





Volume 19, Number 5

Story Block

| | | ary 2022 Exam Scr | | |
|----------------------|----------------------------|-------------------|------|-------------|
| Date | Course | Time | Room | Supervisors |
| Last Day for Sr. | High Classes - Mon | day, January 24 | | |
| Tuesday, Jan 25 | Chem 20 | 9am | | |
| | Math 20-3 | 9am | | |
| | Science 14 | 9am | | |
| | Social 10-1 | 9am | | |
| | Math 30-1 | 9 am | | |
| | Social Studies 30-2 | 9 am | | |
| Wednesday, Jan 26 | Chem 30 | 9am | | |
| | Bio 20 | 9am | | |
| | English 20-2 | 9am | | |
| | Math 10C | 9am | | |
| | Math 10-3 | 9am | | |
| Thursday, Jan 27 | Math 20-2 | 9am | | |
| | Social 20-2 | 9am | | |
| | Social 10-2 | 9am | | |
| | English 30-1/30-2 | 9 am | | |
| | | | | |
| Friday, Jan 28 | Science 30 | 9am | | |
| | English 20-1 | 9am | | |
| | English 10-2 | 9am | | |
| Grade 9 PAT | Social 9 K&E Social 9 | 9A | | |
| | Science 9 K&E Science 9 | 9B | | |

Hillside High School January 2022 Exam Schedule

| | | |
|--|------|--|

Calendar of Events

JANUARY 2022

| | | | _ | _ | New Year' | s Eve 1 New Year's Day |
|--------|-----------------------------------|---------------------------|-------------------|----|---------------------------------------|-------------------------------------|
| A LE | | | | | | |
| 1 | 3 | 4 | 5 | 6 | 7 | 8 |
| Christ | mas Vacatio | on | | | | |
| | | First Day ba Christmas | ck after Break | | | |
| | 10 | 11 | 12 | 13 | 14 | 15 |
| | | | | | | |
| | First Day Stude after Christma | ents back as Break | | | | |
| 6 | 17 | 18 | 19 | 20 | 21 | 22 |
| | | | | | | |
| | | | | | Ir Baskoth | all Tournament - Ridge Valley |
| 3 | 24 Social 30 | -1, 30-2 25 Chem 2 | | 27 | 28 Sci 3 | o 29 |
| | | Math 20 Sci 14 | /-J | - | th 20-2 Eng 20 | |
| | | SS 10- | 1 Eng 2 | | 5 20-2 SS 9 P | |
| 0 | 31 PD Da | y Math 30 Social 3 | | | 5 10-2 Sci 9 F 30-1, 30-2 Sr Baske | PAT etball Tournament - Glenmary |

FEBRUARY 2022

| - | | 1 | 2 | 3 | 4 | 5 New Year's Day |
|----|-----------------------------------|--|----|--------------------------|------------------|---|
| | | School Council Meeting 7-8pm Location TBD | | 10 | | mament - Hillside |
| 6 | / | 8 | 9 | 10 Grad Photos | Sr Boys Basketba | 12 Il Zones - Fairview Zones - High Level |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| | | | | PTI's 4-7pm Location TBE | PD Day | |
| 20 | 21 FAMILY OAY Family Day | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | | | | | |
| | | | | | | |

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SPECIAL POINTS OF

- Preferred payment method for school purchases are: SchoolCashOnline, Debit, Visa, Mastercard. Cash and Cheques are still accepted.
- The next School Council Meeting: February 1, 2022@ 7pm. Location TBD
- Scholastic Book Orders can still be placed online. Access Code: RC191137
- As directed in the Northern Gateway
 COVID re-entry plan, there are no Vending machines currently available at the school.
- You can now have the newsletter emailed to you. Please contact Mrs. Staples in the Learning Commons at 780-524-3277.
- Cafeteria service available for all students.
- Hillside Webpage:

hillsidehigh.ca

Newsletter is Available on the Webpage!

Hillside Jr/Sr High School Bag 3 4701-52 Avenue Valleyview, AB TOH 3NO Phone: 780-524-3277 Fax: 780-524-4205 e-mail: hillside@ngps.ca







News, Sports & Events To Run or not to run



| Remind Numbers | | | |
|------------------|---------------------|-------------------|----------------|
| Teacher | Class | Class Code | Number |
| Hillside School | | @hhschool | (418)800-7941 |
| Mrs. V. Berry | Math 7B | @37k7b4f | (587)316-1040 |
| | Science 7B | @2b3g88 | (587)316-1040 |
| | Math 7G | @dahe64gh | (587)316-1040 |
| | Science 7G | @f4f74c | (587)316-1040 |
| Mr. T. Brochu | Cougars Football | @aee8cfa | (587)316-1060 |
| Ms. K. Comeau | Sr Girls Volleyball | @dd27g6 | (250) 984-0696 |
| Ms. S. Kirchner | Science 8A | @8akirch | (587)316-1097 |
| | Science 8B | @8bkirch | (587)316-1097 |
| | Science 8C | @8ckirch | (587)316-1097 |
| Mrs. C. LaVallee | Math 20-2 | @k648ef9 | (587)333-0291 |
| | Math 30-1 | @hhs301 | (587)333-0291 |
| | Grad & Cheermania | @vvhhsgrad | (587)333-0291 |
| Mrs. L. Serediak | Biology 20 | @a9cgd7 | (587)333-2931 |
| | Science 14 | @ea22b8f | (587)333-2931 |
| | Science 9B | @gk4eah | (587)333-2931 |
| Mr. M. Staples | ELA 30-1 | @7cbae3d | (647)931-1805 |
| | ELA 10-1 | @fc3fck | (647)931-1805 |

COVID-19 INFORMATION

COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR CHILDREN UNDER 18)

Overview

This checklist applies for all children, as well as all students who attend kindergarten through Grade 12, including high school students over 18. Children should be screened every day by completing this checklist before going to school, childcare or other activities. Children may need a parent or guardian to assist them to complete this screening tool.

If your child has traveled outside Canada in the last 14 days, follow the <u>Government of Canada Travel, Testing,</u> <u>Quarantine and Borders</u> instructions, including any requirements for exempt travelers related to attending high-risk environments.

If within the last 10 days, your child has been notified by Public Health that they are a case³ of COVID-19, they are required to isolate as per Public Health instructions.

Screening Questions for Children under 18:

| 1. | Has your child been a household contact of a case ² of COVID-19 in the | YES | NO |
|----------|---|-----------|-----------|
| | last 14 days? A household contact: a person who lives in the same residence as the case OR who | | |
| | has been in frequent, long-duration, close-range interaction with a case of COVID-19. | | |
| | For example, siblings, someone who slept over, or someone who provided direct | | |
| | physical care to the child. | | |
| If the | answer is "YES" AND they are NOT fully immunized⁴: | I | |
| | ild should stay home and NOT attend school, childcare and/or other activities for 14 days fi | rom the | last day |
| | exposure and monitor for symptoms. If your child has symptoms, proceed to question 2. | | · · · · · |
| | | | |
| If the | answer is "NO" to question 1, proceed to question 2 | | |
| 2. | Does the child have any new onset (or worsening) of the following core syn | nptom | s: |
| | | | |
| | Fever | YES | NO |
| | Temperature of 38 degrees Celsius or higher | | |
| | Cough | YES | NO |
| | Continuous, more than usual, not related to other known causes or conditions such as | | |
| | asthma | | |
| | Shortness of breath | YES | NO |
| | Continuous, unable to breathe deeply, not related to other known causes or conditions | | |
| | such as asthma | VEO | |
| | Loss of sense of smell or taste | YES | NO |
| If the s | Not related to other known causes or conditions like allergies or neurological disorders | | |
| | answer is "YES" to any symptom in question 2: | ~ . ~ | |
| | e child is required to isolate for 10 days from onset of symptoms as per the current <u>CMOH</u> | Order C | R |
| | ceive a negative COVID-19 test and feel better before returning to activities. | | |
| | e the AHS Online Assessment Tool or call Health Link 811 to arrange for testing and to receive | ve additi | onal |
| inf | ormation on isolation. | | |
| If the | ensures is "NO" to all of the exampleme in superior 2, presend to superior 2. | | |
| IT the | answer is "NO" to all of the symptoms in question 2, proceed to question 3. | | |

³ A lab-confirmed case OR a probable case as defined in the <u>Alberta COVID-19 Notifiable Disease Guideline</u>
 ⁴ A person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series

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| | Chills | YES | NO |
|----------|--|-----------|-------|
| | Without fever, not related to being outside in cold weather | | |
| | Sore throat/painful swallowing Not related to other known causes/conditions, such as seasonal allergies or reflux | YES | NO |
| | Runny nose/congestion Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather | YES | NO |
| | Feeling unwell/fatigued Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury | YES | NO |
| | Nausea, vomiting and/or diarrhea Not related to other known causes/conditions, such as anxiety, medication or irritable bowel syndrome | YES | NO |
| | Unexplained loss of appetite Not related to other known causes/conditions, such as anxiety or medication | YES | NO |
| | Muscle/joint aches Not related to other known causes/conditions, such as arthritis or injury | YES | NO |
| | Headache Not related to other known causes/conditions, such as tension-type headaches or chronic migraines | YES | NO |
| | Conjunctivitis (commonly known as pink eye) | YES | NO |
| lft • | he answer is "YES" to ONE symptom in question 3: Keep your child home and monitor for 24 hours. If their symptom is improving after 24 hours, they can return to school and activities when they enough to go. Testing is not necessary. | feel wel | I |
| • | If the symptom does not improve or worsens after 24 hours (or if additional symptoms emerge <u>AHS Online Assessment Tool</u> or call Health Link 811 to check if testing is recommended. | e), use t | he |
| lf t | he answer is "YES" to TWO OR MORE symptoms in question 3: Keep your child home. | | |
| • | Use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommen | nded. | |
| • | Your child can return to school and activities once their symptoms go away as long as it has been | en at lea | st 24 |

 Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.

If the answer is "NO" to all questions:

· Your child may attend school, childcare and/or other activities.

Please note: If your child is experiencing any symptoms from the lists above, do not bring them to visit a continuing care or acute care facility for 10 days from when symptoms started or until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.

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COVID-19 INFORMATION

COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR ADULTS 18 YEARS AND OLDER)

Overview

This tool's purpose is to support Albertans in protecting others and reducing the risk of transmission of COVID-19. Adults 18 years and older can complete this checklist every day to self-monitor for symptoms of COVID-19.

If you have traveled outside Canada in the last 14 days, follow the <u>Government of Canada Travel, Testing</u>, <u>Quarantine and Borders</u> instructions, including any requirements for exempt travelers related to attending highrisk environments.

If within the last 10 days, you have been notified by Public Health that you are a case¹ of COVID-19, you are required to isolate as per Public Health instructions.

Screening Questions for Adults 18 Years and Older:

| 1. | Have you been a household contact of a case ¹ of COVID-19 in the last 14 | YES | NO |
|--------|---|---------|----|
| | days? | | |
| | A household contact: a person who lives in the same residence as the case OR who has been in frequent, long-duration, close-range interaction with a case of COVID-19. For example, someone who is a caregiver or an intimate or sexual partner of a COVID-19 case. | | |
| lf you | u answered "YES" AND you are NOT fully immunized ² : | | |
| | a should stay home for 14 days from the last day of exposure and monitor for symptoms. If inptoms, proceed to question 2. | you hav | е |
| lf you | answered "NO" to question 1, proceed to question 2 | | |

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¹ A lab-confirmed case OR a probable case as defined in the Alberta COVID-19 Notifiable Disease Guideline

² A person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series

2. Do you have any new onset (or worsening) of the following symptoms:

| | · | |
|---|-----|----|
| Fever | YES | NC |
| Cough | YES | NC |
| Shortness of breath | YES | NC |
| Runny nose | YES | NC |
| Sore throat | YES | NC |
| Chills | YES | NC |
| Painful swallowing | YES | NC |
| Nasal congestion | YES | NC |
| Feeling unwell / fatigued | YES | NC |
| Nausea / vomiting / diarrhea | YES | NC |
| Unexplained loss of appetite | YES | NC |
| Loss of sense of taste or smell | YES | NC |
| Muscle / joint aches | YES | NC |
| Headache | YES | NC |
| Conjunctivitis (commonly known as pink eye) | YES | NC |

If you answered "YES" to any symptom:

Stay home.

 Use the <u>AHS Online Assessment Tool</u> or call Health Link 811 to arrange for testing and to receive additional information on isolation.

If you have fever, cough, shortness of breath, runny nose, sore throat or loss of sense of taste or smell you are required to isolate for 10 days as per the current <u>CMOH Order</u> OR receive a negative COVID-19 test and feel better before returning to activities

If you answered "NO":

· You may attend work, school, and/or other activities.

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