

# OMS PTO Meeting

## August 31, 2023



Thanks for joining our **FIRST** PTO Meeting for the school year!  
We hope you become active in our PTO and our school!

# STAY INFORMED

## FIND US

Agenda, Minutes, Calendar are online  
at [www.oasismiddleschool.net](http://www.oasismiddleschool.net)

## LIKE US

Updates and schedule changes will  
be posted on the PTO Facebook  
Group. Join now to stay informed!  
[www.facebook.com/OasisMiddlePTO](http://www.facebook.com/OasisMiddlePTO)

## CONTACT US

Please email us your ideas at  
[oms.pto@oasiscs.org](mailto:oms.pto@oasiscs.org)

# WHO WE ARE

## BOARD MEMBERS 2023-2024

Jen-Hope Belis, Co-President

Heather Dinkel, Co-President

Nicole Cyr, Co-Vice President

Jess Marshall, Co-Vice President

Michele Hildebrand, Secretary

\_\_\_\_\_  
Stephanie Mulhall, Treasurer

# PRESIDENT'S REPORT

- **Past Events**
    - **Staff Lunch**
    - **Stock the Lounge...thanks to all the parents who donated. You can still drop off coffee & k-cups!**
  - **Future Events & Fundraisers**
    - **Gator Jog**
    - **Winter Dance**
    - **Spring Dance**
    - **8th Grade Dance**
    - **Teacher Appreciation Week**
-

# Gator Jog

Wed, October 25th  
8:30-11:00am

\$25 per student to participate  
Largest Fundraiser for our school!

**COLOR SPONSOR \$100**, Specify which color you want to sponsor and we'll have a sign created at that color station. **16 available.**

**BANNER SPONSOR \$300**, Your 3x5' banner will be displayed in the OMS back carline the entire year. **8 available.**

**DJ SPONSOR \$600**, Covers the cost of DJ for the duration of the event. Your company will be promoted on Gator News and a 3x5' Banner hung at OMS carline until December. **1 available**



<https://oms-pto.square.site/>

# COMMITTEE MEMBERS NEEDED

## WINTER DANCE:

**Wed. December 20, 2023**

**6-9pm**

Theme: "Snow-asis Ball"

Committee Lead: TBD

Looking for committee members to help plan this first school wide semi-formal dance. It would be limited to 300 in the OMS Gym. Cost approx \$20 per student.

## SPRING DANCE:

**Thu. March 28, 2024**

**2:30-4:00pm**

Theme: Sock Hop or ShamRock N Roll.

Committee Lead: Cathy Stout

Looking for committee members to help plan a dance for all students. It would be limited to 200 in the OMS Cafe.

# COMMITTEE MEMBERS NEEDED

## TEACHER APPRECIATION All Year

Looking for crafty parents who want to lead Teacher Appreciation efforts throughout the year. Small tokens for holidays and a bit more during Teacher Appreciation Week.

## 8th GRADE CELEBRATIONS May 20-May 24: Fun Week May 23: Moving Up Ceremony May 24: Dance

8th Grade Parents lead the effort for 8th Grade Celebration Week and the Promotion Dance. La Venezia is on hold for May 24. All activities must be approved by Administration.

# TREASURER'S REPORT

- **Current Balance**
    - **\$6,703.15**
  - **Vote on Budget**
    - **Budgeted Income**  
**\$29,100**
    - **Budgeted Expenses**  
**\$28,620**
-

# PTO BUDGETED INCOME

Income	
	Budgeted
Fundraiser 1: Gator Jog	\$ 10,000.00
Fundraiser 2: Winter	\$ 4,000.00
Concessions	\$ 4,000.00
8th Grade Celebration & Dance	\$ 10,000.00
Donations	\$ 1,000.00
Misc	\$ 100.00
<b>Total Income</b>	<b>\$ 29,100.00</b>



# PTO BUDGETED EXPENSES

	Budgeted
Fundraiser 1: Gator Jog	\$ 500.00
Fundraiser 2: Winter Dance	\$ 1,500.00
Concessions	\$ 2,000.00
Spirit Tshirts (for staff)	\$ 1,000.00
8th Grade Graduation, Week & Dance	\$ 10,000.00
PTO Office/Meeting expenses	\$ 200.00
PTO Software / IT (Quickbooks)	\$ 400.00
Staff Appreciation (4 lunches)	\$ 4,000.00
Teacher Reimbursements (x\$25/teacher)	\$ 1,800.00

Sports Fund (request up to \$6 per athlete)	\$ 2,000.00
School Club Fund - No more than \$100/club	\$ 800.00
Curriculum Enhancements	\$ 1,000.00
School Improvements	\$ 1,000.00
Principal's Fund	\$ 1,000.00
Misc School Request	\$ 200.00
Square/Paypal Service Charges	\$ 1,200.00
Bank Service Charges	\$ 20.00
<b>Total Expense</b>	<b>\$ 28,620.00</b>

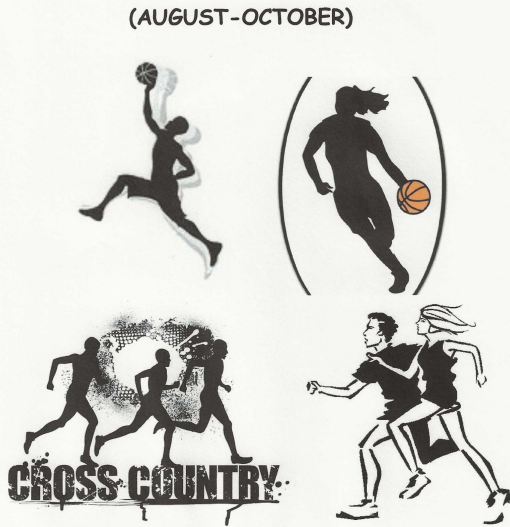
# GUEST SPEAKER

- **Update from Coach Ruth & Coach B regarding OMS Athletics**
-

# SPORTS OVERVIEW

## FALL QUARTER

(AUGUST-OCTOBER)



## WINTER QUARTER

(OCTOBER-FEBRUARY)




## SPRING QUARTER

(FEBRUARY-MAY)



# SPORTS PAPERWORK OVERVIEW

## Participation Form (1 for each sport)



**PERSONAL | PASSIONATE | PROGRESSIVE**

**THE SCHOOL DISTRICT OF LEE COUNTY**

**STUDENT PARTICIPATION & PARENTAL APPROVAL FORM  
FOR EXTRACURRICULAR SCHOOL ACTIVITIES**

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_  
School Year \_\_\_\_\_ School Name \_\_\_\_\_  
Club \_\_\_\_\_

I hereby give consent for the above-named student to participate in the above-identified club. I understand that my child must adhere to all School and Board Policies for the School District of Lee County, Florida.

I understand that if my child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under the student's family automobile policy, and I agree to submit any medical bills incurred to our insurance company for payment.

I further agree to indemnify and hold harmless the School Board of Lee County, Florida, its agents or employees for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages which occur will be solely the responsibility of the involved child and their parent or legal guardian.


I assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to our property resulting from participation in this activity. I attest and affirm that my child has no limitation that should prevent participation in the activity and I have not been advised or informed by anyone to the contrary. I further agree to inform the appropriate school personnel, should my child's condition change in any way and any time so as to affect his/her participation in the activity herein named.

I understand that if a student falsifies any signature(s) or other information on this form, the student will be disciplined per the Student Code of Conduct. I hereby affirm that I have read all sections of this form and the information given is true and correct to the best of my knowledge and belief.

Parent/Guardian Name (Print) \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION**  
Parent/Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home# \_\_\_\_\_ Cell # \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home# \_\_\_\_\_ Cell # \_\_\_\_\_  
List any medical conditions and medication student needs to take \_\_\_\_\_  
List any allergies to food, medication, insect stings, etc. \_\_\_\_\_

## Medical Release



**THE SCHOOL DISTRICT OF LEE COUNTY  
INTRAMURAL ATHLETICS ACKNOWLEDGEMENT, CONSENT & RELEASE FORM**

**GENERAL INFORMATION (PLEASE PRINT)**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**INTRAMURAL ATHLETIC ACTIVITIES:**

☐ I acknowledge, consent and release my/our child to participate in intramural athletics activities.


**PARENT/GUARDIAN ACKNOWLEDGEMENT, CONSENT & RELEASE OF LIABILITY:**  
(This form must be completed and signed on the back by all parents/guardians. If divorced or separated, parent/guardian with legal custody must sign.)

I/We acknowledge that intramural athletics are voluntary activities. I/We acknowledge the risks involved in athletic participation and choose to accept responsibility for my/our child's safety and welfare while participating in intramural athletic activities. I/We consider him/her physically capable of participating in intramural activities. With full understanding of the risks involved, and in consideration of the school allowing my/our child to participate in intramural athletic activities, I/We release and hold the School District of Lee County harmless for any injury or claim resulting from participation in intramural athletic activities. I/We further authorize the school to obtain emergency medical treatment for my/our child should the need arise for such treatment while my/our child is under the supervision of the school intramural athletic activities. Furthermore, pursuant to Florida Statute §1014.06(1), I/We specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. §456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF \_\_\_\_\_ (school name), ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM \_\_\_\_\_ (school name) ITS AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND \_\_\_\_\_ (school name) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. Section 744.301, Florida Statutes**

## Physical Form



**PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)**  
*This medical history form should be retained by the healthcare provider and/or parent. This form is valid for 365 calendar days from the date signed below.*

**EL2**  
Revised 4/23

**MEDICAL HISTORY FORM**

**Student Information (to be completed by student and parent) print legibly**

Student's Full Name: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sports(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  
Family Healthcare Provider: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

List past and current medical conditions: \_\_\_\_\_

Have you ever had surgery? If yes, please list all surgical procedures and dates: \_\_\_\_\_

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional): \_\_\_\_\_

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollen, food, insects): \_\_\_\_\_

\_\_\_\_\_

**Patient Health Questionnaire version 4 (PHQ-4)**  
Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

**GENERAL QUESTIONS**  
Answer "Yes" answers all of the end of this form. (Circle questions if you don't know the answer)

	Yes	No
1 Do you have any concerns that you would like to discuss with your provider?		
2 Do you ever feel nervous or worried about your participation in sports for any reason?		
3 Do you ever have any ongoing medical issues or recent illnesses?		

**HEART HEALTH QUESTIONS ABOUT YOU**

	Yes	No
4 Have you ever passed out or nearly passed out during or after exercise?		
5 Have you ever had heart discomfort, pain, tightness, or pressure in your chest during exercise?		
6 Does your heart ever race, flutter in your chest, or skip beats (irregular heart beat) during exercise?		
7 Has a doctor ever told you that you have any heart problems?		

**HEART HEALTH QUESTIONS ABOUT YOUR FAMILY**

	Yes	No
8 Has a doctor ever recommended tests for your heart? (examples: electrocardiography (ECG) or echocardiography (ECHO))		
9 Do you get tight, heaved or feel shorter of breath than your friends during exercise?		
10 Have you ever had a sibling?		
11 Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning or consumption of drugs)?		
12 Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13 Has anyone in your family had a pacemaker or an implanted defibrillator before age 50?		

**This form is not considered valid unless all sections are complete.**

\*Paperwork can be found in the front office OR see a P.E. coach.

# SPORTS UPDATE

## BASKETBALL:

- 4 home basketball games out of 6
- Game #1: 9/6 – Gulf Middle @ Oasis Charter (5:45) G/B
- Game #2: 9/11 – Challenger Middle @ Oasis Charter (5:45) B/G
- Game #3: 9/13 – Oasis Charter @ Trafalgar Middle (5:45) G/B
- Game #4: 9/18 – Diplomat Middle @ Oasis Charter (5:45) B/G
- Game #5: 9/20 – Oasis Charter @ Caloosa Middle (5:45) G/B
- Game #6: 9/27 – North Fort Myers @ Oasis Charter (5:45) G/B

## CROSS COUNTRY:

- Cross Country begins 9/5
- 9/5 6th Grade
- 9/6 7th Grade
- 9/8 8th Grade
- **Meet Dates TBA**

# SPORTS UPDATES

## VOLLEYBALL:

- Volleyball begins: 10/17
- Paperwork due: 10/17
- Games begin: 11/6

## AFTER WINTER BREAK:

- Soccer begins: 1/9
- Paperwork due: 1/9
- Track begins 2/20
- Paperwork due: 2/20

## AFTER SPRING BREAK:

- Golf and Tennis begins: 3/25
- Paperwork due: 3/25

# **GOVERNING BOARD UPDATE**

**OMS Parent  
Representative:  
Gregor Schade**

---

# FOUNDATION REPORT

## Upcoming Events

- **Rally on the Green**  
**10/28/23**

---



# RALLY ON THE GREEN

Saturday, October 28th

8:00am-1:00pm

\$150 for 18 Hole

\$150 for 2 at 9 Hole

*Looking for sponsars  
and golfers!*

A GOLF TOURNAMENT TO BENEFIT  
THE OASIS SCHOOL SYSTEM



**OCTOBER 28, 2023**

**8:00-1:00 PM**

**Cape Royal Golf Course**

11460 Royal Tee Circle in Cape Coral

**\$150 18 Hole**

**\$150 for 2 at 9 Hole**

NEW...OHS alumni discount available

**Register online at  
CapeCharterFoundation.org**

All proceeds benefit all 4 Oasis Schools  
& the OHS Booster Club



# PRINCIPAL'S REPORT

**Update from  
Mr. Hopper**

---

# REMINDER...PTO MEETINGS 2023-2024

Meetings will be via ZOOM at 6:30pm so more people can easily join.  
Different GUEST SPEAKERS will join each meeting. We encourage staff to join too!

## **Wednesday, August 31st (Zoom)**

Guest Speaker, Coach Ruth & Coach B to talk about OMS Sports

## **Thursday, October 12th (In-Person & Zoom)**

Guest Speaker, Mrs. McLain to talk about Gator Garage

## **Wednesday, November 8th (In-Person & Zoom)**

Guest Speaker, Mrs. Corey to talk about Oasis High School

## **Thursday, February 29th (Zoom)**

Guest Speaker, Mrs. Collins to talk about Oasis System

## **Wednesday, May 1st (Zoom)**

OMS PTO Board Elections