

#### Please complete the online assessment form at: <u>https://covid-19.ontario.ca/school-screening</u>

SUCCESS We value your achievements.	WELL-BEING We value how you feet.	LEADERSHIP We value how you grow.	EQUITY We value who you are.	El ye
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Superintendent: Margaret Lazarus

Principal: S. Pipher-Hogg

Vice Principal: R. Saati



# Carruthers Creek This Week

Twitter: @Carruthers PS

http://carruthers.ddsb.ca

905-683-0921

Week of Nov. 30th WF ARF "ALLERGY AWARE & NUT FREE!"

corruthers creek office month Tuesday December 1 Friday December 4 Tuesday December 8 Friday December 11 Team Dav! Frozen Friday! Superhero **Coyote Spirit Day** Wear your favourite sport Wear blue, orange or your Wear blue and white! Tuesday! team attire! coyote gear! Monday Tuesday Wednesday Thursday Friday December 15 December 14 December 16 December 17 December 18 Character Snowed in Holiday 🌟 Holiday 🐋 Merry Monday! Wednesday! Headwear! Sweater! Education Wear Red & Green Wear your PJs Wear festive 🖉 Hats, Ears, etc Assembly holiday sweater!

EQUITY-STUDENT IDENTITY SENSE OF BELONGING



#### Hello parents of Carruthers Creek P.S.!

This year, the SCC must be creative when fundraising for our amazing school. Therefore, we are trying something new and going completely virtual and contactless! We are excited to introduce FlipGive, a free school and team fundraising website.

Just log into FlipGive before shopping and CCPS will earn cash back on every purchase you make. They have all the brands you already love, like Home Depot, Walmart, Amazon, Sport Chek, Indigo, Old Navy, Apple, Esso and Loblaws Join our team now and we get a \$5 bonus the first time you shop

Click here to get started... https://flipgive.app.link/teams/join?fundraiser\_name=Carruthers&joincode=FZN9J3

Or enter this code on their website: FZN9J3 Flipgive.com

Happy Shopping!





### DURHAM DISTRICT SCHOOL BOARD

400 Taunton Road East, Whitby, Ontario L1R 2K6 Telephone: (905) 666-5500 Fax: (905) 666-6478 Toronto Line: (905) 686-2711 Toll Free: 1-800-265-3968

## SPECIAL EDUCATION PROGRAM FOR GIFTED LEARNERS PARENT/GUARDIAN NOMINATION FORM – ASSESSMENT PROCESS

Student Name:	
School:	
Date of Birth:	
(yy/m/d)	
Grade:	

# PLEASE COMPLETE THIS SECTION

YES, I wish to nominate my child for participation in the assessment	
process for identifying gifted learners.	
NO, I do not wish to nominate my child for participation in the assessment	
process for identifying gifted learners.	

Address:		
City/Town:	Postal Code:	
Home Phone #:	Work/Cell Phone #:	

Parent/Guardian Name:	
Date:	

## Please complete and send this form to: nicolina.scanga@ddsb.ca by December 1<sup>st</sup>, 2020