Welcome to South Elementary School

We are committed to loving, leading, and lifelong learning!

#togetherwelead
#togetherwerise
Date: 01/10/2019  
To: Parents/Guardians  
Subject: Enrollment Requirements for your Child  

Dear Parents/Guardians:

When enrolling your child at Eldon South Elementary School you will need the following information:

- Parent/Guardian Picture I.D, Proof of residence, (a utility bill, water, gas, electric, or phone with the name and address printed on it).
- A rent receipt with the same information will also be accepted.
- If you are living with someone who already resides in the district, this person must write a letter stating the relationship to the adult wishing to enroll the student(s), along with the student(s) name(s), and the address at which they are living. The note must be signed by the person writing the letter.

For the student(s) we will need:

- A copy of their Birth Certificate
- A copy of their updated shot records.
- Any court approved custody agreements or guardianship papers

Thank you
South Elementary Office Staff
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.

_____ 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 – Health Services
Student Health Information
2019-2020
Please fill out and return to the school nurse. This form must be filled out yearly.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Birth Date</th>
<th>Grade</th>
<th>Allergic to: (food, medications, latex insects)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH CONDITION</th>
<th>YES</th>
<th>NO</th>
<th>DIAGNOSIS DATE / TREATMENT (s) and/or MEDICATION(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asperger’s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carries inhaler</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y ______ N ______</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If carries an inhaler, a medication authorization (Dr. Signature) needs to be on file. Asthma Triggers:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone/Joint problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel, bladder or kidney problems (specify which one)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Earaches/Infections - Tubes present R____ L____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Headaches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Loss - Ear(s) R____ L____ Ayad(s)____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Condition:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritable Bowel Syndrome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menstrual Cramps: Frequent____ and/or Severe____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Concerns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nosebleed:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent____ and/or Severe____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure Disorder:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Last Seizure:____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Problems - Concern:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traumatic Brain Injury/Head injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Concerns- Wears Glasses Y____ N____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts Y____ N____ all the time____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading: Initial____ Distance:____</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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____ Initial____ I GIVE my permission for the School Nurse or designated personnel to give acetaminophen or ibuprofen without contacting a parent/guardian
NO____ Initial____ 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 student’s 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-ting treatments and generic substitutes.

Parent/Guardian Signature

Date

Studenthealthinfo -enrollment

Updated 1/16
Dear Parent/Guardian:

We would like to welcome you to South Elementary School. In order to provide the best education possible, please check any of the following special programs that you child received at their previous school:

_____ Reading Assistance:  
(Reading Tutoring, Remedial Reading or pull-out reading services)

_____ Math Assistance:  
(Math Tutoring, Remedial Math, or pull-out math services)

_____ Speech or Language Therapy

_____ Assistance for Hearing Impaired

_____ Assistance for Visually Impaired

_____ Services for Learning Disabilities

_____ Services for Educable Mentally Handicapped

_____ Services for Behavior Disorders

_____ Other (please specify)

_____ My child did NOT receive any of the special services listed above.

Signature of Parent/Guardian ____________________________ Date ____________________________
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)
Elton R-1 School District
Student/Teacher Use Contract
MORENet/Internet Use
South Elementary School

Agreement:

I have read the MORENet/Internet User Agreement. I understand and will abide by the stated conditions and guidelines for MORENet/Internet use.

I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access may be revoked; school disciplinary action may be taken and/or appropriate legal action.

Student Name – Please print

_________________________________________________________________________________________

Teacher Signature __________________________________________________ Date ___________

Student Signature _________________________________________________ Date ___________

Parent Signature _________________________________________________ Date ___________
Eldon R-1 School District
MORENet/Internet Access
User Agreement

MORENet access is now available to students and staff in the Eldon R-1 District. We are pleased to bring this access to Eldon Public Schools and believe this access offers vast, diverse and unique resources to both students and teachers. Our goal is providing this service to teachers and students is to promote educational excellence in Eldon Schools by facilitating resource sharing, innovation, and communication.

MORENet is an electronic network which accesses the Missouri Department of Education, library systems, and the Internet. The Internet is an electronic highway connecting thousands of computers all over the work and millions of individual subscribers. Through classroom activities, teachers and librarians will provide students with access to:

- Electronic mail communication
- Information and news from NASA and other research institutions and organizations
- Public domain and shareware of all types
- Discussion groups on a wide range of topics
- Access to many library services; university library catalogs; the Library of Congress; ERIC; and periodical databases

With access to computers and people all over the world also comes the availability of materials that may not be considered to be of educational value in the context of the school setting. Search strategies and supervised access will be utilized as precautions to restrict access to controversial materials. Student access to electronic mail and chat rooms will be under direct teacher supervision. We (Eldon R-1 Schools) believe that the valuable information and interaction available far outweighs the possibility that users may procure material that is not consistent with the educational goals of Eldon R-1.

The Eldon R-1 School District is responsible for securing its network and computing systems in a reasonable 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, regardless of the success or failure of the attempt. A user is required to use network resources in an efficient, ethical, and legal manner. Your signature on the attached contract is legally binding and indicates that you have read the terms and conditions carefully and understand their significance.

Guidelines and Conditions:

1) **Acceptable Use**: The purpose of MORENet, which is the backbone network to our Internet access, is to support research and education in and among academic institutions in the U.S. providing access to unique resources and the opportunity for collaborative work. The use of your access must be in support of education/research and consistent with the educational objectives of the Eldon R-1 District. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. Use for private/commercial activities by for-profit institutions is generally not acceptable. Use for product advertisement or political lobbying is also prohibited. Illegal activities are strictly prohibited.

2) **Privileges**: The use of MORENet access is a privilege, not a right, and inappropriate use will result in a cancellation of these privileges. Based upon the acceptable use guidelines outlined in this document, the system administrator may deny access at any time as required. The administrators, faculty and staff of the Eldon R-1 District may request the system administrator to deny, revoke or suspend specific user access.
3) **Netiquette:** You are expected to abide by the generally accepted rules or network etiquette. These include, but are not limited to, the following:

3.1 Be polite. Do not write or send abusive messages to others.
3.2 Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
3.3 Note that electronic mail (E-Mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activates may be reported to the authorities.
3.4 Do not use the network in such a way that you would disturbe the use of the network by the other users (e.g. downloading huge files during prime time; sending mass e-mail messages; annoying other users).
3.5 All communications and information accessible via the network should be assumed to be private property.

4) **Implied:** The Eldon R-1 District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by negligence, errors, or omissions. Use of any information obtained via MORENet/Internet is at your own risk. While efforts are made to guarantee accuracy in informational databases, we do not guarantee accuracy of all material or agree with every opinion.

5) **Security:** Security of any computer system is of high priority. Attempts to log into the system as any other user will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with computer systems may be denied access to the MORENet system.

6) **Electronic Mail:** Whenever you send electronic mail, your name and user id are included in each mail message. Student use of electronic mail requires direct teacher supervision during individual and group use. Therefore:

6.1 Forgery (or attempted forgery) of electronic mail messages is prohibited.
6.2 Attempts to read, delete, copy, or modify the electronic mail of other users are prohibited.
6.3 Attempts at sending harassing, obscene and/or threatening E-Mail to another user are prohibited.
6.4 Attempts at sending unsolicited junk mail "for profit" messages or chain letters are prohibited.

7) **Network Security:**

7.1 Use of systems and/or networks in attempts to gain unauthorized access to remote systems is prohibited.
7.2 Use of systems and/or networks to connect to other systems in evasion of the physical limitations of the remote/local system is prohibited.
7.3 Decryption of system or user passwords is prohibited.
7.4 The copying of system files or any software is prohibited.
7.5 The copying of copyrighted materials, such as third party software, without the express written permission of the owner or the proper license, is prohibited.
7.6 International attempts to "crash" Network systems or programs are punishable disciplinary offenses.
7.7 Any attempts to secure a higher level of privilege on Network systems are punishable disciplinary offenses.
7.8 The willful introduction or computer "viruses" or other disruptive/destructive programs into the organization network or into external networks is prohibited.

8) **Vandalism:** Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, damage to equipment or software, and interference with MORENet and local network services.
ELDON R-1 SCHOOL DISTRICT

Please complete and return this questionnaire to the school office. Any changes that occur during the school year should be brought to the attention of the school office and if necessary a new form filled out. In the case of separation/divorce parents it is the custodial parent’s responsibility to inform the school of any changes in the custody and/or visitation rights.

Name of Student ________________________________

Custodial Parent’s Name ___________________________ Home Phone __________________

Name of Employer ________________________________ Work Phone __________________

Present Status: married divorce separation custody dispute support dispute restraining order (circle one) Other ________________________________

Is there a Court Order dealing with custody/visitation? ______________

Is there a Joint Custody Order? ______________

Are there any court orders curtailing or restricting the rights and privileges of your current or former spouse with respect to his/her right to be kept informed of the student’s school progress and activities or participate in those activities? ________________________________

Does the most recent Court order affecting your action expressly permit the student to be released from school to the non-custodial parent with visiting rights? ________________________________

Name of other Parent of Student. ________________________________

Please attach a Certified Copy of the applicable Portion of any Court Order.

The following people have my permission to pick my child up from school at any time (example if they are sick and I or my spouse is unavailable). These people are also considered emergency contacts.

relationship ____________________________________ phone #:____________________

relationship ____________________________________ phone #:____________________

relationship ____________________________________ phone #:____________________

relationship ____________________________________ phone #:____________________

relationship ____________________________________ phone #:____________________

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 #: ________________________________

Last School Enrolled in:

Bus # ________

School Phone No:
ELDON SOUTH ELEMENTARY SCHOOL
1210 SOUTH MAPLE
ELDON, MO 65026
(573) 392-8030

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.)

Mrs. Michele Herbert, Principal
Mrs. Kari Hinds, Assistant Principal
(573) 392-8030

Cheyenne Uptergrove
SIS Coordinator
(573) 392-8000
2019-2020 PK/K Federal Criteria

Preschool is for children who will have their 4th birthday on or before July 21, 2019.

Kindergarten is for children who will have their 5th birthday before July 31, 2019.

Parents do have the choice of waiting until their child is 6 years of age to start Kindergarten.

Eldon R-1 PreK Student Selection Criteria:

1. Children who are considered “one-year prior” to kindergarten according to age requirements.
2. Developmentally appropriate measures of child development as determined by the DIAL-4 (Developmental Indicators for the Assessment of Learning).
3. Homeless preschool-age children; and those that are in a local institution for neglected or delinquent children and youth or attending a community-day program for these children.
4. Parental information gleaned from Parental Portion of the DIAL-4, as well as the screening “exit” meeting held with parent(s).

I have read and understand the Title 1 Preschool/Kindergarten Federal Criteria.

____________________________
(Parent Signature)
2019-2020 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.

- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.

- Required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing. (http://www.cdc.gov/vaccines/schedules/index.html).

- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

- Religious (Imrn.P.11A) and Medical (Imrn.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

<table>
<thead>
<tr>
<th>Vaccines Required for School Attendance</th>
<th>Dose Required by Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>K</td>
</tr>
<tr>
<td>DTaP/DTP/DT</td>
<td>4+</td>
</tr>
<tr>
<td>Tdap2</td>
<td></td>
</tr>
<tr>
<td>MCV3</td>
<td></td>
</tr>
<tr>
<td>IPV (Polo)</td>
<td>3+</td>
</tr>
<tr>
<td>MMR5</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3+</td>
</tr>
<tr>
<td>Varicella8</td>
<td>2</td>
</tr>
</tbody>
</table>

2019 Missouri Child Care and Preschool Immunization Requirements

- All children must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending child care/preschool.

- The Advisory Committee on Immunization Practices allows a 4-day grace period. Children may receive immunizations up to four days before the due date.

- Immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing. (http://www.cdc.gov/vaccines/schedules/index.html).

- Parent/Guardian (Imrn.P.11) and Medical (Imrn.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from child care/preschool when outbreaks of vaccine-preventable diseases occur.

- To remain in child care/preschool, children "in progress" must have an Immunization In Progress form (Imrn.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the facility. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

<table>
<thead>
<tr>
<th>Vaccines Required for Child Care and Preschool Attendance</th>
<th>Dose Required by Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Birth</td>
</tr>
<tr>
<td>DTaP/DTP</td>
<td></td>
</tr>
<tr>
<td>IPV (Polo)</td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>PCV (Pneumococcal)</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
</tr>
</tbody>
</table>
BUS TRANSPORTATION REQUEST FORM

1. All requests must be completed and given to the student’s Building Official for review prior to their approval. THREE SCHOOL DAYS NOTICE IS REQUIRED BEFORE A REQUEST MAY BE GRANTED.

2. Final approval of request must be made by the Transportation Department prior to student being placed on a transfer bus to insure that all parties involved (parent/guardian, teacher, building official, Transportation Department and bus driver) are informed and the student’s safe transportation is assured.

3. Transfer students must present a bus pass to the driver, given to them by the Principal’s Office, to ride their new bus to their new location. The transfer stop should be written on the bus pass given to the new driver.

REASON FOR REQUEST: New Student _____ Address Change _______ Child Care _____
Parental Custody _____ Other _____________________________

South School _______ Upper Elementary _____ Middle School _______ High School _______

Student Name: _______________________________ Grade & Teacher: ___________________________
Parent/Guardian Name: _________________________ Phone #: _________________________________
Current Bus # of student: _______ Current Bus Stop: ___________________________________________

Note other siblings in district grades/buildings: _____________________________________________

Parent/Guardian signature: _____________________________________________________________

Date Parent/Guardian request transportation/transfer to START ______/_____/______
(Must be 3 days from date of request)

Frequency of Transfer: (Please circle all that apply)
(Days of Week) (Time of Day)
M T W TH F AM NO LEAP DAYS
M T W TH F PM NO LEAP DAYS

AM Requested Bus Stop: ________________________________________________________________

PM Requested Bus Stop: ________________________________________________________________

If request is for childcare provider, please supply information below:

Name of childcare provider: ___________________________ Phone #: ____________________________

________________________ My child does NOT require bus transportation.

OFFICE USE ONLY:

Requested Approval: YES ____ NO ____ Bldg. Approval ________________________________

Transportation Department Notified: YES ____ Transportation Official ___________ Date / / __

Building notified: Homeroom Teacher _______ Parent/Guardian ____________ Date / / __

Transportation Notified: Bus Driver(s) ___________ Building Secretaries ____________ Date / / __

Date Request Will Take Effect: _______/_____/______ New AM bus stop: ___________________________

New PM bus stop: ____________________________

New AM bus #: _______ AM P/U Time: _________ Time is approximant

New PM bus #: _______ PM D/O Time: _________ Time is approximant

Revised 4/17/18
INCOMPLETE FORMS WILL BE RETURNED
School Safety Alert: District’s Bus Transfer Requests Policies and Procedures

BUS TRANSFER REQUESTS
The Eldon School District continuously strives to maintain and improve its operation as a Safe School District for all students and staff. One area that the District needs continued parent cooperation is in following the District’s procedures and policies for requesting bus transfers for students because of childcare and related reasons. When moving please provide an updated proof of residency.

On the reverse side of this sheet is a copy of the District’s Bus Transportation Request Form. Please note that all bus transfer requests are to be in writing on this form and they are to be made in advance, at least three (3) school days prior to the requested transfer start date. The time is necessary to insure that the transfer is consistent with Board policy and that all parties (Building Official, Homeroom Teacher, Bus Driver, and Transportation Office) are informed in a timely manner.

BUS STOP POLICIES AND PROCEDURES
By state law, all bus drivers must carry with them a roster of all students riding their bus. Please fill out the information on the backside of this form 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.

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
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.

Contact your children(s) building principal if you have any questions or need assistance with the above bus procedures and policies.

Parent/Guardian signature: ___________________________ Date: ___________________________

Revised 4/17/18
RELEASE OF STUDENT'S SCHOOL RECORD PERMISSION FORM

DATE

STUDENTS FULL NAME

DOB

GRADE

STUDENTS FULL NAME

DOB

GRADE

NAME OF SCHOOL LAST ATTENDED

SCHOOL FAX NUMBER

STREET ADDRESS

SCHOOL PHONE NUMBER

CITY

STATE

ZIP CODE

To enable us to complete our records, please send the following information:

1. A record of scholastic achievement
2. Health records.
3. Scores on intelligence and achievement
4. Diagnostic Summary and IEP, if applicable
5. Discipline records

The Family Rights and Privacy Act, Buckley Amendment, Section 99.30, Paragraph (b) states that schools where a student intends to enroll DO NOT need to have a consent form signed for transfer of school records.

Please return this information to: South Elementary School

Attn: Office Personnel
1210 S. Maple
Eldon, MO 65026
Email: Lindsey.Henderson@EldonMustangs.org
Phone #: (573) 392-8030
Fax #: (573) 392-9152

PARENT/GUARDIAN SIGNATURE

DATE
The Missouri Virtual Instruction Program (MOVIP) transitioned to the Missouri Course Access and Virtual School Program (MOCAP) as a result of updates to Section 161.670, RSMo. Information about state funding for students enrolled in virtual education can be found in Section 162.1250, RSMo. Missouri students may enroll in MOCAP courses for the fall and spring semesters. MOCAP is not available in the summer.

**What Is a MOCAP Course?**

Section 162.1250, RSMo sets out the requirements for all virtual courses. Not all virtual courses are approved MOCAP courses. Courses listed on the MOCAP Course Catalog have been checked for compliance by the Department of Elementary and Secondary Education (DESE). The local education agency (LEA) must vet all other virtual courses to ensure that statutory requirements have been met. In order for students to enroll in MOCAP courses, LEAs must have a secure method to send a student’s MOSIS ID and date of birth to courseware providers.

MOCAP courses have been through a stringent review process, including:
- Course alignment to Missouri Learning Standards
- Web Content Accessibility Guidelines (WCAG 2.0)
- Data security review
- Missouri appropriately certificated teachers
- College Board approval of Advanced Placement (AP) courses in the catalog

MOCAP providers have agreed to:
- reporting requirements (including course completion and learning gains)
- invoicing requirements
- a price cap of 7% per semester and 14% per year, per course, based on the June State Adequacy Target

**Course Catalog**

MOCAP’s course catalog link, mocap.mo.gov/catalog, displays contact information for providers to be contacted directly to register for courses.

**MOCAP Policies**

An LEA shall inform parents of their child’s right to participate in the program. Availability should be made clear in the parent handbook, registration documents, and featured on the LEA’s homepage.

**Individual Learning Plans (ILP) or Individual Career and Academic Plans (ICAP)** Students taking more than two MOCAP courses must have an individualized learning plan maintained in the LEA’s student records. An LEA may develop its own learning plan for students or use the ICAP that is available through the Office of College and Career Readiness under School Counseling.

Phone 573-751-2453 • mocap.mo.gov • dese.mocap@dese.mo.gov
Student's Appeal Process
There is an appeal process if a student is denied access to a MOCAP course. Please refer to Section 161.670, RSMo to learn about the LEA’s responsibility in the MOCAP appeal process. Parent/guardians must first work with the LEA before submitting the appeal to DESE. Parents/guardians may only submit the documentation provided by the local school board to the MOCAP Appeal website. The LEA will receive notification of the appeal and a copy of the submitted documentation. Only MOCAP courses offered during the regular school year are eligible for appeal. The appeal process does not apply to summer school or virtual courses that are not MOCAP approved.

MOSIS – August Core Data Cycle, Screen 3
The contact person entered on Screen 3 will receive information about MOCAP appeals and updates to the program. Please ensure this contact is accurate. It is critical that this information is always current.

Reporting for Virtual Education in MOSIS
- MOCAP requires that all teachers be appropriately certificated. Attendance hours for any educator without a valid Missouri teaching certificate will not be allowed for state aid purposes.
- Virtual courses will use Exhibit 34 – Instruction via Technology for delivery systems.

Program Code 50 in MOSIS
- LEAs will identify MOCAP courses with Program Code 50 in their MOSIS October Cycle – Course Assignment.
- For student courses identified with the Program Code of 50, the educator course and educator do not need to be reported in the Course Assignment, Educator Core, or the Educator School files because the appropriate certification has already been verified by MOCAP.

Program Code 52 – Curriculum Only in MOSIS
- LEAs will identify MOCAP curriculum only with Program Code 52 in their MOSIS October Cycle – Course Assignment.
- For MOCAP curriculum-only courses, an LEA must use an appropriately certificated teacher
- For courses that do not have a MOCAP teacher, the LEA will report educator information in the MOSIS October Cycle – Educator Core and Educator School.
- If an LEA does not have an appropriately certificated teacher, the course cannot be reported as a MOCAP course. Therefore, do not enter a program code; enter only the delivery system from Exhibit 34.

LEAs as Courseware Providers That Are NOT in the MOCAP Course Catalog
- Section 162.1049, RSMo requires nonresident district and resident district shall accept each other’s credits.
- LEAs may develop and provide online courses for other LEAs if standards in Section 162.1250, RSMo have been met.
- When purchasing virtual education from a Missouri LEA, the educating LEA (receiving) must coordinate with the sending LEA (where the student is enrolled) under the Cooperative Agreement - Resident 1.
- These are not MOCAP courses, so do not enter a program code; enter only the delivery system from Exhibit 34.

For more information about MOCAP, please contact DESEMOCAP@dese.mo.gov or 573-522-3651 or visit the MOCAP website.

01/20

Phone 573-751-2453 • mocap.mo.gov • dese.mocap@dese.mo.gov
Greetings from South Elementary Food Service

Dear Parents of South Elementary Students,

South Elementary School participates in the Universal Breakfast Program, which allows every student to eat breakfast FREE. Students in grades K-3 will be served a nutritious breakfast in their classroom. Students in Pre-K and Early Childhood Pre-School will be served their FREE breakfast as a class in the cafeteria. Every student will get a well-balanced breakfast for FREE.

Studies have shown that students who eat breakfast at school have shown improvement in academic performance, health and behavior. Students who eat breakfast at school are more alert, comprehend better, have improved concentration and memory which allows them to learn with ease.

Our Food and Nutrition Services Department looks forward to serving your students breakfast and want to wish you and your students a great 2019-2020 school year!

Thank You,

Shawndra Taylor, Food Service Director

Shelia Salmons, Kitchen Manager, South Elementary

Eat a healthy breakfast!
# Eldon R-I School District School Calendar 2019-2020

## August

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

12 School Days

## September

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

20 School Days

## October

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

20 School Days

## November

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
</tr>
</tbody>
</table>

18 School Days

## December

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

15 School Days

## January

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

20 School Days

## February

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
</tr>
</tbody>
</table>

19 School Days

## March

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

21 School Days

## April

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

19 School Days

## May

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
</tr>
</tbody>
</table>

9 School Days

---

**Dates to Remember:**

- **August 6,7,8**: New Teacher's Workshop
- **August 9,12,13**: Teacher Orientations
- **August 15**: First Day For Students
- **September 2**: Labor Day
- **October 14**: (Columbus Day)
- **October 16**: End of First Quarter
- **October 24**: Parent Teacher Conf. 9:00 am-8:00 pm
- **October 25**: No School
- **November 27 - 29**: Thanksgiving Break
- **December 20 (Early Out)**: End First Semester
- **December 20 - January 2**: Christmas Break
- **January 6**: Memorial Day
- **January 20**: New Year's Day
- **February 17**: Presidents Day
- **March 4**: Spring Break
- **March 18**: Spring Break
- **March 20**: Spring Break
- **April 9,10,13**: April Break
- **May 8**: Spring Break
- **May 10**: Spring Break
- **May 15 (Early Out)**: Spring Break

---

**Any days missed due to inclement weather may extend the school year beyond May 15.**

**Possible makeup days are marked with an asterisk.**

- January 20 - Snow Make Up Day
- February 17 - Snow Make Up Day
- April 9 - Snow Make Up Day
- May 18 - 27 - Snow Make Up Days

[ ] = Students Do Not Attend  [ ] = Students Dismissed Early

---

**P. D. Day**

- **January 6**: Martin Luther King
- **February 17**: President's Day
- **March 4**: End Third Quarter
- **March 18**: Parent Teacher Conf. 3:00-6:00
- **March 19**: Parent Teacher Conf 4:00 -8:00
- **March 20**: No School
- **April 9,10,13**: (April Poss. Make Up Day)
- **May 8**: Snow Days Permitted
- **May 10**: Snow Days Permitted
- **May 15 (Early Out)**: Last Day for Students & Teachers
- **May 25**: Memorial Day