

École John Henderson School Lunch Hours

| | Grade 6 | | Grade 7/8 | |
|--|--|---------------------|--|----------------------|
| 11:52am - 12:19pm Transition Time: 11:52 - 11:57 | Eat Lunch - Floor 2 | | Choice (<i>must choose one</i>) | |
| | Rm 11 - FLEX | Rm 17 - 6B | | |
| | Rm 12 - 6C | Rm 18 - 6A | INTRAMURALS | |
| | Rm 13 - 6F | Rm 19 - 6E | LIBRARY | |
| | Rm 15 - 6D | Rm 20 - FLEX | CLUB | |
| | Rm 16 - 6G | | OUTDOORS | |
| 12:19pm - 12:47pm Transition Time: 12:19 - 12:24 | Choice (<i>must choose one</i>) | | Eat Lunch - Floor 3 | |
| | | | Rm 21 - 8A/7C | Rm 27 - 7E |
| | INTRAMURALS | | Rm 22 - 8G/7F | Rm 28 - 8F |
| | LIBRARY | | Rm 23 - 8C | Rm 29 - 8E/7B |
| | CLUB | | Rm 25 - 8B/7D | Rm 30 - 7G |
| | OUTDOORS | | Rm 26 - 8D/7A | |
| Alternate Weather Plans | | | | |
| All students are expected to eat in their <i>homerooms</i> | | | | |
| Intramurals, library, club, <i>all run as usual</i> | | | | |

Grade 6 Lunch Hour Supervision

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|--------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Day 1 | Teacher: _____ Date: _____ | Rm 12 6C | Rm 13 6D | Rm 15 6F | Rm 16 6G |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |
| Day 2 | Teacher: _____ Date: _____ | Rm 12 6C | Rm 13 6D | Rm 15 6F | Rm 16 6G |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |
| Day 3 | Teacher: _____ Date: _____ | Rm 12 6C | Rm 13 6D | Rm 15 6F | Rm 16 6G |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |
| Day 4 | Teacher: _____ Date: _____ | Rm 12 6C | Rm 13 6D | Rm 15 6F | Rm 16 6G |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |
| Day 5 | Teacher: Marion Date: _____ | Rm 12 6C | Rm 13 6D | Rm 15 6F | Rm 16 6G |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |
| Day 6 | Teacher: _____ Date: _____ | Rm 12 6C | Rm 13 6D | Rm 15 6F | Rm 16 6G |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |

Grade 6 Lunch Hour Supervision

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|--------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Day 1 | Teacher: _____ Date: _____ | Rm 17 6B | Rm 18 6A | Rm 20 6E | Rm 19 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |
| Day 2 | Teacher: Date: _____ | Rm 17 6B | Rm 18 6A | Rm 20 6E | Rm 19 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |
| Day 3 | Teacher: Date: _____ | Rm 17 6B | Rm 18 6A | Rm 20 6E | Rm 19 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |
| Day 4 | Teacher: Date: _____ | Rm 17 6B | Rm 18 6A | Rm 20 6E | Rm 19 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |
| Day 5 | Teacher: Date: _____ | Rm 17 6B | Rm 18 6A | Rm 20 6E | Rm 19 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |
| Day 6 | Teacher: Date: _____ | Rm 17 6B | Rm 18 6A | Rm 20 6E | Rm 19 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | |

Grade 7 & 8 Lunch Hour Supervision

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|--------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| Day 1 | Teacher: Date: _____ | Rm 21 8A/7D | Rm 22 8C/7C | Rm 23 8E | | Rm 15 8C/7C |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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|--------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |
| Day 2 | Teacher: _____ Date: _____ | Rm 11 8A | Rm 12 8B/7A | Rm 13 8F/7F | | Rm 15 8C/7C |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <i>Was the garbage emptied?</i> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |
| Day 3 | Teacher: _____ Date: _____ | Rm 11 8A | Rm 12 8B/7A | Rm 13 8F/7F | | Rm 15 8C/7C |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <i>Was the garbage emptied?</i> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |
| Day 4 | Teacher: _____ Date: _____ | Rm 11 8A | Rm 12 8B/7A | Rm 13 8F/7F | | Rm 15 8C/7C |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <i>Was the garbage emptied?</i> | | | | | |
| | Student Concerns (Rm # & Student name) | | | | | |
| Day 5 | Teacher: _____ Date: _____ | Rm 11 8A | Rm 12 8B/7A | Rm 13 8F/7F | | Rm 15 8C/7C |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <i>Was the garbage emptied?</i> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |
| Day 6 | Teacher: Beaudry Date: _____ | Rm 11 8A | Rm 12 8B/7A | Rm 13 8F/7F | | Rm 15 8C/7C |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <i>Was the garbage emptied?</i> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |

Grade 7 & 8 Lunch Hour Supervision

| | | | | | | |
|--------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Day 1 | Teacher: _____ Date: _____ | Rm 16 7D/8D | Rm 17 8E/7E | Rm 18 7B | Rm 19 8G/7G | Rm 20 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |
| Day 2 | Teacher: Enns Date: _____ | Rm 16 7D/8D | Rm 17 8E/7E | Rm 18 7B | Rm 19 8G/7G | Rm 20 Flex room |

| | | | | | | |
|--------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |
| Day 3 | Teacher: Date: _____ | Rm 16 7D/8D | Rm 17 8E/7E | Rm 18 7B | Rm 19 8G/7G | Rm 20 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |
| Day 4 | Teacher: Date: _____ | Rm 16 7D/8D | Rm 17 8E/7E | Rm 18 7B | Rm 19 8G/7G | Rm 20 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |
| Day 5 | Teacher: Date: _____ | Rm 16 7D/8D | Rm 17 8E/7E | Rm 18 7B | Rm 19 8G/7G | Rm 20 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |
| Day 6 | Teacher: Date: _____ | Rm 16 7D/8D | Rm 17 8E/7E | Rm 18 7B | Rm 19 8G/7G | Rm 20 Flex room |
| | <i>Was the classroom cleaned?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Was the garbage emptied?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student Concerns (Rm # & Student name) | | | | | |