

Mr. Thomas F. Hill  
*Principal*

Ms. Karen Berg  
*Secretary to the Principal*

Mrs. Alysha Haungs  
*Attendance*

Mrs. Vickie Stump  
*Bookkeeper*

## MOUNT HEALTHY JR/SR HIGH SCHOOL

PAST • PRESENT • FUTURE

### THE OWLS BRAND

*"Today's Students – Tomorrow's Leaders"*

**Our Journey Towards Excellence**



8101 Hamilton Ave. Cincinnati, Ohio 45231 • Phone (513) 729-0130 • Fax (513) 728-4695

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Dear Parent/Guardian,

Graduation is a special time for our seniors as well as for their friends and families. We realize that you may be planning for your student to leave graduation with you instead of riding the bus home. In order to ensure the wellbeing of all of our students, we have to make sure that each and every one of them makes it safely to and from graduation.

If you are planning to drive your student home instead of them riding the bus, we will require that you complete the attached form and submit the form prior to the bus leaving Mt. Healthy Jr/Sr High School for graduation. Forms may be turned into the main office this week or may be turned in to your student's counselor on graduation day as we load the busses. Any student who does not have a completed form will be required to ride the bus back home from the ceremony.

#### Pick Up Procedure

- Immediately following the ceremony, the parade of students will walk directly to the busses.
- Students who are not riding the bus home will be separated from those who are.
- After all those riding the busses been loaded, the remaining students will be escorted to the parent pick up point by school staff.
- The parent pick up point is located on the East Concourse of Millett Hall in front of the basketball coaching offices.
- Parents will need to physically check in with school staff at the pick up point before the student will be allowed to leave.
- Students will only be released to their own parent or guardian.

Thank You for Your Support,

Mt. Healthy Jr/Sr High School Administration

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#### Jr. High

Mr. Matthew Morris  
*Associate Principal*

Ms. Kianna Marks  
*Assistant Principal*

Mrs. June Herlinger  
*Secretary*

#### Achieve

Ms. April Simmons  
*Dean of Students*

#### Athletics

Ms. Lori Miller  
*Director*

Mrs. Angela Cross  
*Secretary*

#### Student Services

##### Sr. High

Mrs. Amanda Havlin, *Counselor; A-G*  
Mrs. Donna Pickard, *Counselor; H-O*  
Ms. Christina Riddle, *Counselor; P-Z*

##### Jr. High

Mrs. Michelle Robinson, *Counselor*  
Ms. Beverly Stuckey, *Secretary*

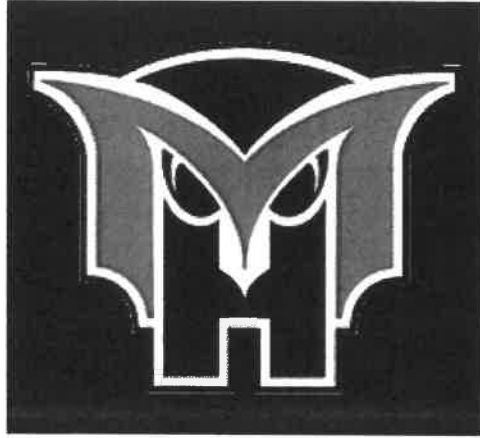
#### Sr. High

Mr. Joseph Sumpter  
*Associate Principal*

Ms. Elizabeth Lucas  
*Assistant Principal*

Mr. Arvie Crouch  
*Dean of Students*

Ms. Yvonne Watson  
*Secretary*



# Mt. Healthy City School District

## Transportation Waiver

I \_\_\_\_\_ (parent/guardian) assume full and complete responsibility for \_\_\_\_\_ (son/daughter) for the purpose of providing my own transportation from \_\_\_\_\_ (location).

I hereby release Mt. Healthy City School District, its transportation services and any and all of its personnel from any and all responsibilities for transporting my child(ren) back to any Mt. Healthy School District facility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date