

2022-23 Cinco Ranch High School 1st Day Packet

Access all the information on the Families page of the Cinco Ranch High School website, under Parent Resources!

Academic UIL Team
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

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

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

Choir Booster Club – www.cincoranchchoir.org

CRyptonite Robotics

FBLA Application

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

HOSA Application

Quiz Bowl

Theatre Booster Club - <http://www.crtcbooster.com/> **Theatre Company** - cougartheatre.org

CINCO RANCH HIGH SCHOOL



PTSA

Education's Booster Club Supporting Every Student and Teacher

Visit www.crhspsta.org to see how PTSA reaches out to ALL parents, teachers, and students at Cinco Ranch High School. PTSA provides volunteers, programs, scholarships and donations to enrich your family's high school educational experience. Please add your voice to the Booster Club for Education.

To become a member, please click on the link below:

<https://www.joinpta.org/>



Sponsored by the Parents of the Class of 2023

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 and time will be posted in the Cinco Ranch High School Senior eNews that comes out every Friday. We will be sending out a Volunteer sign up in the near future. 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 2023. 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 th Grade | Jill Dix | JillMDix@katyisd.org | (281) 237-7086 |
| 10 th Grade | Joy Siebenman | JoyDSiebenman@katyisd.org | (281) 237-7069 |
| 11 th Grade | Cinthya Crawford | CynthiaDCrawford@katyisd.org | (281) 237-7088 |
| 12 th Grade | Shetal Patel | ShetalCPatel@katyisd.org | (281) 237-2458 |

STUDENT CHECK-IN AND CHECK-OUT

- Students are **REQUIRED** to check in and out of school through the Attendance Office. They should obtain a pass before school when they will need to leave during class time.
- **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.**
- **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 also applies to emergency contacts 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 attendance. All absences are considered unexcused until this is done and any 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.

COVID-19

Go to [KATYISD.ORG](https://www.katyisd.org) and select **Safe Return to School Plan** for information on COVID-19.

College or Military Absences - Student in 11th and 12th 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 completed form has been returned to attendance, the absence can be updated to excused. It is unexcused until ALL documents are signed and returned.

Driver's License Absences - Students are allowed 1 unexcused absence for a driver license and 1 for a permit. A copy of the driver license is required to excuse.

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 may be returned to the Attendance Office or to the grade level principal for a status determination (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. This is the first warning in the process.

ATTENDANCE FOR CREDIT

In addition to compulsory attendance, a student must attend at least 90 percent of the days the class is offered to receive credit. 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 – 2022-2023
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 29, 2022 March 23, 2023

November 10, 2022 May 11, 2023

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.

Cut and Return

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

Printed Parent Name

Parent Signature

Email Address

Phone Number

Children Attending CRHS:

Name(s) & Grade Level(s)

Return to CRHS by August 31, 2022

Anita Kuhlmann, Principal's Secretary

Cinco Ranch High School

23440 Cinco Ranch Blvd.

Katy, Texas 77494

anitakuhlmann@katyisd.org

CRHS Clinic Information:

Patricia Duda, RN, BSN 9th clinic
281-237-7025
Fax: 281-644-1744
patriciaaduda@katyisd.org

Marsha Baker, RN, BSN 10th-12th clinic
281-237-7026
Fax: 281-644-1743
marshalbaker@katyisd.org

Helen Hall, clinic aide
281-237-7036

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.
- 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 1st 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 Please describe basic first aid procedures: | | | Basic Seizure First Aid <ul style="list-style-type: none">• Stay calm & track time• Keep child safe• Do not restrain• Do not put anything in mouth• Stay with child until fully conscious• Record seizure in log For tonic-clonic seizure: <ul style="list-style-type: none">• Protect head• Keep airway open/watch breathing• Turn child on side | |
| Does student need to leave the classroom after a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe process for returning student to classroom: | | | | |
| Emergency Response Name of Emergency Medication: _____ Dosage: _____ Route: _____ Administer for seizures lasting for more than _____ minutes. | | | A seizure is generally considered an Emergency when: <ul style="list-style-type: none">• Convulsive (tonic-clonic) seizures lasts longer than 5 minutes• Student has repeated seizures without regaining consciousness• Student is injured or has diabetes• Student has a first time seizure• Student has breathing difficulties• Student has a seizure in water | |
| Seizure Emergency Protocol <ul style="list-style-type: none">* Contact campus nurse at _____* Administer emergency medications* Call 911* Notify parent or emergency contact* Document Episode/Student Accident Report Filed* Other: _____ | | | | |
| 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: _____ <small>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.</small> | | | | |
| 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 | 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:

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 |
|-----------------|------|-------|--------|-------------|

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"/> Colds/Flu | <input type="checkbox"/> Wood Smoke |
| <input type="checkbox"/> Dust/Dust Mites | <input type="checkbox"/> Stuffed Animals | <input type="checkbox"/> Carpet | <input type="checkbox"/> Strong Odors |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Mold | <input type="checkbox"/> Ozone Alert Days | <input type="checkbox"/> Cleaning Products |
| <input type="checkbox"/> Pests | <input type="checkbox"/> Pets | <input type="checkbox"/> Plants, Flowers, Cut Grass & Pollen | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Sudden Temperature Changes | <input type="checkbox"/> Perfume | <input type="checkbox"/> Foods: | |
| <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.

GOOD CONTROL

Use these medications every day.

You have **all** of these:

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

| Medication/Dosage | How Much to Take | When to take it | How Often |
|---------------------|------------------|-----------------|-----------|
| | | | |
| | | | |
| Comments: | | | |
| For exercise, take: | | | |

CAUTION

Continue with daily medicine and ADD:

You have any of these:

- 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%.

| Medication/Dosage | How Much to Take | When to take it | How Often |
|---|------------------|-----------------|-----------|
| | | | |
| | | | |
| Comments: | | | |
| If Quick Reliever/Yellow Zone medicines are used more than 2 to 3 times per week, CALL your Doctor | | | |

DANGER ZONE

Take these medicines and call your doctor.

Your asthma is getting worse fast:

- 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%

| Medication/Dosage | How Much to Take | When to take it | How Often |
|--|------------------|-----------------|-----------|
| | | | |
| | | | |
| Comments: | | | |
| DO NOT WAIT! GET HELP FROM A DOCTOR NOW! If you cannot contact your doctor, go directly to the emergency room. | | | |

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:

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 |
| Migraine Triggers: | | |
| Daily Medications at home: | | |

Medication

| Name | Dosage | Time | How Often | Route | Comments |
|------|--------|------|-----------|-------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|--|---|
| 1. Safe Zone: Child has any of these: <ul style="list-style-type: none"> • No visible signs of pain • No additional warning signs • Denies pain/other symptoms • Can work/play | 1. Action: <ul style="list-style-type: none"> <input type="checkbox"/> Avoid triggers <input type="checkbox"/> Allow desktop fluids and encourage fluid intake <input type="checkbox"/> Allow extra bathroom breaks as needed |
|--|---|

| | |
|---|---|
| 2. Caution Zone: Child has any of these: <ul style="list-style-type: none"> • Complaints of head pain • Complaints of early migraine symptoms: _____ • Difficulty with work/play | 2. Action: <ul style="list-style-type: none"> <input type="checkbox"/> Administer _____ medication(s). <input type="checkbox"/> Encourage student to drink fluids. <input type="checkbox"/> Call parent if medicine is used more than _____ times in one week. <input type="checkbox"/> Call doctor if medicine is used more than times in one week. |
|---|---|

| | |
|---|--|
| 3. Danger Zone: Child has any of these: <ul style="list-style-type: none"> • Medicine not helping. • Vomiting | 3. Action: <ul style="list-style-type: none"> <input type="checkbox"/> Use _____ medication. <input type="checkbox"/> Notify parent. <input type="checkbox"/> Notify doctor. |
|---|--|

☐ 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

| <u>Symptoms:</u> | | <u>Give Checked Medication**:</u> <small>** (To be determined by physician)</small> | |
|------------------|---|--|--|
| • 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:

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 Disposed | Date |

CRHS Counselor's Office
Start of School Information

SCHEDULES:

Students receive their schedules on the first day of school. If there is an acceptable reason to change their schedule, the student should fill out the schedule change request form (QR below).

Acceptable reasons for schedule changes are:

1. Student is missing a prerequisite class.
2. Failure of a course that was not re-taken in summer school.
3. Student earned original credit for a course in summer school that is on fall schedule.
4. KAP/AP and Dual Credit level changes (parent approval needed)
5. Program recommendation by a coach or sponsor (i.e., athletics, fine arts, Career & Technology Education). Coach/sponsor approval is required.

Schedule Change Request:



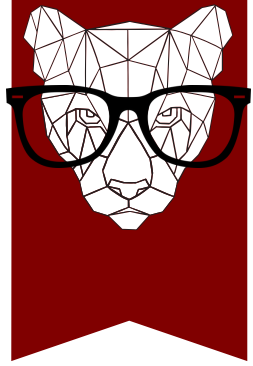
If the change is approved, it should be made within one to two days; it may take longer at the beginning of each semester due to the volume of requests.

IMPORTANT DATES

| | |
|-------------|--|
| August 26 | Off-campus PE applications due* |
| September 9 | GPA Exempt applications due (on My Katy Cloud) |
| October 12 | College & Career Night – LMC |

| | |
|------------|--|
| January 13 | Off-campus PE applications due* |
| January 27 | GPA Exempt applications due (on My Katy Cloud) |

*If students turn in this form at the beginning of the school year, it is not necessary to turn in an additional form in the spring.



CRHS LIBRARY

IMPORTANT INFO:

LIBRARY HOURS: 6:45-3:00 MONDAY - FRIDAY

PRINTERS:

10 CENTS FOR BLACK/ WHITE

50 CENTS FOR COLOR

LIBRARY STAFF



MRS. FITZPATRICK,
LIBRARIAN
281.237.7028
JESSICAFITZPATRICK
@KATYISD.ORG



MRS. RANDOLPH,
LIBRARY AIDE
281.237.5214
SUZANNERANDOLPH
@KATYISD.ORG

LIBRARY CATALOG & AUDIOBOOKS

BOOKS CAN BE
FOUND IN THE
KATY CLOUD



AUDIOBOOKS & E-
BOOKS CAN BE
FOUND IN SORA IN
THE KATY CLOUD



**STAY UP TO DATE WITH
WHAT IS HAPPENING IN
THE LIBRARY ON**



@LIBRARIAN_FITZ



@LIBRARIANFITZ

PASSES

PASSES FOR 3.5 MUST COME FROM THE LIBRARY, ANY OTHER PASS WILL NOT BE ALLOWED DURING 3.5. WE GIVE 3.5 PASSES 24 HOURS IN ADVANCE.

LUNCH PASSES WILL BE GIVEN OUT IN THE LUNCH ROOMS. THIS YEAR,, YOU WILL BE ABLE TO EAT IN THE LIBRARY. THERE ARE A LIMITED AMOUNT OF LUNCH PASSES

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

LIBRARY EVENTS

WE WILL HOST DIFFERENT MONTHLY ACTIVITIES IN THE LIBRARY FOR AUGUST WE WILL HAVE :

8/25 DURING 3.5
BRACELET MAKING FOR
GIGI'S PLAYHOUSE

8/25 DURING ALL LUNCHES
SETTING UP COMMON AP/
APPLY TEXAS PROFILE

8/30 DURING 3.5
BULLET JOURNALING
YOU MUST GET A PASS TO COME!

CRHS OPEN HOUSE

Dear Cougar Parents:

We would like to invite our parents to Open House for Cinco Ranch High School. This is a time to experience your child's daily course schedule and meet your child's teachers.

Please print a copy of your child's schedule from the Home Access Center (HAC) and bring this with you, as it will note the period and room number of each class. You will go directly to the first period class. We will notify you using our PA system when to move to the next period class. Student hosts will be available to assist with directions to classes.

During any Athletic or PE class period in which your child is scheduled, you will go to the Competition Gym. You will not be attending the study hall and lunch period.

Date: Wednesday, September 7, 2022

Time: 6:30-8:30pm

Doors will open at 6:00am – come early to browse through the clubs and organizations set up in the Rotunda

| Period | Start | End |
|--------|--|------|
| 1* | 6:30 | 6:44 |
| 2 | 6:52 | 7:01 |
| 3 | 7:09 | 7:18 |
| 4 | 7:26 | 7:35 |
| 5 | 7:43 | 7:52 |
| 6 | 8:00 | 8:09 |
| 7 | 8:17 | 8:26 |
| * | 1st period class begins promptly at 6:30pm | |

We look forward to seeing you! *The Faculty and Staff of Cinco Ranch High School*

The Mission of CRHS

"In partnership with parents and community, Cinco Ranch High School seeks to challenge, nurture, and empower students to build strong character and to reach academic excellence through thinking logically, independently, and creatively in our rapidly changing world of the 21st Century."

CRHS Parking Information for 2022-2023

Parking for the 2022-2023 school year will look a bit different this year.

PARKING REGISTRATION PROCESS

All Parking is Reserved this year - \$75.00

Only Seniors will be able to paint their parking spots.

All parking permits must be purchased online via the Katy ISD Pay N Go link. Once you have completed payment on Pay N Go, click on the CRHS Parking link to enter your parking information and upload your documents. You will not be able to select a parking spot or pick up a parking sticker until both of these items are completed.

Pay N Go Link: [Pay N Go](#)

Parking Document Link: [CRHS Parking Packet](#)

In order to complete the Google Doc, you will need to have a picture OR a PDF of your driver's license, your insurance, and the receipt from Pay N Go showing that you have paid. 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.

Once you have completed the above steps to purchase parking, go to your grade level AP office the next day during 2.5 or after school **ONLY** to pick up your parking sticker.

Students must purchase a parking permit at least one day before driving on campus.

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 **before school** 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 (not gmail.com)
2. Sign out of all accounts. (You must be signed in to the Katy account as the primary account on google.)
3. Sign in to google using your student ID: 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.



STAY CONNECTED!

This year 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-2023 to 81010

11th Grade – text @2024-crhs to 81010

10th Grade – text @crhs-2025 to 81010

9th Grade – text @crhs-2026 to 81010

STUDENTS – KISD EMAILS

It is very important that you regularly check your KISD email. This is the email address we use to send important updates and announcements.

If you are not sure how to check your email, please follow these steps to sign in to your school account.

- Go to KatyISD website - <https://www.katyisd.org/page/1>
- Click on My Katy Login
- Click on My Katy Cloud
- Sign in with your Student ID # and password
- Choose Office 365 tile
- It will ask you if you want to stay logged in
- Choose Outlook

Voila – all your school emails are there!!



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. *

STAAR EOC Testing in High School

STAAR EOC is slightly different from 3-8 grade level STAAR tests. The **five** End-of-Course exams are required for graduation purposes. Therefore, students are required to take and pass all five exams.

The required EOC exams are attached to the following subjects. You will be registered to test when you are enrolled in the course, regardless of the grade you are in.

- **English I** – usually 9th grade
- **Algebra I** – usually 8th or 9th grade
- **Biology** – usually 9th grade
- **English II** – usually 10th grade
- **US History** – usually 11th grade

For graduation requirements, students must meet standard on all five EOC subjects - English I, English II, Biology, Algebra I, and U.S. History to be eligible to graduate.

Missing a STAAR EOC testing opportunity will potentially impact meeting the graduation testing requirement outlined by the Texas Education Agency (TEA). Students will be required to test on the next available testing date.

Further, students must attempt to test to be eligible to utilize substitute assessments and/or graduate by Individual Graduation Committee (IGC). In order to use a substitute assessment, the student must take and be unsuccessful on the corresponding EOC first.

2022-2023 STAAR EOC Tentative Testing Dates

| Tentative Dates | Test |
|---|--|
| December 5-9, 2022 Specific test dates TBD | December STAAR EOC Makeup (CRHS students who were absent or did not meet standard in 2021-2022 will be automatically registered to test) |
| April 18-May 12, 2023 Specific test dates TBD | English I, English II, Algebra I, Biology, US History STAAR EOC |
| June 20-23, 2023 Specific test dates TBD | All Subjects STAAR EOC Summer Makeup/Retakes |

Texas Assessment Program FAQs

<https://tea.texas.gov/sites/default/files/Texas%20Assessment%20Program%20FAQs%2004.04.18.pdf>

**Yearbook
Information is
still pending.
Please watch
your weekly
eNews for
updates.**



BECOME A BOOSTER for 2022-2023 by registering online at

WWW.CRHSCOUGARS.COM

NEW MEMBERSHIP LEVEL ADDED -- BECOME AN AMBASSADOR TODAY -- Registration opens June 1

To become a Booster is to become a supporter!

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 and 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

MEMBERSHIP LEVELS

Cougar Club - \$75.00

- Cougar PAWS painting for athletes

Cougar Maroon - \$250.00

- Cougar PAWS painting for athletes
- CRHS ABC sports cap
- ¼ Page B&W Ad in sports program

Cougar Select - \$500.00

- 2 KISD Athletic Passes*
- Cougar PAWS painting for athletes
- CR Sports Cap
- CRHS ABC Lunch tote/tumbler
- ½ Page B&W Ad in sports program

Cougar Classic - \$750.00

- 2 KISD Athletic Passes*
- Cougar PAWS painting for athletes
- CR Sports Cap & ABC Igloo sports bottle
- 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
- Recognition at 4 Cinco Sports Events
- CR Sports Cap & ABC Igloo sports bottle
- 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

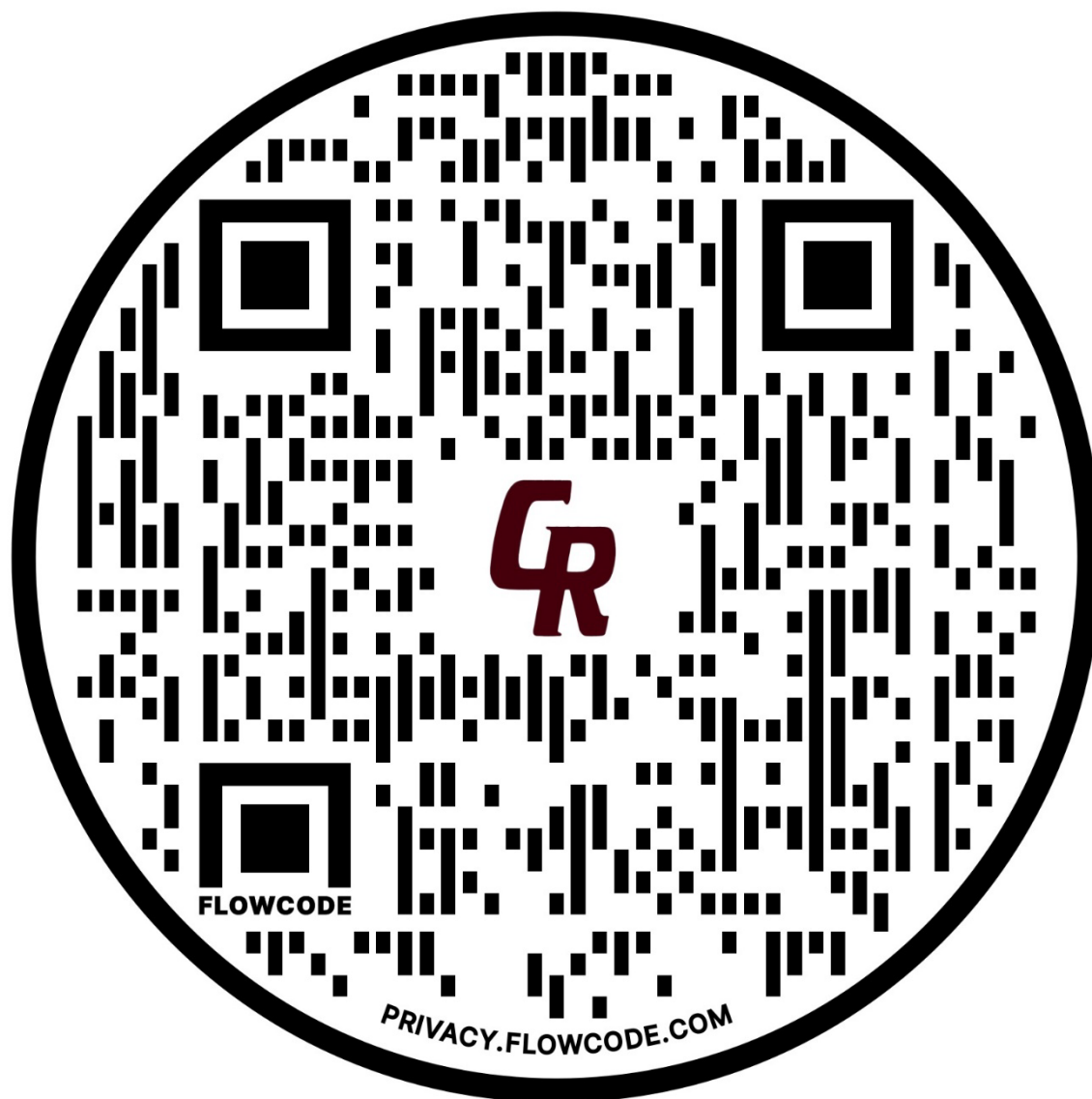
NEWEST MEMBERSHIP LEVEL - Cougar Ambassador - \$1500

- 4 KISD Athletic Passes*
- Exemption from Cougar Card Fundraiser
- Cougar PAWS painting for athletes
- CR Sports Cap & ABC Igloo sports bottle
- 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 2022, but the district issues these passes to the individual schools, and this issuance is beyond the control of CRHS ABC.*





Cinco Ranch High School



CRytonite Robotics

Join the fun on a competition robotics team that competes in the worldwide organization *FIRST* – For Inspiration and Recognition of Science and Technology. *FIRST* Robotics is a UIL Academic activity with a State Championship held each year. This award-winning Cinco Ranch Team, FRC 624, has been competing for 21 years!

Team members gain hands-on experience in many areas of engineering such as mechanical and electrical design, programming, using CAD, parts fabrication using CNC, 3D printers and more! In addition to robot building, students have opportunities to work in animation, photography, marketing/public relations, social media, website design, and outreach projects.

No experience necessary!

For more information, please contact Ms. DiBacco, Faculty Advisor

Visit the team website: www.frc624.org

Or email the team at info@team624.org

Cinco Ranch High School Robotics Booster Club

Robotics Booster Club provides mentorship and support to Team 624.

Robotics Booster Club is a 501(c)3 organization.

Contact us at booster@team624.org



See Video!





Future Business Leaders of America

Cinco Ranch High School
FBLA Application



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 250,000 students participate in this dynamic leadership organization. FBLA will provide students with:

Travel Opportunities
Anaheim – Chicago
Atlanta – Orlando

Challenging Competitions and Leadership Conferences

Awards and Recognition
Local – State – National Levels

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

Leadership Development
Officer/Ambassador Opportunities

Letter Jackets Senior Cords

Networking
w/Peers and Business Professionals

Internships Apprenticeships

Community Service Events

Career Preparation Opportunities

Fun Food Prizes

| | | |
|--|--|---|
| Registration: \$30* Due: Sept. 22, 2022 <small>*The \$30 fee includes the FBLA State (\$7) and National (\$6) membership registration fees. You will also receive an FBLA T-shirt.</small> | Return the application to Mr. Bryan in Room 2504. Attach <u>cash or check made payable to "CRHS FBLA".</u> | Shirt Size: _____ Birthday: _____ Student ID#: _____ |
|--|--|---|

Name _____ Grade _____ (2022/2023 year)
(Please print clearly in upper case)

Cell Phone # _____ Email _____
(Please write clearly) (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 **@crfbla2022 to 81010**

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

I was recruited to join FBLA by: _____

For questions, please call Mr. Bryan at 281-237-5172 or email at 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.



Learning To Do ★ Doing To Learn

Want more info?

 Cincoranch.ffa.org
 **Cinco Ranch FFA 2021-2022**
 **@crhs.FFA**



CINCO RANCH FFA

Compete in...

Livestock Projects
Public Speaking Events
Leader Development
Career Development
Welding/Fabrication

Other Opportunities...

Community Service
Camps/Conventions
Earn Certifications
Scholarships

Earning To Live ★ Living To Serve



Future Health Professionals

HOSA is you if:

- Interested in becoming a doctor or nurse.
- Interested in any healthcare career.
- Like academic and skill competitions.
- Want to hear from guest speakers.
- Want to volunteer in the community.
- Want to learn transferrable work skills.
- Want to meet new friends.

You can join HOSA by scanning the QR Code and us Pay-n-Go at the start of the year to pay \$50



<https://forms.gle/3cwsBqwPVRcJg3Fr9>



Cougar Quiz Bowl

Scientia gratia Scientae*

Do you know what that phrase means?
Are you interested in what it means?
Do you find knowledge cool? 😎

Well there is a place for you in
Quiz Bowl

- Learn more about subjects that interest you.
- Practice your memorization and recall skills
- Build your knowledge base for college
- Compete nationally against other schools
- Travel to other cities and out of state
- Meet new friends at Cinco and other schools

*Knowledge for Knowledge's Sake :-)

See **Mr. Diethrich; Room 2602 (robertpdietrich@katyisd.org)**
Student Contact: **Hayden d'Gama (12) Tamim Hasan (12)**





Cinco Ranch Theatre Company



Theatre? What do you do in theatre?

Have you ever been interested in exploring...

| <i>ACTING?</i> | <i>TECH?</i> |
|---|--|
| <ul style="list-style-type: none">• Character creation• Accents and gestures• Improv• Writing• Stage Combat• Theatre History | <ul style="list-style-type: none">• Being backstage for a show• Lighting and Sound• Learning to build• Scenic Painting• Hair and makeup design• Poster design |

Then Theatre is the place for you! CRTC's mission is to provide students with valuable skills in a place of inclusion, exploration, and excitement. Some skills we stick to throughout four years of theatre:

- Large and small-group communication
- Project management
- Trade craft (basic carpentry, electrical, and fabric arts work)
- Creative expression through acting and theatrical design
- Confidence in public speaking
- Professional organization techniques
- College readiness: resumes, portfolios, and interview experience
- General collaboration on a plethora of different challenges



INTERESTED? Want more info?

Come to the CRTC Welcome Day!
Friday, August 19th
3:00pm-6:00pm
CRHS PAC

OR, stop by Room 1107 to talk to Mr. Don Wile or Ms. Lindsey Pritchett for more information on how to join!



Cinco Ranch Theatre Company



Mission Statement:

The Cinco Ranch Theatre Company is committed to students' college and career readiness. We believe artistic, creative, and problem solving skill sets are a major key to our community and student success. Our goal is to provide students with the most valuable skills at our disposal. With us, students will learn empathy, creativity, trade craft, project management, collaboration, professional organization techniques, and how to bring their own beliefs and perspective into the world with a conscious and confident voice. Theatre is our voice as a society; it is a reflection of who we are. Whether striving to take center stage on Broadway, grab the production reigns of a huge summer blockbuster, or to learn to speak your voice with power in public, CRTC will be a place of inclusion, fun, exploration, and excitement.

Donald Wile

Director/ PAC Manager
DonaldFWile@katyisd.org
281-237-5065

Lindsey Pritchett

Technical Director
LindseyPritchett@katyisd.org
281-237-5208