Welcome to another edition of our Gundagai High School newsletter for term 3!

Vietnam Veterans Day Commemoration Event
On Tuesday 18 August, two of our student leaders, Darcy Ingold and Mikaela Feltham, joined me in representing Gundagai High School at the commemoration event for Vietnam Veterans Day held at Anzac Grove. It was an honour to be among so many distinguished guests at such a solemn and respectful memorial. Well done to our student leaders for their attendance and involvement on the day.
The Partners in Learning parent feedback survey

As mentioned in our last newsletter, our school is participating in the Partners in Learning parent survey, another part of the Tell Them From Me suite of surveys (student, teacher and parent surveys) on student engagement. The survey asks parents and carers questions about different factors that are known to impact on student wellbeing and engagement. Participating in the survey is entirely voluntary, however, your responses are very much appreciated. Parents/carers can access the survey via this direct link:


The link will open directly to the ‘Begin Survey’ page of the parent/carer survey and no login details will be required. This is what you should see:

Please feel free to contact the school if you are experiencing any difficulties accessing the survey. A reminder that the survey closes on 16 October so we hope as many parents/carers as possible complete the survey. This will help our school better understand the experiences and views of our parents/carers.

2015 NAPLAN student reports

Our Year 7 and Year 9 student reports for the 2015 NAPLAN tests have been mailed to parents/carers this year so families should receive them at their home address shortly.

It is important to remember that NAPLAN tests are not pass/fail tests. Students are provided with an indication of where their results are on the common assessment scale. The student report also indicates the skills and understandings that students are expected to demonstrate at each band of the scale. The same scale is used for Years 3, 5, 7 and 9 so you will be able to track your child’s progress over the years.

NAPLAN results provide a snapshot of student performance on the days of the tests. There are many reasons why students may not have performed to the best of their ability, such as illness or other distractions. Equally, some students may perform much better than expected when compared against their regular classroom assessment results.

Adelia Fuller
Principal
DEPUTY PRINCIPAL’S MESSAGE

Teacher Training and Development

During the past few weeks GHS Staff have been involved in the following training and development;

1. First Aid Training
2. How 2 Learn Training
3. Boys Education Strategies
4. Aspiring Leadership
5. Rugby League Coaching accreditation
6. Teacher consistent marking workshop
7. Senior Leadership and Learning Partnerships
8. Careers Workshop

Simon Bridgeman
Deputy Principal

HISTORY

8B History have been studying ancient Aboriginal culture focusing on the different environments in Australia. Students have been learning about how ancient Aboriginal people had different language, diet, customs and clothing depending upon their living environment and climate. They have also examined some Dreamtime stories. Students have composed their own short Dreamtime stories as a class activity. Congratulations to Jayden Bonat, Jacqui Tout, Kaeleigh Rowley, Jordan Nicholls and Patrick Daley who wrote excellent stories.

How the Cockatiel Got Its Rosy Cheeks
By Jayden David Bonat

A long, long time ago there were a few species of birds and one of these birds was the grey and yellow cockatiel.

As they are a friendly bird with lots of personality they liked to fly around all day long visiting and singing to all the other animals.

This one male cockatiel flew a little too close to the sun one early morning when the sun was just coming up over the hill. The sun burnt the cockatiel on his cheeks until they turned a rosy red colour.

This did not harm the bird but left him with two permanent rosy cheeks and that’s why male grey and yellow cockatiels have rosy cheeks.
How the Red – Bellied Black Snake Got Its Red Belly
By Jacqueline Tout

Long, long ago there was a young snake that lived happily with his parents. He had the most beautiful, white belly like the stars in the night sky. He would show off his belly to anyone that stopped near their home. His parents were angry with their son’s vanity, so they made him leave home.

The snake wandered for months, but none would take him in. The snake finally wandered to a desert. He had been told of a place to live over the over side. The snake waited for nightfall before setting off but the desert was bigger than he thought. The sand burned from the midday sun. His white, shiny belly was now a blistered, red mess. He reached the edge of the desert, exhausted and in pain. The snake slithered into a nearby pond. The blistering went down but the red colour stayed on his belly, like the sunset over the hills. The snake was so embarrassed that he stayed on the edge of the desert and never when back to his old life. He grew up and learned to accept the red belly. His descendants wear a red belly to honour the pain their ancestor went through.

GEOGRAPHY

7B Geography have been focusing on mapping and skills for map reading. Students completed a mapping exam in Week 6 with Drew Elliott, Serena Petty, Jayden McDonald, Holly Young, Logan Coulton-Wescombe, Samantha Tout and Jazmine Carberry scoring excellent results. Special mention must also go to Hannah Ballard, Corey Longhurst, Tub Smart and Braithen Ray for improvement in Year 7 HSIE.

Casey Norden

JEANS FOR GENES DAY

On Friday 7 August students came dressed in jeans to support Jeans for Genes Day to help to save lives. We were able to raise $80 dollars to go to the Jeans for Genes charity. The money from Jeans for Genes will be donated to the ill/sick children that have a genetic disease.

The SRC also ran a hamper raffle on the day. The items were donated by the SRC students. The 5 winners were Jarrah Ransome, Matilde Venturi, Stephanie Medwin, Rachel Stuckey and Jayda Bartlett.

By Peta Salmon
SKI TRIP NO. 2

On Monday 17 August a group of tired but excited students left Gundagai High School, heading for the icy slopes of Selwyn snow fields. Twenty students along with Mr Bridgeman and the very vibrant Mr Rake were looking forward to a day of skiing. The group arrived at 8:30 and were quick to collect their gear from the ski hire shop. The students were lucky enough to have time to have a practice run before they started their lessons. After many stacks and laughs students finally got their bearings and were carving up the slopes like pros, with much needed guidance of course.

The skiers were split into genders, having a female instructor for the girls and a male instructor for the boys, with Clay Wilshire joining them half way through. The snowboarders ended up staying in one group with Campbell Smith, Justin Jones, Patrick Carberry, Will Carberry, Tate Brooke, Logan Elphick, Chaz Bishop, Jared Crossly and Mat Thomson.

Mr Bridgeman took the boys out for a friendly competition amongst themselves at one of the steeper slopes whilst Mr Rake devoted his time to capturing the students at their best on his snazzy new phone. The girls left the boys to their competitions and focused on honing their skills on the main slopes.

Despite the windy weather, the students still had a great day and wished there was a third trip to fit into this winter. Students are looking forward to next years’ trip and hope it will become an annual event and would like to thank those teachers for covering Mr Rake and Mr Bridgeman’s classes, without their co-operation these trips would not be possible.

By Hannah Rowley and Olivia Lindley
COMMUNITY NEWS

Holiday Clinics

LOOKING FOR SOME FUN DURING THE SCHOOL HOLIDAYS? GET DOWN TO ONE OF OUR HOLIDAY CLINICS

Venues:
- Gundagai - 22nd of September
- Wodonga - 22nd of September
- Crookwell - 23rd of September
- Gundagai - 24th of September
- Junee - 24th of September
- Lake Cargelligo - 25th of September
- Albury - 1st of October

To register for a clinic simply go to http://www.playnrl.com/programs/ and enter your location then follow the prompts... For $40 you receive a football, a backpack, a hat and more! See you there!

Adam Perry – South West NSW
Mobile: 0425 484 490

WOULD YOU LIKE TO HOST AN OVERSEAS STUDENT?

Experience another culture, make new friends and improve your intercultural understanding

Hosting – An Experience for Life

Student Exchange is looking for host families across Australia to welcome overseas students into their home

www.studentexchange.org.au

1300 135 331 (cost of local call)
ADOLESCENT SCOLIOSIS
SPINAL CURVATURE

The National Self-Detection Program

Information for schoolgirls in years 7 and 9 and their parents

A health promotion program recommended by the Spine Society of Australia. The program is endorsed by the Paediatrics and Child Health Division of the Royal Australasian College of Physicians.

WHAT IS SCOLIOSIS?
Scoliosis is a lateral or sideways curve of the spine. The spine also rotates on its long axis as it curves. It usually develops during early adolescence (age 10-13 years) when growth is most rapid.

WHAT IS THE CAUSE OF SCOLIOSIS?
The cause is unknown, but 80-90% of cases occur in otherwise healthy adolescents. This is called idiopathic (cause unknown) scoliosis.

We know that scoliosis is NOT contagious and NOT caused by bad posture, a soft mattress, carrying a heavy school bag or junk food.

WHY IS EARLY DETECTION IMPORTANT?
While very small curves are common and of no significance, about 25% of girls have a curve which warrants medical observation during the growth period. Three girls per 1,000 will require treatment during the growth phase. If treatment is required, the earlier it is undertaken, the better the long-term result. This is the basis for screening since in the early stages scoliosis produces no symptoms. The way to detect scoliosis is to look for it!

WHY THIS BROCHURE HAS BEEN PRODUCED
This brochure is designed to make parents of schoolgirls aware of the outward signs of scoliosis. From time to time all government and non-government schools in Australia will be asked to download this brochure from www.scoliosis-australia.org and to distribute it to girls in Years 7 and 9 (11 and 13 years of age in most states and territories).

WHAT ARE THE OUTWARD SIGNS OF SCOLIOSIS?

Head not centred over body
One shoulder higher
Unequal gaps between the arms and the back
One shoulder-blade higher and possibly more prominent
Spine obviously curved
HOW SCOLIOSIS IS DETECTED
Apart from the outward signs with a teenager standing as illustrated, the reliable Forward Bend Test is used in the diagnosis of scoliosis. This simple visual examination requires the teenager to stand with the feet together and parallel and bending forward as far as she can go with the hands, palms facing each other, pointed between the two big toes. In scoliosis, one side of the upper chest (thoracic) region or the lower back (lumbar) region will be more than 1 cm higher than the other. The prominence is most often on the right side in the thoracic region. If the difference between the two sides is less than 1 cm, it is highly unlikely that a significant curvature is present and the difference is simply due to asymmetrical growth of the two sides of the body. This is called torso asymmetry and is of no significance.

WHAT ABOUT BROTHERS AND SISTERS?
Scoliosis tends to run in families. When a curve is detected in one member of the family, other children should also be examined by the family doctor. If there is a history of a blood relative, especially a female cousin, having been treated for scoliosis by brace wearing or surgery, then this strengthens the case for spinal examination as a regular health check between 10 and 13 years of age.

Scoliosis which requires treatment is far less common in boys than in girls. The ratio of boys to girls requiring treatment is about 1 to 10.

IS TREATMENT SUCCESSFUL?
Yes, modern methods produce excellent results when a curve is detected early. In most cases an inconspicuous spinal brace is worn. Surgery is needed in only one out of three cases which require treatment.

There is no scientific evidence that physical therapy (exercise programs) and spinal manipulation (chiropractic adjustments) will either correct a scoliosis or halt its progression.

WHAT WILL HAPPEN IF SCOLIOSIS IS NOT TREATED?
The curve may increase unnoticed during the growing years. Moderate and severe curves may also increase in adult life. Some curves may increase with pregnancy. Severe pain, physical deformity and wear and tear arthritis may occur during middle life. Early detection is important for a healthy future.

HOW DO YOU DETECT SCOLIOSIS?
Simply look for it! It only takes 30 seconds.

Visit our website
www.scoliosis-australia.org
Too sick for school?

Generally if your child feels unwell, keep them home from school and consult your doctor. This chart and the information it contains is not intended to take the place of a consultation with your doctor.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Symptoms</th>
<th>Duration/Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchitis</td>
<td>Symptoms are coughing, a runny nose, sore throat and mild fever. The cough is often dry at first, becoming moist after a couple of days. There may be a slight wheeze and shortness of breath. A higher fever (typically above 39ºC) may indicate pneumonia.</td>
<td>✅ until they are feeling better. Antibiotics may be needed.</td>
</tr>
<tr>
<td>Chickenpox (Varicella)</td>
<td>Slight fever, runny nose, and a rash that begins as raised pink spots that blister and scab.</td>
<td>✅ for 5 days from the onset of the rash and the blisters have dried.</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>The eye feels ‘scratchy’, is red and may water. Lids may stick together on waking.</td>
<td>✅ ... while there is discharge from the eye unless a doctor has diagnosed a non-infectious cause.</td>
</tr>
<tr>
<td>Diarrhoea (no organism identified)</td>
<td>Two or more consecutive bowel motions that are looser and more frequent than normal and possibly stomach cramps.</td>
<td>✅ ... for at least 24 hours after diarrhoea stops.</td>
</tr>
<tr>
<td>Fever</td>
<td>A temperature of 38.5ºC or more in older infants and children.</td>
<td>✅ ... until temperature is normal.</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>A combination of frequent loose or watery stools (diarrhoeal), vomiting, fever, stomach cramps, headaches.</td>
<td>✅ ... for at least 24 hours after diarrhoea and/or vomiting stops.</td>
</tr>
<tr>
<td>German measles (Rubella)</td>
<td>Often mild or no symptoms: mild fever, runny nose, swollen nodes, pink blotchy rash that lasts a short time.</td>
<td>✅ ... for at least 4 days after the rash appears.</td>
</tr>
<tr>
<td>Glandular Fever (Mononucleosis, EBV infection)</td>
<td>Symptoms include fever, headache, sore throat, tiredness, swollen nodes.</td>
<td>✅ ... unless they’re feeling unwell.</td>
</tr>
<tr>
<td>Hand, Foot and Mouth Disease (HFMD)</td>
<td>Generally a mild illness caused by a virus, perhaps with a fever, blisters around the mouth, on the hands and feet, and perhaps the nappy area in babies.</td>
<td>✅ ... until all blisters have dried.</td>
</tr>
<tr>
<td>Hayfever (Allergic rhinitis) caused by allergy to pollen (from grasses, flowers and trees), dust mites, animal fur or hair, mould spores, cigarette smoke</td>
<td>Sneezing, a blocked or runny nose (rhinitis), itchy eyes, nose and throat, headaches.</td>
<td>✅ ... unless they feel unwell or are taking a medication which makes them sleepy.</td>
</tr>
<tr>
<td>Head lice or nits* (Pediculosis)</td>
<td>Itchy scalp, white specks stuck near the base of the hairs; lice may be found on the scalp.</td>
<td>✅ ... while continuing to treat head lice each night. Tell the school.</td>
</tr>
<tr>
<td>Condition</td>
<td>Symptoms</td>
<td>Duration/Recommendations</td>
</tr>
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<tr>
<td>Hepatitis A</td>
<td>Often none in young children; sudden onset of fever, loss of appetite, nausea, vomiting, jaundice (yellowing of skin and eyes), dark urine, pale stools.</td>
<td>... for 2 weeks after first symptoms (or 1 week after onset of jaundice). Contact your doctor before returning to school.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Often no symptoms in young children. When they do occur, they can include fever, loss of appetite, nausea, vomiting, jaundice (yellowing of skin and eyes), dark urine.</td>
<td>... if they have symptoms. Contact your doctor before returning to school. ... if they have a chronic infection (not the first outbreak) and no symptoms.</td>
</tr>
<tr>
<td>Impetigo (School sores)</td>
<td>Small red spots change into blisters that fill up with pus and become crusted; usually on the face, hands or scalp.</td>
<td>... until antibiotic treatment starts. Sores should be covered with watertight dressings.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Sudden onset fever, runny nose, sore throat, cough, muscle aches and headaches.</td>
<td>... until well.</td>
</tr>
<tr>
<td>Measles</td>
<td>Fever, tiredness, runny nose, cough and sore red eyes for a few days followed by a red blotchy rash that starts on the face and spreads down the body and lasts 4 to 7 days.</td>
<td>... for at least 4 days after the rash appears.</td>
</tr>
<tr>
<td>Meningococcal Disease</td>
<td>Sudden onset of fever and a combination of headache, neck stiffness, nausea, vomiting, drowsiness or rash.</td>
<td>Seek medical attention immediately. Patient will need hospital treatment. Close contacts receive antibiotics.</td>
</tr>
<tr>
<td>Molluscum Contagiosum</td>
<td>Multiple small lumps (2–5mm) on the skin that are smooth, firm and round, with dimples in the middle. In children, occur mostly on the face, trunk, upper arms and legs. Symptoms can last 6 months to 2 years.</td>
<td></td>
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<tr>
<td>Mumps</td>
<td>Fever, swollen and tender glands around the jaw.</td>
<td>... for 9 days after onset of swelling.</td>
</tr>
<tr>
<td>Ringworm* (tinea corporis)</td>
<td>Small scaly patch on the skin surrounded by a pink ring.</td>
<td>... for 24 hours after fungal treatment has begun.</td>
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<tr>
<td>Runny nose or common cold</td>
<td>Itchy skin, worse at night. Worse around wrists, armpits, buttocks, groin and between fingers and toes.</td>
<td>... unless there are other symptoms such as fever, sore throat, cough, rash or headache. Check with school.</td>
</tr>
<tr>
<td>Scabies*</td>
<td>Diarrhoea (which may contain blood, mucus and pus), fever, stomach cramps, nausea and vomiting.</td>
<td>... until 24 hours after treatment has begun.</td>
</tr>
<tr>
<td>Shigella</td>
<td>Mild fever, red cheeks, itchy lace-like rash, and possibly cough, sore throat or runny nose.</td>
<td>... as it is most infectious before the rash appears.</td>
</tr>
<tr>
<td>Slapped Cheek Syndrome</td>
<td>Starts with a running nose, followed by persistent cough that comes in bouts. Bouts maybe followed by vomiting and a whooping sound as the child gasps for air.</td>
<td>... until the first 5 days of an antibiotic course has been completed. Unimmunised siblings may need to stay home too until treated with an antibiotic.</td>
</tr>
<tr>
<td>Whooping Cough (Pertussis)</td>
<td>The main sign of threadworms is an itchy bottom. Sometimes children feel ‘out of sorts’ and do not want to eat much. They may also have trouble sleeping, due to itching at night.</td>
<td>... and tell the school as other parents will need to know to check their kids.</td>
</tr>
</tbody>
</table>

*It is important that the rest of the family is checked for head lice, scabies and ringworm.*