



MJHS NEWSLETTER

APRIL 2025

The purpose of the Marshfield R-1 School District is to prepare each student for a successful future.

MJHS

MAP 2025

ROCK THIS TEST

JH MAP Spirit Week **Tuesday, April 22**

Wear Your Favorite
Band/Musical Artist T-shirt.

Wednesday, April 23
Dress As Your Favorite
Music Genre – i.e., rock,
country, 80s, 70s, etc.

Thursday, April 24:
Neon Day– Wear neon
because our students
are going to shine bright
on the MAP test!

Friday, April 25
Blue Jay Proud: Wear
Your Blue Jay Gear.

Junior High MAP Days

April 30, 8th ELA

April 30, 7th Math

May 1, 8th ELA

May 1, 7th ELA

May 7, 8th Math

May 7, 6th ELA

May 8, 8th Science

May 8, 6th Math

Incoming
8th grade students
interested in going to
Washington DC/ New
York Summer of 2026

Parent Meeting

Friday, April 11

6 – 7 pm

in the Marshfield
Jr. High Library

Come join MJHS's 3rd Annual Arts & Academic Night!



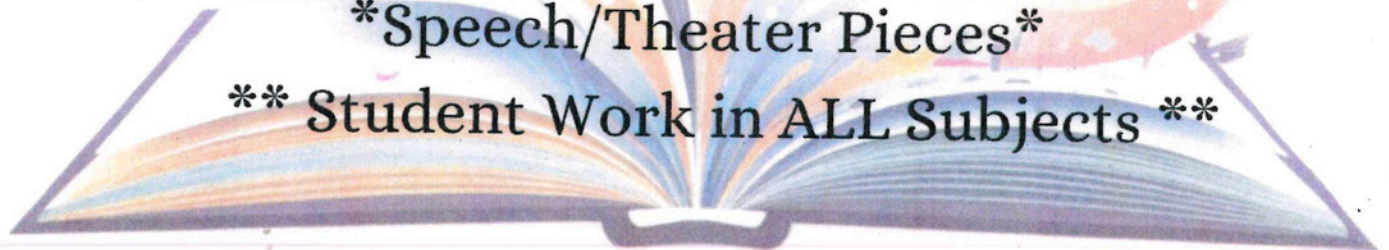
Where: Marshfield Junior High (660 N Locust)

When: April 10th, 2025 ~ 6:00pm - 7:30pm



Come support:

- *Art Show* *FACS Bake Sale* *Game(s) in the Gym*
- *JayCast Studio* *Music Performances*
- *PLTW Projects* *Science Fair*
- *Speech/Theater Pieces*
- ** Student Work in ALL Subjects **





Snow Make-Up Days

Monday, April 7, and Monday, May 12
School will be in session on Monday, April 14.
Reminder: No School on Friday, April 18.

Webster County Drug-Free Communities

Monday, April 21, 1:30 – 2:30 pm

Marshfield Junior High Library

Marshfield Junior High School students are invited to attend and join this youth coalition for Webster County Drug-Free Communities. Participants will have the opportunity to engage in meaningful advocacy, work on impactful projects, and attend informative conferences.

Presented by Webster County Health Unit

ALL JUNIOR HIGH STUDENTS ARE INVITED!!

2025–2026 Scheduling for Next Year's 7th and 8th Graders!

Look for scheduling information from the counselors that will be emailed home April 3–4. Presentations to current 7th graders will be Monday, 4/7.

Presentations to current 6th graders will be Monday, 4/14.

****Please NOTE:** Applications for Strength & Conditioning (PE Class for Student Athletes) are due **Friday, April 4th.**

Applications for Media Yearbook Class are due Friday, **April 11th.**

CLICK
Summer
School
Enrollment
2025



April PM Practice (After-School Tutoring)

April 1, 3, 8, 10, 15, 22, 24, and 29

PM Practice is dedicated to missing work and homework. Each Tuesday and Thursday, students need to sign up for tutoring on Flex Scheduling by 2:30 p.m.

Parents, you can also add your children to tutoring by calling the school office (417) 859-2120 ext. 6 or emailing patricia.robbs@mjays.us or andrea.hopper@mjays.us by 2:30 pm on Tuesday and Thursday.

Parents, if you need to check on your children during tutoring, please call Patricia Robbins at (417) 859-2120 ext. 2414 or Andrea Hopper at (417) 859-2120 ext. 2202. Students are to be picked up at 5 pm.

AM ASSIST

Missing Work
Homework Rooms

Every School Day
7:30 – 8:00 a.m.

AM Assist Rooms:
6th grade – Library
7th grade – Rm. 205
8th grade – Rm. 305

JH Upcoming Events

April 2 – Major Saver Kick-Off

April 3 – Softball – Lebanon

April 3 – Track – Home

April 4 – Softball – Home

April 7 – Softball – Home

April 8 – Softball – Carl Junction

April 8 – Track – Rogersville

April 9 – Track – Branson

April 14 – Softball – Bolivar

April 14 – Track – Home

**April 14 – 17 – Scholastic
Book Fair – BOGO**

April 15 – Softball – Home

April 17 – Softball – Mt. Vernon

April 17 – Track – Monett

April 21 – Track – Buffalo

April 24 – Softball – Home

April 24 – Track – Camdenton

April 25 – Softball – Home

April 28 – Softball – Willard

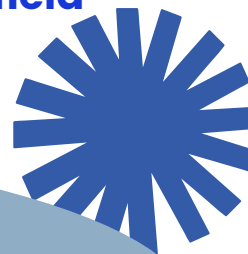
April 29 – Softball – Mansfield

April 29 – Track – Rogersville

May 2 – Softball – Branson

May 3 – Track – Springfield

MJHS 2024–2025 Yearbook Order
yearbookordercenter.com
Use Code: 21649 – DUE: April 11



High School Tryouts April 7-11

MHS CHEERLEADING TRYOUTS



Come join us at MHS Cheerleading tryouts! You do not need any prior experience! We would love for you to join!

- ✓ Where? Webster Gym
- ✓ Who? Any CURRENT 8th-11th grade student
- ✓ Where are packets? Final Forms and Join our Google Classroom for all info. Code: **4o2zbt4**
- ✓ What to Bring? Current Physical. Make sure your virtual packet is filled out via Final Forms.

APRIL 7-11TH
3:50-5:30 P.M.

Email Head Coach Ashleigh Matney at ashleigh.matney@mjays.us with any questions!

MJHS CHEERLEADING TRYOUTS!

Clinic Dates: April 21 - 24 from 3:45 - 5:30

Tryouts: April 25th

Location: JH Gym

Info meeting for students during Jaytime on Friday
April 4 in Coach Gordon's room.

Questions? Email Coach Gordon at
christa.gordon@mjays.us!

Junior High Tryouts April 21 - 25

High School Jaywalker Tryouts April 29 - May 2

Jaywalker
TRYOUTS
April 29th-May 2nd
3:45-5:30pm
@ the ELC Gym
Tryout packets available in
Jr High and High school office
starting April 8th!

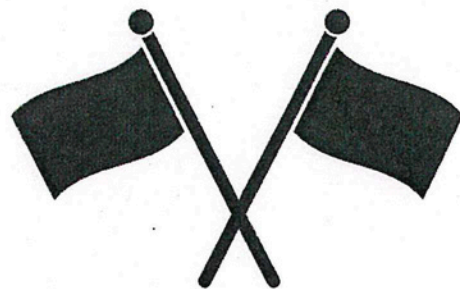


Colorguard Auditions!

Current 8th-11th Grade!

4/28-4/30 from 3:45-5:30!

JH GYM See you there!



"Strengthening families through a STRONG community"

**MARSHFIELD
JUNIOR HIGH
CAFETERIA**

**SERVING
POST GAME
PIZZA**

**FREE
TO ALL
ALL DISTRICT
FAMILIES ARE
INVITED
PRESCHOOL - HIGH
SCHOOL**

**GIFT CARD
DRAWINGS**

RESERVATION



**PLEASE SCAN THE QR
CODE TO REGISTER BY
FRIDAY, APRIL 25.**

Family Jay Night

MONDAY, APRIL 28
6 p.m. - Pizza and Dessert

Break-Out Sessions
6:30 p.m.
7:15 p.m.

PARENTING MIDDLE SCHOOLERS
REBECCA PEARSON
BURRELL BEHAVIORAL HEALTH

DANGERS OF TECHNOLOGY
AND ONLINE PREDATOR AWARENESS
DEPUTY OMAR BARRON

ATTITUDE, SPORTSMANSHIP, AND INFLUENCE
HOW TO SHAPE A BETTER EXPERIENCE
MARSHFIELD PARKS BOARD

HELPING FAMILIES NAVIGATE TODAY'S
MARIJUANA AND THC PRODUCTS
WEBSTER COUNTY HEALTH UNIT

NAVIGATING THROUGH THE IEP PROCESS
EMPOWER: ABILITIES
JOE SWEENEY-LEGORE

CHILDCARE PROVIDED FOR
2 TO 10 YEAR OLDS
CHILDREN NOT IN CHILDCARE ARE WELCOME TO STAY WITH YOU.

FOR MORE INFORMATION, CALL JASON CARTER (417) 859-2120 EXT. 1203

FREE Sports Physicals

Free sports physicals for your child! Mercy Clinic Family Medicine of Marshfield has graciously offered to provide free physicals for your child. The following paperwork needs to be filled out at the time of the sports physical. No appointments are necessary.

Mercy Sports Physical

When: June 10th

Where: Junior High

(660 N Locust St, Marshfield, MO 65706)

Time: 8-12:30 am, 1-4 pm

When: June 12th

Where: High School

(370 State Hwy DD, Marshfield, MO 65706)

Time: 8-12:30 am, 1-4 pm

**If you have any questions, please email
patrick.youmans@mjays.us.**

MSHSAA Preparticipation Physical Forms/Procedure

Medical History Form (Step 1): Issued to Student/Parent(s)/Guardian, Completed by Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.

Note: If the student is under 18 years old, the Medical History questions are to be completed with assistance from parent(s)/guardian(s).

Note: The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination (PPE) shall keep this Medical History form in the patient's files for their records.

This Medical History form is NOT returned to the school.

MEDICAL HISTORY				
Name:			Date of Birth:	
Sex assigned at birth (F, M or intersex):		How do you identify your gender? (F, M or other):		
List past and current medical conditions:				
Have you ever had surgery? If yes, list all past surgical procedures:				
Medicines and supplements: List all current prescriptions, 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, pollens, food, stinging insects):				
PATIENT HEALTH QUESTIONNAIRE VERSION 4 (PHQ-4)				
Over the last 2 weeks, how often have you been bothered by any of the following problems (Circle response).				
	Not at All	Several Days	Over Half the Days	Nearly Every Day
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
A sum of ≥ 3 is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.				

(Medical History Continued – Next Page)

Explain “Yes” answers at the end of this form. Circle questions if you don’t know the answer.

GENERAL QUESTIONS	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
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 discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (For example, electrocardiography (ECG) or echocardiography?)		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?		
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 35?		
BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you, or does someone in your family, have sickle cell trait or disease?		
24. Have you ever had, or do you have, any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to, or has anyone recommended, that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

IF “YES,” EXPLAIN ANSWERS HERE

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Student:

Signature of Parent(s) or Guardian:

Date:

MSHSAA PRE-PARTICIPATION DOCUMENTATION – ANNUAL REQUIREMENTS

INTERIM MEDICAL HISTORY	
Note: Complete and sign this form (with your parents if younger than 18). Note: An injury or medical condition results in a separate medical release.	
Name:	Date of Birth:
Date:	
Sex assigned at birth (F, M or intersex):	How do you identify your gender? (F, M or other):
List past and current medical conditions:	
Have you had surgery since your last Pre-Participation Physical Examination (physical)? If yes, list those surgical procedures:	
Medicines and supplements: List all current prescriptions, 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, pollens, food, stinging insects):	
Have you been diagnosed with any medical or health condition since your last PPE (physical)? If yes, please describe:	

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Athlete:
Signature of Parent(s) or Guardian:
Date:

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV, Hepatitis B, severe acute respiratory syndrome (COVID-19) and/or any mutation or variation thereof. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident, injury or illness whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

In the event of an emergency or when the Parent(s) or Guardian is unable to directly supervise health care services needed by the student for injuries or illnesses sustained at any athletic practice, conditioning exercise or contest, I also give my consent to the rendering of necessary health care services for the student by a qualified provider (QP) covering the athletic practice, conditioning exercise or contest, including an athletic trainer, physician, physician assistant, nurse practitioner or other medically-trained professional licensed by the State of Missouri (or the state in which the student injury or illness occurs) and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by state law. In emergency situations, the QP may also be a certified paramedic or emergency medical technician for the purpose of providing emergency health care and transport. Health care services are defined as services including, but not limited to, evaluation, diagnosis, first aid, emergency care, stabilization, treatment and referral. I further authorize the QP who provides such health care services to disclose such information about the student's injury or illness, diagnosis, care and treatment in the professional judgment of the QP to the student's athletic director, coaches, school nurse and any classroom teacher required to provide academic accommodation to assure the student's recovery and safe return to activity. If the Parent(s) or Guardian believes that the student is in need of further evaluation, treatment, rehabilitation or health care services for the injury or illness, the student may be treated by the physician or provider of his or her choice.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of any and all portions of school record files to MSHSAA, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

Name of Insurance Company:	Policy Number:	
Signature of Parent(s) or Guardian:		Date:

Has this student incurred a medical condition since their last physical examination?		<input type="checkbox"/> Yes <input type="checkbox"/> No
STUDENT AGREEMENT (Regarding Conditions for Participation)		
<p>This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.</p> <p>I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the <i>MSHSAA Handbook</i> is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the <i>Handbook</i> are also posted on the MSHSAA website at www.mshsaa.org).</p> <p>I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.</p> <p>I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.</p> <p>I understand that if I drop a class, take course work through Post -Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA academic standards and my eligibility.</p> <p>I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:</p> <ul style="list-style-type: none"> • I will respect the rights and beliefs of others and will treat others with courtesy and consideration. • I will be fully responsible for my own actions and the consequences of my actions. • I will respect the property of others. • I will respect and obey the rules of my school and laws of my community, state, and country. • I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country. <p>I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.</p>		
Signature of Athlete:		Date:
Have you experienced a medical condition since your last physical examination?		<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT AND STUDENT SIGNATURE (Concussion Materials)	
<p>I accept responsibility for reporting all injuries and illnesses to my school and medical staff (athletic trainer/team physician) including any signs and symptoms of a CONCUSSION. I have received and read the MSHSAA materials on Concussions, which includes information on the definition of a concussion, symptoms of a concussion, what to do if I have a concussion and how to prevent a concussion. I will inform my school and athletic trainer/team physician immediately if I experience any of these symptoms or if I witness a teammate with these symptoms.</p>	
Signature of Athlete:	Date:
Signature of Parent(s) or Guardian:	Date:

EMERGENCY CONTACT INFORMATION		
Parent(s) or Guardian	Address	Phone Number
Name of Contact	Relationship to Athlete	Phone Number