(Optional) Family fax number _____

e-mail _____

Dear Parent,

To prepare for the 2007-2008 school directory, we ask that you review this information.

If you have more than one student, you will receive a separate form for each child. Please check each form carefully. The information may differ.

Make any corrections by crossing through the ~~incorrect~~ information and PRINTING the correct information above. Please PRINT CLEARLY: We can only correct what we can understand. (**Please note:** It is very important that all of the students in your family have the same Family Phone.) For e-mail, clearly differentiate between '1' (the digit one) and 'l' (lowercase L) and '0' (zero) and 'O' (the letter O).

You are encouraged to include an e-mail address. We send out the Fox Fax weekly and the Huntington Herald monthly via e-mail only.

Please indicate if this is the first time you have signed up to receive electronic communications or if this is a change to an existing email address by checking the appropriate box:

☐ FIRST-TIME REGISTRATION FOR e-Newsletters
☐ CHANGED EMAIL ADDRESS

Please mark the **ONE** choice that reflects your wishes:

_____ I give my permission to publish this information in the school directory.
_____ Publish this information except for the Address.
_____ Publish this information except for the Family Phone.
_____ Publish NONE of this information in the school directory.

Please mark if you agree:

_____ I give permission for my e-mail address to be used by the PTA and school personnel to receive important school and PTA communications.

Please note that **this information will appear in the directory** unless you have told us otherwise.

The school district information is used only by the PTA, the Schools Foundation, and other non-profit organizations directly affiliated with San Marino Unified School District, and is not released to commercial interests or other agencies outside the community . Please be reminded that the personal information provided in the school directory is private. No individual may share this information with another individual or group without written permission of the Superintendent.

Please sign and return this form with the other Opening Day Packet materials.

The PTA thanks you for your cooperation and assistance.

Parent's Signature: _____

H. E. Huntington Middle School

1700 Huntington Drive
San Marino, CA 91108
(626) 299-7060
A National Blue Ribbon School

MASTER SIGNATURE SUMMARY 2007-2008

please print

Student's Name ***Grade*** ***Homeroom Teacher***

THE FOLOWING DOCUMENTS ARE FOUND ON LINE @ www.san-marino.k12.ca.us/~heh

ATTENDANCE
We have read (on line) and understand the Attendance Procedures information.

DISCIPLINE
We have read and discussed the Discipline Contract together (on line) and understand the consequences of irresponsible decision making.

EXTRA CURRICULAR INSURANCE EXEMPTION STATEMENT FORM
We have read (on line) and understood the Extra Curricular Insurance Exemption Statement Form.

SEXUAL HARASSMENT NOTIFICATION
We have read (on line) and understand the Sexual Harassment Notification.

SNACK BREAK/LUNCH EXPECTATIONS
We have read (on line) and discussed the Snack Break/Lunch Expectations together and understand the responsibilities of students to maintain a clean campus.

STUDENT ACTIVITIES SHEET
We have read (on line) and understand the guidelines for the co-curricular and extra-curricular activities at Huntington Middle School.

Parent's signature **Student's signature**

PLEASE COMPLETE BOTH SIDES OF THIS FORM

TECHNOLOGY
We have read (on line) the Discipline Standards regarding Technology use at Huntington Middle School.

THE FOLLOWING DOCUMENTS ARE FOUND IN THE FIRST DAY PACKET

EMERGENCY
I have completed and SIGNED BOTH SIDES OF THE EMERGENCY CARD and discussed the Emergency Procedures for Huntington Middle School with my student.

STUDENT INSURANCE
We have read the Myers-Stevens brochure and have indicated our intentions to elect/or not to elect coverage. The District form has been signed and will be returned to school. We understand that the 2007-2008 application form, in the packet, must be completed by the parent and mailed to the insurance company in the envelope provided.

WE HAVE READ AND UNDERSTAND ALL OF THE SECTIONS OF THE FIRST DAY PACKET LISTED ABOVE AND ON THE OTHER SIDE OF THIS SHEET.

_____

Student's signature **Parent's signature**

PLEASE COMPLETE BOTH SIDES OF THIS FORM

.H. E. Huntington Middle School
1700 Huntington Drive
San Marino, CA 91108
(626) 299-7060
A National Blue Ribbon School

Emergency Health Cards and Procedures 2007-2008

The attached Emergency Information Card is the MOST IMPORTANT PIECE OF INFORMATION YOU WILL COMPLETE FOR YOUR CHILD. Please complete the top, bottom and back of the card. If there are car phone numbers or pager numbers that may assist the school in contacting a parent or guardian, please include these. Be sure to keep the information on this card current. If any of the information changes during the school year, please notify the office. The Emergency Cards (2 on one sheet) will assist us in keeping your child safe during an emergency.

EMERGENCY PROCEDURES

- **During School Hours**

A. Regardless of whether it is an alert or actual disaster, all students will be held at school until the principal of the school is notified by the Chief of Civil Defense, the Superintendent of Schools, or other proper authorities to release students.

B. Until notification is received to send students home, students will be released only to their parents or adults listed on the Emergency Card.

C. It is recommended that parents give careful consideration to the arrangements made for the children to be picked up by designated person. **BE SURE NAMES ON EMERGENCY CARDS ARE UP-TO-DATE.**

D. During an alert or early warning of an emergency, students and staff member will be alerted by a steady ring of the bell for two minutes. Under teacher supervision, students will proceed and assemble in designated areas.

E. When under sudden attack, earthquake, or other sudden disaster, students are to take shelter under a desk or other sturdy equipment. If outside during an attack or explosion, students are to drop and take cover, preferably by a wall or fence. If outside during an earthquake, students are to move clear of all structures and power lines.

- **Before and After School Hours**

Please keep your children at home until the Chief of Civil Defense, the Superintendent of Schools, or other proper authority gives instructions by radio, telephone, or other media or communication. Huntington Middle School has joined with **KNX 1070 AM** radio station to broadcast school evacuations and closures. After any major earthquake or other disaster, please tune your radio to KNX for information as to whether school is enclosed or if you should come to Huntington Middle School to pick up your child.

It is recommended that you formulate a plan within your family regarding what each individual should do in the event of an earthquake or other emergency while your children are walking to or from school, playing within the neighborhood, or are home alone. Review the plan often, so that each individual will be prepared when the time comes.

If information pertinent to your child's Emergency Information Card changes throughout the school year, please notify the school so that the card can be updated.

* * * * * * * * * *

Please sign the **Master Signature Summary** acknowledging you have read and discussed the emergency procedures with your child and COMPLETED AND SIGNED BOTH SIDES OF THE EMERGENCY CARDS.

HEALTH OFFICE

Student's name_____ Grade_____
Last First M.I.

SAN MARINO UNIFIED SCHOOL DISTRICT HEALTH & EMERGENCY INFORMATION
HUNTINGTON SCHOOL 2007-2008

Home address_____Home Phone_____

I am living with: ___ *Father* ___ *Stepfather* ___ *Guardian*
Name_____ Business Phone_____
Place of Business/Address_____
Cell Phone_____Fax Number_____email address_____

I am living with: ___ *Mother* ___ *Stepmother* ___ *Guardian*
Name_____ Business Phone_____
Place of Business/Address_____
Cell Phone_____Fax Number_____email address_____

IN CASE OF ILLNESS OR ACCIDENT AND WHEN UNABLE TO CONTACT PARENT, PERMISSION IS GRANTED FOR ANY OF THE FOLLOWING TO CALL FOR OR TAKE CARE OF MY CHILD: (Please note: We cannot release your child to anyone unless their name is listed below. Please list names of housekeeper and people who are willing to pick up your child.)

Name_____Phone_____Relationship_____
Name_____Phone_____Relationship_____
Name_____Phone_____Relationship_____
Name_____Phone_____Relationship_____
Student may not be released to_____

CONTINUED ON BACK

EARTHQUAKE

Student's name_____ Grade_____
Last First M.I.

SAN MARINO UNIFIED SCHOOL DISTRICT HEALTH & EMERGENCY INFORMATION
HUNTINGTON SCHOOL 2007-2008

Home address_____Home Phone_____

I am living with: ___ *Father* ___ *Stepfather* ___ *Guardian*
Name_____ Business Phone_____
Place of Business/Address_____
Cell Phone_____Fax Number_____email address_____

I am living with: ___ *Mother* ___ *Stepmother* ___ *Guardian*
Name_____ Business Phone_____
Place of Business/Address_____
Cell Phone_____Fax Number_____email address_____

IN CASE OF ILLNESS OR ACCIDENT AND WHEN UNABLE TO CONTACT PARENT, PERMISSION IS GRANTED FOR ANY OF THE FOLLOWING TO CALL FOR OR TAKE CARE OF MY CHILD: (Please note: We cannot release your child to anyone unless their name is listed below. Please list names of housekeeper and people who are willing to pick up your child.)

Name_____Phone_____Relationship_____
Name_____Phone_____Relationship_____
Name_____Phone_____Relationship_____
Name_____Phone_____Relationship_____
Student may not be released to_____

CONTINUED ON BACK

HEALTH OFFICE

CONSENT FOR RENDERING OF MEDICAL SERVICES

In case of illness or accident and when school is unable to contact us, we, the undersigned parents of :
(Please print child's name on line below)

_____, Date of Birth_____

a student of the San Marino Unified School District, hereby consent to the giving of any and all emergency, medical, hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of the San Marino Unified School District without obtaining further consent.

Dated _____Father's Signature_____

Witness' Signature_____Mother's Signature_____

Witness' Signature_____Guardian's Signature_____

Doctor's Name_____Phone_____

Insurance Carrier_____Policy Number_____

LIST ANY PERTINENT HEALTH INFORMATION: _____

_____

Allergies_____Medications:_____

CONTINUED ON BACK

EARTHQUAKE

CONSENT FOR RENDERING OF MEDICAL SERVICES

In case of illness or accident and when school is unable to contact us, we, the undersigned parents of :
(Please print child's name on line below)

_____, Date of Birth_____

a student of the San Marino Unified School District, hereby consent to the giving of any and all emergency, medical, hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of the San Marino Unified School District without obtaining further consent.

Dated _____Father's Signature_____

Witness' Signature_____Mother's Signature_____

Witness' Signature_____Guardian's Signature_____

Doctor's Name_____Phone_____

Insurance Carrier_____Policy Number_____

LIST ANY PERTINENT HEALTH INFORMATION: _____

_____

Allergies_____Medications:_____

CONTINUED ON BACK

San Marino Unified School District

ADMINISTRATIVE OFFICES
TELEPHONE: (626) 299-7000
FAX: (626) 299-7010

1665 WEST DRIVE
SAN MARINO, CALIFORNIA 91108-2594

Please Print:

Student ID#: _____

Grade: _____

_____

Student Name

District Acknowledgment Form

The San Marino Unified School District Office will present documents requiring your acknowledgement and signature through the ***District Web-Site*** **(http://www.san-marino.k12.ca.us/)**. Please go to the ***First Day Packet*** link. After reading each document listed, please verify your receipt below.

This signed form must be returned and included with your child's other school site registration materials.

If you are unable to access our web-site or wish to *obtain a hard copy* of these documents please feel free to pick up a set from either your *School Site Office or the District Office*.

I have ***read and understand*** the following documents provided by the Superintendent's District Office.

- ***Notice of Rights of Parent or Guardians of Minor Pupils Under Certain Education Code Sections***
- ***California Education Code Parental Notification Requirements***
- ***Student Use of Technology***
- ***Emergency Procedures and Disaster Preparedness***
- ***State of California Attendance Funding Letter***
- ***Student Injuries and Insurance Letter***
- ***Student Accident & Health Insurance Brochure (provided in your 1st Day Packet)***
- ***Annual Notification of Application of Pesticides***
- ***Media Letter***

Your signature acknowledges receipt of all the above documents.

X _____

Parent/Guardian Signature

Fall 2007

H. E. Huntington Middle School

1700 Huntington Drive
San Marino, CA 91108
(626) 299-7060
A National Blue Ribbon School

September, 2007

EXTRA CURRICULAR INSURANCE EXEMPTION STATEMENT

To be signed by parents or guardians and filed with the office of Huntington School.

DATE_____

As parents and/or guardians of _____, we hereby;
student name

1. Waive all medical, hospital, dental, and death benefits as provided for said student by the insurance plan of the San Marino Unified School District.

2. Release the San Marino Unified School District from any liability for the cost of care of any type for said student which we, as his parents/guardians, are obligated by law to furnish as a result arising from participation in any athletic or extra curricular program of the San Marino Unified School district, except when such injury is due to the negligence of said district. As used herein, "negligence" does not include the failure to give said student a physical examination prior to or at any time during his participation in any athletic or extra curricular program

3. Acknowledge that my student does not have any known physical condition that would preclude him/her from these extra curricular activities.

_____ _____
Parent/Guardian Signature Relation to student

_____
Street Address City State Zip Code

This is in compliance with Section 31752 of the Education Code as amended by S.B. 1055 on July 21, 1965. This waiver applies to the 2007-2008 school year.

THIS FORM MUST BE RETURNED TO YOUR STUDENT'S HOMEROOM TEACHER THE FIRST DAY OF SCHOOL IN ORDER TO PARTICIPATE IN SCHOOL ATHLETICS OR ANY OTHER EXTRA CURRICULAR ACTIVITY.

Huntington Middle School

A California Distinguished School

Instructional Supplies and Technology Donation

July 2007

Dear Parents:

The community of San Marino has distinguished itself through its support of the schools and their programs. However, despite the support provided by the PTA, the San Marino Schools Foundation, and the PT Affiliates, we are still unable to provide our schools with the funding necessary to fully support the cost of our outstanding instructional programs.

One of the areas most seriously impacted by budget constraints is our instructional supplies and technology allocation. **We need your help! In an effort to meet the instructional needs at Huntington Middle School, we are requesting a donation of $75.00 per student.** Should you be able to support the program by making a tax-deductible donation, we would sincerely appreciate a check made payable to Huntington Middle School. Please return this check in the "Instructional Supplies and Technology Equipment Donation" envelope provided in the First Day Packet.

The San Marino Unified School District is committed to continuing to offer an outstanding educational program**.** Huntington Middle School has recently been honored by the **State of California as a Distinguished School**. In addition, the California Department of Education has named Huntington Middle School as **the top middle school in Los Angles County for eight years in a row based on the Academic Performance Index**. Your support will assist us in providing your child with one of the nation's best middle school experiences.

On behalf of the Huntington Middle School faculty and staff, we thank you for your support.

Sincerely,

Dr. Gary D. McGuigan
Principal

HUNTINGTON PTA ORDER FORM
2007-2008

Check #:_____
Amount:_____

Please return this completed form on ***August 28, 2007*** to your child's homeroom. You need to return only **one check** and **one order form per family. *If you have more than one child at HMS, please send back with the 6th grade student for processing.**

NAME: Last _____ First (Mother/Guardian) _____

Last _____ First (Father/Guardian) _____

ADDRESS: _____ Phone:_____ Cell Phone: _____
List all students at Huntington (**PLEASE PRINT FIRST AND LAST NAME OF EACH CHILD**)

Name: _____ GR:_____ Homeroom Teacher: _____

Name: _____ GR:_____ Homeroom Teacher: _____

Name: _____ GR:_____ Homeroom Teacher: _____

		Unit Cost	TOTAL
1.	**PTA Membership Dues** *Supports national, state and local PTA-sponsored educational Programs, child advocacy and more one vote per membership.*	**$10.00** *Includes 2 adult Memberships;* *$5 for 1 membership*	$_____
2.	**PTA Budget Drive** *Supports Huntington programs such as the Technology Center, Library, Music Program, and the Curriculum Lab.*	**$25.00/each x _____** *(suggested donation/student)*	$_____
3.	**Huntington Directory** *Provides names, contact information, homerooms, and important school information.*	**$12.00 each x _____**	$_____
4.	**Wish List** *Provides each teacher with an allotment for curriculum enhancements.*	**$25, $50 or other amount per student x _____**	$_____
5.	**Earthquake/Safety Supplies (NEW students only)** *Individual earthquake supplies for students new to Huntington.*	**$10 per NEW student x ____**	$_____
6.	**6th Grade Dances *** *There will be 4 dances during the school year* (9/28, 11/16, 3/7, 4/25)	**$40 per 6th grader x _____**	$_____
7.	**Patron Donation for Hauntington Breakfast (10/27/2007)**	*Any donation amount gratefully accepted, see enclosed flyer for sponsorship opportunities*	$_____
8.	**Patron Donation for Parent Party (2/9/2008)**	**$50, $75, $100, Other**	$_____
9.	***Supplemental Donation***	*Your opportunity to make a tax deductible contribution to Huntington PTA programs!*	$_____
10.	***Year Book- ASB will send out information later in the year for ordering.***	*This is not ordered through PTA. This will be ordered later in the year through ASB.*	**N/A**

TOTAL AMOUNT OF CHECK: $_____

Make your check **payable to Huntington PTA**. Please **write your child's/children's name(s) and homeroom #(s) on your check.** Enclose your form and check in the PTA Order Form envelope. Do not staple please.

If you have any questions regarding the form, please do not hesitate to call Sheila Doan at: 626-284-9470 or Nam Jack 626-281-6401. 如果您有任何有關家長會費用和捐獻的問題, 請和 Vanessa Koo 626-403-9049.

White Copy – **Return with your check** Yellow Copy – **Keep for your records**

*Items 2, 4, 7, 8, and 9 are tax deductible. Please retain the yellow copy for your tax records (*Tax ID#: 95-6116587)

Hauntington Breakfast 2007 Volunteer Sign-Up Form

Dear Parent(s) and/or Guardian(s):

The Hauntington Breakfast is a school fundraiser and community event that has been a tradition for decades in San Marino. This event is crucial in supporting our educational and enrichment programs at Huntington Middle School. Your volunteer help is needed to make this event fun and successful.

Please join us and commit to volunteering. It's a great opportunity to meet parents and students from our school. Please check the appropriate box(es) below and we thank you in advance for your anticipated participation.

Beth Davis and Kim Shohfi
Hauntington Breakfast Co-Chairs 2007

Saturday, October 27th	**Chairperson**	**7-8 am**	**8-9 am**	**9-10 am**	**10-11 am**	**11-12 pm**
Western Breakfast Server Serve breakfast & collect tickets	Karen Quon Julie Wong Tam					
Asian Breakfast Server Serve breakfast & collect tickets	Margaret Tom Hsiang Hsu Annie Chiu Sandy Wang					
Ticket Sales Booth Sell tickets to walk-ins	Bonnie Leung Shali Torres					
Wolfgang Puck VIP booth Serve breakfast to VIP guests	Sally Fadley					
Staff a Booth Help with the booths	Erin Diaz					
Decorations Decorate the grounds & booths	Anne Mallory Shelley Enger	Mostly Friday				
Kitchen Coordination Coordinate preparation of cut fruit & pancake batter	Jamie Knauss Julie Jones					
Beverages Help serve hot beverages	Pearl Lee					
Clean Up	Mark Van Riper					

Please return this completed form with your first day packet or place in Hauntington Breakfast box in the Huntington School Office.

Parent Volunteer: _____

Child Name and Grade: _____

Address: _____

Telephone: _____ Email Address: _____

Huntington Middle School
2008 Career Day – Response Form
March 28, 2008 – 8:00 am till 12:00 pm

Career Day is an opportunity for students to learn about various professions. Presenters are treated to a continental breakfast at 8:00 a.m., and then are escorted to classrooms for their presentations. There are a total of five 25-minute sessions. You may speak at either one or all sessions, depending upon your availability. The students really enjoy and learn from the various presentations – your participation is appreciated!!

(*Form includes space for two different presenters*.)

_____ Yes, I can be a presenter at 2008 Career Day on March 28, 2008, and stay for

_____ sessions.

Name: _____

Profession: _____

E-mail: _____ Telephone: _____

_ _

_____ Yes, I can be a presenter at 2008 Career Day on March 28, 2008, and stay for

_____ sessions.

Name: _____

Profession: _____

E-mail: _____ Telephone: _____

Thank you! Please return this Response Form in the First Day Packet.

Questions? Please contact Dema Faham (d.faham@sbcglobal.net or 584-1222) or Caroline Heinz-Youness (limachy@earthlink.net or 792-2000).

HAUNTINGTON BREAKFAST
October 27th, 2007

Sponsorships Available

We are asking families to participate in sponsoring our Annual Hauntington Breakfast. The following levels of sponsorships are available and will be acknowledged in the Huntington Herald, the San Marino Tribune, and at our breakfast on October 27th.

$100+ Candy Corn _____

$250+ Pumpkins _____

$500+ Black Cats _____

$750+ Bats & Broomsticks _____

$1000+ Mummies & Goblins _____

$5000+ Count Dracula _____

We would like our family to be acknowledged as follows:

Address: _____
Child's Name: _____

Please make checks payable to Huntington PTA
Tax I.D. # 95-6116587

Partnership For Awareness

1613 Chelsea Road, Suite 154
San Marino, CA 91108
www.partnershipforawareness.org
E-mail: info@partnershipforawareness.org

September 2007

Dear Community,

What in the world is Partnership for Awareness?

We are an independent non-profit organization that serves as a San Marino parent-student-community alliance. Partnership for Awareness provides support to San Marino Schools for educational programs at every grade level, training and support for teachers, parent education, and community programs. We are concerned with preventing substance abuse and other problems that might interfere with the transition of our youth into healthy and happy adults. We work to encourage emotional health – or emotional hardiness – in the youth of this community. We are a resource for the entire community.

Your Annual Membership dues will make these and other programs possible this year:

- promote awareness of substance abuse and other safety issues affecting youth
- provide elementary school programs for drug, and alcohol awareness, for building self-esteem, teaching effective communication, and enhancing choice-making skills,
- parent education classes
- keynote nationally-acclaimed speakers
- Red Ribbon Week: a national campaign to increase awareness concerning the problems related to the use of tobacco, alcohol, and other drugs,

Join *Partnership for Awareness* today by returning your donation*, (in any amount), to school with your student's registration packet, or by mailing it directly to Partnership for Awareness.

Attach Check Here

Join Partnership for Awareness!

☐ Sponsor, $25 ☐ Family, $50 ☐ Patron, $100 ☐ Other

Name: Dr. / Mr. & Mrs. / Ms. _____ _____
First name (s) Last Name

Address: _____

Telephone _____ E-mail address _____

Please check below if you prefer that we do NOT list your name as a PfA donor:

☐ In the PfA newsletter

Children at: Carver ___ Valentine ___ Huntington ___ High School ___ Other ___

☐ Yes, I'd love to become involved with PfA activities this year!

*Contributions are tax deductible to the extent provided by the law.
Please make checks payable to ***Partnership for Awareness***
Staple check and return with school packets or mail directly to
Partnership for Awareness, 1613 Chelsea Road, Suite 154, San Marino, CA 91108
Questions? Contact Page Haralambos, Membership Chair, 403-9306 or email: pghara@pacbell.net

COME JOIN THE TENNIS FUN!

"A". "B". "C" LEVELS

The Huntington School Tennis Program gives students the opportunity to improve their tennis skills through match play or instruction. The program runs from September to December, with an end-of-season party. The students meet weekdays **once a week** after school (between 3pm and 5pm) at the Huntington School courts and/or private courts ("A" Team Only)

"A" Team:	Every Thursday (with about 8 Wednesday inter-school plays)
"B" Team:	Tuesdays **or** Fridays (Ladder Play within "B" Team Only)
"C" Team:	Every Monday (Instruction Only)

If you would like to join the fun, complete the attached registration form. The registration form must be filled out completely. **Absolute deadline: Thursday, August 30 at 8a.m. at the school office.**

TRY-OUTS ARE SCHEDULED FOR THURSDAY, 9/6/2007

All interested students (**EXCEPT returning "A" Team players**) must try out for initial team and ladder placement. Tryouts will start at 3pm at the Huntington School tennis courts. Your scheduled tryout time will be e-mailed to you on Friday, August 31; and also be posted by the main office doors. Allow 1 hour for tryouts.

Don't forget to bring your rackets!!!!!

- Depending on the number of students trying out we may not be able to accommodate all kids on either the "A", "B" or "C" Team.
- The Huntington Tennis Ladder is run entirely by School parents. Parents of student players will be asked to volunteer by taking turns monitoring court play and/or driving the students to off-site courts ("A" Team only). Additional forms regarding schedules, rules, etc. can be downloaded via the school's website: http://www.san-marino.k12.ca.us/~heh

For questions: call Birgit Gabig at 626.292.1188 or email at bgabig@charter.net

BG06/07

There will be a $50.00 team fee payable to Huntington School due AFTER posted tryout. In addition, players on the "C" Team will also pay an additional $80 fee (on top of the $50 team fee) since they will receive tennis instruction. The team fee includes T-shirt, cost of tennis balls, team party, and other team expenses. **Please note:** information will be distributed during the season by **e-mail**, which can be a sibling's or friend's e-mail address, if parents do not have e-mail. **WE NEED A WORKING E-MAIL ADDRESS!!**

Name of Player: _____

E-mail address (PRINT CLEARLY!) Of Parent: _____ **E-Mail address** of Student: _____

Student's Cell Phone number: _____

Grade: _____ **Homeroom Teacher:** _____

Father/Guardian (Circle one) **Name:** _____

Home Phone Number: _____ **Latest time of day we can phone you:** _____**PM**

Work number: _____ **Cell Phone number:** _____

Mother/Guardian (Circle one) **Name:** _____ **Phone Number:** _____

Home Phone Number: _____ **Latest time of day we can phone you:** _____**PM**

Work number: _____ **Cell Phone number:** _____

Size of T-shirt: **Youth Large*** **Adult Small** **Adult Medium** **Adult Large** **Adult X-Large**
(Circle one size) **(Size 12-14)**

***Note: If we cannot get a Youth Large size, you will get an Adult Small**

Style of shirt: **T-shirt** **(NEW STYLE!) Sleeveless v-neck**
(Circle one style) (Boy or Girl) (Available for Girls only)

Number of shirt(s) -$10 extra for each additional T-shirt ordered (will assume same style and size unless otherwise indicated): _____

GENERAL INFORMATION

We encourage team members to wear their custom T-shirt (once they receive them) on the day that they play. "A" team members may want to purchase an extra T-shirt for inter-school matches.

"C" Team: Advanced Beginner/Intermediate Level – This is an instructional based team with a terrific instructor, Andreas Weyermann. There will be an additional $80 fee for this level. All students will be active throughout the group instruction. Limit of 12-18 students; waiting list available.

"B" Team: Intermediate/ Advanced Intermediate Level – This is a social Ladder with weekly singles and doubles play. Parents will be required to monitor court play one practice, either a Tuesday or Friday during the season (no tennis experience is necessary) . Sometimes the top players may be needed to play in the interschool matches.

"A" Team: Advanced Intermediate/Advanced Level – This is a social Ladder with weekly singles play.
Parents/drivers will be required to spend about 2-3 Thursday afternoons to drive tennis playing students to and from private neighborhood courts and/or monitor court play during season (no tennis experience is necessary).
In addition, parents/drivers of the Traveling Team will be required to drive an additional 2 or 3 days for inter-school matches, which will be on Wednesday afternoons, with some Friday afternoons if all rain dates on Wednesdays are filled.
All parents/drivers are required to be at least 21 years old, submit a Driver's Liability Form, Driver's Authorization Form, and proof of insurance, showing liability coverage amounts of $100,000/300,000 by Friday, August 31st for returning "A" players and Friday, September 7th 8am for new "A" players to be turned in at Huntington main office.
Traveling team "A" is comprised of the top 7 players available to play: 3 singles, 2 doubles.
Traveling team "B" is comprised of the next 7 players available to play: 3 singles, 2 doubles.
Uniform for the traveling teams is mandatory and consists of the following:

Boys: Team T-shirt	Girls: Team T-shirt
Navy blue tennis or gym shorts (pockets are helpful)	Red tennis skirt or gym shorts

Inter-school matches for the Traveling Team begin in early/mid October on Wednesdays.

The overall mission of the team is to provide a fun, and somewhat competitive social tennis play each week, allowing the students to meet others who they can play tennis with throughout the year. Good sportsmanship is emphasized and proper etiquette encouraged.

SAVE TIME

A school lunch cost **$4.00 daily**, **$20.00 weekly**, **$100.00 average monthly** or **$700.00 annually (includes $20.00 discount).**

Annual payments are not valid if received after September 30th, 2006.

Avoid delays. Enclose form with your payment. Thank you.

Make checks payable to {**SchoolName} Cafeteria** *This payment for 2006 – 2007school year only*
Mail or bring to 1665 West Drive, San Marino, CA 91108

PARENT'S NAME:	Grade/Teacher	School
STUDENT (S) NAME (S)		
TOTAL		

Duplicate as needed.

Why Support the San Marino Schools Foundation?

In San Marino we expect excellence in our public schools. With the state funding only 80% of our School District's budget, the difference between mediocrity and excellence is our parents' commitment to supporting our schools.

In 2007-08, the State of California will fund $6,250 per student in San Marino compared to the California average of $7,250. The District depends upon the Schools Foundation to raise the additional $1,000 per student in order to run its excellent programs. The Foundation's Annual Campaign pledges a minimum of $1,000,000 to the District's operating budget, the equivalent of approximately 18 teaching positions. Take a moment to imagine our schools without this money. What programs would not be offered? Which teachers would not be here?

We urge you to join us in support of our children and our schools by writing a check to the San Marino Schools Foundation. We suggest a tax-deductible donation of $1,000 per student.

Please do your part. Your children are counting on you.

Thank you for supporting our schools!

Mary Ulin
President

Bob Mauser
Annual Campaign Chair

San Marino Schools Foundation 2007-2008 Annual Campaign

My check for $ _____ is enclosed payable to SMSF.

Charge my credit card: Mastercard or Visa $ _____

Card # _____ Exp. Date _____

Signature: _____

Parent/Guardian Name: _____

Student Name: _____

Address: _____ Email: _____

City, State & Zip: _____ Phone: _____

This is a Pledge of $_____ for the fiscal year **7/1/07 - 6/30/08.**

I prefer to be billed $_____/month $_____/quarter other $_____/ _____

Corporate matching gifts program can significantly boost your donation to the Schools Foundation. Check with your Human Resources Office and enclose the necessary forms.

Expect a corporate matching gift from _____

√ Giving Categories

$10,000 or more (Founder)*
$5,000 to $9,999 (Friend)*
$3,000 to $4,999 (Patron)*
$2,000 to $2,999 (Sponsor)*
$1,000 to $1,999 (Donor)*
$1 to $999 (Contributor)

* Recognition Party

Do **not** include my/our name in any published lists.

Do **not** give me/us Yard Sign recognition in May 2008.

The San Marino Schools Foundation is a 501(c)(3) non-profit corporation; donations are tax deductible. Donations may be mailed to SMSF, File 54654, LA, CA 90074. All other correspondence may be directed to SMSF, 1665 West Drive, San Marino, CA 91108. 626/299-7014. www. smsf.org

The San Marino Schools Foundation solely funded this flyer.

SMHS-WEB

Make a difference today!

eScrip
www.escrip.com

Join the original and largest electronic fundraising program where participating merchants contribute each time you make a purchase using your free grocery loyalty or debit/credit cards that are registered with eScrip. There are no receipts to collect, no vouchers or certificates to buy, no hassles for you - and every purchase counts!

Please help our group by signing up today!

Fill in Group Name and eScrip Group ID# Prior to duplication and distribution

Huntington Middle School — Group Name

6518230 — Group ID#

If Group Names and ID#'s are not filled in contact your Group Coordinator or visit www.escrip.com

ONLINE: Visit www.escrip.com to sign up today! (Only one week processing)

BY MAIL: If you do not have access to the internet, fill in the following information

** Required Information*

STEP 1

Last Name* _____ First Name* _____

Address* _____

City* _____ State* _____ Zip Code* _____

eMail Address _____ Phone Number _____

Please Check Applicable Boxes*

☐ New eScrip Supporter ☐ Current eScrip Supporter _____ eScrip Supporter ID #
☐ Changing Designated Group
☐ Adding Designated Group

STEP 2

YOU MUST REGISTER AT LEAST ONE CARD TO JOIN THE PROGRAM.

CARD TYPE	CARD NUMBER	EXP. DATE

Grocery Club Card Type: Safeway*, Pavilions*, Vons*, Genuardi's*, PW, Adams*
Debit/Credit Card Type: Macy's, MasterCard, VISA, American Express, Discover, Debit Cards

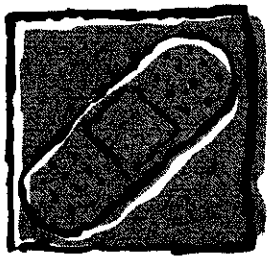
STEP 3

Return in 1st Day Packet or place in eScrip mailbox in HMS office (Shelley Enger is Coordinator)

Mail completed form to:
eScrip, PO Box 6996, Auburn, CA 95604
Allow 6-8 weeks processing time

For eScrip Program Information, Merchant Lists or to sign up online visit www.escrip.com

THE HMS HEALTH OFFICE NEEDS YOUR HELP!



Volunteering in the health office gives you a rewarding opportunity to help Huntington Middle School students and stay involved with the school throughout the year.

Our volunteers agree to staff the Health Office from 11:00 a.m. to 2:50 p.m. once or twice a month.

There will be a Health Office orientation at the Middle School in early September for all interested volunteers. **No medical or nursing experience is required.**

For more information, call Andrea Willard at (626)799-7311 or email Andrea at andiwillard@yahoo.com.

INTERESTED? Fill out and return the bottom half with your first day packet.

HEALTH OFFICE VOLUNTEER

Please circle your preference: (Please note that all shifts are 11:00-2:50)

1. I want to work **one** or **two** shifts per month on the following days.

Monday Tuesday Wednesday Thursday Friday

2. I would prefer the week of the month as indicated below:

1st week 2nd week 3rd week 4th week 5th week

Name:_____ Phone_____

Email_____

If you cannot work every month, can you be a substitute volunteer? _____

Are you available for special projects? (vision/hearing, scoliosis screening)?____

THANK YOU FOR VOLUNTEERING!

Andrea Willard and Jo Anne Kindler, co-chairs