

# 2024-25 Cinco Ranch High School Back to School Packet

Attendance Procedures  
Campus Advisory Team Parent Interest Form  
Clinic Information and Forms  
Counselor Information  
Library Resources  
Open House Information  
Parking Information  
Student Email & Remind Groups  
Tardy Policy  
Testing Information  
Yearbook Information, Senior Ad Guidelines & Contract

## Booster Clubs and Organizations

**Athletic Booster Club (CRHS ABC)** – For information and sign-up options, please go to [www.crhscougars.com](http://www.crhscougars.com)

**Band Boosters** – <https://cincoranchcougarband.com/>

**Band Boosters Homecoming Mums** – <https://crhsboostermumshop.com/>

**Choir Booster Club** – [www.cincoranchchoir.org](http://www.cincoranchchoir.org)

**CRYptonite Robotics**

**FBLA Application**

**FFA Booster Club** - <https://cincoranch.ffaow.org>

**HOSA Application**

**Polaris Robotics**

**Quiz Bowl**

**Theatre Booster Club** - <http://www.crtcboster.com/> **Theatre Company** - [cougartheatre.org](http://cougartheatre.org)



Visit [www.crhsptsa.org](http://www.crhsptsa.org) to learn how PTSA reaches out to parents, teachers, and students at Cinco Ranch High School. The CRHS PTSA provides volunteers, programs, scholarships, teachers grants, and donations to enrich your family's high school educational experience. Please become part of each child's success at Cinco Ranch.

To become a member, please click on the link below:  
<https://www.joinpta.org/>



**Sponsored by the Parents of the Class of 2025**

Welcome to Senior Year Parents! We have high hopes that we will have a fabulous event after graduation. It's going to take all of us to make this event extra special.

We will have a general information meeting in October. The meeting date/time will be posted in the Cinco Ranch High School Senior eNews. We will be sending out a Volunteer sign up soon.

Let's help make this an exciting year for our kids! More details will be posted soon after the school year begins.

### What is Project Grad?

Project graduation is an all-night, parent chaperoned, drug/alcohol/smoke free celebration for CRHS seniors Class of 2025. It has historically been well attended in the past and is a great way for their class to have one last fun time together!

## Attendance Information for Parents

9 <sup>th</sup> Grade	Jill Dix	JillMDix@katyisd.org	(281) 237-7086
10 <sup>th</sup> Grade	Cinthya Crawford	CynthiaDCrawford@katyisd.org	(281) 237-7088
11 <sup>th</sup> Grade	Shetal Patel	ShetalCPatel@katyisd.org	(281) 237-2458
12 <sup>th</sup> Grade	Joy Siebenman	JoyHSiebenman@katyisd.org	(281) 237-7069

### STUDENT CHECK-IN AND CHECK-OUT

- **Students may NOT leave the campus or building at any time or for any reason during the school day without checking out through the Attendance Office.**
- Students are **REQUIRED** to check in and out of school through the Attendance Office.
- Students who will be checked out or checking themselves out during the school day, **should stop at attendance for a dismissal pass before school.** They will need a parent note, call or email to obtain pass to leave class.
- Only a person specified as parent/guardian on the student enrollment card may check a student out of school or authorize another individual to pick up the student for them.
- Parent/guardian checkout or written permission from a parent/guardian is required for any students to leave campus. If the note does not state a reason, the absence will be "unexcused".

**Student self-checkout:** Students who drive may check themselves out with parent permission. Parent/guardian must send written permission (email or note) for student to check out and leave campus. This still applies for 18+ years old unless the student is self-enrolled.

**Authorized adult:** If a parent/guardian wants someone else to check their student out from school, they must send **WRITTEN** permission with a copy of their driver's license and the full name of the authorized person to the appropriate attendance clerk listed above. This is also required for an emergency contact to check out a student in a non-emergency situation.

### EXCUSED ABSENCES

- If a student is absent for any reason, **a parent or guardian** must report the reason for absence to the Attendance Office. This can be done via phone, email, note, doctor's note, or by completing the online attendance reporting form found on the campus website under **ATTENDANCE**. All absences are considered unexcused until notice and/or necessary documentation is received.
- When a student's absence for personal illness exceeds 5 consecutive days, or a total of 8 days in a six-month period, the student will be required to present an original "doctor's excuse" for

any additional absences to be excused due to illness. For this reason, it is best to provide a doctor note whenever possible.

**College or Military Absences** - Student in 11<sup>th</sup> and 12<sup>th</sup> grade are allowed two (2) excused school days each year for college or military visits. The student is responsible for obtaining and completing a COLLEGE/ MILITARY VISIT FORM from the attendance office prior to the visit. Once the visit is complete and the signed form has been returned to attendance, the absence can be updated to excused. It is unexcused until ALL documents are signed and returned to the attendance office.

**Driver's License Absences** - Students who go to DPS for a permit or driver's license can get their absence excused by bringing a copy of their driver's license to attendance. The absence is unexcused until this is received. Students are allowed 1 day for their permit and 1 day for their license.

**Request for Special Absence** - Occasionally a student needs to be absent for a special reason (i.e. family trip, sports event, etc.). The student should obtain a Pre-Arranged Absence Form from the Attendance Office prior to the absence. The completed form should be returned to the Attendance Office for a status determination by the assistant principal (excused or unexcused).

**VIEWING STUDENT ATTENDANCE RECORDS** - To view absences for your student, go to Home Access Center and select Attendance Tab. Days with absences will be color coded. To see detailed information, hover over the date to see period and reason.

#### **COMPULSORY ATTENDANCE**

If a student has 3 unexcused absences in a 4-week period or 6 unexcused absences in one semester, the parent will receive a Compulsory Attendance Notification. The parent should contact the attendance office to correct any errors. If the absences are not corrected and unexcused absences continue, further Truancy Prevention Measures may be taken.

#### **ATTENDANCE FOR CREDIT**

In addition to compulsory attendance, a student who attends less than 90 percent of the days the class is offered risk losing credit for that class. These absences include excused and unexcused absences.

**For information regarding all attendance policies see the CRHS website attendance page or refer to the Discipline Management Plan and Student Code of Conduct.**



**Cinco Ranch High School  
Campus Advisory Team – 2024-2025  
Parent Member Interest Form**

It is that time of year when we recruit members for the **Cinco Ranch High School Campus Advisory Team (CAT)**. The CAT serves as the site-based decision-making body for the school campus. The CAT has the responsibility of approving and monitoring the implementation of the Cinco Ranch High School Campus Improvement Plan. Other CAT duties include reviewing campus performance data from various testing instruments that measure educational progress and serving as consultants on planning, budgeting, curriculum, staffing patterns, staff development, and school organization.

The CAT meets four times per year (two meetings per semester) on the following dates\*:

September 25, 2024	March 19, 2025
November 6, 2024	May 14, 2025

Meetings are held from 3:00-4:00pm in the CRHS LGI.

\*dates subject to change

The CAT is comprised of teacher-elected faculty members, CRHS administration, parents, and appointed business and community members. CAT members serve a two-year term. Serving on the CAT requires a time commitment to attend the meetings as well as a willingness to share your ideas and give input from a parent's perspective to make Cinco Ranch High School the best it can be.

Each year we draw from the Parent Member Interest Forms that are returned to fill vacant terms on the Campus Advisory Team. If you have an interest in serving and would like to be included in the random drawing, please fill out the form below. Once the draw is made, new members will be contacted by email.

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**Cut and Return**

Yes, please include me in the random drawing for membership on the **Cinco Ranch High School Campus Advisory Team (CAT)**.

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Printed Parent Name

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Parent Signature

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Email Address

---

Phone Number

Children Attending CRHS:

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Name(s) & Grade Level(s)

**Return to CRHS by August 28, 2024**

Shonda Foster, Principal's Secretary

Cinco Ranch High School

23440 Cinco Ranch Blvd.

Katy, Texas 77494

[shondalfoster@katyisd.org](mailto:shondalfoster@katyisd.org)



## CRHS Clinic Information:

**Patricia Duda, RN, BSN 9th gr clinic**

281-237-7025

Fax: 281-644-1744

patriciaaduda@katyisd.org

**Marsha Baker, RN, BSN 10th-12th gr clinic**

281-237-7026

Fax: 281-644-1743

marshalbaker@katyisd.org

**Genieva Morales, clinic aide**

281-237-7036

Fax: 281-644-1743

genievadmorales@katyisd.org

### **Clinic Hours:**

Our hours are 7am to 3pm, Monday thru Friday, on school days.

### **School Nurses:**

We are here as healthcare providers in the school setting. We assess sick students, provide first aid for injuries, attend to emergencies, promote safety and wellness for students and staff, and maintain students' health and immunization records to name a few of our duties. We value education and will encourage students to remain in school or class unless they have a communicable illness that prevents them from attending school per KISD policy.

### **Clinic Procedures:**

Except in the case of emergency, students may visit the clinic only **after obtaining a clinic pass** from their teacher. Students need to come to the clinic if feeling ill. If they contact their parent to be picked up or make previous arrangements, the Nurse cannot excuse their absence. Students leaving for home from the clinic must sign out in the Attendance office and if driving, parental permission must be given to the Nurse. Please be aware that if your child has multiple absences from school and is not showing signs of a communicable illness, **their illness may not be excused by the Nurse.**

- Tattoos, piercings and false eye lashes should be cared for at home and are not a reason to leave class to come to the clinic.
- Teachers are given a supply of band aids and minor cuts and abrasions can be washed with soap and water, covered with a band aid in class if a sink is available, or in the restroom.
- Students who wear contact lenses should carry their own lens solution and should always have a contact case with them.
- Personal Sanitary items should be provided by the student. We do carry these items in the clinic; however, they are to be used for emergencies. Please assist your child in planning ahead. **High School clinics do not provide a change of clothing.**
- Athletes who need assistance related to an injury that happened during athletics should see the athletic trainer during their athletic period, or before/after school.

**Clinic Rules:**

1. **Students must have a pass-** It is important that their teacher knows where they are and so they won't be marked unexcused from class.
2. **The clinic is a NO Cell Phone zone.** This includes texting. They may use their phones to call their parent if given permission by the nurse.
3. If they are in the clinic to rest, we ask that they turn off their music, phones, and we discourage socializing with their peers so they and others may rest.

**Medication Policy:**

**No medication or drugs of any type are to be carried by a student, kept in a locker, or elsewhere on school grounds.** Any exception to this rule must be approved, documented in writing, and on file in the school clinic. Medication must be in a properly labeled container, with one medication per container, and must not be expired. According to Texas Education Code 38.013, a student with Diabetes, Asthma, or Anaphylaxis is entitled to possess and self-administer his/her prescription medication while on school property. **All required paperwork must be completed and on file in the school clinic.** Forms can be obtained by the school nurse or downloaded from the link below and must be renewed annually. **Students who are found to be in possession of any medication without proper authorization may be subject to disciplinary action as written in the KISD Discipline Management Plan and Student Code of Conduct.**

**Medication Less Than 15 days:**

Prescription or nonprescription medications that need to be taken at school for 15 days or less, must be accompanied by a written permission, signed and dated by a parent or legal guardian. You may download this form, or a written note is also acceptable. Please include time to be given and dosage. We ask that all over the counter medications be provided in a 100 pill count/bottle for ease of storage.

**Medication More Than 15 Days:**

All Prescription and nonprescription medications to be administered longer than 15 days must be accompanied by a **written request signed and dated by the prescribing physician and the parent/ guardian.** This allows the medication to remain in the clinic the entire school year and a new form must be done the next school year. We ask over the counter medications be provided in a 100 pill count/bottle for ease of storage.

Medication prescribed or requested to be given three times or less a day will not be given unless a specific time during the school hours is prescribed or the school nurse determines that a special need exists for an individual student. Natural and /homeopathic-like products not FDA approved cannot be dispensed in the school clinics by school personnel.

**24 Hour Communicable Illness Policy:**

KISD Administrative Regulation FFAD is in place to ensure the health and safety of all students and states that students who exhibit vomiting, diarrhea, or a fever 100 degrees or higher (Fahrenheit) must be excluded from school. Re-admittance is allowable as follows:

- Free of fever (greater than 100) for at least 24 hours without the use of fever reducing medication such as Acetaminophen or Ibuprofen. Common trade names of products containing these medications include, but are not limited to, Tylenol, Motrin or Advil.
- All Aspirin -containing products should be avoided due to the possibility of Reyes syndrome.
- Food and liquids have been tolerated for at least 24 hours without vomiting and/or diarrhea, and without the use of medication to relieve these symptoms.
- Students diagnosed with a contagious illness that is being treated with prescription medication, must complete a minimum of 24 hours of the prescribed medication dosage prior to returning to school.

The Clinic forms listed below can be found in the 1<sup>st</sup> Day Packet or downloaded from the CRHS clinic web page at: <https://www.katyisd.org/domain/1822>

- Seizure Action Plan
- Asthma and Anaphylaxis Self Administration Permission Form
- Asthma Action Plan
- Migraine Action Plan
- Allergy Action Plan
- Medication Parent Permission (15 Days or Less)
- Medication Parent Permission (15 Days or More)

If you have any question/concerns, please contact us!



Campus Nurse will  
attach  
Student Photo



# Katy Independent School District Health Services Department Seizure Action Plan

## Transportation

- ☐ Car Rider ☐ Walker  
☐ Bus # \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Student has permission to transport  
medication listed below to and from  
school?

☐ YES ☐ NO

Student's Name		Date of Birth		GRADE	
Parent/Guardian		Phone		Cell	
Other Emergency contact		Phone		Cell	
Significant Medical History:					
Seizure Description (Check all that apply)					
<input type="checkbox"/> Convulsions <input type="checkbox"/> Involuntary rhythmic movements <input type="checkbox"/> Staring <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Stiffening <input type="checkbox"/> Facial tics					
Seizure Type	Length	Frequency	Description		
Seizure triggers or warning signs:			Student's response after a seizure:		
Basic First Aid: Care & Comfort			Basic Seizure First Aid		
Please describe basic first aid procedures:			<ul style="list-style-type: none"> <li>• Stay calm &amp; track time</li> <li>• Keep child safe</li> <li>• Do not restrain</li> <li>• Do not put anything in mouth</li> <li>• Stay with child until fully conscious</li> <li>• Record seizure in log</li> </ul>		
Does student need to leave the classroom after a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No			For tonic-clonic seizure:		
If Yes, describe process for returning student to classroom:			<ul style="list-style-type: none"> <li>• Protect head</li> <li>• Keep airway open/watch breathing</li> <li>• Turn child on side</li> </ul>		
Emergency Response			A seizure is generally considered an Emergency when:		
Name of Emergency Medication:		Seizure Emergency Protocol		<ul style="list-style-type: none"> <li>• Convulsive (tonic-clonic) seizures lasts longer than 5 minutes</li> <li>• Student has repeated seizures without regaining consciousness</li> <li>• Student is injured or has diabetes</li> <li>• Student has a first time seizure</li> <li>• Student has breathing difficulties</li> <li>• Student has a seizure in water</li> </ul>	
Dosage: _____		<ul style="list-style-type: none"> <li>* Contact campus nurse at _____</li> <li>* Administer emergency medications</li> <li>* Call 911</li> <li>* Notify parent or emergency contact</li> <li>* Document Episode/Student Accident Report Filed</li> <li>* Other: _____</li> </ul>			
Route: _____					
Administer for seizures lasting for more than _____ minutes.					
Medication(s) to be Given During School Hours					
Medication	Dosage	Time to be Given	Common Side Effects/Special Instructions		
Does student have a Vagus Nerve Stimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Location GENERATOR _____ MAGNET _____					
VAGUS NERVE STIMULATION (VNS):					
<input type="checkbox"/> Swipe magnet at seizure onset. <input type="checkbox"/> Swipe for report of aura <input type="checkbox"/> Repeat swipe _____ times every _____ minutes. If seizure last 5 minutes, CALL 911 and implement Emergency Response indicated above. <input type="checkbox"/> Other: _____					
KEEP MAGNET 10" AWAY FROM CREDIT CARDS, TELEVISION, CELL PHONES, COMPUTERS, MICROWAVES, WATCHES AND OTHER MAGNETS. THE MAGNET CAN BREAK IF DROPPED. USE THE MAGNET BY MOVING OR PASSING THE MAGNET OVER THE GENERATOR FOR APPROXIMATELY 1 SECOND. THE STUDENT WILL RECEIVE ONE MINUTE OF STIMULATION AFTER EACH MAGNET SWIPE.					
Special Considerations and Precautions (regarding school activities, sports, trips, etc.)					
Describe any special considerations or precautions:					
<input type="checkbox"/> I AGREE with the recommendations of my child's HCP and authorize Katy ISD staff to deliver treatment as outlined above. <input type="checkbox"/> I DO NOT approve of the standardized procedure(s) and, therefore have attached my alternate written recommendations.					
I give permission for my child's HCP to communicate with appropriate Katy ISD employees for the current school year.					
Physician Signature		Printed Name		Date	
Parent/Guardian Signature				Date	

## ADDENDUM to Action Plan

## NURSE USE ONLY:

- ☐ Transportation Notified: Date Faxed \_\_\_\_\_  
☐ Bus Driver Notified  
☐ Added to Medical Alerts  
☐ Self-Carry  
☐ Diet Modification: Date Faxed \_\_\_\_\_  
☐ RTI   ☐ 504   ☐ ARD   Committee Notified: Date \_\_\_\_\_

In addition: A full IHP needed for a 504 or an ARD

	Field Trips	Student will be grouped with a trained staff member.
	Before or After School Activities (i.e. Safety Patrol, Clubs, Sports)	Nurse and Parent will discuss a plan for their child.
	Emergency Evacuation of School	Nurse will bring medication/supplies out of building and will attend to student as needed.

### ◇ TRAINED STAFF MEMBERS ◇

(To be completed by campus personnel)

Teacher's Name:	Date:
Teacher's Name:	Date:
Administrator's Name:	Date:
Office Staff's Name:	Date:
Cafeteria Staff's Name:	Date:
Bus Driver's Name:	Date:
Other Name:	Date:
Other Name:	Date:
Other Name:	Date:

## OTHER COMMENTS:

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Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Katy Independent School District  
HEALTH SERVICES DEPARTMENT

## Parent/Physician Authorization for Self-Administration of Asthma or Anaphylaxis Medication by a Student

Student's Name:	Last	First	Middle	Grade Level
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### Parent Authorization

I have reviewed the attached guidelines and procedures for Self-Administration of Prescription Asthma or Anaphylaxis Medication by Students; discussed them with my child; and request that my child be able to possess and self-administer his/her medication while on school property or at a school-related event or activity. I understand that the medication must be prescribed for my child as indicated on the prescription label, which must be affixed to the medication container (inhaler canister or packaging box). I release the school district and employees of any liability arising from self-administration.

Type of Medication:

☐

Prescription Asthma Medication

☐

Prescription Anaphylaxis Medication

Parent Signature

Date

### Physician Authorization

The medical history and my examination of the above-named student indicates that he/she does have a medical condition. The student has been educated and is knowledgeable about his/her medical condition and can properly self-administer the prescribed medication and determine its effectiveness.

Medical Condition:

☐

Asthma

☐

Anaphylaxis

Name of Medication:

Purpose of Medication:

Prescribed Dosage:

Times at which or circumstances under which the medicine may be administered:

Period of Time for which the medicine has been prescribed:

☐

Long term (chronic condition)

☐

Short term and should be discontinued by: \_\_\_\_\_

Date

Printed Name of Physician

Office Phone Number

Physician's Signature

Date





# Katy Independent School District Asthma Action Plan

Transportation  
☐ Car Rider ☐ Walker  
☐ Bus # \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Student has permission to transport medication listed below to and from school?  
☐ YES ☐ NO

Place  
Child's  
Picture  
Here

Patient's Name		DOB	Grade	Effective Date: / / to / /	
Check Asthma	Mild Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent	
Trigger List: (check all that apply)					
<input type="checkbox"/>	Chalk Dust	<input type="checkbox"/>	Cigarette Smoke	<input type="checkbox"/>	Wood Smoke
<input type="checkbox"/>	Dust/Dust Mites	<input type="checkbox"/>	Stuffed Animals	<input type="checkbox"/>	Strong Odors
<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Mold	<input type="checkbox"/>	Cleaning Products
<input type="checkbox"/>	Pests	<input type="checkbox"/>	Pets	<input type="checkbox"/>	Plants, Flowers, Cut Grass & Pollen
<input type="checkbox"/>	Sudden Temperature Changes	<input type="checkbox"/>	Perfume	<input type="checkbox"/>	Other:
<input type="checkbox"/>		<input type="checkbox"/>	Foods:	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Katy ISD staff will administer medication(s) as prescribed, call 911 for severe symptoms that do not improve with medication, and notify parents of action plan initiation.

<b>GOOD CONTROL</b>	<b>Use these medications every day.</b>			
You have <u>all</u> of these:	Medication/Dosage	How Much to Take	When to take it	How Often
	Comments:			
	For exercise, take:			

- Breathing is good
- No cough or wheeze.
- Sleep through the night.
- Can work and play.

<b>CAUTION</b>	<b>Continue with daily medicine and ADD:</b>			
You have any of these:	Medication/Dosage	How Much to Take	When to take it	How Often
	Comments:			
	<b>If Quick Reliever/Yellow Zone medicines are used more than 2 to 3 times per week, CALL your Doctor</b>			

- First sign of a cold
- Exposure to a known trigger
- Cough
- Mild wheeze
- Tight chest
- Cough at night
- Can do some but not all usual activities.
- Peak flow 50-80%.

<b>DANGER ZONE</b>	<b>Take these medicines and call your doctor.</b>			
Your asthma is getting worse fast:	Medication/Dosage	How Much to Take	When to take it	How Often
	Comments:			
	<b>DO NOT WAIT! GET HELP FROM A DOCTOR NOW!</b> If you cannot contact your doctor, go directly to the emergency room.			

- Medicine is not helping within 15-20 minutes
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Lips blue
- Fingernails blue or gray
- Trouble walking or talking
- Coughs constantly
- Stiff/stooped posture
- Peak Flow below 50%

I agree with the recommendations of my child's HCP and authorize Katy ISD staff to deliver treatment as outlined above. I also give permission for my child's HCP to communicate with appropriate Katy ISD employees for the current school year.

Physician Signature:	Printed Name:	Phone:	Date:
Parent Signature:	Printed Name:	Phone:	Date:

## ADDENDUM to Action Plan

## NURSE USE ONLY:

- ☐ Transportation Notified: Date Faxed \_\_\_\_\_  
☐ Bus Driver Notified  
☐ Added to Medical Alerts  
☐ Self-Carry  
☐ Diet Modification: Date Faxed \_\_\_\_\_  
☐ RTI   ☐ 504   ☐ ARD   Committee Notified: Date \_\_\_\_\_

In addition: A full IHP needed for a 504 or an ARD

	Field Trips	Student will be grouped with a trained staff member.
	Before or After School Activities (i.e. Safety Patrol, Clubs, Sports)	Nurse and Parent will discuss a plan for their child.
	Emergency Evacuation of School	Nurse will bring medication/supplies out of building and will attend to student as needed.

### ◇ TRAINED STAFF MEMBERS ◇

(To be completed by campus personnel)

Teacher's Name:	Date:
Teacher's Name:	Date:
Administrator's Name:	Date:
Office Staff's Name:	Date:
Cafeteria Staff's Name:	Date:
Bus Driver's Name:	Date:
Other Name:	Date:
Other Name:	Date:
Other Name:	Date:

## OTHER COMMENTS:

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Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place  
Child's  
Photo  
Here



Katy Independent School District  
Health Services Department

## Migraine Action Plan For School

(To Be Completed By Health Care Provider and Parent)

Students Name	Date of Birth	Grade
Parent Guardian	Phone	Cell
Parent Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
<b>Migraine Triggers:</b>		
<b>Daily Medications at home:</b>		

### Medication

Name	Dosage	Time	How Often	Route	Comments

<b>1. Safe Zone:</b> Child has any of these: <ul style="list-style-type: none"> <li>• No visible signs of pain</li> <li>• No additional warning signs</li> <li>• Denies pain/other symptoms</li> <li>• Can work/play</li> </ul>	<b>1. Action:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Avoid triggers</li> <li><input type="checkbox"/> Allow desktop fluids and encourage fluid intake</li> <li><input type="checkbox"/> Allow extra bathroom breaks as needed</li> </ul>
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<b>2. Caution Zone:</b> Child has any of these: <ul style="list-style-type: none"> <li>• Complaints of head pain</li> <li>• Complaints of early migraine symptoms: _____</li> <li>• Difficulty with work/play</li> </ul>	<b>2. Action:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Administer _____ medication(s).</li> <li><input type="checkbox"/> Encourage student to drink fluids.</li> <li><input type="checkbox"/> Call parent if medicine is used more than _____ times in one week.</li> <li><input type="checkbox"/> Call doctor if medicine is used more than times in one week.</li> </ul>
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<b>3. Danger Zone:</b> Child has any of these: <ul style="list-style-type: none"> <li>• Medicine not helping.</li> <li>• Vomiting</li> </ul>	<b>3. Action:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use _____ medication.</li> <li><input type="checkbox"/> Notify parent.</li> <li><input type="checkbox"/> Notify doctor.</li> </ul>
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☐ I agree with the recommendations of my child's HCP and authorize Katy ISD staff to deliver treatment as outlined above. I also give permission for my child's HCP to communicate with appropriate Katy ISD employees for the current school year.

Physician Signature	Printed Name	Phone	Date
Parent/Guardian Signature		Date	

NURSE USE ONLY: ☐ Transportation Notified ☐ IHP ☐ Added to Med Alert ☐ Other: \_\_\_\_\_



Place  
Child's  
Picture  
Here



Katy Independent School District  
Health Services Department  
**Allergy Action Plan**

Transportation

- ☐ Car Rider ☐ Walker  
☐ Bus # \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Student has permission to transport  
medication listed below to and from  
school?

☐ YES ☐ NO

Students Name		Date of Birth	Grade
Parent/Guardian	Phone	Cell	
Other Emergency Contact	Phone	Cell	
Allergy to:		Triggers:	

Asthma: ☐ Yes ☐ No \*Higher risk for severe reaction

Sensitivity: ☐ Ingestion Only ☐ Topical/Ingestion ☐ Topical ☐ Airborne

Additional Details:	Yes	No	Comments
History of EpiPen use			
History of reaction			
Special lunch seating required			
Classroom accommodation needed			

**STEP 1: TREATMENT**

Symptoms:	Give Checked Medication**:
**(To be determined by physician)	
• Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Heart† Weak or thready pulse, low blood pressure, fainting, pale,	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Other† _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

	Name of Medication	Dose	Route
Antihistamine			
Epinephrine			
Other			
Other			

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

**STEP 2: ANAPHYLACTIC EMERGENCY PROTOCOL**

- Contact campus nurse at \_\_\_\_\_
- Administer emergency medications \_\_\_\_\_
- Call 911 \_\_\_\_\_
- Notify parent or emergency contact \_\_\_\_\_
- Document episode/Student Accident Report Filed & complete Post Anaphylaxis Reaction Review \_\_\_\_\_
- Other: \_\_\_\_\_

I agree with the recommendations of my child's HCP and authorize Katy ISD staff to deliver treatment as outlined above. I also give permission for my child's HCP to communicate with appropriate Katy ISD employees for the current school year.

Physician Name	Printed Name	Phone	Date
Parent/Guardian Signature		Date	

## ADDENDUM to Action Plan

## NURSE USE ONLY:

- ☐ Transportation Notified: Date Faxed \_\_\_\_\_  
☐ Bus Driver Notified  
☐ Added to Medical Alerts  
☐ Self-Carry  
☐ Diet Modification: Date Faxed \_\_\_\_\_  
☐ RTI   ☐ 504   ☐ ARD   Committee Notified: Date \_\_\_\_\_

In addition: A full IHP needed for a 504 or an ARD

	Field Trips	Student will be grouped with a trained staff member.
	Before or After School Activities (i.e. Safety Patrol, Clubs, Sports)	Nurse and Parent will discuss a plan for their child.
	Emergency Evacuation of School	Nurse will bring medication/supplies out of building and will attend to student as needed.

### ◇ TRAINED STAFF MEMBERS ◇

(To be completed by campus personnel)

Teacher's Name:	Date:
Teacher's Name:	Date:
Administrator's Name:	Date:
Office Staff's Name:	Date:
Cafeteria Staff's Name:	Date:
Bus Driver's Name:	Date:
Other Name:	Date:
Other Name:	Date:
Other Name:	Date:

## OTHER COMMENTS:

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Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Katy Independent School District

## Administration of Medications at School for 15 Days or Less

Parents,

Your child may have an illness which requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be scheduled to be taken at home. However, according to the Texas laws and Katy ISD Board Policy, a medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian requesting this service.

1. All prescription drugs and sample drugs dispensed through a physician's office must be in their original pharmacy container or packaging and labeled by the pharmacist or physician. The label must include:
  - a. The student's name.
  - b. The physician's name.
  - c. The name and strength of the drug.
  - d. Amount of drug to be given.
  - e. Frequency of administration.
  - f. Date prescription was filled.
2. All nonprescription drugs must be in their original container. The written request for administration of these over-the-counter drugs, made by parent, guardian, or physician, must contain the following information:
  - a. Full name of student.
  - b. Name of drug.
  - c. Amount of drug to be given.
  - d. Scheduled hours when the drug is to be given.
  - e. Reason drug is to be given.
  - f. Date.
  - g. Appropriate signature.
3. **All prescription and non-prescription drugs to be administered at school for 15 days or less must be accompanied by a written request, signed and dated by a parent or legal guardian. (See form below.)**
4. **All prescription and non-prescription drugs to be administered from or kept in the school clinic for more than 15 days must be accompanied by a written request signed and dated by the prescribing physician. (Requires an "Administration of Medications at School for More Than 15 Days" form to be completed.)**
5. Medications prescribed or requested to be given three (3) times a day or less are not to be given at school unless a specific time during school hours is prescribed by a physician or the campus nurse determines that a special need exists for an individual student.
6. There will be no more than one medication per properly labeled container.
7. All medications will be stored and dispensed in the school clinic. Exceptions must be approved by appropriate school authorities in advance.
8. Students may not be in possession of prescription or non-prescription medications during school hours or at school-sponsored or school-related activities, on or off campus. Exceptions must be approved by appropriate school authorities in advance.
9. Natural and/or homeopathic-like products not FDA approved will not be dispensed by school district personnel.
10. In accordance with the Texas Nurse Practice Act, Rule 217.11, the campus nurse has the responsibility and authority to clarify any medication order with appropriate licensed practitioner and/or refuse to administer medication that, in the nurse's judgment, is not in the best interest of the student.
11. It is District procedure to return or destroy any unused medication a student has been taking at school once it has been discontinued or at the end of the school year. It is preferred that a parent/guardian retrieve the unused portion or request that it be destroyed. No controlled substances can be sent home with a student. However, if the parent/guardian is unable to retrieve the medication, an adult representative may be designated to pick up the unused portion.

### Parental Permit to Administer Prescription or Non-Prescription Medication at School for 15 Days or Less

Student Name	(Last)	(First)	(MI)	DOB
Grade	Teacher			

Type of Medication <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		Name of Medication		
Date to Begin Medication	Date to End Medication	Time to be Given	Amount to be Given	
Reason medication being given				
Form of Medication <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhalant <input type="checkbox"/> Other				Number or Amount of Medication Provided

Parents/Guardians – Please send only amount student needs to take at school in properly labeled, original container, so that student will not be required to carry medication back and forth from home to school. No controlled substances may be sent home with a student.		
My signature authorizes school personnel to give my child (named above) the medication (specified above) as directed.		
In addition, I authorize excess and/or unused medication, other than controlled substances, to be sent home with my child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Name	Parent/Guardian Signature	Date
Home Phone	Mobile Phone	Work Phone

### FOR ADMINISTRATIVE USE ONLY

PRINT Name of Person Picking Up Medication	Signature of Person Picking Up Medication	Date
PRINT Name of Campus Nurse	Signature of Campus Nurse	Date
PRINT Name of Witness, for Medication Destroyed	Signature of Witness, for Medication Disposed	Date



Katy Independent School District

# Administration of Medications at School for More Than 15 Days

Parents,

Your child may have an illness which requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be scheduled to be taken at home. However, according to the Texas laws and Katy ISD Board Policy, a medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian requesting this service.

- All prescription drugs and sample drugs dispensed through a physician's office must be in their original pharmacy container or packaging and labeled by the pharmacist or physician. The label must include:
  - The student's name.
  - The physician's name.
  - The name and strength of the drug.
  - Amount of drug to be given.
  - Frequency of administration.
  - Date prescription was filled.
- All nonprescription drugs must be in their original container. The written request for administration of these over-the counter drugs, made by parent, guardian, or physician, must contain the following information:
  - Full name of student.
  - Name of drug.
  - Amount of drug to be given.
  - Scheduled hours when the drug is to be given.
  - Reason drug is to be given.
  - Date.
  - Appropriate signature.
- All prescription and non-prescription drugs to be administered or kept at school for longer than 15 days must be accompanied by a written request signed and dated by the prescribing physician and the parent/guardian requesting this service. (See form below.)
- All prescription and non-prescription drugs to be administered at school for 15 days or less must be accompanied by a written request, signed and dated by a parent or legal guardian. (Requires an "Administration of Medications at School for 15 Days or Less" form.)
- Medications prescribed or requested to be given three (3) times a day or less are not to be given at school unless a specific time during school hours is prescribed by a physician or the campus nurse determines that a special need exists for an individual student.
- There will be no more than one medication per properly labeled container.
- All medications will be stored and dispensed in the school clinic. Exceptions must be approved by appropriate school authorities in advance.
- Students may not be in possession of prescription or non-prescription medications during school hours or at school-sponsored or school-related activities, on or off campus. Exceptions must be approved by appropriate school authorities in advance.
- Natural and/or homeopathic-like products not FDA approved will not be dispensed by school district personnel.
- In accordance with the Texas Nurse Practice Act, Rule 217.11, the campus nurse has the responsibility and authority to clarify any medication order with appropriate licensed practitioner and/or refuse to administer medication that, in the nurse's judgment, is not in the best interest of the student.
- It is District procedure to return or destroy any unused medication a student has been taking at school once it has been discontinued or at the end of the school year. It is preferred that a parent/guardian retrieve the unused portion or request that it be destroyed. No controlled substances can be sent home with a student. However, if the parent/guardian is unable to retrieve the medication, an adult representative may be designated to pick up the unused portion.

## Parental Permit to Administer Prescription or Non-Prescription Medication at School More Than 15 Days

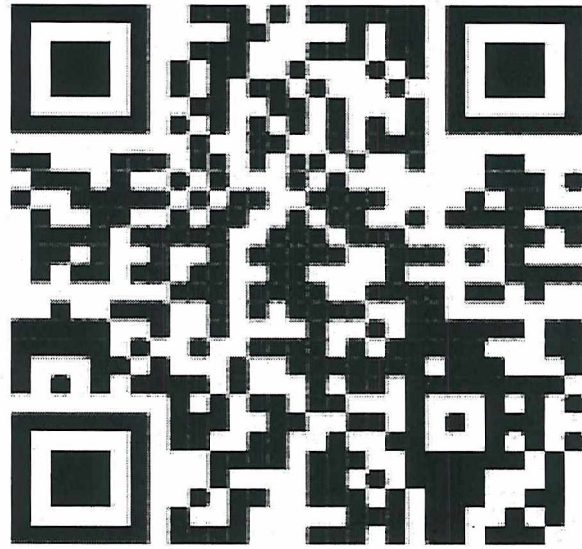
Student Name (Last)	(First)	(MI)	DOB
Grade	Teacher		

Type of Medication <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		Name of Medication	
Date to Begin Medication	Date to End Medication	Time to be Given	Amount to be Given
Reason medication being given			
Form of Medication <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhalant <input type="checkbox"/> Other			Number or Amount of Medication Provided
Physician		Physician Signature	Date

Parents/Guardians – Please send only amount student needs to take at school in properly labeled, original container, so that student will not be required to carry medication back and forth from home to school. No controlled substances may be sent home with a student.		
My signature authorizes school personnel to give my child (named above) the medication (specified above) as directed.		
In addition, I authorize excess and/or unused medication, other than controlled substances, to be sent home with my child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Name	Parent/Guardian Signature	Date
Home Phone	Mobile Phone	Work Phone

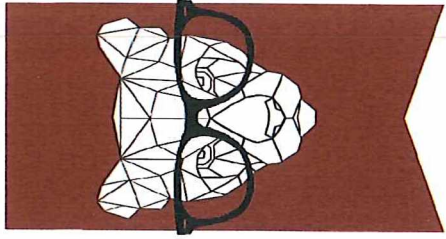
FOR ADMINISTRATIVE USE ONLY		
PRINT Name of Person Picking Up Medication	Signature of Person Picking Up Medication	Date
PRINT Name of Campus Nurse	Signature of Campus Nurse	Date
PRINT Name of Witness, for Medication Destroyed	Signature of Witness, for Medication Destroyed	Date

# REQUEST TO SEE YOUR COUNSELOR/COLLEGE & CAREER FACILITATOR



<b>Alleman</b>	<b>(A - Car)</b> 9th grade center
<b>Rolon</b>	<b>(Cas - Es)</b>
<b>Zimmerman</b>	<b>(Et - I)</b> 9th grade center
<b>Fowler</b>	<b>(J - Ma)</b> 9th grade center
<b>DeYoung</b>	<b>(Mb - Pha)</b>
<b>Lindgren</b>	<b>(Phb - Sm)</b>
<b>Roth</b>	<b>(Sn - Z)</b>
<b>Mabry</b>	<b>(College &amp; Career)</b>





# CRHS LIBRARY

## IMPORTANT INFO:

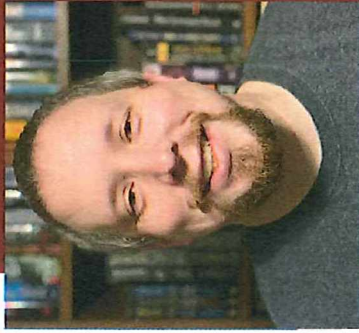
LIBRARY HOURS: 6:45-3:00 MON-FRI

## PRINTERS:

10 CENTS FOR BLACK/ WHITE

50 CENTS FOR COLOR

## LIBRARY STAFF



**Mr. Heller**  
Librarian  
281.237.5214  
SeanMHeller@  
katyisd.org



**Ms. Gevara**  
Library Aide  
281.237.5214  
SamiraDGevara@  
katyisd.org

## LIBRARY CATALOG

### & AUDIOBOOKS

Library Catalog can be found on your MyKaty Cloud.

Audiobooks are accessible via SORA on MyKaty or your personal device.

## FOLLOW US ON SOCIAL MEDIA:



@CRHS\_Library



@CRHS\_Reads

## PASSES

### PASSES FOR 3.5

Passes for 3.5 will be given out the day prior in the library. Any other pass during this period will not be allowed.

### LUNCH PASSES

Lunch passes will be given out in lunch rooms in limited numbers. You will be able to eat in the library as long as you respect the space.

**IF YOU DO NOT HAVE A PASS, YOU WILL NOT BE ALLOWED IN THE LIBRARY.**

## LIBRARY EVENTS

Our Library will host a variety of activities this year. Make sure you pay attention to your Canvas Announcements.

## PRINTING

If you need to do any printing in the library, you must purchase a library print card. They are \$3 and can be found on Pay N Go.



# OPEN HOUSE

WEDNESDAY, SEPTEMBER 4, 2024

Cinco Ranch High School  
23440 Cinco Ranch Blvd  
Katy, TX 77494

**OPEN HOUSE TIME: 5:45-8:00PM**  
*\*Come and Go*

5:45-6:15pm CRHS PTSA Presents: Cougar Life 101  
Location: The Main Commons

6:15-8:00pm Browse Clubs & Organizations in the Rotunda  
Visit Your Student's Classrooms  
& Meet Their Teachers





# CRHS Parking



Parking for the 2024-2025 school year

**All Parking is Reserved this year for 12<sup>th</sup>, 11<sup>th</sup> and 10<sup>th</sup> graders - \$75.**

All parking information and links to the required forms may be found on the CRHS Website -

<https://docs.google.com/forms/d/e/1FAIpQLSeTrGiK5y7bbVpR1SSZ6fAtJJS-65yWu19TTF4Odog6kExnww/viewform>

## Step 1: Pay N Go

All parking permits must be purchased online via <https://katyisd.revtrak.net/>

## Step 2: CRHS Parking Packet:

Once you have completed payment on Pay N Go, click on the CRHS Parking Packet (Google Doc) link to enter your parking information and upload your documents. You will not be able to get your parking spot, or pick up a parking sticker, until both items are completed.

To complete the Google Doc, you will need to upload a picture of:

- your driver's license
- valid insurance for the vehicle you are driving
- receipt from Pay N Go showing that you have paid

Please also have ready to enter the year, make, model, color, and license plate of the vehicle. You will not be able to proceed through the document without uploading the required paperwork. All documents will be reviewed, and you will be contacted if there are any issues.

## New This Year

- No students (including Seniors) will be painting their reserved spots. If you paint your spot, you will be assessed a \$25.00 fine and your parking will be revoked.
- Students will not be picking their exact spot, but a quadrant/region they would like to park, and a spot will be assigned to them on a first come, first serve basis. Seniors will be assigned spots first before underclassmen.

Students must purchase a parking permit at least one day before driving on campus. No parking permits will be sold on school days before school.

### TEMPORARY TAGS

If a student must drive a vehicle other than the one registered on campus, they must request a Temporary Parking Tag from their AP office on the day they drive a different vehicle. They will need to provide the License Plate Number of the vehicle they are driving. Temporary permits are issued for one day at a time unless a written request from a parent, which includes the length of time the permit is needed, is presented.

### TROUBLESHOOTING

If you are having trouble accessing the parking registration, please try the following steps:

1. Go to [www.google.com](http://www.google.com) (not gmail.com)
2. Sign out of all accounts. (You must be signed into the Katy account as the primary account on google.)
3. Sign in to google using your student ID: [ID@students.katyisd.org](mailto:ID@students.katyisd.org).  
(Replace "ID" with your student ID number.) Your password is the password you use to log into campus computers. Once signed in, the page will return to [www.google.com](http://www.google.com).

# Stay Connected!

The Remind logo is a blue rectangle with the word "Remind" in white, italicized, sans-serif font.

Parents and students can stay plugged into important grade level events through Remind. This will be your student's source for class information for the duration of his/her time at Cinco Ranch High School.

To get plugged in, please do the following:

12th Grade - Text @crhs-2025 to 81010

11th grade – Text @2026-crhs to 81010

10th Grade – text @crhs-2027 to 81010

9th Grade – text @crhs-2028 to 81010



# Cinco Ranch High School Tardy Policy

## Tardies

A student is considered tardy when the student is not inside the classroom before the last bell rings of the tardy bell. According to each school's tardy procedure, a student with documented tardies may be assigned to detention (after school detention - 1 to 3 hours) or other appropriate disciplinary consequence, including but not limited to, loss of privileges including parking. Students who are tardy for more than 50% of a given class period will be counted absent for attendance purposes. Students checking out of school for the day during a given class period will be recorded as absent if the student leaves before 50% of the class period has elapsed.

## Cinco Ranch High School Tardy Consequences

- 1 – 3 tardies = No consequence
- 4 – 6 tardies = 1 hour after school detention
- 7 – 9 tardies = 2 hour after school detention
- 10 – 12 tardies = 3 hour after school detention
- 13 – 15 + tardies = a level 3 offense (3.26) Persistent Level 2 offenses which will result in In School Suspension (ISS)

- 
- The total number of tardies are an accumulation of every period. It is not assessed on a class by class basis.
  - Tardies reset to zero at the beginning of each six weeks.
  - Disciplinary actions for tardies depends on the number of tardies the student receives in a designated timeframe.
    - Ex. If a student is tardy 8 times they will receive the consequence for 7-9 tardies.

\* 8 tardies in one class will result in an N in conduct and a loss of exemptions for that class. \*





**BECOME A BOOSTER for 2024-2025 by registering online at**

**[WWW.CRHSCOUGARS.COM](http://WWW.CRHSCOUGARS.COM)**

*Registration opens June 1*

**To become a Booster is to become a supporter of your athlete and their teammates.** Your support of our student athletes benefits many services that the Cinco Ranch Athletic Booster Club provides. The financial support from our members, the parents, your dues & all donations benefit our student athletes directly! All funds for equipment, training, & travel needs for UIL sports, grades 9 through 12 are raised through the CRHS Athletic Booster Club.

**Get Involved & go the extra mile!**

Be A Volunteer & support our 1,600+ student athletes by helping with the many activities & services the booster club provides. Please consider donating your precious time in the area of your choice when you register online. Already registered but forgot to sign up to volunteer, you can email us at [membership@crhscougars.com](mailto:membership@crhscougars.com).

**MEMBERSHIP LEVELS**

**Cougar Club - \$75.00**

- Cougar PAWS painting for athletes

**Cougar Maroon - \$250.00**

- Cougar PAWS painting for athletes
- CRHS ABC sports cap
- 1/4Page B&W Ad in sports program\*\*

**Cougar Select - \$500.00**

- 2 KISD Athletic Passes\*
- Cougar PAWS painting for athletes
- CR Sports Cap
- CRHS ABC perk
- 1/2Page B&W Ad in sports program

**Cougar Classic - \$750.00**

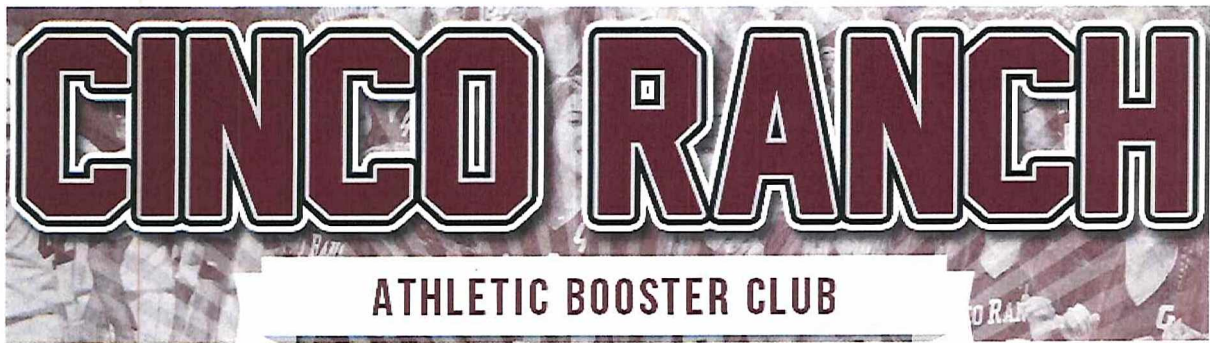
- 2 KISD Athletic Passes\*
- Cougar PAWS painting for athletes
- CR Sports Cap & membership perk
- CR Yard Sign OR Stadium Seat or CR stadium blanket
- Full Page B&W Ad in sports program

**Cougar Platinum - \$1,000.00**

- 2 KISD Athletic Passes\*
- Exemption from Cougar Card Fundraiser
- Cougar PAWS painting for athletes
- CR Sports Cap & membership perk
- CR Yard Sign OR Stadium Seat or CR stadium blanket
- special event hosted for platinum members at legacy
- Full Page Color Ad in sports Program

**Cougar Ambassador - \$1500**

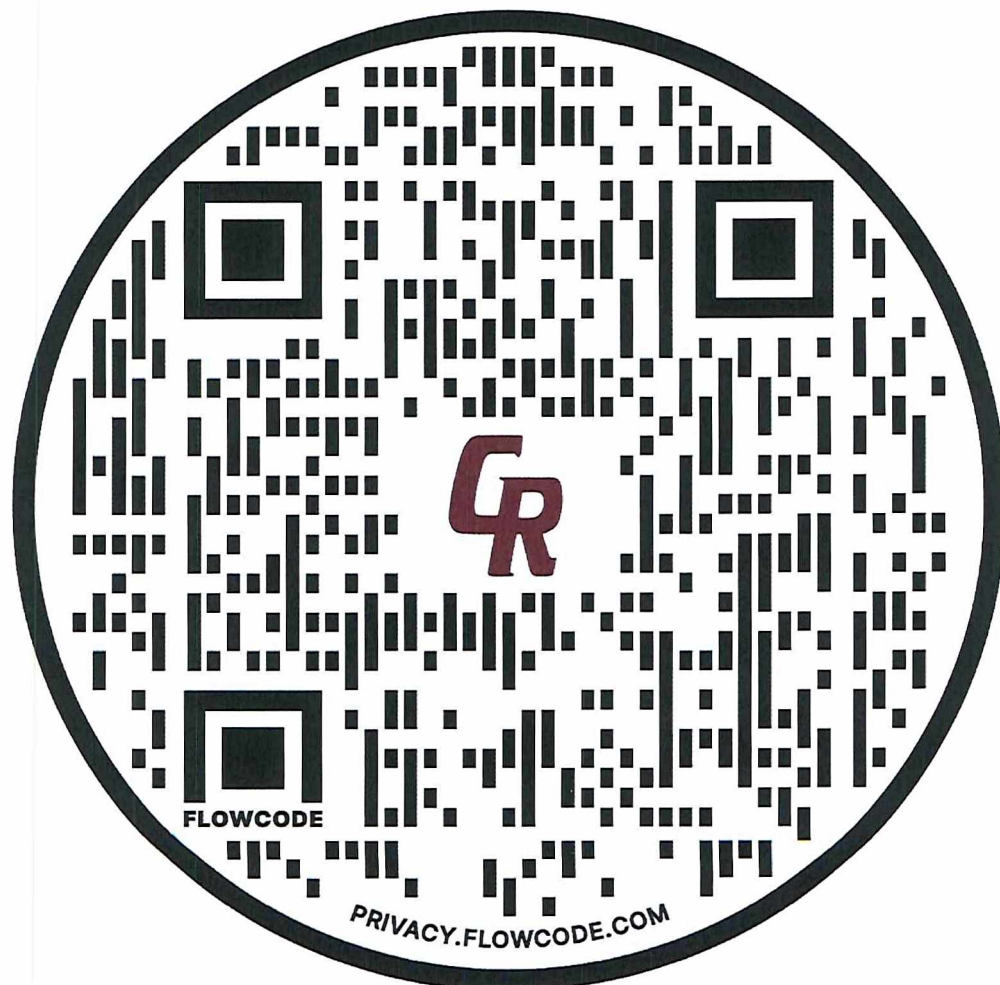
- 4 KISD Athletic Passes\*
- Exemption from Cougar Card Fundraiser
- Cougar PAWS painting for athletes
- CR Sports Cap & membership perk
- choose 2: CR Yard Sign OR Stadium Seat or CR stadium blanket
- special event hosted for Ambassadors/platinum members at legacy during a Cougar home game
- Full Page Color Ad in sports Program



*Please note that Katy ISD charges the CRHS ABC for each KISD athletic pass. Therefore, a portion of the dues for each level of membership that receives passes will be paid to Katy ISD. These passes can only be obtained in conjunction with memberships with CRHS ABC at the Cougar Select Level or Higher. Passes are not available for individual sale per Katy ISD.*

*\* Each Katy ISD Athletic Pass will admit holder into **ANY** Katy ISD Athletic event held at **ANY** Katy ISD facility. This includes both **Jr. High** and **High School** athletic events. **This does NOT include playoff games, matches, or meets.** Athletic passes should be ready for distribution before the first athletic event of Fall 2024, but the district issues these passes to the individual schools, and this issuance is beyond the control of CRHS ABC.*

*Join today:*





# Future Business Leaders of America

Cinco Ranch High School  
FBLA Application



FBLA Website

FBLA is the oldest and largest national organization for students preparing for careers in business. FBLA prepares students for "real world" professional experiences. Members gain the competitive edge for college and career successes. More than 230,000 students participate in this dynamic leadership organization. FBLA will provide students with:

**Travel Opportunities**  
Anaheim - Chicago  
Orlando - Atlanta

**Challenging Competitions & Leadership Conferences**

**Awards and Recognition**  
Local, State & National Levels

**Scholarships**  
\$250 - \$500 - \$1000

**Leadership Development**  
Officer & Ambassador Opportunities

**Letter Jackets**  
Senior Cords

**Networking**  
With Peers and Business Professionals

**Internships & Apprenticeships**

**Community Service Events**

**Career Preparation Opportunities**

**Fun Food Prizes**

**Registration: \$35\***  
**Due: Sept. 19, 2024**  
\* The \$35 fee includes the FBLA State (\$7) and National (\$10) membership registration fees. You will also receive an FBLA T-shirt.

Return the application to  
**Mr. Bryan in Room 2504.**  
Attach cash or check made payable to "CRHS FBLA".

**Shirt Size:** \_\_\_\_\_  
**Birthday:** \_\_\_\_\_  
**Student ID#:** \_\_\_\_\_

Name \_\_\_\_\_  
(Please print clearly in upper case)

Grade \_\_\_\_\_ (2024/2025 year)

Cell Phone # \_\_\_\_\_  
(Please write clearly)

Email \_\_\_\_\_  
(Please print clearly in upper case)

Home Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Preferred method of communication (circle one): **Call** **Text** **Facebook** **Email**

Please sign up for Remind by texting **@crfbla2024 to 81010**

This will be your \_\_\_\_\_ year in FBLA? (1, 2, 3, 4)

Who recruited you to FBLA? (First & last name): \_\_\_\_\_

For questions, please call Mr. Bryan at 281-237-5172 or email at [johnbryan@katyisd.org](mailto:johnbryan@katyisd.org)

**OVER** - Please complete "Permission for Publishing a Student Photograph" on back.





Katy Independent School District  
Permission for Publishing a Student Photograph on a  
Campus/District Web Site



Parent/Guardian/Adult Student:

Campus and District Web sites are maintained to provide information related to a campus and/or the District and to keep students, parents and the community informed about campus/District activities. The publication of student- created projects and writings, as well as highlighting special events and activities, are some of the features that will be displayed on the Web sites.

In order for FBLA to publish a photograph of an individual or a group on a campus/District Web site in which a parent has indicated a directory information code of "O" or "N," permission must be obtained from the identified individual, or in the case of a student under the age of 18, the parent/guardian. A photograph is being considered for publication on the campus/District Web site, as noted below, that requires your permission. (In the case of a group photo, all students must have a directory information code of "A" or permission must be obtained from those persons identified in which a directory information code of "O" or "N" is on file in order for the photograph to be used.)

Please return the signed permission form to the contact person listed below. Failure to return the permission form will be treated as if permission is not being granted. If you have any questions or concerns, please do not hesitate to call.

Printed Name of Contact Person John Bryan (FBLA Adviser)	Phone Number 281-237-5172
---	------------------------------

**Permission for FBLA to Publish Photograph on a Campus/District Web Site**

Printed Name of FBLA Student (Last Name)	(First Name)	(MI)	Campus
---	--------------	------	--------

**Please read the following two statements and indicate your preference. Then sign and return to the contact person named above.**

- ☐ **OPTION #1:** As the parent/guardian of the above-named student (if under the age of 18) or the adult student identified in the photograph, I give my permission to have the photograph published on the campus/District Web site using the identification method indicated above.
- ☐ **OPTION #2:** As the parent/guardian of the above-named student or the adult student identified in the photograph, I do not give permission for the photograph to be published on the school Web site.

Signature of Parent/Guardian or Adult Student	Date
---	------

Please return to the contact person.





## Join Best Buddies 2024/25

### WHAT do we do in Best Buddies?

In Best Buddies, we foster inclusion. We work towards one-to-one friendships between students with and without disabilities. Meetings take place 1-2 times per month. During club socials, we eat, play games, take pictures, celebrate different holidays, get to know one another, and have fun! Best Buddies High Schools program helps break through social barriers at an important time in a young person's life.

More information: <https://www.bestbuddies.org/friendship/>

### How To join:

- complete the membership application: you can apply to be a **buddy** (if you are a student with a disability), a **peer buddy** (if you are interested in one-to one friendship with a buddy), or **associate buddy** (if you want to make friends in general and be a part of the organization)
  - pay dues (t-shirt included)

### Ways to contact us:

email: [bestbuddiescinco@gmail.com](mailto:bestbuddiescinco@gmail.com)

email club advisor, Mrs. Kodlubanska [renatagkodlubanska@katyisd.org](mailto:renatagkodlubanska@katyisd.org) or stop by room #1222

follow us on Instagram @bestbuddiescinco

### Some examples of our events:

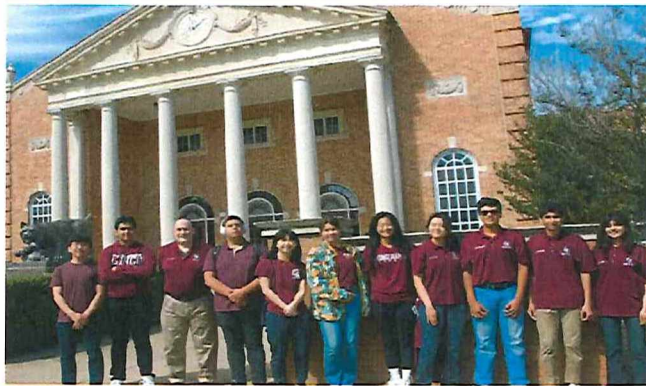
*Peer buddy match party* **Community Trunk or treat**  
**JOY PROM Talent show Thanksgiving Potluck**  
**Christmas movie social Fundraisers**  
*Friendship walk*

Math, Science, History, unravelling  
the mystery. It all started with.....

# Cougar Quiz Bowl

Introductory Meeting:  
Wednesday August 28th,  
Room 2602 @ 2:45 PM

- Join a nationally-ranked Program
- Play with real game buzzers (just like Jeopardy)
  - Improve your knowledge and recall skills
  - Meet new friends at Cinco and other schools
- Compete statewide and nationally against other schools
  - Travel to other cities and out of state



See **Mr. Diethrich; Room 2602:** Student Contacts: **Maria Waseem (11), Zuhair Assduddin (11), Yu Seung Cha (10)**



# JOIN THE CINCO RANCH HS STUDENT COUNCIL

## *What is the Student Council?*

The student council is a group of dedicated students working together to improve our school and make student voices heard through organizing school wide events.

## *Why Join Us?*

- Develop leadership skills
- Make new friends
- Organize exciting events
- Enhance your college application

## *How to Join:*

- Fill out the application form
- Submit your form by \_\_ to Room \_\_

## *More updates?*

Join the Remind! (@crstuco25)



## “BECOME A LEADER, MAKE A DIFFERENCE”

### Student Council Application Form:

First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Grade Level:      9      10      11      12  
(circle one)

Submit filled out form to room  
1000 by 8/30

Recruited By: \_\_\_\_\_