

RMS 2024-2025 Start of School Year Information

Orientation

Student orientation is on Wednesday, August 21st.

6th Grade – A-K 9:00-10:00

6th Grade - L-Z 10:30-11:30

7th Grade – ALL – 1:45-2:30

8th Grade – ALL – 1:00-1:45

(See attached orientation packet for all information and forms that need to be returned at orientation.)

First Week of School

Our first day of school is September 4th. It is a half day of school. Breakfast starts at 7:20. School starts at 7:45am and ends at 11:00am. All 6th graders will report to the gym and all other grades will report to their first hour to start the day. The first full day of school is September 5th. School ends at 2:50pm. **Remember**, that Homerooms don't start the school day anymore, so it is important to be on time or your child will miss part of a core academic class. If you are dropping your child off to school or walking, students should be in the building by 7:35 to drop items off to their locker, including cellphone, and get to first hour.

(See attached district calendar.)

Recommended School Supply list:

- 1 notebook for all class (7 classes)
- 1 folder for each class
- 2-3 packs of pencils



Roseville Middle School

16250 Martin Road, Roseville, Michigan 48066

www.rosevillepride.org 586-445-5600 (F)586-445-5620

July 2024

Greetings!

If you receive this letter, then you are a new or returning member of the Roseville Middle School family. We are swiftly approaching the beginning of the 2024-2025 school year. The main purpose of this letter is to make sure that you are aware of our student orientation date. Parents, you are welcome to join your child during their time for your own orientation. You will hear from the principals and find out about our programs and changes for the upcoming school year. We hope to see all parents, so together we can ensure your student has a successful year here at Roseville Middle School

Wednesday, August 21, 2024

6th graders Last Name A-K: 9:00-10:00

6th graders Last Name L-Z: 10:30-11:30

8th graders ALL: 1:00 – 1:45

7th graders ALL: 1:45-2:30

You will meet the principals and staff, learn about extracurricular clubs and athletic opportunities, pick up schedules, tour the building, practice opening lockers.

The bus stops and times are as follows:

6th grade A-K: 9:00 – 10:00

Dort 8:40

Green (HP) 8:40

Kaiser 8:45

Van Howe/Meier 8:45

Roseville Blvd/Maple 8:50

6th grade L – Z: 10:30 – 11:30

Dort 10:10

Green (HP) 10:10

Kaiser 10:15

Van Howe/Meier 10:15

Roseville Blvd/Maple 10:20

8th grade: 1:00 – 1:45

Dort 12:40

Green (HP) 12:40

Kaiser 12:45

Van Howe/Meier 12:45

7th grade: 1:45 – 2:30

Dort 1:25

Green (HP) 1:25

Kaiser 1:30

Van Howe/Meier 1:30

Orientation gives students an opportunity to visit the school and become familiar with the physical layout of the building and assists with the transitioning of elementary students to a middle school setting. This transition will include the expectations we have for student behavior and academic achievement. We will also introduce numerous opportunities for extracurricular involvement in clubs and athletics, as well as opportunities for partnership and support that families can expect from RMS.



Please review the enclosed forms:

Enclosed you will find two forms (**front & back**) that must be returned with your student at orientation. Please review the **RMS school-home compact** with your student before signing. Also please fill out the **Data Verification Form** so we can have the most up to date information available in case of an emergency, ***(these forms MUST be returned at orientation to receive their unofficial student schedule.)***

There is a third form (**Special Diet Statement**) that is only needed if your student has any food allergies or special dietary requirements. This is not a requirement to be returned at orientation. We would appreciate this form as soon as possible to let our kitchen know to prepare for the beginning of the new school year.

Further information regarding the beginning of the school year will be arriving in the mail late in August. You will be receiving our monthly newsletter before September 1, 2024. In our newsletter, you will find important dates and events for the upcoming month. If you provide our office with an email address, you will receive our newsletter via email.

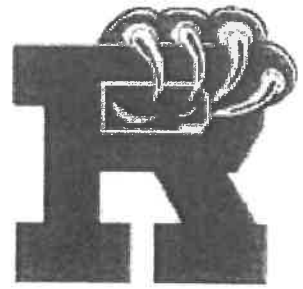
I hope to see you all at orientation or at one of our many events we will be hosting this year.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris LaFeve". The signature is fluid and cursive, with the first name "Chris" and last name "LaFeve" clearly distinguishable.

Christopher LaFeve
Principal

RMS School-Home Compact



As a student of RMS, I will:

- Always try my best and ask for help when needed.
- Attend school regularly and be in class on time.
- Complete and turn in all assignments and homework on time.
- Bring all necessary materials to each class and home when needed.
- Make time at home to read and study.
- Show respect for myself, my family, school, and staff and other students.
- Follow the rules in my school, in my classrooms, and at home.

Student's Signature

Student's Name - PLEASE PRINT

As an educator of RMS, I will:

- Provide a safe, positive and healthy learning environment.
- Maintain high expectations for myself and my students.
- Communicate regularly with students and families.
- Clearly outline classroom procedures, rules, expectations and grading guidelines.
- Provide meaningful homework assignments that reinforce and extend student learning.
- Respect all students, staff, community members, and the diverse culture of the school.
- Meet federal, state, and district expectations.
- Encourage families to participate in their child's education.

Roseville Middle School Staff

As a parent of RMS, I will:

- Assure adequate rest, necessary medical attention, and proper nutrition for my child.
- Ensure that my child attends school regularly, is punctual, and is appropriately dressed.
- Support school policies, guidelines and procedures to promote student success.
- Encourage and monitor completion of homework assignments and preparation for tests.
- Communicate with my child's teachers on a regular basis.
- Provide necessary materials for use at school and at home.
- Set an example by respecting all students, staff, community members, and the diverse culture of the school.
- Participate in school functions and attend parent-teacher conferences.

Parent's Signature

Parent's Name - PLEASE PRINT

This form must be returned at orientation

Special Diet Statement

Why am I being asked to fill out this form?

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet.* According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that are not a disability. This includes requests related to religious or moral convictions or personal preference. **If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.**

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. **Updates to this form are required only when a participant's needs change.**

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-free milk without a physician's signature. Lactose-free milk served must meet meal pattern requirements for the program.

Submit this completed special diet statement to: _____

Participant Information:

Participant's Full Name: _____ Today's Date: _____

Date of Birth: _____

Name of School/Center/Site Attended: _____

Parent/Guardian Name: _____

Home Phone Number: _____ Work Phone Number: _____

Required Information: Dietary Accommodation

1. List the food to be avoided:

2. Briefly explain how exposure to this food affects the participant:

3. List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

Additional Information

Texture Modification: Pureed Ground Bite-Sized Pieces Other: _____

Tube Feeding Formula Name: _____

Administering Instructions: _____

Oral Feeding: No Yes If yes, specify foods: _____

Other Dietary Modification or Additional Instructions (Describe): _____

Required Signature

This form must be signed by a licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner. The medical person signing it should keep a copy of this document in his/her records.

Prescribing Authority Credentials (print): _____ Date: _____
Signature: _____ Clinic/Hospital: _____
Phone Number: _____ Fax Number: _____

Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may allow the director of the school/center/site to talk with the medical person about this Special Diet Statement by signing the Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize _____
(**physician/medical authority name**) to release such protected health information as is necessary for the specific purpose of Special Diet information to _____ (**program name**) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. **Optional:** My permission to release this information will expire on _____ (**date**). This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian: _____ Date: _____

OR Participant's Signature (Adult Day Care ONLY): _____

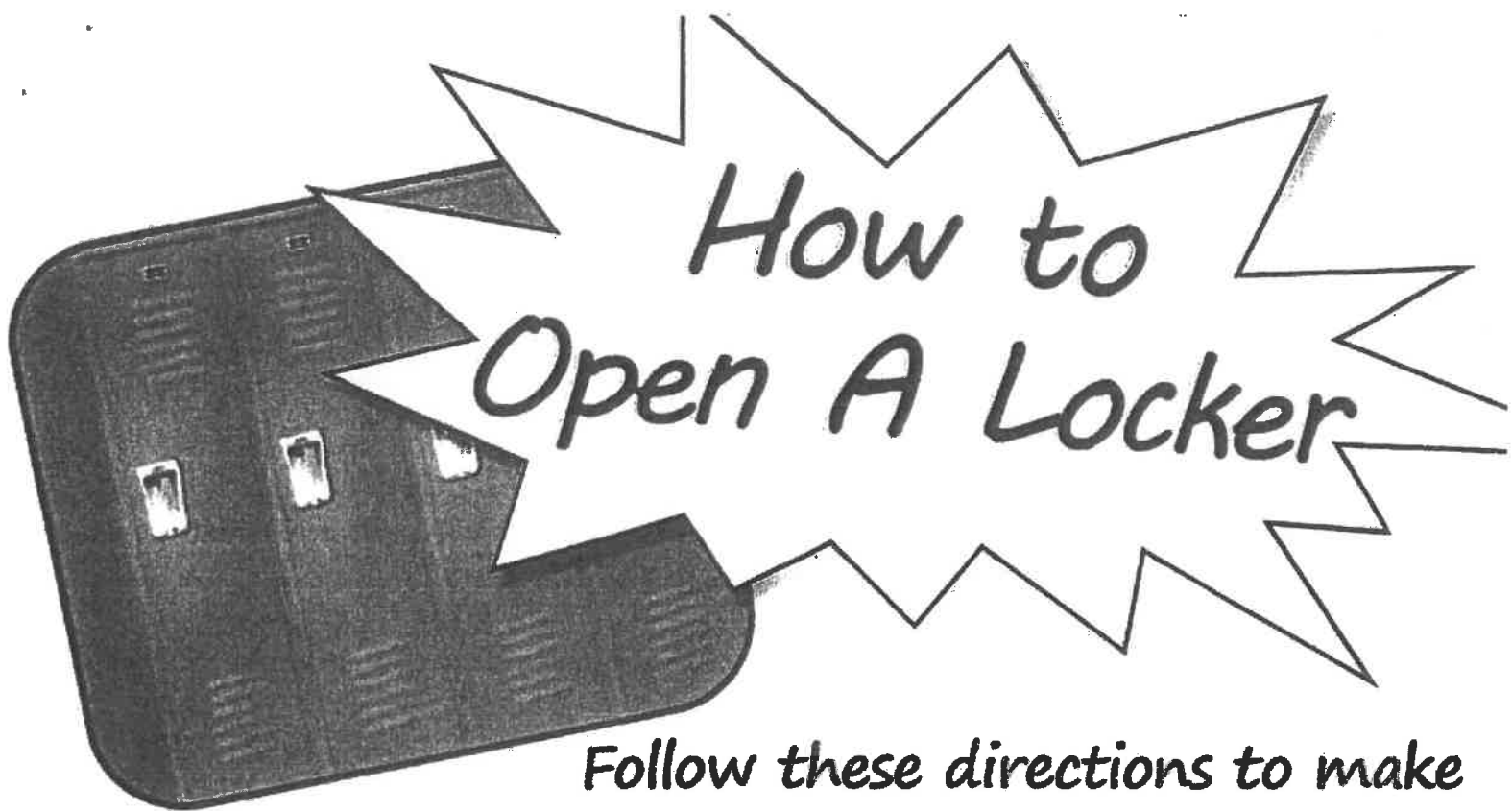
USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

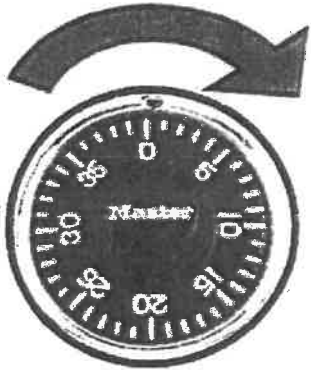
1. **mail:** U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider.



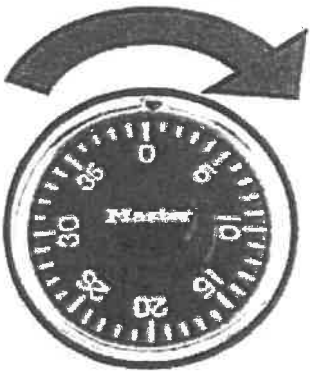
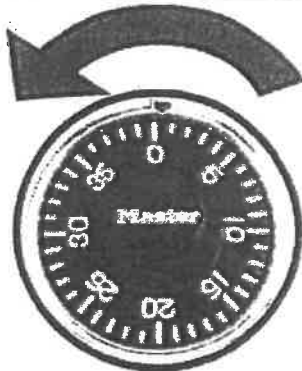
How to Open A Locker

Follow these directions to make opening your locker easy!



1. Turn the dial to the right several times to clear the lock. Once you have done this, turn once more to the right and stop on your first number.

2. Turn the dial to the left 1 complete turn, then continue turning left to the second number.



3. Turn the dial to the right and go directly to the third number. Don't spin too fast!

SEPTEMBER 2024

S	M	T	W	T	F	S	
25	26	27	28	29	30	31	
1	2	3	4 K-12	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30						19/22

OCTOBER 2024

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15* 9-12	16* 6-8	17* K-5	18 K-5	19
20	21	22	23	24	25	26
27	28	29	30	31 K-12		
						23/23

NOVEMBER 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8 K-12	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
						17/18

DECEMBER 2024

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
						15/15

JANUARY 2025

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23 K-12	24 K-12	25
26	27	28	29	30	31	
						19/19

ROSEVILLE COMMUNITY SCHOOLS 2024/2025

AUGUST
 28 Staff Day
 29 Professional Development Day

SEPTEMBER
 2 Labor Day Recess
 3 Professional Development Day
 4 1st Day for Students
 A.M. K-12 Classes
 P.M. Professional Development

OCTOBER
 15 High School Conferences
 AM: 9-12 Classes
 PM: 9-12 Conferences
Evening: 9-12 Conferences *
 16 Middle School Conferences
 A.M. 6-8 Classes
 P.M. 6-8 Conferences
Evening: 6-8 Conferences *
 17 Elementary School Conferences
Evening: K-5 Conferences *
 18 A.M. K-5 Classes
 P.M. K-5 Conferences
 31 A.M. K-12 Classes
 P.M. Schools Closed

NOVEMBER
 5 Professional Development Day
 8 End of 1st marking period ★
 A.M. K-12 Classes
 P.M. Records
 27-29 Thanksgiving Recess

DECEMBER
 Dec 23 – Jan 3 Holiday Recess

JANUARY
 6 Classes Resume
 20 K-12 Schools Closed
 23 A.M. K-12 Classes
 P.M. Professional Dev/Meetings
 24 End of 1st semester ★
 A.M. K-12 Classes
 P.M. Records

FEBRUARY
 17-18 Midwinter Break
 25 Professional Development Day

MARCH
 5 Middle School Conferences
 AM: 6-8 Classes
 PM: 6-8 Conferences
Evening: 6-8 Conferences *
 13 Elementary School Conferences
Evening: K-5 Conferences *
 14 A.M. K-5 Classes
 P.M. K-5 Conferences
 24-28 Spring Recess
 31 Classes Resume

APRIL
 4 End of 3rd marking period ★
 A.M. K-12 Classes
 P.M. Records
 10 11th Gr State Testing—Schedule TBD
 18 Good Friday

MAY
 6 Professional Development Day
 21 A.M. 9-12 Classes, Seniors Last Day
 26 Memorial Day Recess

JUNE
 9-12 End of 2nd Semester ★
 A.M. K-12 Classes

EARLY RELEASE
 Sep 11
 Sep 25
 Oct 9
 Oct 23
 Nov 6
 Nov 20
 Dec 11
 Jan 15
 Jan 29
 Feb 12
 Feb 26
 Mar 12
 Apr 2
 Apr 23
 May 14
 May 28

CODE KEY

 K-12 schools closed	 Classes a.m. only for grades listed by date
 K-12 Teachers only PD	 K-12 Staff Day
 K-12 Schools Closed p.m.	 State Testing

FEBRUARY 2025

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	
						17/18

MARCH 2025

S	M	T	W	T	F	S
						1
2	3	4	5* 6-8	6	7	8
9	10	11	12	13* K-5	14 K-5	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
						16/16

APRIL 2025

S	M	T	W	T	F	S
		1	2	3	4 K-12	5
6	7	8	9	10 11	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
						21/21

MAY 2025

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21 9-12	22	23
24	25	26	27	28	29	30
31						
						20/21

JUNE 2025

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10 K-12	11 K-12	12 K-12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					
						9/9