

**ELDON R-I SCHOOLS ENROLLMENT INFORMATION
2021--2022**

Date: _____

Race: (please check) White _____ Black _____ Hispanic _____ Indian _____ Asian _____ Other _____

Student's Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ ZipCode _____

IF PO BOX is used, please list actual street address above: PO BOX # _____

Home Phone #: _____ Cell #: _____ E-mail Address: _____

Grade _____ Male _____ Female _____

Parent/Guardian (in home) or whom you are living: Are you a registered voter? YES NO

Parent 1 Information: _____ Relation: _____

Employer: _____ Work #: _____ Cell #: _____

Parent/Guardian 2 Information _____ Relation: _____

Employer: _____ Work #: _____ Cell #: _____

Parent/Guardian E-mail Address: _____

Please list all siblings in Eldon Schools and their ages: _____

Are there currently any court orders dealing with custody or visitation? YES NO

IF YES, please provide the school with a copy. We CANNOT honor without documentation.

Emergency Contacts:

1.Name _____ Relation: _____ Phone #: _____ Cell: _____

2.Name _____ Relation: _____ Phone #: _____ Cell: _____

Name of Parent out of the home (if applicable): _____ Relation: _____ Home #: _____

Employer: _____ Work #: _____ Cell #: _____

Would this parent like a grade card sent to them? YES NO If yes please provide address

Previous school attended (name of school in what State): _____

Previous school address: _____ Phone #: _____

Circle the county in which you live: MILLER MORGAN MONITEAU

Circle the district in which you live: ELDON R-I HIGH POINT OTHER

Does the student use a language other than English? YES NO If YES, what language? _____

Is a language other than English used in the home? YES NO If YES, what language? _____

Are you or an immediate family member in the Military? (circle one) Active Duty National Guard or Reserve Unknown

Are you currently living in a temporary residence because your home has been damaged or economic hardship? (e.g. motel, hotel, car, campsite, shelter)? YES NO

Are you currently living with another family (doubled up) due to loss of housing, economic hardship, or a similar reason?

Explain if it is a similar reason. YES NO

Explain: _____

Has your family moved within the past 3 years to seek or obtain temporary or seasonal agricultural or food processing work? YES NO

My signature below signifies I give permission for my child to go on school or classroom trips during the elementary school years. I will be responsible to notify the school, in writing, if I want to change my position on my child attending field trips during his/her elementary years.

Two sided please turn over

_____ I give permission for any local newspaper staff or school district to photograph my child and/or to publish his/her work to social media.

_____ My signature below signifies if I cannot be reached in the event of an emergency, I give consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the student. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

_____ May take over the counter medications (generic Tylenol, cough drops, antacid, oral care, basic first aid).

Is child involved in (check all that applies): Special Ed. classes _____ Speech _____ Title I Reading _____ Gifted _____ 504 Plan _____

I VERIFY THAT ALL ENROLLMENT INFORMATION IS CORRECT.

Parent Signature _____ **Date** _____

Eldon R-1 School District
Voluntary Student Demographic Information

The Eldon R-1 School District is requesting that this form be completed by the student or the student's parent. **Completion of this form is voluntary.** The district is required to submit an aggregate report on the ethnicity and race of all students in the district. The most accurate information comes from you. If this form is not completed, the district will be forced to assign each student to an ethnicity and race category based on whatever information the district has available, including visual observation.

Collection of this information is authorized by federal law, and the information collected will be used to satisfy federal and state reporting requirements and better serve the students of our district. All information provided will be kept confidential in accordance with law.

STUDENT NAME: _____

Is the student Hispanic or Latino?

_____ Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South American, Central American or other Spanish culture of origin, regardless of race)

_____ No, not Hispanic or Latino

What is the student's race?

_____ American Indian or Alaska Native (a person having origins in any of the original peoples of North America or South America, including Central America, and who maintains tribal affiliation or community attachment)

_____ Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

_____ Black or African American (a person having origins in any of the black racial groups of Africa)

_____ Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

_____ White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Eldon R-1 School District – Health Services

Student Health Information

2021-2022

Please fill out and return to the school nurse. This form must be filled out yearly.

Student Name _____

Birth Date _____

Grade _____

HEALTH CONDITION (Check all that apply)	YES	NO	DIAGNOSIS DATE / TREATMENT and /or MEDICATION (s)
ADD _____ ADHD _____			
Autism _____ Asperger's _____			
Asthma Carries inhaler Y ___ N ___ Type: _____ If carries an inhaler, a medication authorization (Dr. Signature) needs to be on file. Asthma Triggers: _____			
Bone/Joint problem			
Bowel, bladder or kidney problems (specify which one)			
Diabetes			
Chronic Ear aches/Infections –Tubes present R ___ L ___			
Chronic Headaches ___ Migraines _____			
Hearing Loss—Ear (s) R ___ L ___ Aid(s) _____			
Heart Condition: _____			
Irritable Bowel Syndrome			
Menstrual Cramps: Frequent _____ and/or Severe _____			
Mental Health Concerns			
Nosebleed: Frequent _____ and/or Severe _____			
Seizure Disorder Date of Last Seizure: _____			
Skin Problems --Concern: _____			
Traumatic Brain Injury/ Head injury			
Vision Concerns- Wears Glasses Y ___ N ___ Contacts Y ___ N ___ all the time _____ Reading: _____ Distance: _____			

Allergic to: _____ (food, medications, latex insects)

Comments about any of the above checked items or any other concerns: _____

Does your child require long-term medications OR special diet restrictions at school? Y ___ N ___ Meds _____ and/or Diet _____

Specify meds or type of diet: _____

If checked yes, a "Medication Authorization" and/or Special Dietary Needs" form(s) must on file. Forms available from Nurse's Office

Please list all medications your child is taking at home and at school. _____

YES _____ I GIVE my permission for the School Nurse or designated personnel to give acetaminophen or ibuprofen *without* contacting a parent/guardian

NO _____ I DO NOT give my permission for the School Nurse or designated personnel to give acetaminophen or ibuprofen *without* contacting a parent/guardian.

IMPORTANT:

If your child will be taking medication at school, please obtain the appropriate forms in the nurse's office.

All medication must come in the original containers with the students name on it. All prescriptions must but have a current date on the bottle. Medications sent to school must be accompanied by a signed and dated note from the parent/guardian requesting the medication to be given.

Your child's health history is important for us to provide the best care at school. The Eldon R-1 School District provides screenings for vision, hearing, height, weight, blood pressure, and scoliosis. It is the parent/guardian(s) responsibility to notify the school of any new or existing health conditions or change in telephone numbers. The disclosure of confidential health information within the school is limited to information to serve the student's health and education interests. Your signature gives permission for the nurse and/or designee to perform necessary screenings and to inform the school staff of procedures to protect your child at school and, if required, develop emergency plans. In addition, your signature authorizes the school nurse or designee to screen, examine, treat and direct the care for your child in the event of illness or injury and to use the following over-the-counter medications as directed, unless allergy specified: Benadryl, cough drops, Tums, hydrocortisone cream, antibiotic cream, calamine, sunscreen, Orajel, Lip Balm and topical anti-sting treatments and generic substitutes

Parent/Guardian Signature _____

Date _____

**ENROLLMENT AFFIRMATION FOR PARENT
OR COURT-APPOINTED GUARDIAN
(Resident Student with No Prior Expulsions)**

Under penalty of law, I affirm that I am the parent or court-appointed legal guardian of the minor student, _____, that I reside within the boundaries of the **ELDON R-1 School District** and the student resides within the boundaries of such district, and that any information or documentation that I have provided as proof of residency is true and correct to the best of my knowledge, information and belief. I further affirm that the student, _____, has not been expelled from school attendance at any other school in the state or in any other state for an offense in violation of school policies related to weapons, alcohol or drugs, or the willful infliction of injury to another person, and that the other information that I have provided to the school district is true and correct to the best of my knowledge, information and belief. I understand that this statement will be maintained as part of the student's scholastic record.

I understand that it is a criminal violation to make a materially false statement or affirmation, or to provide false information to establish residency, and that if I have provided false information for such purpose, the school district may file a civil action against me to recover cost of educating the student.

Signature of parent or court-appointed guardian

Subscribed and affirmed before me this _____ day of

_____, _____.

Signature of Notary Public and Official Seal

Grade: _____

Address: _____

Phone #: _____

Bus # _____

Last School Enrolled in:

School Phone No:

**ELDON HIGH SCHOOL
101 SOUTH PINE ST.
ELDON, MO 65026
(573) 392-8010**

Parent Portal

Through this web-based system, Parent Portal, parents will be able to view their child's attendance history, and lunch account balances.

Information for your child is available only with a password. All passwords are distributed through email. It will be your responsibility to keep this password private. We cannot issue any passwords via phone conversation. Passwords will not be issued to the student. You must have an email address to view your child's records in PARENT LINK.

Please provide the email address that you would like used for student information notifications. You may use only one email address, for example, home or work, but email cannot be sent to both. Please fill in the correct email address on the line provided. This form must be submitted each school year for you to have access.

PLEASE PRINT BELOW

Student Name _____

Parent Name

Parent Email Address –Home or Work (circle one)

Parent Name

Parent Email Address – Home or Work (circle one)

I would like to be able to access my student's information over the Internet by using a password.

I do not want access to my student's information available over the Internet.

I understand that it is my responsibility to protect my PARENT LINK password. I should not share my password with my children. I understand that the PARENT LINK system may not be available 24 hours a day due to maintenance on the school network, weather related interruptions, etc.

Date: _____

Parent Signature

Parent Printed Name

Please return this letter to the school office in person. Please bring a picture ID with you (not necessary for last year's Parent Portal user.)

Terri Benjamin
Registrar
(573) 392-8010

Cheyenne Uptergrove
SIS Coordinator
(573) 392-8000

TRANSPORTATION SERVICES

All students riding a bus to and from school or any school activity are subject to rules of the Eldon R-I School Board, Department of Elementary and Secondary Education and the laws of the State of Missouri. Any misbehavior, which distracts the driver, is a very serious hazard to the safety of all passengers and other motorists on the road.

Please read the following Eldon R-I School Assertive Discipline Plan for buses. Talk with your child concerning the contents of the plan and the consequences of misconduct. Your support and cooperation are needed and appreciated.

Discipline Guidelines for Buses

1. Obey the driver promptly
2. Stay seated until the bus comes to a complete stop
3. Keep hands, feet and items to yourself at all times and no throwing objects
4. No offensive language or disruptive behavior
5. No food, candy, gum, or beverages on the bus
6. No large equipment, animals, skateboards or other harmful objects on the bus

Consequences

1. Verbal warning issued.
2. Assigned seat given by the driver.
3. Contact parent/guardian and the building principal.
(Conference with the student, parent/guardian, driver and building principal)
4. Sent to the principal with a recommendation for suspension of bus privileges.

Severe Clause

Visit the principal with a minimum three-day (3) suspension of bus privileges recommended.

BUS TRANSPORTATION REQUEST

By state law, all bus drivers must carry with them a roster of all students riding their bus. Please fill out the information below so that your student(s) will be included on the roster the first day of school.

It is the Parent/Guardian's responsibility to have your child at the designated bus stop at least 5 minutes before the morning pick-up time and drop-off time in the afternoon. This allows extra time for a safe pick-up and drop-off in case of unforeseen circumstances, road conditions, inclement weather, substitute drivers, or mechanical problems.

Students will only be allowed to ride one bus to one destination, either home or to an alternate site. This is important because drivers and other school personnel cannot keep up with the high volume of daily changes in home destinations and some buses are filled to near capacity.

Students will not be allowed to ride a different bus except in emergency situations. It is the parent's responsibility to make other arrangements.

Emergency Bus Pass: There will be *no* temporary bus passes issued. If an emergency would occur and you as a parent or guardian have absolutely no other way of transporting your child home, then you may visit with the building principal. If the building principal deems the situation as an emergency, they will issue an emergency pass. The bus driver must have a copy of the form, which will have important information and specific locations of the drop off. Effective 2014-2015, each student is allowed only 3 emergency passes per year deemed by the building principal.

Clare Herriman, Transportation Director

Student's Name _____ Grade _____

Phone number _____ Parent Name _____

Physical address bus is to stop in the am _____
(if left blank - parent providing transportation)

AM Bus number (if known) _____

Physical address bus is to stop in the pm _____
(if left blank - parent providing transportation)

PM Bus number (if known) _____

I have read the bus rules on the back of this page and discussed/read them with the above named student. We are aware of the consequences if the rules are not followed at all times.

Date

Parent/Guardian signature

INSTRUCTIONS: PLEASE READ THE FOLLOWING DOCUMENT. KEEP THE HOME COPY FOR YOUR RECORDS. SIGN THE OFFICE COPY AND RETURN IT TO SCHOOL AS SOON AS POSSIBLE.

Parents, Students, and District Employees: The purpose of this agreement is to outline the rules of using computers in the Eldon R-1 Schools. Since students using computers will also be using the local and wide area network, which includes connecting to the internet, the rules must be understood by all parents, students, and district employees. Your signature on the attached contract is legally binding and indicates that you have read the terms and conditions carefully and understand their significance.

**ELDON R-1 SCHOOL DISTRICT
NETWORK AND INTERNET ACCESS
ACCEPTABLE USE POLICY**

The Eldon R-1 School District is responsible for securing its network and computing systems in a responsible and economically feasible degree against unauthorized access and/or abuse, while making them accessible for authorized and legitimate users. This responsibility includes informing users of expected standards of conduct and the punitive measures for not adhering to them. Any attempt to violate the provisions of this policy will result in cancellation of user privileges and disciplinary action.

A user is required to use network resources in an efficient, ethical and legal manner. The use of your access must be in support of education/research and consistent with the educational objectives of the Eldon R-1 District. Activities that are acceptable, include classroom activities, career development, and research. Students may not use the resources of the Eldon R-1 School District for entertainment purposes.

In compliance with the Children's Internet Protection Act (CIPA), the district utilizes blocking software and a filtering system to guard against inappropriate access.

Network Etiquette: Students are expected to abide by the generally accepted rules of network etiquette. Etiquette rules include, but are not limited to, the following:

- Students must be polite and use appropriate language. Students should not use abusive language and vulgarities.
- Students must not reveal their personal identifying information (name, address, phone number, social security number, credit card number) or those to others.
- The network must not be used in such a way that would cause disruption of the use of the network by other users.

Guidelines and Conditions:

1. **Privileges:** The use of MORENet/Internet access is a privilege, not a right, and inappropriate use will result in a cancellation of these privileges. The Technology Coordinator may deny access at any time as required. The administrators, faculty and staff may request the Technology Coordinator to deny, revoke, or suspend specific user access.
2. **Acceptable Use:** The use of your access must be in support of education/research and be consistent with the educational objectives of the Eldon R-1 District.

3. Unacceptable Use & Network Security: The activities listed below are prohibited:

- Violation of laws, local, state, federal and/or international, including criminal, copyright, privacy, defamation and obscenity laws. The school district will render all reasonable assistance to local, state, or federal officials for the investigation and prosecution of persons using district technology in violation of any law.
- Use of district technology for soliciting, advertising, fundraising, commercial purposes or for financial gain, unless authorized by the district.
- Deleting, examining, copying, or modifying of files and/or data belonging to other users without their prior consent.
- Using any computer access accounts other than those assigned to the individual. This includes misrepresenting self through the use of another person's ID.
- Accessing, viewing, or disseminating information using district resources, including e-mail or Internet access, that is pornographic, obscene, child pornography, harmful to minors, obscene to minors, libelous, pervasively indecent or vulgar, or advertising any product or service not permitted to minors.
- Introduction of computer "viruses," "hacking" tools or other disruptive/destructive programs into a school or district computer, network, or any external networks.
- Deliberately tampering with a computer system (e.g., disconnecting and/or switching cables or changing computer settings).
- Giving personal information, such as complete name, phone number, address, social security number, credit card, or identifiable photo without permission from teacher and parent or guardian.
- Using online communication tools/forums (e.g., chat rooms, blogs, instant messaging, personal email, pod casts, and Web pages) except for designated classroom activities.
- Failing to care for computer equipment. Objects should not be placed on monitors, computers, or keyboards. Food and beverage should never be used in the vicinity of computers or peripherals.

Consistency with Other School Policies: Use of the school district computer system and use of the Internet shall be consistent with school district policies and the mission of the school district.

Limitation of School District Liability: The school district system is provide on an "as is, as available" basis. The school district will not be responsible for financial obligations arising through unauthorized use of the school district system or the Internet. Users who subscribe to online services that charge fees are solely responsible for all charges incurred.

Vandalism: Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data or another user, damage to equipment or software, and interference with the MORENet or local network services.

Privacy: Administrators may review communications at any time to maintain system integrity. Users should not expect that files stored on district servers will be private.

Internet Use Agreement: The proper use of the Internet and the educational value to be gained is the joint responsibility of the students, parents, and employees of the school district. Staff members and all students must sign an agreement.

OFFICE COPY

OFFICE COPY

Eldon R-I Schools
Network and Internet Access Acceptable Use Agreement

By signing this document, the student and parent indicate that they have read and agree to abide by the rules stated in the Network and Internet Acceptable Use Policy. This document will be kept at the school for the duration of the student's attendance within the Eldon R-I Schools.

Student's Agreement

I have read the Network and Internet Access Acceptable Use Policy and agree to follow the rules and regulations it contains. I further understand that any violation of the guidelines may result in my computer use and Internet privileges being restricted, revoked, or suspended and may result in school disciplinary action.

Print Name

Signature

Date

Parent's/Guardian's Agreement

As the parent or guardian of this student, I have read the Acceptable Use Policy. I understand that Internet access at school is provided for educational purposes only. I understand that employees of the school system will make every reasonable effort to restrict access to all controversial material on the Internet, but I will not hold them responsible for materials my son or daughter acquires or sees as a result of the use of the Internet from school facilities. I give my permission to Eldon R-I Schools to allow the student above to use the Internet on computers at the school. I understand that violation of this agreement may result in computer privileges being restricted, revoked, or suspended and may result in school disciplinary action.

Signature of Parent or Guardian

Date