



No School THIS FRIDAY

This Week's Warrior

4 Day Weeks
This week, next and
the following



FRIDAY - September 18th

SCHOOL PICTURES

- August 2020**
28 NO SCHOOL -
- September 2020**
4 NO SCHOOL
7 NO SCHOOL - Labor Day
18 School Pictures
- October 2020**
2 NO SCHOOL-
Teacher In-Service
23 1st Quarter ends
29 NO SCHOOL -
Parent /Teacher Conferences
29 Reports Cards Posted
30 NO SCHOOL –
Teacher In-Service
31 Reformation Day

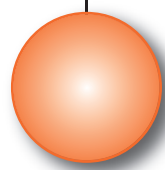
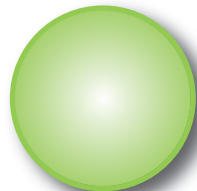
Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God.
- *Philippians 4:6*

- ORDER FORMS will be sent home Thursday, September 3rd
- ONLINE ORDERING is available now with SCHOOL CODE: **EVT6GQ9PJ**

CHECKLIST

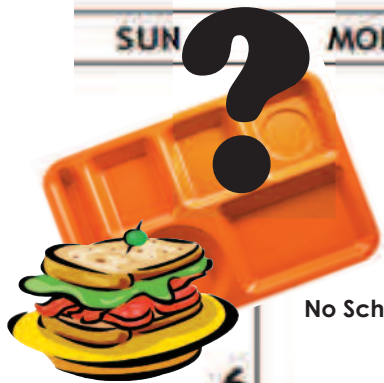
The checklist includes sections for Part 1 (General Health), Part 2 (Symptoms), and Part 3 (Exposure). It asks questions about fever, cough, difficulty breathing, and contact with others. A red box highlights instructions for children to be sent home if they have 2 or more symptoms or 1 exposure, and to remain at home if they have 1 or fewer symptoms or 0 exposures.

PAGE 3
of Warrior
COVID Health
Screening Check List
for Children





WHAT'S FOR LUNCH? *School Lunch Menu*



SUN	MON	TUE	WED	THU	FRI	SAT
		Sloppy Joes Cooked Carrots Sliced Pears Milk	Ravioli Green Beans Peaches Garlic Bread Milk	Mozz. Pizza Dippers Salad Applesauce Milk	No School	
	No School	Cheese Quesadillas Corn Peaches Milk	Cheese Pizza Salad Fruit Cocktail Milk	Mini Corn Dogs Green Beans Sliced Pears Milk	BBQ Pork Tater Tots Applesauce Milk	
	Labor Day	Mexi Mounds Corn Pineapple Milk	Chicken w/gravy Mashed Potatoes Green Beans Strawberry Cup Milk	French Toast Sticks Sausage Pattie Hashbrown Mandarin Oranges Milk	Hot Dogs Carrots Applesauce Milk	
	Mac N' Cheese Broccoli Dinner Roll Pear Slices Milk	Grilled Cheese Corn Pickle Raisins Milk	Mozz. Pizza Dippers Carrots Peaches Milk	Mini Corn Dogs Baked Beans Pears Milk	Hamburgers Green Beans Mixed Berries Milk	
	Chicken Pattie Salad Applesauce Milk	Chicken Nuggets Salad Peaches Milk	Sub Sandwich Carrots Applesauce Milk			
	Tacos Corn Pineapple Milk					



SEPTEMBER



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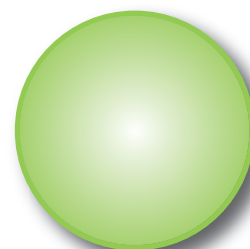
Adult Confirmation Classes

Wondering what your student is being taught in religion class or what Lutheran's believe? With your student attending school here do you want to become even more a part of the Trinity Family?

Pastor Jennings will begin Adult Confirmation class on **Monday, September 14th at 6:30pm.**

We will maintain social distancing and wear facemasks. Class runs one hour per night and for approximately 10 weeks.

The material we are studying is "God Connects". Call Pastor Jennings at 262.752.1692 for questions, to sign-up or for additional information.



COVID-19 Health Screening Checklist for CHILDREN

Person conducting screening should maintain 6 feet of distance from child while asking questions. Questions should be posed to parents of small children; children old enough to understand and answer for themselves may be asked directly. Tool intended to assist programs to screen for COVID-19, but should not replace other communicable disease screening tools or protocols for school programs.

Part 1

	YES	NO
Has your child been in close contact with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been diagnosed with COVID-19 by a health care provider in the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child developed any of the following symptoms within the past 24 hours?		
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath/trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>
• New loss or sense of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
• Has your child taken medication in past 24 hours to lower temperature (Tylenol, ibuprofen)?	<input type="checkbox"/>	<input type="checkbox"/>



If YES to any question in Part 1, the child should be sent home.
If NO to all questions in Part 1, proceed to Part 2.

Part 2

Has your child developed any of the following symptoms within the last 24 hours?

	YES	NO		YES	NO
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>
Unusual fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Nausea (<i>sick to stomach</i>) or vomiting▲	<input type="checkbox"/>	<input type="checkbox"/>	Fever ($\geq 100.4^{\circ}\text{F}$) or chills (<i>would indicate fever</i>) ▲	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose or nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea▲	<input type="checkbox"/>	<input type="checkbox"/>



If YES to 2 or MORE questions in Part 2, child should be sent home.

If YES to 0 or 1 question(s) in Part 2, child may remain at facility.

Child to be sent home

- Record child's name, symptoms, and the date symptoms started in your illness log/line list.
- Child should be **immediately sent home** to isolate and should be tested for COVID-19.

Child may remain at facility

Child should wash (or sanitize) hands before having contact with other children or staff.

▲Vomiting, diarrhea, and fever—alone or together—should exclude a child from school. However, they do not necessarily indicate the need to test for COVID-19 or for COVID-19 isolation.