Lennox School District 41-4

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www. lennox.k12.sd.us

Serving the communities of Chancellor, Lennox and Worthing, South Dakota

Adam Shaw
Superintendent

Angela Arlt
Business Manager

Chad Allison
Principal
Lennox Junior High
Lennox High School

Becky Kuyper
Assistant Principal
Lennox Junior High
Lennox High School

Darin Eich
Principal
LWC Intermediate,
Director of Instruction & Assessment,
Migrant & ELL Program Coordinator

Cody Lutes
Principal
Lennox Elementary

Amanda Kruse
Principal
Worthing Elementary,
Director of Curriculum,
McKinney-Vento Homeless Education Coordinator

Laura Welch
Director of Student Services

Casey Shade
Director of Activities

JH Homework

Other Reminders:

JH-HS School Day 8:15-3:25 (M-F)

JH-HS building hours – 7am-4pm (unless with coach, teacher, or advisor)

Community Page

10-14-25

Class A State Football Championships – Good Luck to the Lennox Orioles as they take on SFC on Saturday at Noon at the Dakota Dome!!! WINGS UP!!

High School Attendance and Tardies:
As a reminder – School starts at 8:15 and ends at 3:25 each day.
All students in grades 9-11 should be present for SRB on Wednesdays – we do important work for ACT prep during this block. If you have no missing work, you do not need to be here for SRB on Thursdays.
Please encourage your student to arrive on time to avoid detention for excessive tardies.

FFA Event – Bingo for Birthdays- see page 3

FLU Shot Info – Pages 6-8

EARLY DISMISSAL – Wednesday November 26 – No School November 27 & 28 (Thanksgiving)

HS Students - **Winter Formal** is on Saturday, December 6, at PROSPER from 7-11pm. Games! Dance! Concessions! Tickets are $10. Purchase at school from Darci or at the Door

Seussical the Musical! See pages 2!

Academic Sponsorship – Thank you to the ***Taco Vault*** in Worthing for your support of our students' Academic Performance. Students with zero missing assignments will be put into a drawing each month for a gift certificate. If your business would like to support student academic achievement in a similar way, contact Chad.Allison@k12.sd.us

Cell Phones: Cell phone guidelines: https://5il.co/3nlxi

Junior High – Students may not use cell phones during the school day. Phones must be kept in lockers throughout the day. They may not be used at lunches or during study halls.

High School – Students must place cell phones in the storage compartment in each classroom during class-time. Students may not have cell phones in restrooms or locker rooms. High School students may use phones at lunch and during passing periods, but not during study halls, SRB, etc.

ACT Testing Date

There is one remaining ACT test this semester: December 13 (Early registration deadline is 11/7, Late deadline is 11/24). If you/your student need assistance with the testing fee, please see Mr. Breske for more information.

Scholarship Spreadsheet (Seniors)

Mr. Breske has a scholarship spreadsheet that keeps track of scholarships, deadlines and other things here:
https://docs.google.com/spreadsheets/d/1d0OkrCYlOkdSmoH_VoGrW-qusacV9yVGVjFUQNVQrew/edit?gid=1366399756#gid=1366399756

Missing or Late Work:
High School - Zero Missing Work - report pulled on Wednesday mornings - No SRB for HS on Thursdays if no missing work – beginning second week of school (August 28). Junior High – Zero Missing work- incentive days for no missing work.

Late work or missing assignments beyond 5 school days will count for no more than 60%.
Assessments will not be docked, however, teachers will enforce strict completion dates – Teachers may use Admin for ISS or detention for completion if this is delayed.
Late work beyond a report card (1st qtr, 2nd qtr, 3rd qtr, 4th qtr for JH) or (1st semester, 2nd semester for HS) will not be accepted.

Chad Allison 7-12 Principal Chad.Allison@k12.sd.us

Every School. Every Student. Every Day.

The Lennox School District 41-4 does not discriminate in its employment policies and practices, or in its educational programs on the basis of race, religion, color, gender, gender expression, sexual orientation, national origin, disability, or marital status.

Lennox High School Drama Proudly Presents

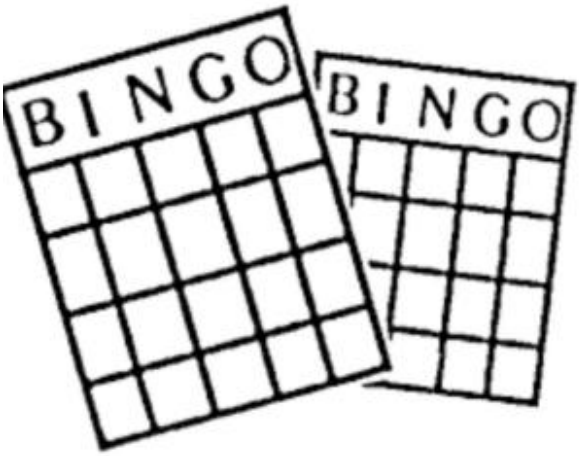


Seussical™ THE MUSICAL

Friday, Nov. 21 &
Saturday, Nov. 22
7:00 PM
Lennox Performing Arts Center

Freewill Offering will be taken at the door.

Book by Lynn Ahrens & Stephen Flaherty
Music by Stephen Flaherty Lyrics by Lynn Ahrens
Co-Conceived by Lynn Ahrens, Stephen Flaherty, & Eric Idle
Based on the works of Dr. Seuss
Seussical is presented through special arrangement with Music Theatre International (MTI).
All authorized performance materials are also supplied by MTI. www.mtishows.com



$5.00 for initial card,
$3.00 per card after that
Winners will receive prizes

Organized by the FFA

BINGO FOR BIRTHDAYS

Join us for a fun game of bingo as we raise funds to make birthday kits for those who may not have the chance to celebrate

Nov. 20 / 6-8 PM / Lennox High School Cafeteria





Thank you for your interest in the Off the Fridge program at the Washington Pavilion. We look forward to displaying your students' artwork!

The Washington Pavilion will supply:

1) **Exhibition space:** 47-60 frames on the second floor lobby of the Washington Pavilion dedicated to Off the Fridge. *All frames stay at the Washington Pavilion.*
2) **Matting:** Artwork will be *mounted* to tag board and returned to the artist following the exhibition.
3) **Gallery text labels:** Card stock labels will be given to the artist at the end of the exhibition.
4) **Certificate for each student**
5) **Free Washington Pavilion admission ticket to each artist**

Your school will supply:

1) **Original, two-dimensional artwork:** The maximum number of pieces that can be submitted is 60. Each teacher must follow the size and orientation guidelines listed below to ensure accurate presentation of the artwork.
    a. 23 pieces – horizontal orientation (pieces smaller than 12 x18 can fit in either vertical or horizontal frame)
    b. 24 pieces – vertical orientation (pieces smaller than 12 x18 can fit in either vertical or horizontal frame)
    c. (Optional) 13 pieces – either vertical OR horizontal orientation
    d. 18" x 24" or smaller
    e. Names must be listed on the artwork – Please use a note with the child's name (and title if child has more than one piece) and attach to back of the piece.

    Note: In an effort to highlight each artist, every child's artwork will be presented individually within the frame. In this spirit, we will not accept additional artwork above and beyond the numbers listed here. ***The maximum number of pieces that are allowed to be submitted is 60.***

    Artwork must be delivered to the Washington Pavilion box office desk no later than **five business days** before the exhibit start date to ensure there is time for installation. We will contact you at the end of your exhibition when the artwork is ready for pick up. The Washington Pavilion reserves the right to not exhibit works of art in the show that could be interpreted as inappropriate based on public school guidelines.

2) **Master label list**. Labels must be submitted electronically. We will format the labels, you just need to fill in the Excel document and email it back. Please make sure to double check the accuracy of your spelling to

ensure professionalism of the labels in your exhibition. Email label information to: education@washingtonpavilion.org

Tips for the labels:

- Use first name only. Please make sure each name is accurately spelled.
- Let the child title their own work.
- Let students write their own artist statements.
    - For pre-writers, meet with the child and let them tell you about their piece, and write it down just as they say.
    - The content of the artist's statement can be anything the child wants to say about the work. Let the artist talk/write in their own words. The writing is an extension of the project and of their innate creativity.
    - The statement reflects the artist and his/her art, not necessarily the project, teacher or school.
    - Edit spellings only if necessary. Avoid editing the child's choice of words or interpretation.
    - One of the appealing parts of the "Off the Fridge" exhibit is reading the unique things kids say about their art. Even if it is just a sentence or phrase, we hope you make the time to collect these statements from your artists!

Off the Fridge Reception

If you would like to have an artist reception for your students, please let our education staff know so a date can be set in advance.

This is an opportunity for you to showcase your students and what they have done. We hope to make it a great experience for everyone involved. If you have any questions, feel free to contact us.

Washington Pavilion Education Team

education@washingtonpavilion.org
(605) 731-2348

SCHOOL-BASED FLU

VACCINATION CLINICS

Held at Lennox/Worthing Schools on Wednesday, November 19 starting at 8:30am

The SD DOH will bill insurance directly for children covered by Medicaid or private insurance.

SD DOH is an in-network provider for:

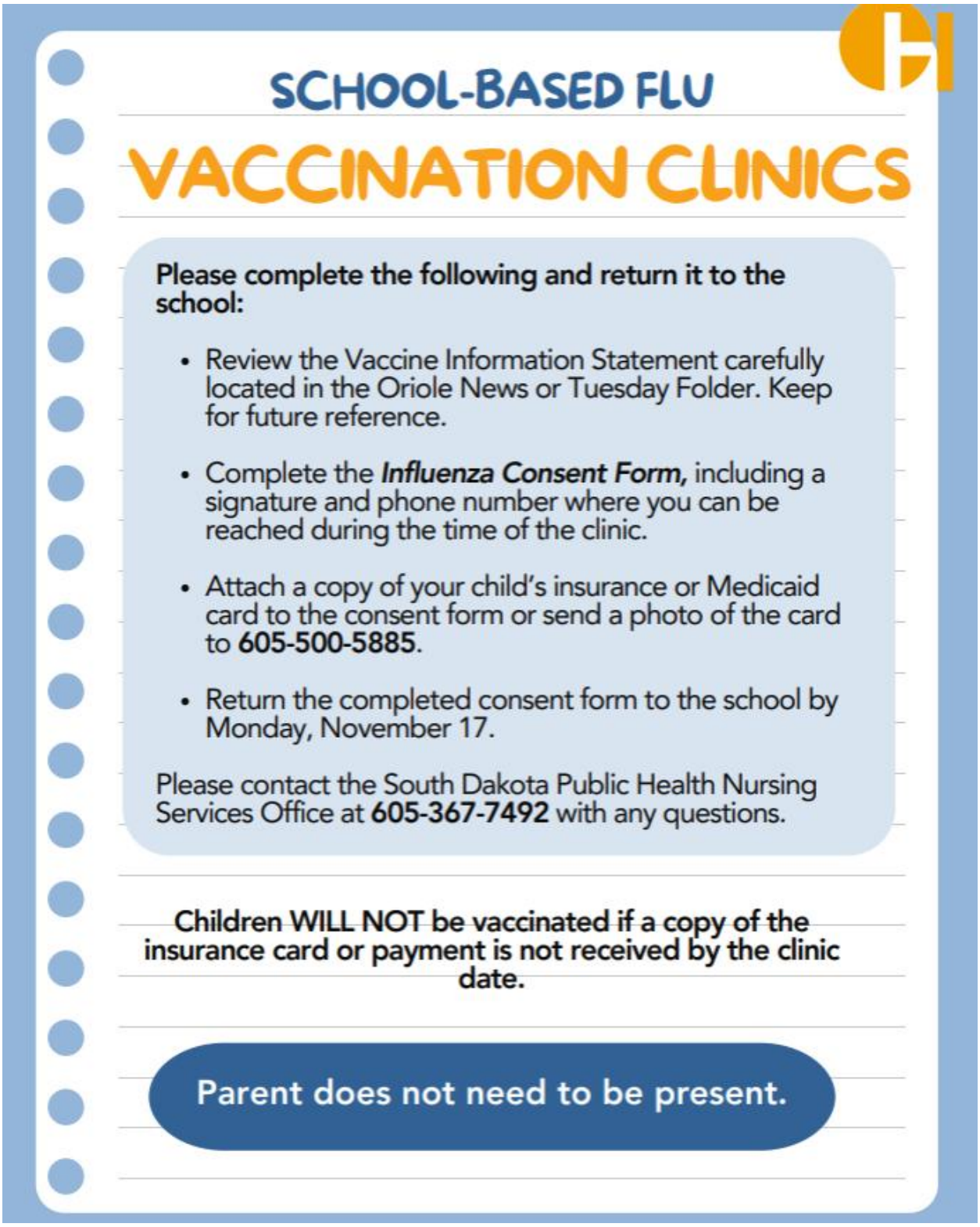
- Avera
- Sanford
- Tricare
- Blue Cross Blue Shield (not federal)
- South Dakota Medicaid

Children with limited or no health insurance qualify for vaccinations through a federal vaccine program that offers vaccinations at a reduced cost.

Please contact the public health office to discuss this option if you believe your child may qualify.

Before the clinic:

- Complete and sign the Influenza Consent Form.
- Attach a copy of your child's insurance or Medicaid card.
- Return the completed form to the school by Monday, November 17.
- If you choose not to bill insurance or do not provide a copy of your card, the cost is **$50 (cash or check payable to SD DOH).**



Vaccine Information Statements (VISs) Overview | Immunize.org| Immunize.org

2025-2026 INACTIVATED INFLUENZA CONSENT FORM

Information about person to be vaccinated (please print)

Last Name:_____ Age:___ Sex: ___M ___F

First Name:_____ Date of Birth:_____

Race:_____ Language:_____

Ethnicity:_____Hispanic or Latino _____Non Hispanic or Latino

Mailing Address:_____ Zip:_____

City:_____ Phone #:_____

For child - Please Print

Parent's Name:_____

For child being vaccinated at school based clinic

Grade_____ School_____

For clinic use only

Assessment of Vaccination history for child under age 9

_____ Child will need 2nd dose

_____Additional information needed

Clinic :

Entered into EHR: Date_____ Initials _____

The South Dakota Immunization Information System (SDIIS) is an automated system to document vaccinations given in South Dakota. SDIIS will give parents access to their child's immunization record from any participating South Dakota provider. SDIIS also allows providers to send reminder notices regarding needed immunizations. Health care providers, health care facilities, federal or state agencies, welfare agencies, school or family day care facilities may have access to this information in accordance with applicable HIPAA Privacy Act standards and requirements. Immunization records remain confidential, and any person who fails to protect the information is guilty of a Class 1 misdemeanor. If you choose not to have the record of this immunization shared with other providers, you may request a refusal form.

INSURANCE Status

___ Insurance **(MUST ATTACH COPY OF CARD)**

___ Medicaid * **(MUST ATTACH COPY OF CARD)**

___ No Insurance *

___ Insurance that DOES NOT cover vaccines *

___ American Indian or Alaskan Native 18 yrs. and under *

* *Children age 18 and under in these categories are Vaccines for Children Program eligible*

For Dependent Covered by Private Insurance

Name of Policy Holder _____

Policy Holder Date of Birth _____

Relationship _____

Please answer the following for the person to be vaccinated.	**Yes**	**No**	**Don't Know**
1) Is the person sick today?			
2) Does the person have an allergy to an ingredient of the vaccine?			
3) Has the person ever had a serious reaction to influenza vaccine in the past?			
4) Has the person ever had Guillain-Barré syndrome?			
5) Has the person ever felt dizzy or faint before, during or after a shot?			
6) Is the person anxious about getting a shot today?			

I have been provided a copy of and have read or have had explained to me the information about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request.

If insured, I authorize SDDOH to release medical information necessary to determine benefits payable for this service. I understand that I am financially responsible for services regardless of insurance coverage.

Signature _____ **Date** _____

Person to be vaccinated (If minor, parent or guardian)

For child being vaccinated at a school based clinic

If completing this form for a child to be vaccinated at school and you will not be accompanying him/her, please provide a phone number where you can be reached on the day of the clinic. (Phone) _____

for office use only

	Type	Date/Time	Vaccine Manufacturer (Circle)	Vaccine Lot number	Dose	IM Site (Circle)	Date of VIS Publication	Full Signature of person administering vaccine
INFLUENZA	IIV 3		GlaxoSmithKline		0.5 mL	L R Deltoid Thigh	1/31/2025	

Abbreviation Key: **IIV3** - Inactivated Influenza Vaccine, Trivalent **IM** - Intramuscular **L** - Left **R** - Right

S.D. Department of Health Notice of Privacy Practices can be viewed at https://doh.sd.gov/documents/HIPAANotice.pdf Rev. 09/2025

stuff the TURKEY



most needed items:

- CEREAL
- CANNED FRUIT
- INSTANT OATMEAL
- KETCHUP & MUSTARD
- PASTA & PASTA SAUCE
- PANCAKE MIX & SYRUP
- TISSUES & TOILET PAPER
- PEANUT BUTTER & JELLY
- SHAMPOO & CONDITIONER
- CAMPBELL'S CHUNKY SOUP
- CREAM OF MUSHROOM/CELERY
- MASHED POTATOES & GRAVY PACKETS

ALL DONATIONS BENEFIT LOCAL FAMILIES
PLEASE MAKE SURE TO CHECK EXPIRATION DATES