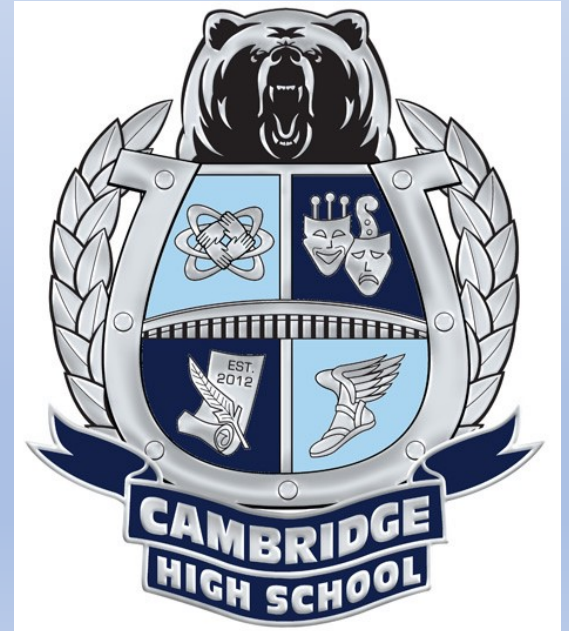


CLASS OF 2021



11TH Grade Parent Night
Darius Maize, Assistant Principal

Twitter: @maize_darius

Kimberly Premoli, Principal

Twitter: @CambridgeHS1

Join PTSA



Parent Connectors



For "New to Cambridge" Families



School Counseling Department



Welcome to Cambridge High School

Seana Ficklin – A – Do
Jennifer Evans – Dr – Ju
Olivia Beck – K – O
Julie Falk – P - Ts

Samiah Garcia – Tu - Z (Department Chair)
cambridgehcounseling.com





-Student Health Services SHS-1 Form
AUTHORIZATION TO GIVE MEDICATION AT SCHOOL
PARENT MUST SUPPLY MEDICATION TO BE STORED AT SCHOOL

This form must be completed if medication has to be administered during school hours, on field trips or during a school chaperoned "before" or "after" school activity. Please give all medications at home before or after school hours when possible as some medication may not need to be given during school hours.

Student Name: _____ DOB: _____ School Year: _____
Homeroom Teacher: _____ Grade: _____ Known Allergies: _____

I hereby request Fulton County School System, through the Principal or designee, to supervise/assist with administering this medication to my child, according to the instructions contained in the statement below and in accordance with Fulton County Schools Medication Policy. I understand the following:

- Medications (both prescription and non-prescription) must be in the original labeled container (no baggies, foil, etc.) and must match the instructions below.
- The parent/legal guardian is responsible for assuring the school receives specific instructions regarding medication usage, including the medication and related equipment.
- The parent/legal guardian is responsible for informing the school of any changes with the medication. New medications or new doses will not be given until a new form is completed.
- All medication should be taken directly to the school office/clinic by the parent and/or student.
- All unused or discontinued medication will be properly disposed of at the end of the school year if not picked up prior to or on the last day of school. Medications that have been discontinued must be picked up within one week or will be properly disposed of by the clinic.
- Trained staff assist students with medication administration. However, school employees will not assume any liability for supervising or assisting in the administration of medication (to include choking, allergic reactions, side effects and/or any health risks related to this medication).
- Completion of this form for prescription medication authorizes Student Health Services to discuss the medication order/request with the prescribing healthcare provider if indicated and/or needed.

I release Fulton County School System and any Fulton County School System employee from any liability associated with administering this medication. Parent/Legal Guardian authorization signature is needed for both prescription and non-prescription medications.

Parent/Legal Guardian Signature _____ Print Name Legibly _____ Date _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

ONE MEDICATION PER FORM - SUBMIT FORM TO THE SCHOOL CLINIC

NON-PRESCRIPTION MEDICATION (to be completed by Parent/Legal Guardian)

Medication Name: _____		Diagnosis/Condition/Illness Requiring Medication: _____
Start Date: _____	Stop Date: _____	Dosage, Route and Time(s) of Administration: _____

PRESCRIPTION MEDICATION - (This Section MUST be completed by a Physician/Healthcare Provider ONLY)

Medication Name: _____	Prescribed Dosage: _____
Possible Side Effects: _____	Route, Time and Other Special Instructions of Administration: _____
Diagnosis/Condition/Illness Requiring Medication: _____	

PHYSICIAN'S SIGNATURE _____ PRINT PHYSICIAN NAME LEGIBLY _____ DATE _____
Office/Contact Number: _____ Fax: _____

This Section to be completed by Clinic Assistant/Cluster School Nurse/Special Education Nurse ONLY

Date Received: _____	Medication Name: _____	# of Doses: _____
Expiration Date: _____	Completed by: _____	Date Returned to Legal Guardian: _____

Revised July 2017



-Student Health Services SHS-2 Form

School Year: _____

Authorization for Students to Carry a Prescription Inhaler, Epipen, Insulin, or Other Approved Medication*
(JGCD Operating Guideline on Medication Administration and Storage)

Student Name _____ Grade _____ DOB _____

(PRINT LEGIBLY)

I AGREE TO THE FOLLOWING: (ONE MEDICATION PER FORM) - SUBMIT FORM TO THE SCHOOL CLINIC

- I need to carry the following prescription-labeled inhaler, Epipen, insulin, and/or approved medication _____
(PRINT NAME OF MEDICATION LEGIBLY)
- I have been instructed in the proper use of my labeled medication and fully understand how it is administered. I will keep this medication with me and on my person at all times. I will not allow another student to use my medication and/or medical supplies under any circumstances. I also understand that should another student use my prescription or medication, the privilege of carrying my medication may be reassessed and/or revoked. I also accept the responsibility for notifying the Clinic Assistant or Cluster School Nurse/ Special Education Nurse each time I take my medication. If on a field trip, I will notify the teacher/FCS staff chaperone.

Student Signature _____

Date _____

(Student Health Services strongly encourages each student to keep a second prescription inhaler, Epipen, additional Insulin or other prescribed emergency medication in the school clinic in case of emergency and in the event the self-carried medication is lost or left at home.)

To Be Completed by Parent/Guardian

I hereby request that the above named student, over whom I have legal guardianship, be allowed to carry and use this medication at school:

- I accept legal responsibility should the medication be lost, or not immediately available, given, or taken by a person other than the above named student. I understand that if this happens, the privilege of carrying the medication may be reassessed and/or revoked;
- I accept the responsibility to inform the school of all medication changes or new dosages, and will submit a new form to reflect each change;
- Medications must be in their original labeled container;
- I release Fulton County School System (FCS) and its employees of any legal responsibility when supervising or assisting in this medication administration or when the above named student administers his/her own medication (to include choking, allergic reaction, side effects and/or health risks related to this medication);
- Completion of this form authorizes Student Health Services to discuss this medication order/request with the prescribing healthcare provider if indicated or needed;
- Pursuant to FCS Medication Administration Policy, Middle School students may carry the following over-the-counter medications with the completion of this form: Acetaminophen, Antacids, Aspirin, Cough or Throat Lozenges, Ibuprofen, Midol or Oral Antihistamines. (High School Students may also carry these approved medications but no form is required). These medications must be kept in the original containers.

Parent/Legal Guardian Signature _____

Print Name Legibly _____

Date _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Healthcare Provider and Parent/Guardian: Please turn form over for additional information and instructions.

Page 1 of 2 - Student Health Services SHS-2 Form

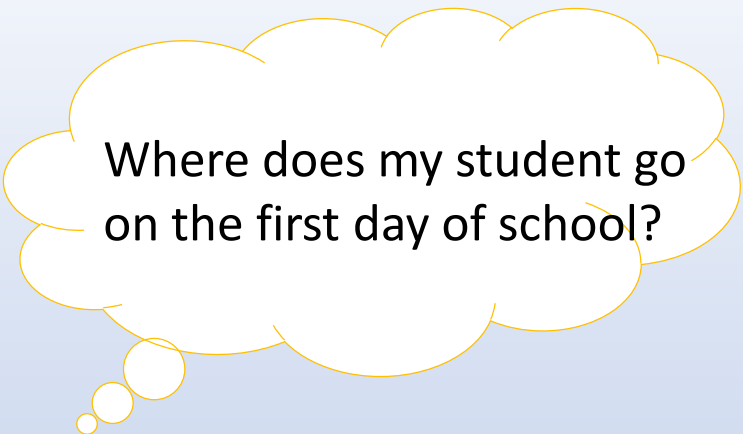
Clinic

Taking an AP Course?

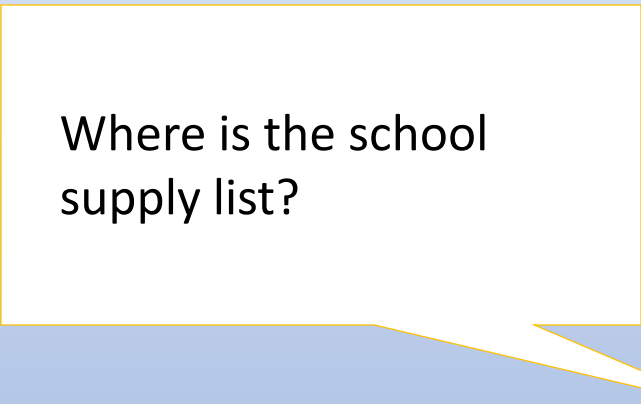
<https://ap.collegeboard.org/>

Ms. Phairr

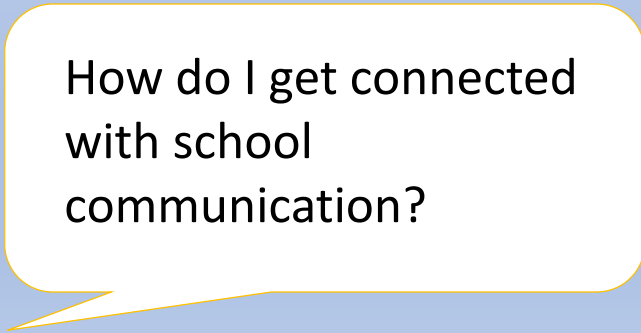




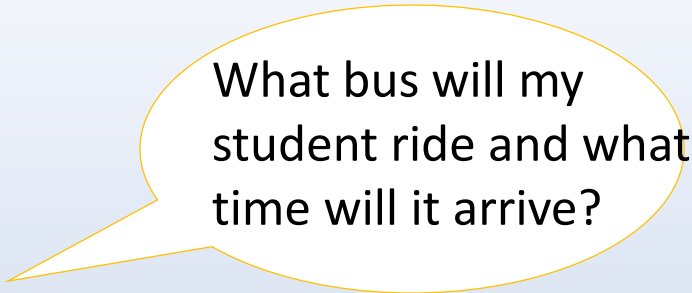
Where does my student go
on the first day of school?



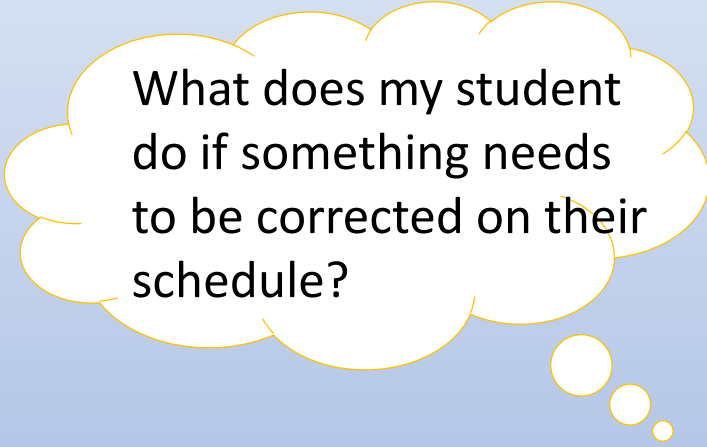
Where is the school
supply list?



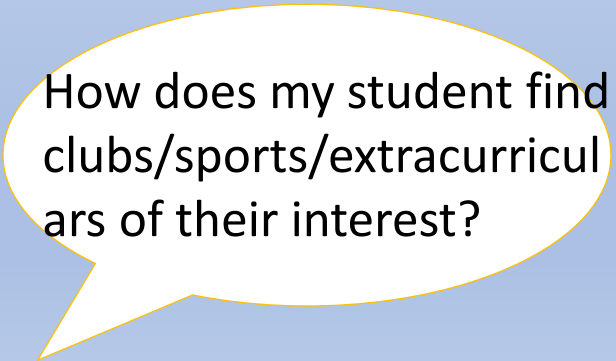
How do I get connected
with school
communication?



What bus will my
student ride and what
time will it arrive?

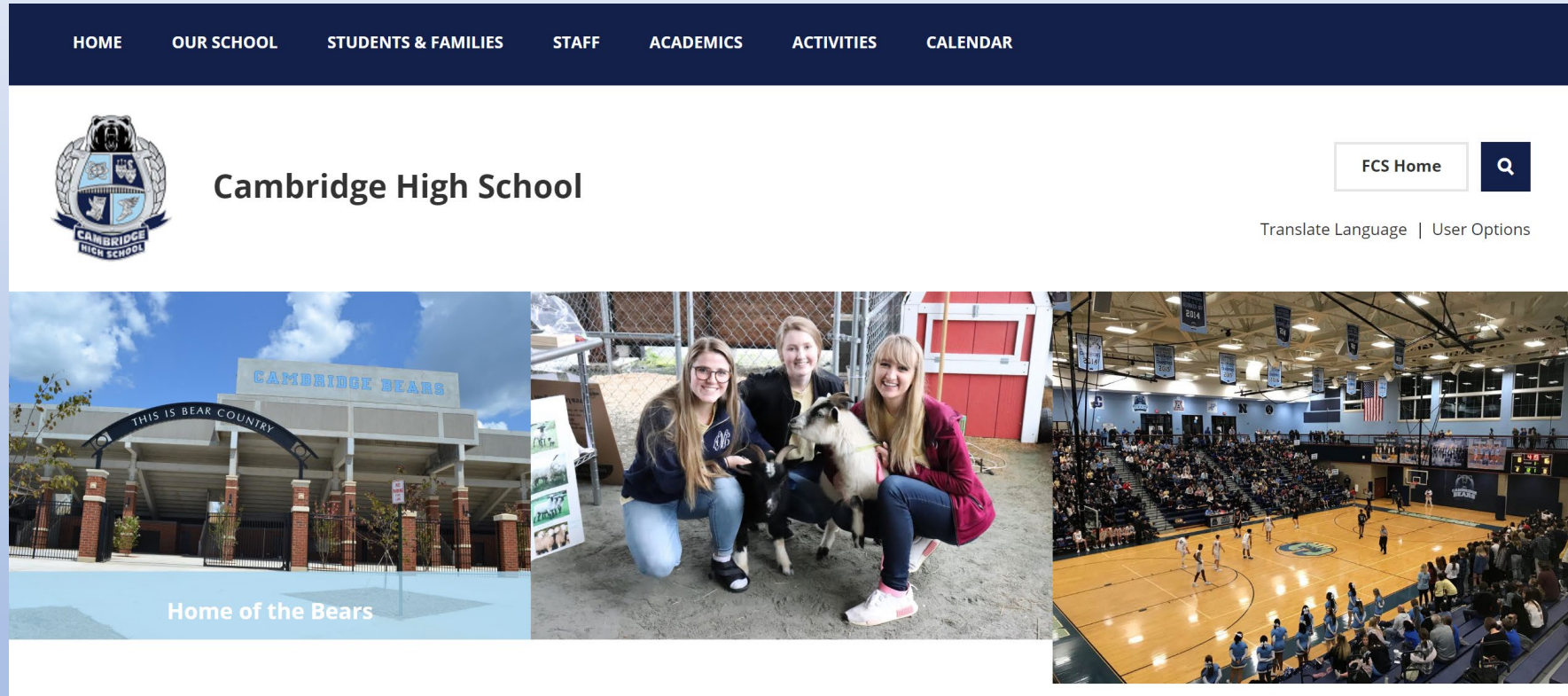


What does my student
do if something needs
to be corrected on their
schedule?



How does my student find
clubs/sports/extracurricul
ars of their interest?

What's New? Website



<https://www.fultonschools.org/cambridgehs>

What's New? Infinite Campus

[Home](#) [Our District](#) [Students & Families](#) [Community](#) [Departments](#) [Board](#) [Calendar](#) [← I WANT TO..](#)

Infinite Campus


[Program Overview](#)

[Back to Instructional Technology](#)


Campus Parent and Campus Student Portal

The Infinite Campus portals - Campus Parent and Campus Student - provide access to information for all enrolled students in their household. Information includes grades, attendance, assignments, and school announcements.

Note: All parents must create their Campus Parent account **PRIOR** to accessing the link below. An invitation link was emailed to all FCS parents on July 10th. If you did not receive this email, please check your spam/junk folder.



Now Live!



Check Back Aug. 12th!

<https://www.fultonschools.org/infinitecampus>

campusparent@fultonschools.org

Bus Information

- <http://edulogweb.fultonschools.org/livewq/webquery/>
- Need to know your bus number?
- Need to know where the bus stop is located?
- Need to know what time the bus will arrive?

WebQuery
Fulton County Schools

Welcome to edulog's WebQuery

WebQuery helps you determine the school a student is eligible to attend and the available bus stops for the 2019-20 school year. WebQuery also provides a helpful street map. Just enter the student's information and click "Go".

WebQuery helps you match your typed in address with an address in the database by allowing you to enter a partial street name. For example, you could enter "2555 Lex" to match "2555 Lexington Ave N".

Every reasonable effort has been made to ensure the accuracy of this data. Fulton County Schools shall not be liable for any errors in the content, nor for any action taken in reliance thereon.

If you have questions about your school of attendance, please call Student Assignment at (470) 254-5550. To verify school zones for the 2019-20 school year, please click here: <http://www3.fultonschools.org/webmaps/address/>.

Questions regarding bus stop information should be directed to North Transportation at (470) 254-2970 for the Northeast and Northwest Learning Communities or South Transportation at (470) 254-6060 for the Central and South Learning Communities.

Student Information:

Address

Grade

* Program * optional

Go Reset

What's New Here Comes the Bus App



Here Comes The Bus[®]

A GPS-BASED APP TO TRACK YOUR CHILD'S BUS

HERE'S HOW TO GET STARTED

- Download the Here Comes the Bus app or visit www.herecomesthebus.com
- Click the **Sign Up** button
- Enter school code **87428**
- Click "Next" followed by "Confirm"
- Complete the "User Profile" box
- Under "My Students," click "Add." Enter your child's last name and student ID number.
- Once you confirm your information, you're ready to go!

Download on the **App Store**

GET IT ON **Google play**

<https://www.fultonschools.org/Page/7389>

Student Device Deployment

- Deadline to complete Device User Agreement & clear all previous Surface Fines: **Tuesday, August 13 at 8:00AM**
- Distribution date: Thursday, August 15 during advisement
- Digital Citizenship Training: Friday, August 16 during advisement
- Make-up Sessions for Device Pick-up: starts Monday, August 19



Student Device Deployment

- Grace Period: Please let us know by Friday, August 30 if there are any issues with the device that was assigned to your child. It will be fixed or replaced for no cost.
- Device User Agreements can be completed online using ZippSlip (**bit.ly/ZippSlip**) following the instructions on the Cambridge website (<https://www.fultonschools.org/Page/13322>). If this is your first student at Cambridge, you will need to create a parent account with ZippSlip first, and then complete the Device User Agreement.
- If you have questions about the agreement, ZippSlip or outstanding fines, please contact Laura Morgan at MorganL1@fultonschools.org.



PAWS/CLAWS/GROWL, Oh my!

PAWS is our academic support and enrichment program

- Both semesters
- Starts first Tuesday after Labor Day
- Flexible course changes

GROWL is a unique schedule (late start Wednesdays)

- Offer more flexibility for 10th, 11th, and 12th grade students
- Provide teachers more time for collaboration and professional learning
- 10th Grade students have a target arrival time of 10:30 am on GROWL days in order to be in 1st period by 10:50 am

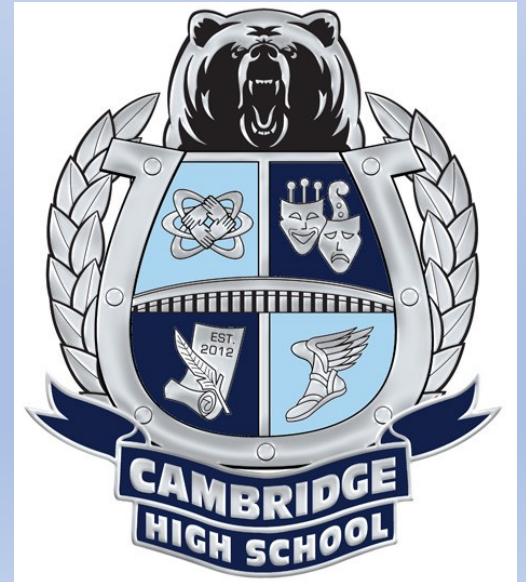
GROWL begins on 08/21/19



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Dates to Know

- **First Day of School** **August 12**
- **Device Deployment** **August 15**
- **Open House** **August 29 6:00 pm – 8:00 pm**
- **Jr Parent Night** **September 24 6:30 pm**



Safety

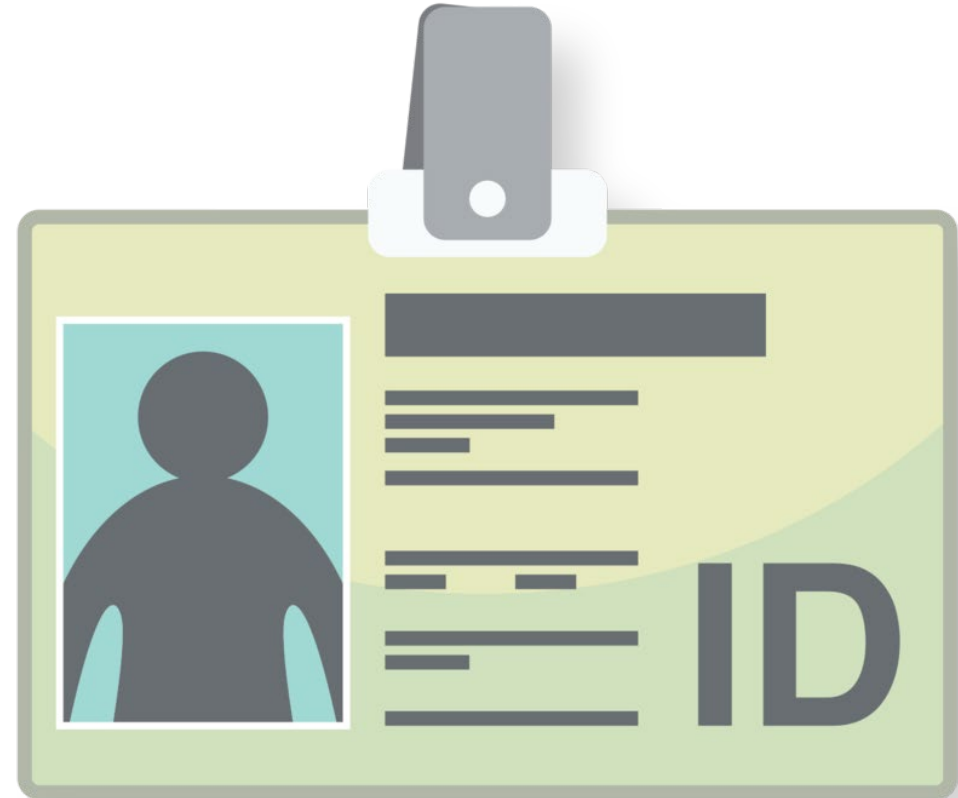


Student Safety & Security



Student Safety & Security

- **Student supervision from 7:30 – 4:00**
- Building Access - doors locked; must gain access through front doors-push button; all volunteers and visitors must sign-in
- Student ID's – students are expected to wear their ID's while on campus



Student Safety & Security



Student Safety & Security

- 17?
- Right place, Right time
- Driving/parking
- **Talk with your student about responsible social media posts and possible consequences....(theirs and others well being, legal troubles, impact on college admissions)**
- Weapons, derogatory language, sexually explicit pics, and implied or direct threats will be swiftly and thoroughly addressed



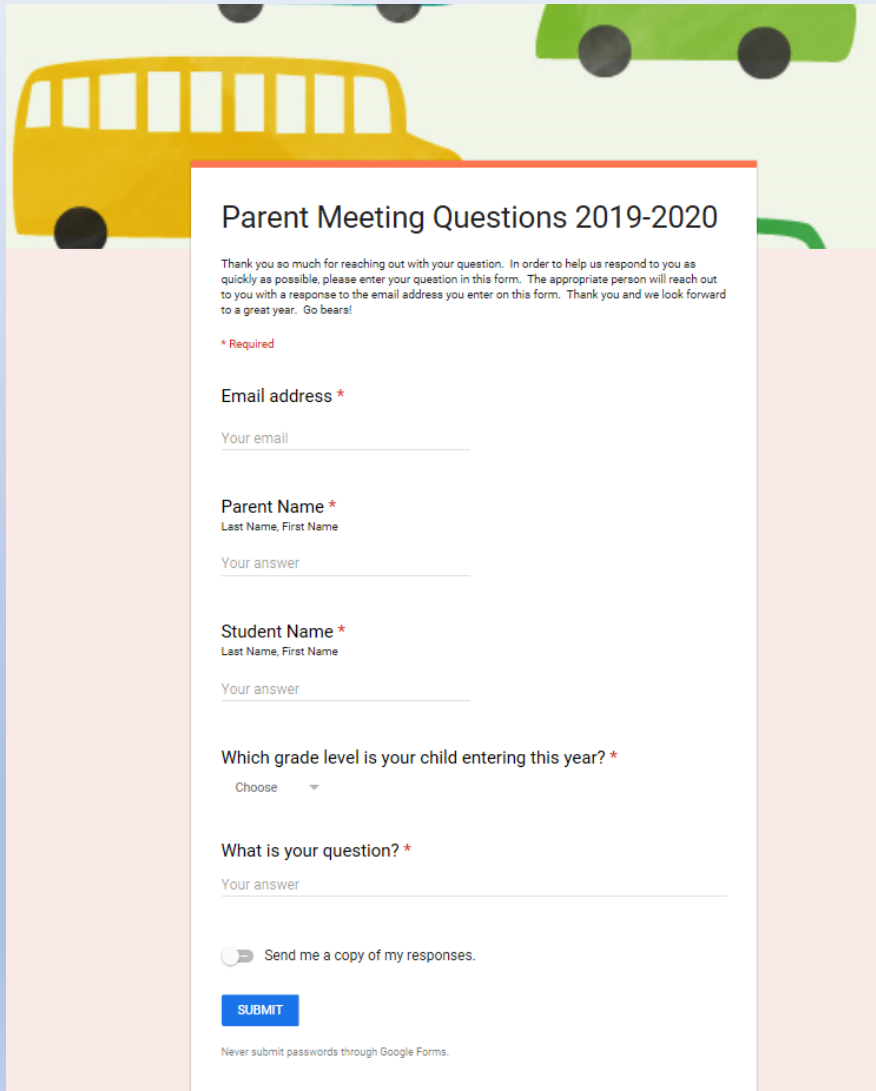
Student Safety & Security

<https://drugfree.org/parent-blog/the-teen-vaping-trend-what-parents-need-to-know/>

<https://drugfree.org/parent-blog/how-to-talk-with-your-kids-about-vaping-guide/>



Questions



Parent Meeting Questions 2019-2020

Thank you so much for reaching out with your question. In order to help us respond to you as quickly as possible, please enter your question in this form. The appropriate person will reach out to you with a response to the email address you enter on this form. Thank you and we look forward to a great year. Go bears!

* Required

Email address *

Your email

Parent Name *

Last Name, First Name

Your answer

Student Name *

Last Name, First Name

Your answer

Which grade level is your child entering this year? *

Choose

What is your question? *

Your answer

☐ Send me a copy of my responses.

SUBMIT

Never submit passwords through Google Forms.



Darius Maize
11th Grade Assistant Principal
maize@fultonschools.org
470-254-2506
Twitter: @maize_darius

