

**BLACK HAWK HIGH SCHOOL**

**FIELD TRIP PERMISSION FORM**

**2024-2025**

Throughout the year our students will be taking part in in-district and/or out-of-district field trips. To help us maintain accurate records and to assist us in our future planning, we would like to obtain parental permission, which would cover all our scheduled field trips. This will eliminate the need for us to obtain your permission for each separate field trip.

Prior to each trip the advisor or teacher will notify you of the date and location, as well as any cost involved.

Note to parents of students who regularly take medication: Unless the school office is notified ahead of time, any student who regularly takes medication will receive his/her dose(s) at the appropriate time while participating in these activities.

I, \_\_\_\_\_, hereby grant permission for my child,  
\_\_\_\_\_, to attend any scheduled field trips to be  
taken under the direction of the school system.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Warrior Pack Program

**2024-2025 School Year**

Dear Black Hawk Family,

I hope this letter finds you in good spirits. As part of our ongoing commitment to supporting our community, we are pleased to announce that the Warrior Pack Program will continue this school year. Warrior Pack will be providing free meals to families in need. This service aims to ensure that everyone has access to nutritious and delicious meals without financial strain.

**Here's how you can benefit from this program:**

1. **Meal Package Details:** These packs will include easy-to-prepare meals and snacks for the weekend
2. **Delivery:** A bag of non-perishable food will be placed in your child's backpack or locker discreetly with the help of a school staff member at the end of the school day.
3. **Sign-Up Process:** To receive free meals, fill out the attached form and
  - a. Return the form to the school office
  - b. Mail the form to

Black Hawk Schools, attn: Warrior Pack Program  
202 East Center St.  
South Wayne, WI 53587

4. If you have any questions, you may contact Tiffany Signer by email at [sigtif@blackhawk.k12.wi.us](mailto:sigtif@blackhawk.k12.wi.us) or Melissa Pickett at [picmel@blackhawk.k12.wi.us](mailto:picmel@blackhawk.k12.wi.us).
5. **Confidentiality:** Your participation in this program will be kept confidential. We aim to support you and your family without any added stress or stigma.

Please do not hesitate to reach out if you have any questions or need assistance with the sign-up process. We are here to help and ensure that you and your loved ones have access to the resources you need.

Thank you for being a valued member of our community. We hope that this program brings comfort and support to your family during this time.

Sincerely,

Warrior Pack Program

# Warrior Pack Program

Please mark one line below:

\_\_\_\_\_ I want my child to participate in the Warrior Pack Program

\_\_\_\_\_ I do not want my child to participate in the Warrior Pack Program

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**All information provided is confidential**

Parent/Guardian First Name	Middle Initial	Last Name
Do you currently use Green Cares Food Pantry? (Circle One)  YES      NO	Do you currently use Black Hawk Food Pantry? (Circle One)  YES      NO	If not, why?

List Black Hawk Students

Last Name	First Name	Grade	Teacher	Food Allergies

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

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

## **Black Hawk MS/HS Student Handbook Acknowledgement**

We hereby acknowledge that we have received, read, and understand the Student Handbook, which outlines the policies and procedures for Black Hawk MS/HS. We agree to adhere to and support these guidelines to ensure a safe and productive educational environment for all students.

### **Student Acknowledgment**

I, the undersigned student, have received, read, and understand the Student Handbook. I agree to follow the rules and guidelines set forth in the handbook and to respect the policies of Black Hawk Schools.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

### **Guardian Acknowledgment**

I, the undersigned parent/guardian, have received, read, and understand the Student Handbook. I agree to support my child in following the rules and guidelines set forth in the handbook and to collaborate with Black Hawk Schools to uphold these policies.

**Guardian Name:** \_\_\_\_\_ **Relation to Student:**

\_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

Please return this signed acknowledgment page to the main office by Friday, September 6th, 2024. It is mandatory that we have on file a signed acknowledgement for every student. Students will be ineligible for ms/hs activities and field trips until we have a signed form on file.

Thank you for your cooperation and support.



## To Families with students attending Black Hawk School

Parent in Military is a new data element and is needed for federal reporting of assessment data. Please include the name of parent/guardian and service start date which this applies to.

Parent Name\_\_\_\_\_

Service Dates\_\_\_\_\_

### *Please notify the school of one of the following:*

- Is either parent or guardian on active duty in the military?

**Yes or No**

- Is either parent or guardian a traditional member of the Guard or Reserve?

**Yes or No**

- Is either parent or guardian a member of the Active Guard/Reserve (ARG) under Title 10 or full time national Guard under Title 32?

**Yes or No**

**Student(s) Name:**\_\_\_\_\_

# SCHOOL DISTRICT OF BLACK HAWK

August 2024

Parents and Guardians:

The Black Hawk School District **DOES NOT** provide any type of health or accident insurance for injuries incurred by your child at school.

We require all families to have accident coverage on their children, prior to participation in any sports or school-sponsored activity.

Please sign and return the information below if you already have adequate insurance.

\*\*\*\*\*

## PARENTAL INSURANCE WAIVER

Student's Name\_\_\_\_\_

School\_\_\_\_\_ We, the undersigned, feel we have adequate insurance protection for our son/daughter while practicing or participating in Interscholastic Sports at Black Hawk.

Parent's/Guardian's Signature\_\_\_\_\_

Date\_\_\_\_\_



# **Black Hawk School District**

## **Device Handbook Policy**

**2024-2025**

**\*\*\*Beginning in the 2022-2023 school year, the following School Issued Device Policy Handbook Sign-Off and Student Contract will go into effect. Parents and students will be asked to sign this document prior to device distribution.**

## **Black Hawk School District school-issued device Policy Handbook Sign-Off and Student Contract**

- I will never leave my school-issued device unattended in an unsecured or unsupervised location.
- I will never loan out my school-issued device to other individuals.
- I will know where my school-issued device is at all times.
- I will charge my school-issued device battery to full capacity each night and bring it to school daily.
- I will keep food and beverages away from my school-issued device since they may cause damage to the device.
- I will not disassemble any part of my school-issued device or attempt any repairs.
- I will protect my school-issued device by always carrying it securely to avoid damage.
- I will use my school-issued device in ways that are appropriate for education.
- I will not place decorations (stickers, markers, writing, etc.) on the school-issued device.
- I understand that the school-issued device is subject to inspection at any time without notice and remains the property of the Black Hawk School District.
- I have read and will follow the policies outlined in the school-issued device Policy Handbook and the District Acceptable Use Policy while at school as well as outside the school day.
- I will be responsible for all damage or loss caused by neglect or abuse.
- I agree to pay the full replacement cost of my school-issued device and accessories if any of these items are lost or damaged.
- I agree to return the school-issued device and accessories in good working condition at the end of each school year.

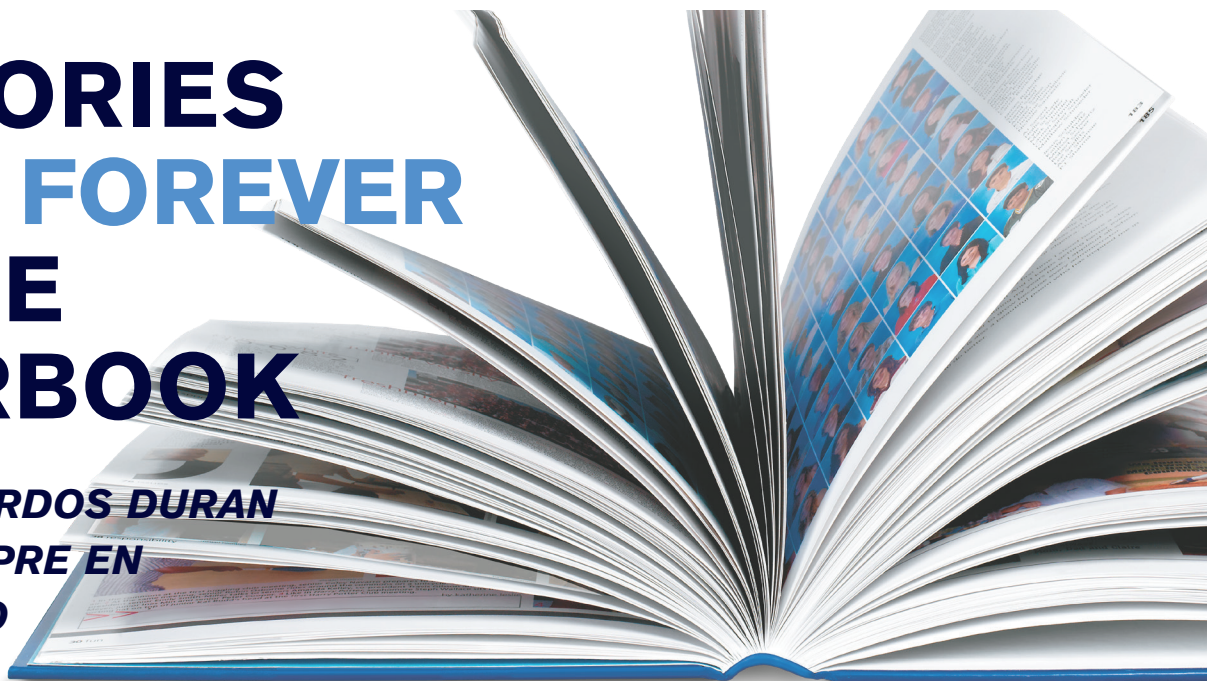
**Student Name:** \_\_\_\_\_ (Please Print)

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

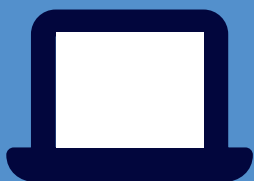
# MEMORIES LAST FOREVER IN THE YEARBOOK

**LOS RECUERDOS DURAN  
PARA SIEMPRE EN  
EL ANUARIO**



## WAYS TO ORDER *FORMAS DE PEDIR*

ONLINE  
*EN LÍNEA*



**JOSTENS.COM/BACKTOSCHOOL**

SCAN  
*ESCANEAR*



CALL  
*LLAMAR*



**1-877-767-5217**

## 2024-2025 BLACK HAWK HIGH SCHOOL YEARBOOK!

**NOW \$45.00**

**That's a savings of \$10.00**

**Order by 10/25/2024**

### JOSTENS PAYMENT PLAN

Spread out the cost of your yearbook with  
three interest-free payments.

*Minimum purchase requirements and eligibility restrictions apply.*

#### **PLAND DE PAGOS JOSTENS**

*Divide el costo de tu anuario en tres pagos libres de intereses.  
Requerimientos de compra mínima y elegibilidad aplican.*

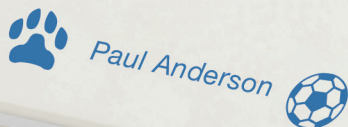
YEARBOOK	\$45.00
SIGNATURE PACKAGE	\$63.20
<i>Includes: Yearbook, Enhanced Personalization, Autograph Pens, Autograph Section</i>	
ENHANCED PERSONALIZATION	\$8.50
ICONS	FREE!
AUTOGRAPH SECTION	\$5.00
PHOTO POCKETS	\$5.00
DONATE A YEARBOOK	\$45.00
CLEAR PROTECTIVE COVER	\$5.00



*Taxes, service fees, and shipping fees will be added, if applicable.*

*Se agregarán impuestos, tarifas de servicio y tarifas de envío, si corresponde.*





Idsey Sommers 2028



LIMITED-TIME  
**OFFER**

OFERTA POR TIEMPO  
LIMITADO

## GET FOUR FREE ICONS WHEN YOU PERSONALIZE YOUR COVER

4 ICONOS GRATIS CUANDO PERSONALICES TU ANUARIO

Purchase name personalization for your yearbook, then choose up to four free icons.  
Nombre de compra personalización para su anuario, luego elija hasta cuatro iconos gratis.



5236  
Graduation Cap



5011  
Academics



5884  
Senior



5985  
Junior



6086  
Sophomore



6187  
Freshman



6288  
8th Grade



9005  
7th Grade



5701  
6th Grade



5001  
Baseball/Softball



5002  
Basketball



5004  
Football



5005  
Golf



5006  
Soccer



5008  
Tennis



5009  
Track/CC



5010  
Volleyball



5014  
Hockey



5130  
Wrestling



5258  
Swimming



5360  
Field Hockey



5241  
Lacrosse



9001  
Weightlifting



9007  
Dance



5003  
Cheerleading



9006  
Gymnastics



5238  
Band



5239  
Choir



5019  
Music



5013  
Dance Shoes



5015  
Drama Masks



5240  
Paint Palette



5592  
Yearbook Staff



5022  
Journalism



5982  
Photography



9050  
Guitar



5980  
Flag/Color Guard



9025  
Bowling



5981  
Motocross



5242  
Equestrian



5362  
Martial Arts



5025  
Renaissance



9051  
Deer/Elk



5363  
Bulldog



5364  
Pawprint



5365  
Eagle



5247  
Wolf



9042  
Dragon



5255  
Star & Crescent



5256  
Star of David



5257  
Cross



5012  
Peace



5366  
Maple Leaf



5367  
American Flag



5253  
Butterfly



5018  
Hearts



5021  
Smile



5023  
Yin Yang



9036  
Rose



9037  
Palm Trees



5587  
4-H



5590  
Future Farmers of America



5591  
National Honor Society



5588  
First Robotics



5589  
DECA



5585  
World Hunger



5583  
Clean Water



5582  
Human Rights



5584  
Anti-Bullying



5586  
Cause Awareness

*Jostens®*

# Breakfast Menu

Milk Choice 1% White, Fat Free Chocolate or Strawberry

Whole Wheat Peanut Butter & Jelly Served Daily

WG-Whole Grain

**“This institution is an equal opportunity provider”**

Monday	Tuesday	Wednesday	Thursday	Friday
2 <b>No School</b> (Labor Day )	3 Cereal Yogurt Juice Milk	4 Breakfast Pizza Applesauce Milk	5 Pancake Wrap Fruit Cocktail Milk 	6 Waffles Granola Bites Apple Milk
9 Cereal Bar Cheezits Apple Milk 	10 Berry French Toast Applesauce Milk	11 Mini Maple Pancakes Mixed Fruit Milk	12 Cinnamon French Toast Peaches Milk	13 Sausage Patty Egg Round English Muffin Granola Bar Apple Milk
16 Muffin Granola Bites Apple Milk	17 French Toast Sticks Granola Bites Pears Milk	18 Blueberry Waffle Peaches Milk	19 Pancakes Pears Milk 	20 Chocolate Chip French Toast Mixed Fruit Milk
23 Pop Tarts Granola Bites Apple Milk	24 Sausage Breakfast Bagel Peaches Milk 	25 Strawberry Bagel Mixed Fruit Milk	26 Cinnamon Waffles Pears Milk	27 Donut Juice Milk
30 Banana Bread Cheese Stick Orange Pears Milk				

# Lunch Menu

Milk Choice 1% White, Fat Free Chocolate or Strawberry  
Whole Wheat Peanut Butter & Jelly Served Daily  
WG-Whole Grain

**“This institution is an equal opportunity provider”**

Monday	Tuesday	Wednesday	Thursday	Friday
2 <b>No School</b> (Labor Day ) 	3 Chicken Strips Granola Bites Green Beans Juice Milk	4 Hamburger/Bun French Fries Cheese Slice Applesauce Milk	5 Pulled Pork/Bun Baked Cheetos Broccoli Peaches Mik	6 Hot Dog/Bun Baked Beans Mixed Fruit Milk
9 Mini Corn Dogs WG Doritos Green Beans Juice Milk	10 Pizza Dippers/Sauce Broccoli Cheezits Peaches Milk 	11 Mac & Cheese Cheese Stick Carrots Apple Milk	12 Salisbury Steak Mashed Potatoes Gravy Dinner Roll Mixed Fruit Milk	13 Sloppy Joe/Bun Cheese Stick Cauliflower Pears Milk
16 Breaded Pork Patty/Bun Green Beans Juice Milk	17 Tacos Baked Scoops Broccoli Apple Milk	18 Hamburger/Bun Sweet Potatoes Cheese Slice Pears Milk	19 Ham Scalloped Potatoes WG Breadstick Yogurt Applesauce Granola Bites Milk	20 Fish Sticks Granola Bites Cauliflower Orange Milk 
23 Chicken Patty/Bun Pretzel Goldfish Cauliflower Pears Milk	24 Pizza Cheezits Green Beans Mandarin Oranges	25 Quesadilla Broccoli Slushie Milk	26 Chicken Fajitas Cheetos Yogurt Peas Applesauce Milk	27 Ham Sandwich Cheeto Puffs Carrot Sticks Diced Pears Milk
30 Corn Dog Baked Scoops Green Beans Orange Milk 				