REGISTRATION 2019-20 SCHOOL YEAR

Greetings Pioneer Students and Families:

Both online and in-person registration are mandatory for Pioneer students for 2019-2020. Make-up registration will be Monday, August 26th from 5-8pm.

ONLINE REGISTRATION:

Online registration is through PowerSchool Registration (formally called InfoSnap). You should have received an email containing a SnapCode (a 15-digit password) and instructions for completing the online registration. This email was initially sent in May 2019 and many families have already completed it. If you still need to complete this online registration and cannot find your SnapCode, please check your spam folder or visit www.a2schools.org/registration. Also, enrollees who are new to the AAPS district completed this online registration as part of the enrollment process. You only have to complete this online registration once per school year.

IN-PERSON REGISTRATION:

WEDNESDAY 21ST

9TH GRADE
A - D 8:00 AM
E - H 8:30 AM
I - L 9:00 AM
M - P 9:30 AM
Q - S 10:00 AM
T - Z 10:30 AM

12:00 PM Freshmen Orientation
Students Only: Parent will need to return at 3:00 PM for pickup. Lunch will be provided for students beginning of 11:15 AM.

12TH GRADE
A - H 12:00 PM
I - P 1:00 PM
Q - Z 2:00 PM

THURSDAY 22ND

10 GRADE
A - H 8:00 AM
I - P 9:00 AM
Q - Z 10:00 AM

11TH GRADE
A - H 12:00 PM
I - P 1:00 PM
Q - Z 2:00 PM

MONDAY - AUGUST 26TH
Make-up Registration
5:00 PM - 8:00 PM

REGISTRATION STATIONS:

1. DETOUR
2. INFOSNAP/ OBLIGATIONS
3. CLUBS & ORGANIZATIONS
4. NURSE
5. YEARBOOK
6. BOOKS *REQUIRED
7. SCHEDULES
8. PTSO
9. SCHOOL ID/PICTURES *REQUIRED

OBLIGATIONS: Obligations should be cleared prior to Registration. For obligations, contact the General Office at 994-2120. Students may turn in or pay for obligations in the General Office until August 16th. Cash or check accepted. Sorry, no credit cards.

Counselors will not be available to assist with scheduling questions before or during registration. Requests for Schedule Assistance forms will be available the day of registration for counselors to review and schedule appointments.

BE PREPARED:
ALL FORMS AVAILABLE
POSSIBLE TRAFFIC DELAYS ON ANN ARBOR/SALINE
SEE SPECIAL INSTRUCTIONS AND NOTICES ABOUT REGISTRATION ON REVERSE SIDE.
Registration Checklist
2019-2020

The following items must be completed prior to your Registration date. Forms can be found in your Registration mailing packet OR on the school website.
Off-Campus & Parking permits are ONLY available online. Receipts for Off-Campus & Parking Permits MUST be printed and brought in with you at Registration. You will not be able to pick-up your Off-Campus and/or Parking Permit(s) without your signed receipt.
All forms MUST be brought physically to registration. We will not be able to access them online.

- All items on the list are Hard Copy & ONLINE.
- All items in the column are ONLINE ONLY. Please print and bring with you to registration

☐ Non-Prescription

☐ Prescription Medications

☐ Picture Day Forms
  (sent directly to your house. Not in mailing)

☐ Pioneer Donation Envelope/Form

☐ Senior Bon Voyage Party - Registration

☐ Senior Tributes

☐ Yearbook Order Form

PTS0
- Volunteer Form
- Senior All Night Party
- Pioneer Spirit Wear

☐ Athletic Seat Cushions - Fundraiser

☐ Off-Campus Privilege Form
  (Junior & Seniors ONLY)

* Pioneer Families *

Please Note: Due to construction improvements & upgrades, registration this year will be the whole first floor. That means there may be a little more walking than in years past as the district works to make Pioneer even better for the 2019-20 school year.

** NO FOOD DELIVERIES **

Pioneer High School will no longer allow food deliveries during school hours. We have notified local businesses of this policy and have informed them that they will be turned away if they attempt to make deliveries during school hours. Thank you for your understanding and cooperation.
Pioneer High School

This school year will live forever in the pages of the yearbook. Help your student remember friends, classes, fun and more by purchasing a yearbook for them today!

Cost:
- $60 through Sept. 13 (Best Value!)
- $65 Sept. 14 – Nov. 29
- $70 Nov. 30 – Jan. 25
- After January 25, yearbooks will be $75 until sold out.

Don’t wait — if you want to personalize the book, namestamping starts at $10 extra and must be purchased before Jan. 25!

To purchase:
- To use a credit card, debit card or PayPal, go to yearbookforever.com and enter our school name.
- To purchase a book at registration, fill out the attached form and bring it, along with cash or check made out to Pioneer Omega, to the yearbook table. Omega Staff members will be there to give you a receipt. (Please keep your receipt.) Yearbooks will be distributed near the end of May. Yearbooks may also be purchased on Wednesdays in C214 (Omega Office) during lunch only or immediately following 6th and 7th hours Monday through Friday.

Don’t miss out — buy a yearbook today!

yearbookforever.com
THE YEAR LIVES HERE!

Buy a yearbook to help your student remember the year forever.

1. Order your 2020 Pioneer High School Yearbook today!

2. Decide on your Namestamp or iTag Personalization
   Namestamp Deadline: Jan. 25, 2020 / iTag Deadline: March 15, 2020
   Add personality to the yearbook with one line of text and up to five icons.
   See costs listed below.
   Personalization text (enter exactly as you want it to appear):
   For text, you can use A-Z (upper case or lower case), numbers and these characters: ' & ( ) . , # & !

   Icons:
   [List of icons]

3. Complete Your Order
   Quantity | Item                                      | Price | Total
   -------- | ------------------------------------------ | ----- | ----
   ___      | Yearbook (see front)                      | ----- | ______
   ___      | Additional Yearbook Personalization and Options (only available with purchase of above yearbook)
   ___      | Deluxe package                           | $26.00 each |
   ___      | Basic Package                             | $18.00 each |
   ___      | Namestamp — 1 line of text                | $10.00 each |
   ___      | Namestamp icons                           | $6.00 each |
   ___      | iTag Nameplate — 1 line of text           | $10.00 each |
   ___      | iTag Nameplate icons                      | $6.00 each |
   ___      | Clear Book Protector                      | $4.00 each |
   ___      | Autograph Supplement                      | $4.00 each |
   ___      | Year In Review Current Events Supplement  | $4.00 each |

4. Enter Your Purchase Information
   Student Name: ____________________________
   Grade: _________________________________
   Parent Name: __________________________
   Parent Home: __________________________
   Parent Email: _________________________

   Payment Details - school use only
   Amount Paid: __________ Date Paid: __________
   [Cash / Check / Money Order]

Order online at yearbookforever.com!
Welcome Pioneer Families,

My name is Lauren Huissen and I am the school nurse at Pioneer. I look forward to collaborating with you and your child this school year to keep him/her as healthy as possible. Please review the following information.

Immunizations:
The Michigan School Immunization Law and AAPS require that all students are up-to-date on their immunizations before the first day of school. New students at any grade level are required to provide proof of immunizations or a waiver to their school office before the first day of school. Visit the AAPS Immunization webpage for more information and links to local resources.

Health Plans:
If your student has a health need that may require an individualized Health Care Plan, please contact me to discuss your student’s health and develop a plan of care. I will be out of the clinic with limited access to email over the summer. I will return the week of August 19th and be available at all registrations. In addition, please complete the online registration and document pertinent health issues in the online health section in InfoSnap.

Medications:
Ann Arbor Public Schools requires a medication administration form signed by yourself and your child’s health care provider for both prescription and over-the-counter medications in order to administer medications in school. These forms must be renewed yearly. Medications must be brought to school in the original container with the appropriate medication administration form. The following forms are available on the Ann Arbor Public Schools website or from the school/clinic.

1. Medication Administration Form: Authorization for the Administration of Medications by School Personnel
   • Authorization form for prescription and/or over-the-counter medications

2. Medication Administration Form: Authorization for Carrying and Self-administration of Medication
   • Authorization form for prescription and/or over-the-counter medications that student may self-carry and self-administer
   *students may not self-carry controlled substances such as Ritalin *

Medication administration forms from your student’s health care provider can also be used.

When Should a Child Stay Home from School:
This WCPHD Fact Sheet (Washtenaw County Public Health Department: When Should a Child be Kept Home or Sent Home from School for Illness) is found on the AAPS nurse website. Please read carefully and reference throughout the school year. Please call the Pioneer Attendance
Line as soon as you know your student will not be in school and report your student’s symptoms.

Resources:
Ann Arbor School Nurses Website: https://www.a2schools.org/Page/7928
AAPS Pioneer Nursing Services: https://www.a2schools.org/Page/12116
AAPS Immunization Information: http://www.a2schools.org/Page/8151
Corner Health (physicals, immunizations, etc.): www.cornerhealth.org
RAHS School Health Services (physicals, immunizations, etc.): http://umhs-rahs.org/
Washtenaw County Health Department (WCHD) Immunizations: 734-544-6700

Thank you,

Lauren Huissen BSN, RN
Email: huissennl@aaps.k12.mi.us
Pioneer Clinic Phone: 734-994-2156
District Cell Phone: 734-649-6197
Pioneer Fax Number: 734-994-2198
Ann Arbor Public Schools
Medication Administration Form
Authorization for the Administration of Medications by School Personnel

The Ann Arbor Public Schools require a physician’s written order and the parent’s or guardian’s written authorization for administration of all medications, including over-the-counter medications.

PHYSICIAN’S ORDER FOR MEDICATION ADMINISTRATION

Name __________________________________ Date ______________
Address __________________________________ Date of Birth ______________
Diagnosis __________________________________
Name of medication(s) __________________________________
Time(s) of administration and dosage __________________________________
Relevant side effects, if any __________________________________
Other suggestions __________________________________

The length of time that the medication shall be administered shall be one school year, from September to August. All medication authorizations must be renewed at the beginning of each school year.

Physician Signature __________________________________
Address __________________________________

I hereby request that my child be administered the above medication(s) at school by the school personnel. I understand that the medication(s) will be administered as directed by the above named physician and that each medication must come in its original container. I will notify the school in writing if an authorized medication is to be discontinued. If the administration of an authorized medication needs to be otherwise changed, I will resubmit an Authorization for the Administration of Medication form.

Parent/Guardian Signature _____________________________ Date __________

8/2011dg
Ann Arbor Public Schools
Medication Administration Form
Authorization for Carrying and Self-administration of Medication

The Ann Arbor Public Schools require a Physician's written order, the Parent's or Guardian's written authorization, the School Nurse's authorization, the Principal's authorization, and the responsible management of the medication by the student for students to be permitted to carry and self-administer medications including over-the-counter medications.

PHYSICIAN'S ORDER FOR MEDICATION:

Student Name ___________________________ Date ________________

Address ___________________________ Date of Birth ____________

Diagnosis ____________________________________________

Name of medication(s) ____________________________

Time(s) of administration and dosage ____________________________
Relevant side effects, if any ___________________________________
Other suggestions ___________________________________________

The length of time that the medication shall be administered shall be one school year, from September to August. All medication authorizations must be renewed at the beginning of each school year.

_________________________ Date ____________________________
Physician Signature

_________________________ Date ____________________________
School Nurse Signature

_________________________ Date ____________________________
Principal Signature

I hereby request that my child be permitted to carry and self-administer the above medication at school. I understand that self-medication of medicines at school is contingent upon the permission of the Principal and the School Nurse and the responsible management of the medication by the student. I will notify the school in writing if this medication is to be discontinued. If the administration of the medication needs to be otherwise changed, I will resubmit an Authorization for Carrying and Self-Administration of Medication form.

_________________________ Date ____________________________
Parent/Guardian Signature

8/2011dg
For over 20 years, Pioneer High School and the Pioneer PTSO have hosted the SENIOR BON VOYAGE GRADUATION PARTY to provide a safe and special way for students to celebrate with their friends on graduation night. This in-school tradition was started after an alcohol-related car crash claimed the life of a Pioneer senior on graduation night in 1994.

This alcohol- and drug-free lock-in party is a unique tradition that is not possible without the help of Pioneer parents. The interior of the school is transformed into a magical cruise ship with a long list of fun activities, including music, casino games, movies, karaoke, sports, spa treatments, refreshments, raffle prizes and more. More than 350 students attend and past graduates have said this was one of the best nights of their lives!

**Help is needed from all parents, especially underclassman parents**, as senior parents will be tied up with graduation. Help now to preserve this fun tradition and your student can enjoy it during their senior year!

**Please fill out the form on the back and turn in at registration.**
Please fill out this form and turn in at registration.

Volunteer Coordinator: Use Sign-up Genius to coordinate volunteers and communicate with volunteers to confirm details. Need to be available the night of the party (June 4) to check-in volunteers and help show volunteers where to go. Majority of work done on your own time April-May.

NAME: ___________________________  CELL OR EMAIL: ___________________________

Casino Co-Chair: Run the Casino during the Senior Bon Voyage Party night (June 4). This job requires work only during the party! Need someone who can arrive at 10:00pm and stay until 3:00am to oversee the Casino along with the current Co-Chair.

NAME: ___________________________  CELL OR EMAIL: ___________________________

Decorating Committee: Several parents needed. The bulk of decorating is done during the actual graduation ceremony and help is needed from underclassman parents. Time commitment is mostly June 2-4 to help move decorations out of storage, repair/replace, and coordinate the decorating process the day of the event (June 4). A few hours will be needed in April to assess the decorations and determine if anything needs to be purchased.

NAME: ___________________________  CELL OR EMAIL: ___________________________

Fundraising Committee: Only 50% of the cost of the party is covered by seniors purchasing tickets to the event. We need help seeking corporate donations, personal donations, organizing restaurant nights, and securing raffle prizes. This can be 2-3 hours a month on your own time, January-May. This is an easy job for anyone who wants to help but can't attend the party on June 4.

NAME: ___________________________  CELL OR EMAIL: ___________________________

Food Committee: Need a few parents willing to help solicit food donations from local Ann Arbor restaurants. This can be done on your own time 2-3 hours a month during April and May. Parents will be assisting the current chair of the Food Committee.

NAME: ___________________________  CELL OR EMAIL: ___________________________

Work an event shift during the party: Choose to deal cards in the casino, check-in students, serve food, and/or help with raffle prizes, etc. A Sign-up Genius will be sent out in April.

NAME: ___________________________  CELL OR EMAIL: ___________________________

Make a donation in the amount of $_________. Make check payable to "Pioneer Senior Bon Voyage" and and hand in with this form at PTSO table during registration.

If you would like to help lead a committee and/or you have questions about the Senior Bon Voyage Party, please contact Susan Brinacome at sbrim@med.umich.edu.

Thank you in advance for supporting the Senior Bon Voyage Graduation Party tradition!

More info at
bit.ly/piobonvoyage (Web)
@PioBonVoyage (Twitter)
@AAPioneerPTSO (Facebook)
PLEASE RETURN THIS ENVELOPE AT REGISTRATION

Total Enclosed (Please make checks payable to Pioneer PTO, credit cards now honored) $

Additional contributions are greatly appreciated $
Pto Donation ($50 per Pioneer Family appreciated) $

__________________________________________
Student(s) Name

__________________________________________
Family Name

and other parent, teacher, and student requests for: Student Planners, Teacher Appreciation Events, Classroom Equipment, Field Trips...

PIONEER PTO DONATION ENVELOPE
2019 Seat Cushions Fundraiser at Michigan Stadium

Again this year, Pioneer athletic teams have a fantastic opportunity to earn MONEY to support their sport(s).

Parents & student athletes from all Pioneer teams are invited to participate in the Seat Cushions Fundraiser. This is the biggest and best opportunity offered by the Big Boosters for your teams to earn money. Sign up to volunteer and designate the sport of your choice to raise funds!

_Hundreds of volunteers_ (parents & students) will be needed to work at Michigan stadium on several dates beginning in August and running through November. The BEST, most plentiful opportunities to raise funds are in AUGUST, when the bulk of the work needs to be done. Weekend work days are planned for August 17\textsuperscript{th}, 18\textsuperscript{th}, & 25\textsuperscript{th}, possibly August 24\textsuperscript{th}. Watch for emails from your team’s Booster Club Representative for details about the project, including volunteer guidelines and sign-up information. Help from _every sport is strongly encouraged_, and again, _YOU EARN MONEY FOR YOUR TEAM(S)!

In addition to the big seat cushion installation days in August, we will also need some workers on the Thursday before Labor Day (August 29\textsuperscript{th}), Fridays before Michigan home games, and at the games on Saturdays. Details about those work sessions will be available in late August.

***Parents of students who plan to participate in Pioneer Athletics in 2019-2020:*** Make sure your team’s Booster Club Rep has your _name and email address_, so they can send you information and sign-up links for volunteer slots.
REGIONAL ALLIANCE FOR HEALTHY SCHOOLS
SCHOOL-BASED HEALTH CENTERS

RAHS HEALTH CENTERS

Washtenaw County
• Bishop Elementary School
• Lincoln High School
• Lincoln Middle School
• Pathways to Success Academic Campus
• Pioneer High School
• Scarlett Middle School
• Ypsilanti Community High School
• Ypsilanti Community Middle School

OPEN YEAR ROUND

HEALTHY STUDENTS MAKE BETTER STUDENTS

SERVICES WE PROVIDE

Physical Exams & Sick Visits  Health & Fitness Education Programs and Groups
Immunizations  Community Resources Referrals
Nutrition Counseling  Confidential STI and Pregnancy Testing
Insurance Enrollment  Confidential Mental Health Services and Psychotherapy

We are open to all school-age youth 21 years old and younger. You do not need to be a registered student at these schools to receive services. We accept insured and uninsured patients, regardless of ability to pay.

umhs-rahs.org  (734) 998-2163
Dear Pioneer Junior Parent/Guardian,

PIioneer is a closed campus and all students are required to remain on campus until they have completed their scheduled day. Students may not leave the school campus without proper identification or authorization. 11th grade students, with parental permission, are allowed to leave campus for lunch on designated days only. Additional days of off-campus privilege may be earned by seniors depending upon school climate and good behavior. 11th grade students are only allowed to leave campus on their designated days. 10th and 9th grade students are not allowed off campus for lunch. All students leaving school because of illness or medical appointments must check out through the General Office.

Junior Student Off-Campus Privilege

I hereby give permission for _______________________________, 11th grade, to leave campus during the lunch hour on designated days and other authorized days. I realize that my student is responsible for transportation to and from their destination, and that he/she must return prior to the start of his/her next class. I realize that school officials may request written verification for tardies/absences from fourth hour class due to vehicle malfunction and/or accident.

In granting this permission, I assume full responsibility for any damage to persons or property caused by my child. I understand that the school does not carry insurance covering the driver or passengers. I will not hold the school liable for accidents or injury covering the driver or passengers. I agree to be responsible for medical or dental treatment if determined necessary by a physician or dentist in case of an accident, whether my student was the driver or not. I agree to instruct my student to not transport underclassmen off-campus in their vehicle during the lunch period.

I understand that there will not be chaperones accompanying the student(s). Therefore, in the event that my child's behavior in any restaurant or other location off-campus during this time is inappropriate, I understand that his/her off-campus privilege may be revoked.

Student Info (please print):

Student Last Name: ____________________________
Student First Name: ____________________________

Student ID Number: ____________________________

STUDENT'S SIGNATURE ____________________________
DATE OF SIGNATURE ____________________________

Parent/Guardian Signatures and Info:

PARENT/GUARDIAN PRINTED FIRST AND LAST NAME: ____________________________
PARENT/GUARDIAN SIGNATURE: ____________________________
DATE OF SIGNATURE: ____________________________

PARENT/GUARDIAN PHONE: ____________________________
ADDRESS: ____________________________
CITY: ____________________________