2018-2019 School Year

EVANGEL CHRISTIAN HIGH SCHOOL

Please have the following supplies on the first day of school:

1. 6 Notebooks **or** a binder for 6 subject areas (should have reinforcements and dividers if using a binder)
2. #2 mechanical pencils
3. 1 pack of pens (Blue or Black only)
4. Folders (4-5 will do)
5. Correction Tape (no liquid white out)
6. Pencil case (large enough to hold supplies)
7. 1 Large box of tissues
8. Graphing Calculator (Texas Instrument 83+ or Casio)… necessary for Algebra 1 & 2 **Please label calculator & cover.** ***Students cannot take Regents exams without this calculator***
9. One pack of colored highlighters
10. Protractor and Compass (durable, kit must come in plastic box) ***Students who are taking Geometry***
11. Index cards – white or colored
12. Planner (optional)
13. **NIV Bible** ***for home use***

*****It is important that each student comes to school prepared, as these items are necessary for each day's classes. Thank you so much for your understanding and cooperation. *****

REQUIRED SUMMER READING PROGRAM FOR HIGH SCHOOL STUDENTS

From the Principal's Desk

In today's world many children are not read to and do not read regularly. Leisure time is spent watching TV and/ or playing video games when time could be spent with the written language. This results in a lack of knowledge in areas of vocabulary, reading comprehension, critical thinking skills as well as putting language ideas on paper. New state guidelines tested by the new English Language Arts tests require that students read more books and respond in writing to what they read.

Reading and writing skills continue to be emphasized at Evangel because these skills are necessary for children to be successful students. However, support is needed from you as parents. Research has shown that reading outside of school can maintain, and in most cases, increase levels of reading growth reached in the classroom. Summer fall-off in students' skills can be stopped if a child continues to read on a daily basis.

Summer Reading List – Each student is required to read 3 books chosen from our book list enclosed. After they have finished each book they must write a book report summarizing the book. I also want them to write their personal opinion about the book. The summary should be at least 300 words and their opinion should be at least 150 words. In the opinion part of their report I would like them to support what they have written by using examples from the book itself.

Students are also allowed to read books, which are for their age purchased from Christian bookstores or from Christian book catalogs. You can tell the level from information usually given in the catalog or on the back of the book.

HIGH SCHOOL BOOK LIST

Back to the North Wind by George Macdonald	Munity on the Bounty by C. Nordhoff and J.N. Hall
Chronicles of Narnia Series by C.S Lewis	Mice and Men by Steinbeck
Deer Slayer by James Fenimore Cooper	Adventures of Sherlock Holmes Journey to the Center of the Earth by Jules Vern
Gulliver's Travels	Farenheit 451 by Ray Bradbury
Hatchet by Gary Paulsen	The Witch of Blackbird Pond by Elizabeth George Spears
Jacob Have I Loved by Katherine Paterson	Men of Iron by Howard Pyle
Kidnapped by Robert Louis Stevenson	Treasure Island by Robert Louis Stevenson
Merchant of Venice by Shakespeare	King Lear by Shakespeare
North To Freedom by Ann Holm	To Kill A Mockingbird by Harper Lee
Out of the Silent Plant by C.S. Lewis	Peralandria by C.S. Lewis
Pride and Prejudice by Jane Austin	Emma by Jane Austin
Robinson Crusoe by Daniel Defoe	Adventures of Sherlock Homes by Arthur Conan Doyle
Screwtape Letters by C.S. Lewis	The Great Divorce by C.S Lewis
The Black Pearl by Scott O'Dell	Sarah Bishop by Scott O'Dell
The Count of Monte Cristo by Alexander Dumas	Anne Frank Remembered by Miep Gies
The Hobbit by J.R.R. Tolkein	The Return of the King by J.R.R. Tolkein
The Old Man and The Sea by Ernst Hemingway	Rip Van Winkle by Washington Irving
The Old Man and the Sea by Ernst Hemingway	20,000 Leagues Under the Sea by Jules Vern
The Prince and the Pauper by Mark Twain	The Great Gatsby
The Red Badge of Courage by Steven Crane	David Cooperfield by Charles Dickens
The Scarlet Letter by Nathaniel Hawthrone	Hans Brinker by Mary Mapes Dodge
The Story of My Life by Helen Keller	Mr. Revere and I by Robert Lawson
The Three Musketeers by Alexandre Dumas	Jane Eyre by Charlotte Bronte
The Yearling by Rudyard Kilping	The Last of Mohicans by James Fenimore Cooper
Two Towers by J.R.R. Tolkein	A Lantern in Her Hand by Bess Streeter Aldrich
Up From Slavery by Booker T. Washington	
Watership Down by Richard Adams	Any book written by Tedd Dekker

A book purchased at a Christian Bookstore consisting of approximately 350 pages or more. Also, any other classic that is appropriate reading material consisting of 350 pages or more.

Name: ______________________________

Literature Summary

Title: ______________________________

Author: ______________________________ Genre: ______________________

Introduction: (Setting , theme and plot , as well as, a brief description of the main characters in the book)

____
____
____
____
____
____
____
____
____
____
____
____

Summary: (At least 300 words)

____
____
____
____
____
____
____
____
____
____
____
____
____
____
____
____
____
____
____
____
____
____

Opinion (150 words, Support your opinion by including examples from the book itself.)

Name: ______________________________

Literature Summary

Title: ______________________________

Author: ______________________________ Genre: ______________________________

Introduction: (Setting , theme and plot , as well as, a brief description of the main characters in the book)

Summary: (At least 300 words)

Opinion (150 words, Support your opinion by including examples from the book itself.)

Evangel Christian School

39-21 Crescent Street, Long Island City, New York 11101

From the Dean's Desk

Welcome back to all students and congratulations to new students and their families for choosing Evangel Christian School. I pray you had a wonderful summer break and enjoyed special time with friends and family.

We are excited to start a new academic year full of possibilities. In order to begin a productive year we ask students to be in proper school uniform. School uniforms help students worry less about what they look like and focus more on academics. In order to make this process an easy one, Evangel is continuing to partner with Land's End to provide students with quality uniforms. Students must purchase their uniforms exclusively from Land's End. This includes polos, skirts, pants, hoodies, and gym uniforms.

As part of our uniform policy, and for security reasons, students must display their ID's on a lanyard provided by the school. They must wear **solid** black shoes or sneakers. This means no white soles, checks or stripes. On gym days they may wear any color sneaker they like. Students who choose to violate the uniform policy will receive an automatic detention to be served the same day.

Please purchase uniforms as early as you can to ensure your child will be ready for school this coming year. Please keep in mind that some orders make take several weeks for delivery. Pre-K3 through kindergarten are not required to wear uniform, however, you should purchase a gym uniform for class trips.

To purchase your uniforms please go to www.landsend.com. Click on "school" then click on "find my school" and insert the **appropriate** school number from below.

- Preferred school number for elementary: **900140757**
- Preferred school number for middle school: **900168865**
- Preferred school number for high school: **900168873**

We look forward to having a great year! Thank you in advance for supporting our school uniform policies. If you have any questions, please feel free to call us at (718) 937-9600 extension 1301 or 1302.

Janet Cardi
Dean of Students

Mich Matos
Associate Dean

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly

NYC ID (OSIS) | | | | | | | | |

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex ☐ Female ☐ Male	Date of Birth (Month/Day/Year) ___/___/___

Child's Address	Hispanic/Latino? ☐ Yes ☐ No	Race (Check ALL that apply) ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Other ___

City/Borough	State	Zip Code	School/Center/Camp Name	District Number ___	Phone Numbers Home ___

Health insurance (including Medicaid)? ☐ Yes ☐ No	☐ Parent/Guardian ☐ Foster Parent Last Name	First Name	Email	Cell ___ Work ___

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history *(age 0-6 yrs)*

☐ Uncomplicated ☐ Premature: ______ weeks gestation

☐ Complicated by ___

Allergies ☐ None ☐ Epi pen prescribed

☐ Drugs *(list)* ___

☐ Foods *(list)* ___

☐ Other *(list)* ___

Attach MAF if in-school medications needed

Does the child/adolescent have a past or present medical history of the following?

☐ Asthma *(check severity and attach MAF)*: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

If persistent, check all current medication(s): ☐ Quick Relief Medication ☐ Inhaled Corticosteroid ☐ Oral Steroid ☐ Other Controller ☐ None

Asthma Control Status ☐ Well-controlled ☐ Poorly Controlled or Not Controlled

☐ Anaphylaxis
☐ Behavioral/mental health disorder
☐ Congenital or acquired heart disorder
☐ Developmental/learning problem
☐ Diabetes *(attach MAF)*
☐ Orthopedic injury/disability
Explain all checked items above.

☐ Seizure disorder
☐ Speech, hearing, or visual impairment
☐ Tuberculosis *(latent infection or disease)*
☐ Hospitalization
☐ Surgery
☐ Other (specify) ___
☐ ***Addendum attached.***

Medications *(attach MAF if in-school medication needed)*
☐ None ☐ Yes *(list below)*

PHYSICAL EXAM Date of Exam: ___/___/___

Height	___ cm	(___ %ile)
Weight	___ kg	(___ %ile)
BMI	___ kg/m²	(___ %ile)
Head Circumference *(age ≤2 yrs)*	___ cm	(___ %ile)
Blood Pressure *(age ≥3 yrs)*	___ / ___	

General Appearance:

☐ Physical Exam WNL

Nl Abnl	Nl Abnl	Nl Abnl	Nl Abnl	Nl Abnl
☐ ☐ Psychosocial Development	☐ ☐ HEENT	☐ ☐ Lymph nodes	☐ ☐ Abdomen	☐ ☐ Skin
☐ ☐ Language	☐ ☐ Dental	☐ ☐ Lungs	☐ ☐ Genitourinary	☐ ☐ Neurological
☐ ☐ Behavioral	☐ ☐ Neck	☐ ☐ Cardiovascular	☐ ☐ Extremities	☐ ☐ Back/spine

Describe abnormalities:

DEVELOPMENTAL *(age 0-6 yrs)*

Validated Screening Tool Used? ☐ Yes ☐ No — Date Screened ___/___/___

Screening Results: ☐ WNL

☐ Delay or Concern Suspected/Confirmed (specify area(s) below):

☐ Cognitive/Problem Solving ☐ Adaptive/Self-Help
☐ Communication/Language ☐ Gross Motor/Fine Motor
☐ Social-Emotional or Personal-Social ☐ Other Area of Concern: ___

Describe Suspected Delay or Concern:

Child Receives EI/CPSE/CSE services ☐ Yes ☐ No

Nutrition

< 1 year ☐ Breastfed ☐ Formula ☐ Both

≥ 1 year ☐ Well-balanced ☐ Needs guidance ☐ Counseled ☐ Referred

Dietary Restrictions ☐ None ☐ Yes *(list below)*

SCREENING TESTS	Date Done	Results
Blood Lead Level (BLL) *(required at age 1 yr and 2 yrs and for those at risk)*	___/___/___ ___/___/___	___ μg/dL ___ μg/dL
Lead Risk Assessment *(annually, age 6 mo-6 yrs)*	___/___/___	☐ At risk *(do BLL)* ☐ Not at risk
— Child Care Only —		
Hemoglobin or Hematocrit	___/___/___	___ g/dL ___ %

Hearing	Date Done	Results
< 4 years: gross hearing	___/___/___	☐Nl ☐Abnl ☐Referred
OAE	___/___/___	☐Nl ☐Abnl ☐Referred
≥ 4 yrs: pure tone audiometry	___/___/___	☐Nl ☐Abnl ☐Referred

Vision	Date Done	Results
<3 years: Vision appears:	___/___/___	☐ Nl ☐ Abnl
Acuity (required for new entrants and children age 3-7 years)	___/___/___	Right ___/___ Left ___/___ ☐ Unable to test
Screened with Glasses?		☐ Yes ☐ No
Strabismus?		☐ Yes ☐ No

Dental	
Visible Tooth Decay	☐ Yes ☐ No
Urgent need for dental referral *(pain, swelling, infection)*	☐ Yes ☐ No
Dental Visit within the past 12 months	☐ Yes ☐ No

CIR Number | | | | | | | | | | |

Physician Confirmed History of Varicella Infection ☐

IMMUNIZATIONS – DATES

DTP/DTaP/DT	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Td	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	
Polio	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	
Hep B	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	
Hib	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	
PCV	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	
Influenza	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	
HPV	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	

Tdap	__/__/__	__/__/__	
MMR	__/__/__	__/__/__	__/__/__
Varicella	__/__/__	__/__/__	__/__/__
Mening ACWY	__/__/__	__/__/__	__/__/__
Hep A	__/__/__	__/__/__	__/__/__
Rotavirus	__/__/__	__/__/__	__/__/__
Mening B	__/__/__	__/__/__	__/__/__
Other	__/__/__	__/__/__	__/__/__

Report only positive immunity:

IgG Titers	Date
Hepatitis B	__/__/__
Measles	__/__/__
Mumps	__/__/__
Rubella	__/__/__
Varicella	__/__/__
Polio 1	__/__/__
Polio 2	__/__/__
Polio 3	__/__/__

ASSESSMENT ☐ **Well Child** (Z00.129) ☐ **Diagnoses/Problems** *(list)* **ICD-10 Code**

RECOMMENDATIONS ☐ Full physical activity

☐ Restrictions *(specify)* ___

Follow-up Needed ☐ No ☐ Yes, for ___ Appt. date: __/__/__

Referral(s): ☐ None ☐ Early Intervention ☐ IEP ☐ Dental ☐ Vision

☐ Other ___

Health Care Practitioner Signature	Date Form Completed ___/___/___
Health Care Practitioner Name and Degree *(print)*	Practitioner License No. and State
Facility Name	National Provider Identifier (NPI)

Address	City	State	Zip

Telephone	Fax	Email

DOHMH ONLY PRACTITIONER I.D. | | | | | | |

TYPE OF EXAM: ☐ NAE Current ☐ NAE Prior Year(s)

Comments:

Date Reviewed: ___/___/___ **I.D. NUMBER**

REVIEWER:

FORM ID#