulative GPA of **3.75 or higher** in order to recieve an invitation to apply for NHS.
- Please note: any grades earned during summer school will not be apart of their cumulative GPA until the following June.

SERVICE

- Students will submit a community service log with a **minimum of 20 hours** from the beginning of their 9th grade year with their application (**you can start this log now!**).
- Service should demonstrate an ongoing commitment over the course of their high school career.
- All community service must be done through a philanthropic organization without payment or reward.
- Ongoing committed Involvement in two school clubs or sports.
- Contact information for advisor/coach will be required on application.

CHARACTER AND LEADERSHIP

- Students will be evaluated on their character and leadership by 5 current or former teachers of the student.
- Students must earn an average of 3.0 or higher in both categories out of a 4.0 scale
- No action required yet, this is part of the application process at the beginning of your junior year.

WHAT IF YOU DO NOT MEET THE REQUIREMENTS TO APPLY WHEN YOUR JUNIOR YEAR STARTS?

Don't worry! If you are not eligible to apply for NHS your junior year, you will be offered the same opportunity to apply your senior year.

NATIONAL HONOR SOCIETY

CHECK OUT OUR WEBSITE FOR MORE INFORMATION!

SERVICE LOG

Troy High School
4777 Northfield Parkway
Troy, MI 48098
248.823.2700

Dr. Christopher Smith, Principal
Dan House. Assistant Principal
Kerry Brennan, Assistant Principal
Jesse Allgeier, Assistant Principal

Dear Parents,

To help students understand the importance of academic integrity and the serious consequences of plagiarism, we ask that you review the attached information with your child. Over the past several years, preventable incidents of plagiarism have created concerns for both students and staff. We believe that educating students about what constitutes plagiarism and how to avoid it is an important step in promoting responsible academic practices.

Please read the attached document together with your student and have them sign it to acknowledge their understanding of the expectations outlined. We also request your signature. The signed form should be returned at their orientation session. Please keep the attached document for your records.

Additional resources on plagiarism prevention and academic honesty are available at **Plagiarism.org** and **Turnitin.com**. As always, teachers will be available to answer any questions students may have once the school year begins.

Thank you for your partnership in supporting student success and academic integrity.

Kerry Brennan
Assistant Principal

After reading the attached document, I understand:

- ☐ *what plagiarism is, and the different forms of plagiarism.*
- ☐ *The academic and disciplinary consequences of plagiarism at Troy High School.*

Student Name (please print): _____ Student ID: _____

Student ID: _____ Year of Graduation: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

ONE TROY

An Equal Opportunity/Affirmative Action Employer

High School Guide to Plagiarism: What Is It and How to Avoid It

What Is Plagiarism? Presenting someone else's work as one's own in order to obtain a grade or credit is considered plagiarism. This includes, but is not limited to, copying others' assignments, quiz or test answers, and turning in others' work as your own. Turning in AI generated assignments is also considered plagiarism. As this is a Level I offense and considered Academic Misconduct, the following consequences will occur:

- Teachers will notify the parents and the office of the first offense.
- Students who violate this policy will receive zero credit for assignments or work involved.
- Repeat offenses will result in a Level II disciplinary action.

How to Avoid Plagiarism: The following information, as presented by plagiarism.org, can help you avoid such an issue.

Many people think of plagiarism as copying another's work or borrowing someone else's original ideas. But terms like "copying" and "borrowing" can disguise the seriousness of the offense. According to the Merriam-Webster Online Dictionary, to "plagiarize" means to--

- steal and pass off (the ideas or words of another, including AI generated) as one's own
- use another's piece of work or production without crediting the source
- commit literary theft
- present as new and original an idea or product derived from an existing source

But can words and ideas really be stolen?

According to U.S. law, the answer is yes. The expression of original ideas is considered intellectual property and is protected by copyright laws, just like original inventions. Almost all forms of expression fall under copyright protection if they are recorded in some way (such as in a book or computer file).

All of the following are considered plagiarism:

- Turning in someone else's work as your own
- Using AI to generate all or part of an assignment **when not sanctioned by teacher**.
- Copying words or ideas from someone else without giving credit
- Failing to put a direct quotation in quotation marks
- Giving incorrect information about the source of a quotation
- Changing words but copying the sentence structure of a source without giving credit
- Copying so many words or ideas from a source that it makes up the majority of your work, whether you give credit or not.

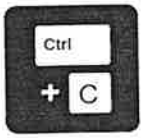
A graphic representation of the different types of plagiarism appears on the next page. Learning these various forms can help you to prevent plagiarism.

TYPES OF PLAGIARISM

Types of plagiarism may not always be understood by students. The boundary between plagiarism and research is often unclear. Learning to recognize the various forms of plagiarism is an important step towards effective prevention. Each of the 10 most common types of plagiarism is defined below. (Plagiarism.org) ***Feel free to visit Plagiarism.org for additional support.***



#1. CLONE: Submitting another's work, word-for-word, as one's own



#2. CTRL-: Contains significant portions of text from a single source without alterations



#3. FIND – REPLACE: Changing key words and phrases but retaining the essential content of the source



#4. REMIX: Paraphrases from multiple sources, made to fit together



#5. RECYCLE: Borrows generously from the writer's previous work without citation



#6. HYBRID: Combines perfectly cited sources with copied passages without citation



#7. MASHUP: Mixes copied material from multiple sources



#8. 404 ERROR: Includes citations to non-existent or inaccurate information about sources



#9. AGGREGATOR: Includes proper citation to sources but the paper contains almost no original work



#10. RE-TWEET: Includes proper citation, but relies too closely on the text's original wording and/or structure

Required for ALL students

Troy High Registration Card 2026 -2027

All Students MUST fill the Student Registration Card.

Please follow the link or use the QR code to access the form.

Thank you.

Link:

TROY HIGH SCHOOL REGISTRATION CARD 2026 - 2027 – Fill out form



Richard M. Machesky, Ed.D.
Superintendent of Schools

District Athletics
1522 E. Big Beaver Rd.
Troy, Michigan 48083
248.823.5154
248.823.5133 Fax

Matt Jansen
Director, Athletics

Spring 2026

Dear Parents / Guardians of TSD High School Student-Athletes,

As we prepare for the 2026–2027 school year, please review the important athletic department information below to ensure your student-athlete is registered, eligible, and ready for participation.

FINALFORMS REGISTRATION
All athletic forms must be completed in FinalForms before a student-athlete may participate in any sport.

- **Returning families:** Log in to FinalForms and update your student's information for the 2026–2027 school year.
- **New families:** Please review the Parent Playbook for step-by-step registration instructions.
- For assistance, contact Camille Marbury at cmarbury@troy.k12.mi.us.
- FinalForms Registration Site

SPORTS PHYSICALS
Per MHSAA regulations, all student-athletes must have a current sports physical dated **April 15, 2026 or later** to participate during the 2026–2027 school year.

To Complete the Physical Process:

1. Update your FinalForms profile.
2. Print the physical form and health history pages from FinalForms.
3. Bring the forms to your physical appointment.
4. Upload the completed and physician-signed **Preparticipation Physical Evaluation Form** (*last page only*) to FinalForms.

TSD-Sponsored Physical Nights

- **Athens High School** — Wednesday, June 17 | 6:00–9:00 PM (Aux Gym Entrance)
- **Troy High School** — Wednesday, July 22 | 6:00–9:00 PM (Main Gym Entrance)
- Cost: $25 – Checks payable to *Corewell Health Family Medicine*. Open to all TSD middle and high school students.

FALL SPORTS START DATES
Tryouts for fall sports begin **Monday, August 10, 2026,** for Cross Country, Football, Girls' Golf, Girls' Sideline Cheer, Boys' Soccer, Girls' Swim & Dive, Boys' Tennis, Volleyball, and Boys' Water Polo.

Tryout dates and details will be shared through district communication in June and posted online. Please refer to your school's athletics website for the most up-to-date information.

ATHLETIC PARTICIPATION FEES
Participation fees help offset a portion of the operational costs associated with maintaining Troy School District's comprehensive athletic programs.

- $200 per sport for the first two sports (no fee for a third sport)
- Maximum family cap: $600
- Payments will be completed through FinalForms once team rosters are finalized. Please do not submit payment until your student has officially earned a roster spot.

Fee Waivers
Students who qualify for **Free or Reduced Lunch** may receive a reduced or waived participation fee. To apply:

1. Complete the **2026–27 Free/Reduced Lunch application**. This will not be available until August.
2. Upload the Food Services verification letter to FinalForms or email it to cmarbury@troy.k12.mi.us.
3. Select the fee waiver option in FinalForms.

Athletic Passes & Game Admission
Ticket prices for the 2026–2027 school year will remain unchanged.

Athletic Passes
NEW this year. Digital passes will be available through GoFan (digital ticketing plat beginning in mid-August. Additional details for purchasing will be shared in an August communication.

- Student Pass: $60
- Adult Pass: $80 individual / $120 two adults

Game Admission

- Varsity, JVA, Freshmen (JVB) events: $7 general admission
- **NEW** this year. Freshman contests will require admission beginning in 2026-27
- Senior rate: $5 at the gate
- We will continue to utilize GoFan cashless ticketing for all home Freshmen (JVA), JVB and Varsity contests.

If you have questions or need assistance, please contact me at mjansen@troy.k12.mi.us.

Thank you for your continued support of Troy School District Athletics. We appreciate your partnership in providing meaningful educational and athletic experiences for our student-athletes. We look forward to another outstanding year of competition, growth, and sportsmanship. Have a safe and enjoyable summer!

Sincerely,

Matt Jansen
Director of Athletics, Enrichment, & Adult Education

TROY GIRLS SOCCER 2027

Join the Legacy!

Are you interested in playing girls soccer for the **2026/2027 school year**?
We want YOU to be a part of our winning tradition!

Please fill out our interest form by scanning the QR code below:



2026 District Champions | Regional Champions | State Finalists

Questions?

If you have any questions or need more information, please don't hesitate to reach out!

Head Coach: Tony Casali
Email: tonycasali@troy.k12.mi.us

Go Colts!

TROY SCHOOL DISTRICT AUTHORIZATION FOR MEDICATION AND/OR TREATMENT

It is the policy of the Troy School District to have written authorization for a student to take any medication during the school day.

Student Name:_____ Grade:_____ Date of Birth:_____

To be completed by the Physician or Authorized Prescriber: ONE MEDICATION PER FORM

Name of medication:_____

Reason for medication:_____

Form of medication/treatment:

☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Nebulizer ☐ Injection ☐ Glucometer ☐ Other:_____

Instructions (schedule and dose to be taken at school):

_____

Route of Medication (Oral, etc.):_____

Start: ☐ Date from received Other dates:_____

Stop: ☐ End of school year Other date/duration:_____

☐ For episodic/emergency events only

Restrictions and/or important side effects: ☐ None anticipated ☐ Yes. Please describe:

_____

Special storage requirements: ☐ None ☐ Refrigerate

Other:_____

This student may carry an inhaler ***(applicable to all students)***: ☐ No ☐ Yes

This student may carry an EpiPen ***(applicable to all students)***: ☐ No ☐ Yes

This student may carry this medication ***(applicable to high school students, with the exception of inhalers and EpiPen)***: ☐ No ☐ Yes

This student is both capable and responsible for self-administering this medication ***(applicable to high school students only, with the exception of inhalers and EpiPens)***: ☐ No ☐ Yes—supervised ☐ Yes—unsupervised

Signature: (stamp not accepted)_____ Date:_____ Phone #:_____

Physician's Name:_____ Address:_____

To Be Completed by Parent/Guardian:

I request that *(check appropriate direction below)*:

☐ School personnel store and administer the medication to the above-named student as prescribed, which shall be done in the presence of another adult, except in emergencies.

☐ School personnel and/or clinic volunteer store the medication only. The above-named student shall be responsible for self- administering the medication without supervision or monitoring by school personnel ***(applicable to high school students only, with the exception of inhalers and EpiPens)***.

☐ The above-named student is allowed to carry and self-administer nonprescription medication without the supervision or monitoring by school personnel ***(only applicable to high school students only)***.

I understand and agree that all medication must be in the original container, clearly marked with the student's name, name of medication, and prescribed dosage.

Parent/Guardian Name:_____ Relationship:_____

Signature:_____ Date:_____

Form 99-01

Procedures on reverse side.

Revised 3/21/22

TROY SCHOOL DISTRICT MEDICATION PROCEDURES

- Medication Authorization is for the current school year only and will expire at the end of the school year.
- Written authorization and order completed and signed by the student's physician and a parent/guardian is required before any medication can be given at school. Medications include prescription, over-the-counter, topical, eye or ear drops, nasal sprays or mists, and inhalers.
- Only one medication per form. A separate form is required for every medication.
- Medication administration during school hours will be permitted only when failure to do so will jeopardize the health of a student or the student would not be able to attend school if the medication or treatment were not available during school hours.
- Medications must be brought to school by the student's parent/legal guardian.
- Parents/legal guardians are responsible for checking the need for medication refills, including expired medications, and supplying the refills to the school in a timely manner.
- All medications must be in a container as prepared by a pharmacy, physician, or pharmaceutical company and clearly marked with the student's name, the name of the medication, the prescribed dosage, and requested time of administration.
- All controlled-substance medications will be counted and recorded in the presence of the parent/legal guardian when brought to school.
- Changes in dosage, frequency, or time of administration cannot be made without written instruction from a physician.
- Students in high school may self-carry/medicate only if authorized by the physician and parent/guardian. Middle school students will be granted permission on a case-by-case basis per school administrator. This includes prescription and over-the-counter medications.
- A student who has been approved for self-carry/medicate may have in his/her possession only the quantity of medication needed for that school day, unless otherwise approved, in writing, by the building administrator.
- Students who self-carry should never share their medication with anyone else.
- Designated staff will be administering medication.
- Administrators, counselors, teachers, and other appropriate staff will be made aware of your child's condition and need for medication.
- The school will NOT be distributing lunch or afternoon medications on half days of school.
- Medication left over at the end of the school year or after a pupil has left the district shall be picked up by the parent/legal guardian. Any medication not retrieved by the parent/legal guardian will be disposed of within seven days of the last student day of school and documented by the individual who is responsible for administering medication.

Please list all medications your child is currently taking, whether taken in the home or at school (*optional*):

_____

_____

Parent Signature Date

Troy High School

August Registration

SCHOOL ID CODE

26TROYHS27

*FREE digital child safety card with additional purchase – online only

ORDERING INSTRUCTIONS

PREPAY ONLINE: Pay by credit card at ***www.kaiserstudio.com*** using your School ID Code.

OR

ON PICTURE DAY: Return this order form to the camera with exact change or check made payable to ***Kaiser Studio.***

These picture packages and prices are available exclusively through Retake Day.

PACKAGE A

$47.00

2 - 8x10
4 - 5x7
4 - 3 1/2 x 5
16 - 2 1/2 x 3 1/2
1 - Digital Image

★NEW! PACKAGE B★

$41.00

2 - 5x7
2 - 3x5 Magnets
1 - Digital Image

PACKAGE C

$37.00

1 - 8x10
3 - 5x7
4 - 3 1/2 x 5
12 - 2 1/2 x 3 1/2

PACKAGE D

$33.00

1 - 8x10
2 - 5x7
2 - 3 1/2 x 5
12 - 2 1/2 x 3 1/2

PACKAGE E

$28.00

2 - 5x7
4 - 3 1/2 x 5
8 - 2 1/2 x 3 1/2

PACKAGE F

$22.00

1 - 5x7
2 - 3 1/2 x 5
8 - 2 1/2 x 3 1/2

PACKAGE G

$18.00

1 - 5 x 7
8 - 2 1/2 x 3 1/2

PACKAGE H

$13.00

1 - 3 1/2 x 5
2 - 2 1/2 x 3 1/2
8 - 1 3/4 x 2 1/2

ITEM 1

Not Available

ITEM 2



$13.00
8 - Wallets

ITEM 3



$13.00
4 - 3½ x 5

ITEM 4



$13.00
2 - 5 x 7

ITEM 5



$13.00
1 - 8 x 10

ITEM 6



$15.00
School Spirit
1 - 8 x 10
with school name, student name & year

ITEM 7

$15.00
Combo
1 - 5 x 7
4 - Wallets
with student name



ITEM 8

$15.00
Keepsake
1 - 8 x 10
printed with border, student name & year



ITEM 9

$8.00
Photo Magnet
1 - 3 x 5
includes year & student name



ITEM 10

$17.00
Fun Pack
1 - Door Hanger
2 - Bookmarks
2 - Bag Tags
1 - Key Chain



ITEM 11

$30.00
Digital Image Download
High-Resolution
Copyright-free download ***without*** *additional purchase*
**Digital Images cannot be personalized*

ITEM 12

$20.00
Digital Image Add-On
High-Resolution
Copyright-free download ***with*** *any additional purchase*
**Digital Images cannot be personalized*

CHOOSE YOUR BACKGROUND

Select from 15 FREE background choices!
If no selection is made, background #1 will be used.



RETOUCHING - $10.00



PERSONALIZATION



Personalize portraits by adding your student's first name and current school year to your prints.

Available online only.

KAISER STUDIO
SCHOOL PORTRAITS & YEARBOOKS

For answers to Frequently Asked Questions visit:

www.kaiserstudio.com

Or contact Customer Service at:

cs@kaiserstudio.com
(248) 619-9119

Monday - Friday 8:30am - 4:00pm

1825 Birchwood Drive • Troy, Michigan 48083

ADDRESS CHANGES

If you move over the summer, please follow these guidelines for updating your address with Troy High School and submit the necessary Proof of Residency:

Home Purchase:

- Filed Warranty Deed (New Home Purchase Only)
- First Page of Closing Disclosure (New Home Purchase Only)
- Principal Resident Exemption Form
- Property Transfer Affidavit
- Two Current Utility Bills (water bill addressed to "Occupant" will not be accepted)

-OR-

- Current Property Tax Bill
- Two Current Utility Bills (water bill addressed to "Occupant" will not be accepted)

Renting/Leasing a Home:

- Current Official Lease – must include TSD student(s) as occupants
- Two Current Utility Bills (water bill addressed to Occupant will not be accepted)

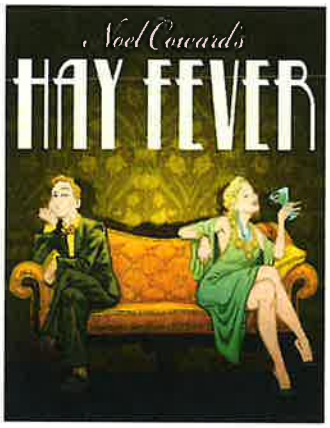
You can upload all documents to PowerSchool (under "forms"), send documents via email to sglass@troy.k12.mi.us, or bring documents directly to the Main Office.



Troy Theatre Ensemble 2026-2027

International Thespian Society - Troupe 2376

Advisor email: mvickers@troy.k12.mi.us
Website: troytheatrecompany.com



Jan 29-31, 2027

Audition information
Audition: Thurs Nov 12, 2:30-5pm
Call-backs (by invitation): Fri Nov 13, 2:30-5pm
All in the Troy High Auditorium

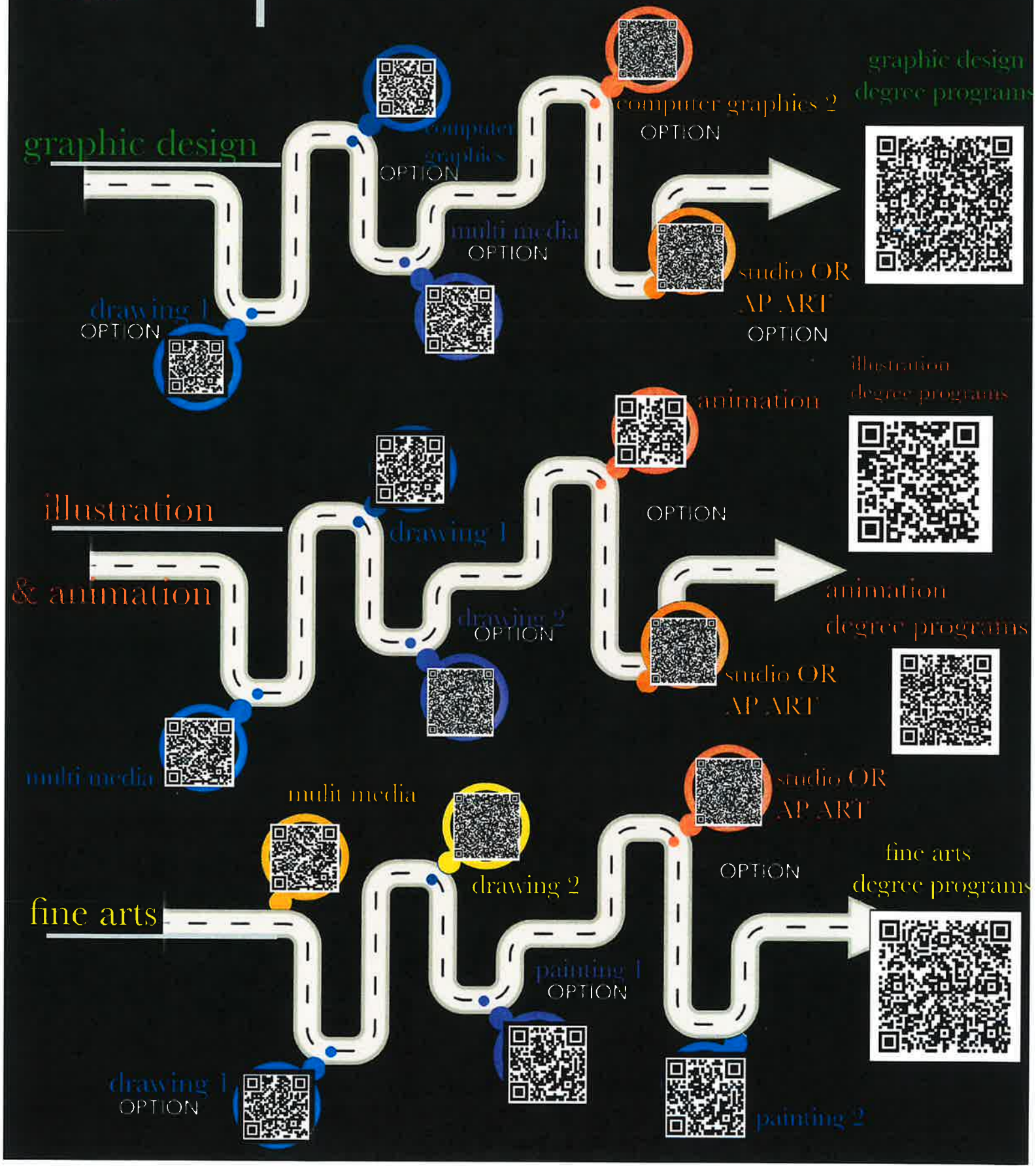


April 16-18 & 23-25, 2027

Audition information
Workshop: Wed Jan 6, 2:30-5pm
Auditions: Wed Feb 3 & Thurs Feb 4, 2:30-5pm
Call-backs (by invitation): Fri Feb 5, 2:30-5pm
All in the Athens Auditorium

Auditions are open to all Troy High students. If you are interested in joining the TTE as a performer or stage crew member, please join the Schoology group (access code: ZS2C-25QX-CDFD9) for information and updates.

Troy High School . Visual Arts Roadmap



TROY HIGH,
ORDER YOUR

YEARBOOK TODAY!

Don't Wait

LOWEST PRICE OF THE YEAR

STARTS NOW!

Prices increase on October 1st

VISIT: YEARBOOKFOREVER.COM
OR SCAN THE QR CODE TO
SECURE A BOOK

It's time to purchase your 2026-2027...

SPIRIT PACK!!

$50

Includes:

- 1 Homecoming Ticket
- 1 Blackout T-shirt
- 1 Class T-shirt
- Spirit Week Accessories

How to buy:

- SchoolPay
- Cash/Card/ Check at Orientation

Blackout Tshirt:



Class Tshirt (color changes by grade):



Front



Back

*shirts can be purchased individually for $10 (blackout) or $15 (class) if not purchasing spirit pack

French – Your Road to Success and Adventure!

French Is Everywhere



- Spoken by 300+ million people worldwide
- Official language in 29 countries
- Used in diplomacy, science, business, and culture
- Gateway to travel, culture, and personal enrichment

Academic Advantages

- Strengthens college applications – Competitive colleges often want 4–5 years of a language
- Possible college credit with AP French
- Language learners often score higher on the SAT
- Stronger English & Academic Skills
  - Improved grammar and writing
  - Expanded academic vocabulary
  - Over 30% of English words come from French
  - Latin-French connection helps in law, medicine, and science



Work With Global Organizations

- French is a key language in international cooperation:
- United Nations — diplomacy & peacekeeping
- International Olympic Committee — global events
- Médecins Sans Frontières — medical aid worldwide
- International Red Cross and Red Crescent Movement — disaster relief
- UNESCO — education, science & culture
- NATO — international security

UNESCO

UNITED NATIONS

ORGANISATION INTERNATIONALE DE la francophonie

INTERNATIONAL OLYMPIC COMMITTEE

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS

French in STEM, Law & Medicine

- French connects to high-demand careers and academics:
- Medicine, global health, pharmaceuticals, and chemistry
- Environmental science, energy, and aerospace
- Automotive engineering and technology
- Law & medicine: Latin-French roots strengthen terminology and analytical thinking
- Opportunities in international research collaboration

Major French & Francophone Companies

- Luxury, Beauty & Fashion – L'Oréal, Dior, Cartier, Chanel, Yves Saint Laurent, Hermès, LVMH
- Everyday & Lifestyle Brands – BIC, Le Creuset, Michelin, Saint-Gobain
- Aerospace, Engineering & Tech – Airbus, Dassault Aviation, Thales Group, Capgemini
- Automotive & Mobility – Renault, Stellantis, Valeo
- Health, Science & Energy – Sanofi, bioMérieux, TotalEnergies, EDF

Capgemini, CHANEL, BNP PARIBAS, deezer, AXA, evian, AIRFRANCE, BALENCIAGA, LACOSTE, MICHELIN

Travel & Personal Enrichment

- Knowing French opens doors to unforgettable experiences:
- Explore cities like Paris, Lyon, Montreal, Brussels, Dakar, and Geneva
- Enjoy theater, dance, art, music, and museums
- Culinary adventures: French pastries, regional dishes
- Travel confidently and connect deeply with locals and culture



Opportunities for French in Troy

Wonderful French Program with 5 different levels

- **French 1** (Available at Troy High for high schoolers and for 8th graders at the middle schools)
  - Learn how to speak about family, school, clothes, weather, favorite activities, and food
  - Part 1 of high school graduation requirement
  - Fun projects, pet profile blogs, weather forecasts videos, crêpe-making
- **French 2** (Available at THS)
  - Learn about the city and countryside, cooking, sports, health, injuries, daily routines, celebrations
  - Part 2 of high school graduation requirement
  - Fun projects: escape from summer camp video, cooking videos, children's storybooks
- **French 3** (Available at THS)
  - Learn about childhood, housing, travel, art, fashion
  - Fun projects: Dream house presentations, Francophone world travel trip, Fashion show
- **French 4** (Available at THS)
  - More real-world, career-focused use of French
  - Study personal relationships, politics, science and technology, geography, media
  - Fun projects: political speeches, relationship expert simulations, ideal city designs, interview simulations, Francophone non-profit PSAs
- **French 5AP** (Available at THS)
  - Increase fluency to speak and write about complex and global issues
  - Prepares students to take the French Language and Culture AP Exam
    - May provide students up to 4 classes of college credit
      - first two years of university language classes
      - often fulfils college language requirements
      - can set students up to start right away on a French minor

LE GRAND CONCOURS







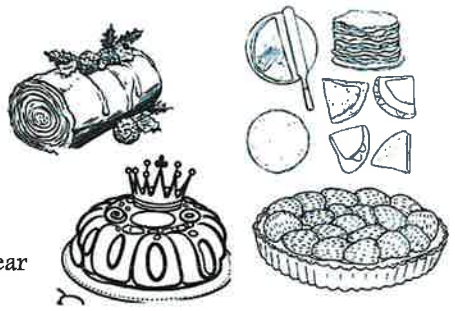


FRANÇAIS

AP French Language and Culture

Exciting Opportunities in French Classes

- Opportunity to compete nationally for prizes, awards and medals at every level in French with Grand Concours
- Learning games and French music – including Manie Musicale
- Food and Cultural Events including
  - Bûche de Noël (French Christmas cake) - in December
  - Crêpes for Chandeleur - in February
  - New Orlean's Kings' Cake for Mardi Gras – in February/March
  - French Tartes for Pie Day - in March
  - Bread and Cheese Days
- French classes become strong communities as they stay together year after year



French Club

- Attend monthly meetings with cultural activities
- Discover places around the French-speaking world
- Taste delicious French foods
- Participate in competitions to gain points
- Have an amazing extracurricular for college applications!







TROY HIGH
PARENT TEACHER
ORGANIZATION

THS PTO NEEDS YOU!

WAYS TO SUPPORT THE PTO:

Donate directly at this URL:
https://givebutter.com/troyhighptodues

Text THSPTO to (202) 858-1233

Scan this QR code.

Have a Kroger card? Use Kroger Community Rewards to support the PTO by just shopping!

Ask your employer about matching donations! Look for "Troy High School Boosters Club"

LAST YEAR, THE PTO FUNDED:

- Subscription for Math Medic app to be used by all AP Statistics classes
- Bus transportation for AP English classes to Detroit Public Theater
- Registration costs for 25 students to take National Physics Test
- Hands-on dissection materials for biology classes
- Bus transportation for HOSA to attend the State Leadership Conference in Traverse City
- Registration costs for all 1st year French students to take the National French Exam
- Teacher Appreciation gifts, and meals during conferences

...AND MORE!

Troy High PTO meets the 2nd Wednesday of every month at 6:30 PM!

Please join us and make a difference in our community.

Interested in volunteering? All our events take place outside of school hours, so anyone can participate. Join us on FaceBook for more information!

Facebook.com/groups/TroyHighPTO

Help us support youth in Troy

YOUTH ASSISTANCE
Troy
Strengthening Families Through Community Involvement

Troy Youth Assistance has been supporting youth and families in Troy since 1958. We focus on prevention and are dedicated to the protection and advancement of youth. As one of 26 Youth Assistance programs in Oakland County, we are tri-sponsored by the Sixth Judicial Circuit Court-Family Division, the Troy School District, and the City of Troy.

Your donations fund our Youth programs



Learn about our programs & services:
www.TroyYouthAssistance.org

Donate:

or mail a check to:
Troy Youth Assistance
4420 Livernois Rd., Troy 48098
248-823-5095
TroyYouthAssistance@troy.k12.mi.us

TROY COMMUNITY COALITION
For the Prevention of Drug and Alcohol Abuse

Troy Community Coalition

A standard of excellence within our community!

The Troy Community Coalition for the Prevention of Drug and Alcohol Abuse is dedicated to improving the quality of life for all who live, learn, play, and work in Troy by promoting a healthy lifestyle free from drug and alcohol abuse and recognizes its impact on behavioral health. Show your commitment to keep children safe from drug and alcohol abuse by supporting the Coalition's educational efforts within the community. Your contribution funds prevention programs that benefit Troy families and educate Troy students.

- ***Addiction Awareness*** *(9th – 12th grade)*
- ***Choose Wisely*** *(4th grade)*
- ***Incredible Kid Recognition*** *(K – 6th grade w/Parents)*
- ***Family Day Dinner*** *(Families)*
- ***Narcan Training*** *(Adults 18+)*
- ***Parent Education Series*** *(Current Drug Trends)*
- ***Parents Who Host*** *(Parents)*
- ***Project Sticker Shock & Retail Education*** *(Youth Alcohol, Marijuana & Tobacco Prevention)*
- ***Summer Camp*** *(3rd – 8th grade)*
- ***Vaping*** *(5th grade)*
- ***Wellness & Yoga Expo*** *(Families)*

Your **$25 contribution** allows for the continuation of these and other important programs. The Coalition office, located in the TSD Services Building, provides educational brochures and information on local resources.

The Coalition would also like to take this opportunity to remind you to take the **SAFE HOMES** Pledge.

For more information about the Coalition please visit our website – Troy Community Coalition or email Abigail Tyner

---

_____**I support the Troy Community Coalition's efforts in our community and will take the SAFE HOMES Pledge**

I will not allow parties or gatherings in my home when I am not present.
I will not serve nor allow youth under the legal age to consume alcohol in my home or on my property.
I will not allow the use or misuse of drugs in my home or on my property.

Parent Name(s) _____

Email Address_____

School(s) _____

☐Donate $25 online

SCAN  or click on LINK Coalition Donation link

☐ Donate $25 by check; (make check payable to ***Troy Community Coalition***) Check #_____

Please mail this form and your contribution to **The Troy Community Coalition; 4420 Livernois Road; Troy, MI 48098**

The Troy Community Coalition is a nonprofit 501(c) (3) organization that relies on grants and donations to sustain its prevention programs. Your contribution will greatly help meet the challenges of substance abuse prevention in our community.

Troy Community Coalition **4420 Livernois** **Troy, MI 48098** **248-823-5205**

4400 Livernois
Troy, Michigan 48098-4777

248.823.4010
Fax: 248.823.4013

Dear Parents/Guardians,

Because medical costs can be expensive, Troy School District does provide families the opportunity to purchase student accident insurance on their student through Student Assurance Servies, Inc.

This supplemental policy would assist with your out-of-pocket medical expenses (i.e. deductible) should your student sustain an accidental injury while coverage is in effect. Also, if you do not have any insurance on your student, this would be primary for accidental injuries. There is a variety of coverage options and premiums are a one-time payment for the school year.

Please review the short video link below as well as the attached forms regarding student accident insurance.

Student Accident Insurance - YouTube

If you have any questions about this coverage, please contact Student Assurance Services directly at (800) 328-2739.

STUDENT ASSURANCE SERVICES INCORPORATED

Student Injuries Can Happen

Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs

Approved By Your School/School District - Available for All Students PK-12

What is Student Accident Insurance?

- Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- High Deductible/Copayments to your Family's Primary Health Insurance
- No Health Insurance for your Student
- Your Student participates in a interscholastic sport where an unexpected injury is more likely to occur.
- Your Student is prone to injuries

Coverage Options Available Through Your School

- School Time Coverage - $16.00
- 24-Hour/Full-Time Coverage - $99.00
- Interscholastic Sports Coverage
  (w/School Time-$91.00 or 24 Hour Coverage-$174.00)
- Football Coverage - $250.00
  (Grades 9-12 for the football season)
- Extended Dental Coverage - $9.00

Premium Paid Once a School Year

To Enroll Your Student & Review Medical Benefits

Go to: ***www.sas-mn.com***

or scan this QR code with your smart phone to be directed to our website

Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

- Purchase Coverage
  (Managed Online or by Printing/Mailing Enrollment Form and premium)
- Brochure (English & Spanish)
  (Explains medical benefits, exclusions and coverage options)
- Claim Form
  (fillable form when enrolled student sustains injury)

For Questions, Call Student Assurance Services at (800) 328-2739






Specializing in Student Accident Insurance Since 1971.

The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company

Mktng B/Online PDF 1511-1513

STUDENT ACCIDENT INSURANCE COVERAGE

POLICY GA-2200Ed.11-16(ID)(KS)(LA)(MN)(MT)(NC)(ND)(OH)

Premiums & Coverage Options — **One Time Policy Year Premiums**

School Time Coverage Grades PK-12 (Does NOT Include Interscholastic Sports Coverage grades 7-12) Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and supervised extracurricular activities, c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities in school provided transportation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	$16
Full Time Coverage Grades PK-12 (Does NOT Include Interscholastic Sports Coverage grades 7-12) Covers the student 24 hours a day until school starts next year. Includes coverage while at home and school, on weekends and during summer vacation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	$99
School Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12) In addition to School-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing for or competing in school-sponsored and supervised interscholastic sports including travel in school provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	$91
Full Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12) In addition to the Full-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing or competing in school-sponsored and supervised interscholastic sports including travel in school-provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	$174
Football Coverage Grades 9 - 12 Protects the student while practicing for or competing in school-sponsored and supervised interscholastic football including travel in school-provided transportation for grades 9-12.	$250
Extended Dental Coverage Grades PK-12 Provides benefits up to a maximum of $5,000 for any dental Injury. Covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of the Injury and must be performed within one year from the date of Injury. However, if within the one year period following the date of Injury the student's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed $200 for each tooth. Benefits for prostheses are limited to $500 per injury, including procedures performed to install them. Dental prostheses include, but are not limited to: crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics, dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.	$9

The Medical Benefits and Exclusions below apply to the Coverage Options listed above.

MEDICAL BENEFITS (What the Insurance Plan Pays) - When injury covered by the policy results in treatment by a Licensed Physician within 60 days from the date of accident, the Company will pay the Usual and Customary Charges (U&C) incurred for covered services as listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of $50,000 per injury. (In MT and NC benefits are payable after the deductible per injury is satisfied, the deductible is the amount paid or payable for the same injury by Other Valid Coverage)
This policy will pay benefits regardless of Other Valid Coverage if the covered claim expense is less than $200. If the covered claim expense exceeds $200, benefits shall be paid first by Other Valid Coverage. (This coverage is excess in KS, and this coverage is primary in MT and NC after deductible, and in ID, IL)

All Amounts Listed Below are Per Injury

PHYSICIAN'S SERVICES
a) **Surgical Care** (surgeon, assistant surgeon, and anesthesia) ..... 80% U&C, up to $2,500
b) **Nonsurgical Care** (includes physiotherapy performed other than in a hospital, 1 visit per day) ..... U&C, up to $50 per visit, maximum 6 visits

HOSPITAL CARE
a) **Inpatient Care**
1) **Hospital Semi-Private Room** ..... U&C, up to $500 per day
2) **Hospital Miscellaneous Services** ..... 80% U&C, up to $2,500
b) **Outpatient Care**
1) **Facility Charges for Day Surgery** ..... U&C, up to $2,500
2) **Emergency Room** ..... 80% U&C, up to $500

Note: Benefits for hospital miscellaneous and outpatient care charges are limited to services not scheduled under Medical Benefits.

X-RAY SERVICES (includes charges for reading) ..... U&C, up to $250
LABORATORY SERVICES ..... U&C, up to $250
DIAGNOSTIC IMAGING (includes MRI, CT scan, bone scan and charges for reading) ..... U&C, up to $500
DENTAL TREATMENT (in lieu of all other medical benefits; for repair and/or replacement of each sound and natural tooth) ..... U&C, up to $250 per tooth (In SD, sound and natural is deleted)
AMBULANCE SERVICES ..... U&C, up to $500
ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing) ..... U&C, up to $250
PRESCRIPTION DRUGS (take home) ..... U&C, up to $250
REPLACEMENT EYEGLASSES, CONTACT LENSES, HEARING AIDS (when medical treatment is required for covered injury) ..... U&C, up to $250
MOTOR VEHICLE INJURY ..... Same as any injury, up to $2,500 (In KS,$2,500 limit does not apply)

ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.
Loss of Life ..... $2,500 Loss of an Eye ..... $2,500 Double Dismemberment ..... $10,000 Single Dismemberment $2,500

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

L-1511/1513(2026)

Ameritas
Ameritas Life Insurance Corp.
Lincoln, Nebraska

ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE

↑ STUDENT'S LAST NAME ↑ (one letter in each box)

STUDENT'S FIRST NAME M.I.
Please Print
Address _____ (Street)

_____ (City) (State) (Zip)

Email Address _____

Name of School _____

Name of District _____

Student's Age _____ Grade _____ Phone _____

X _____
(Signature of Parent or Guardian) (Date)

GAA-2203Ed.11-16

COVERAGE PLANS — **One Time Policy Year Premiums**

Full Time Coverage (Does NOT include Interscholastic Sports Coverage)	☐ $ 99
Full Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)	☐ $174
School Time Coverage (Does NOT Include Interscholastic Sports Coverage)	☐ $ 16
School Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)	☐ $ 91
Football Coverage (Grades 9-12)	☐ $250
Extended Dental Coverage (Grades PK-12)	☐ $ 9

DO NOT SEND CASH **TOTAL PREMIUM** _____

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**
*Please write student's name on the front of check. **NO REFUNDS**

L-1511/1513(2026)

EXCLUSIONS (What the Plan DOES NOT Pay)

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are paid under Workers' Compensation or Employer's Liability Laws. (In NC, benefits are excluded if the employee, employer, or carrier is responsible or liable according to final adjudication or settlement order under state law)
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder. (In ID, Insured must be participating as a professional)
4. The practice or play of interscholastic sports including travel to or from such activity, practice, or play for students in grades 7-12, unless such premium is paid.
5. In Kansas - No benefits are payable for accidental bodily Injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.
6. In Ohio - Reinjury if the insured participated in a covered activity against medical advice.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the effective date of the policy. (In OH, this provision does not apply)

WHAT KIND OF INSURANCE IS THIS?
This is accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Medical illnesses such as ear infections or sore throats are not covered.

WHO SHOULD CONSIDER BUYING THIS INSURANCE?
1. All families with no other health coverage.
2. Families with other medical or dental coverage having deductibles, copays or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. (This coverage is primary in MT and NC after deductible, and in ID, IL)

HOW TO ENROLL

1. Select the desired coverage(s) from the options listed above. Premium cannot be prorated. There are two enrollment and payment options.
2. Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in an envelope and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
3. Complete enrollment form online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School Look-up.
4. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; r 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service; or for online enrollment 12:01A.M. following the date the proper premium is received by the Plan Administrator. Interscholastic sports coverage expires on the last day of the authorized season of the current school year. School-Time and Full-Time coverage expires on the selected expiration date of the annual term policy.

HOW TO FILE A CLAIM

1. Notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it's a school injury.
2. Parents complete Part B of the claim form. **Answer all questions.**
3. Submit copies of the student's *itemized bills* to the student's family medical and dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). This plan is supplemental to all other valid coverage. The claim must be filed with the other coverage first! (Coverage is excess in KS, primary in MT and NC after deductible, and in ID, IL) This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In KS, penalty does not apply)
4. Send the completed claim form, copies of student's itemized bills and EOB to:
   STUDENT ASSURANCE SERVICES, INC.
   PO BOX 196 • STILLWATER, MN 55082
5. No claim can be completed until **all of the above documents** have been provided.

NOTE: Student must be treated by a Licensed Physician within 60 days of the date of the injury. Proof of claim should be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or reasonable time thereafter not to exceed one year. The policy is responsible only for expenses incurred within one year. (In NC, itemized bills must be submitted within 180 days from the date of treatment, not to exceed one year)

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance (except in ID) and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice and Certificate of Coverage (where applicable) may be obtained on the website www.sas-mn.com.

L-1511/1513(2026)

Administered by

STUDENT ASSURANCE SERVICES, INC.
PO Box 196 • Stillwater MN 55082-0196
Toll Free 800-328-2739 - (651) 439-7098

www.sas-mn.com

STUDENT ASSURANCE SERVICES INCORPORATED

HAVE QUESTIONS?
CALL US TOLL FREE AT
(800) 328-2739 OR (651) 439-7098

Underwritten by

Ameritas
Ameritas Life Insurance Corp.
Lincoln, Nebraska

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.
There is a $5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN, NC residents)

☐ Please charge $ _____ + $5.00 Processing Fee = $ _____ to the following credit card: ☐VISA® ,☐MasterCard®, or ☐Discover®

Credit Card Number | Security Code (on back of card, 3 digits) | Card Expiration Date (Month) (Year)

Credit card billing will state: "Student Assurance Services, Inc."

Print Cardholder Name _____ Date ____ / ____ / ____

Cardholder Signature _____

Cardholder Address _____
(Street) (City) (State) (Zip)

Telephone Number (_____) _____ - _____

GAA-2203Ed.11-16

DETACH - Place inside envelope

L-1511/1513(2026)