

Welcome to South Elementary School



**We are committed to
Loving, leading, and
lifelong learning**

**#togetherwelead
#togetherwerise**



Eldon South Elementary

Michele Herbert, Principal
Kari Hinds, Assistant Principal
1210 South Maple Eldon, Missouri 65026
Phone 573.392.8030 Fax 573.392.9152



Date: 06/02/2025

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 state-issued Birth Certificate
- A copy of their updated immunization records
- Any court approved custody agreements or guardianship papers

Thank you

South Elementary Office Staff

ELDON R-I SCHOOLS ENROLLMENT INFORMATION
2025-2026

Date _____

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

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

Address: _____ City: _____ Zip Code _____

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 _____

Two sided please turn over

Eldon R-1 School District – Health Services

Student Health Information 2025-2026

Student Name _____ Grade _____

Regular or Emergency Medications Your Child Is Taking

(at home) _____

(at school) _____

I request that you give over the counter medication to my child during the school year in accordance with the Board Policy. I authorize the school nurse or designee to give my child medication. I will not hold the school staff responsible for any undesired reaction that may occur from the medication. (Examples of non-prescription medication to be given with parent permission are; non-aspirin pain relievers including Acetaminophen, Ibuprofen, Tylenol, sore throat spray, antacid, antibiotic ointment, hydrocortisone cream, calamine lotion, throat lozenges, topical anti-itching treatments and generic substitutes.

Please initial below for over the counter medications:

_____ Yes

_____ No

I hereby give my permission for the Eldon Schools to obtain or send my students immunization record to Physician of choice.

Please initial below:

_____ Yes

_____ No

Please mark below if your child has any of the following:

_____ Asthma

_____ Diabetes

_____ Seizures

_____ Severe Allergies

_____ Heart Condition

_____ ADHD

_____ ADD

_____ Hearing problem

_____ Vision problem

_____ Seasonal Allergies

_____ Other Medical Condition

EXPLAIN

List All Child's Medication Allergies _____

List All Child's Food Allergies and provide Doctors note:

Students Physician _____

1. Any medication that is sent to school with a student must be in the original container with the student's name on it.
2. Medication sent to school with a student must be accompanied by a signed and dated note from the parent/guardian requesting the medication to be given.
3. It is recommended that a small container of medication be sent to school.
4. All medications must be given to the school nurse as soon as the student arrives at school.
5. Please make sure the medication is age appropriate.

It is my understanding that my signature allows all of the above information and treatment to be administered to my student.

Parent Cell Phone _____

Parent Signature _____ Date _____

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 _____

BUS TRANSPORTATION

Dear Parents/Guardians:

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 the student being placed on a transfer bus to ensure 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.

Please complete this form and return to the Building Office.

Grade: _____ Current Teacher: _____

Student's name _____

Address: _____

My student will load the bus in the *morning* at the following *designated* bus stop:

_____ AM Bus#: _____

My student will ride the bus in the *afternoon* to the following *designated* bus stop:

_____ PM Bus#: _____

My child does **NOT** require bus transportation: _____

My child is enrolled in the afternoon LEAP program: YES _____ NO _____

No Bus Discipline Warnings: If a student does not follow the bus driver's rules, they will lose their bus privilege immediately. The bus driver will document discipline issues and submit them to the transportation director promptly. Immediate action will take place. The six bus rules must be followed at all times in order to keep not only all students safe, but also the other motorists on the road.

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 equipment on the bus

Parent/Guardian Signature

Phone Number

Date

(OFFICE USE ONLY)

Bldg Approval: _____ Date: _____ (Must be approved prior to request from transportation)

(TRANSPORTATION DEPARTMENT)

AM Bus # _____ AM Bus Stop _____ AM P/U Time: _____

PM Bus # _____ PM Bus Stop _____ PM D/O Time: _____

Effective Date: : _____ Date (Parent/Guardian/Teacher) notified: _____

Transportation Approval: _____ Date: _____

**Eldon South Elementary School
Eldon R-1 School District
1210 South Maple Street
Eldon, MO 65026**

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)

_____ Services for Learning Disabilities

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

_____ Services for Educable Mentally Handicapped

_____ Speech or Language Therapy

_____ Services for Behavior Disorders

_____ Assistance for Hearing Impaired

_____ Other (please specify)

_____ Assistance for Visually Impaired

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

Signature of Parent/Guardian

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 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 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

**Eldon 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 is (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 activities may be reported to the authorities.
- 3.4 Do not use the network in such a way that you would disturb 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 Intentional 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 of 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.

2025-2026 PK/K Federal Criteria

Preschool is for children who will have their 4th birthday on or before July 31, 2025.

Kindergarten is for children who will have their 5th birthday before July 31, 2025.

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).

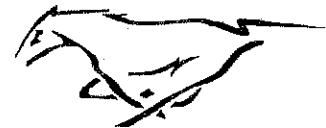
I have read and understand the Title 1 Preschool/Kindergarten Federal Criteria.

(Parent Signature)



Eldon South Elementary

Michele Herbert, Principal
Kari Hinds, Assistant Principal
1210 South Maple Eldon, Missouri 65026
Phone 573.392.8030 Fax 573.392.9152



ELDON R-1 SCHOOLS

For the past several years, Eldon R-1 Schools has been pleased to be able to provide Eldon parents with automated phone notifications of important events such as upcoming events, notice of information sent home with students, inclement weather school closings and similar information. We will continue to provide this information as a service for our parents.

Parents who do not wish to continue to receive non-emergency information must opt-out to not receive calls. Only emergency calls will be received.

By signing this form, you are indicating that we should remove you from all non-emergency calls sent out by the district.

_____ I **DO** give my permission to receive non-emergency calls from Eldon R-1 Schools using automatic dialing equipment at the telephone numbers submitted during the registration process.

_____ I **DO NOT** give my permission to receive non-emergency calls from Eldon R-1 Schools using automatic dialing equipment at the telephone numbers submitted during the registration process.

Student Name: _____

Parent's Signature: _____ Date: _____

South Elementary School

2025-2026 Title I Preschool

Student Name: _____

Guardian Name: _____

Due to preschool funding we are asking families to provide additional information to complete the enrollment process. This form gathers essential information about the child and family, helping us understand each child's unique needs and background. Our enrollment process takes into account various factors to ensure a diverse and balanced student body. Once the enrollment process is complete, we will notify parents or guardians of the admission status. Families who are offered a spot will receive detailed information about the next steps, including orientation dates and required documentation. In the event that we receive more applications than available spaces, we will implement a lottery system. Our goal is to ensure a fair and inclusive admission process that aligns with our commitment to providing a positive and enriching educational experience for all children. Thank you for considering South School for your child's early childhood education journey.

Please complete the following information to be considered for the preschool program:

Parents as Teachers:

Has your child been involved in Parents As Teachers? (Circle One) Yes No

I am not participating currently in Parents As Teachers, but would like to be contacted about this free resource. If interested, please write down a phone number where you can be reached.

Current Arrangements:

What does your child currently do during the day? (Circle One)

____ Day Care ____ Home with family member ____ Other (if other-please describe) _____

Are you enrolling a current foster child? Yes No

Do you consider the enrollee homeless? Yes No

Does this enrollee have any siblings currently attending Eldon schools? Yes No

Speech and Language:

- | | | |
|---|-----|----|
| • Can your child speak in sentences? | Yes | No |
| • Does your child use pronouns correctly (e.g., he, she, me)? | Yes | No |
| • Can your child follow simple instructions? | Yes | No |

Cognitive Skills:

- | | | |
|---|-----|----|
| • Does your child recognize colors and shapes? | Yes | No |
| • Can your child count to a certain number? | Yes | No |
| • Does your child show an interest in books and storytelling? | Yes | No |

Fine Motor Skills:

- | | | |
|--|-----|----|
| • Can your child hold a crayon or pencil with a proper grip? | Yes | No |
| • Is your child able to cut with safety scissors? | Yes | No |

Gross Motor Skills:

- | | | |
|---|-----|----|
| • Is your child able to run, jump, and hop? | Yes | No |
| • Can your child throw and catch a ball? | Yes | No |

Social and Emotional Development:

- | | | |
|---|-----|----|
| • Does your child express emotions appropriately? | Yes | No |
| • Is your child able to take turns and share? | Yes | No |

Self-Help Skills:

- | | | |
|--|-----|----|
| • Can your child dress and undress independently? | Yes | No |
| • Is your child able to use the toilet on their own? | Yes | No |

Problem-Solving Skills:

- | | | |
|--|-----|----|
| • Can your child solve simple problems independently? | Yes | No |
| • Does your child ask questions and seek help when needed? | Yes | No |

Socioeconomic:

Do any of your household members including you participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR

Yes	No
-----	----

If you answered no, please complete the following form on the attached sheet.

Please indicate where your household income falls on the chart below.

A						B					
Household Size	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	
1	\$18, 954	\$1,580	\$365	\$729	\$790	\$26,973	\$2,248	\$519	\$1,038	\$1,124	
2	\$25, 636	\$2,137	\$493	\$986	\$1,069	\$36,482	\$3,041	\$702	\$1,404	\$1,521	
3	\$32,318	\$2,694	\$622	\$1,243	\$1,347	\$45,991	\$3,833	\$885	\$1,769	\$1,917	
4	\$39,000	\$3,250	\$750	\$1,500	\$1,625	\$55,500	\$4,625	\$1,068	\$2,135	\$2,313	
5	\$45,682	\$3,807	\$879	\$1,757	\$1,904	\$65,009	\$5,418	\$1,251	\$2,501	\$2,709	
6	\$52,364	\$4,364	\$1,007	\$2,014	\$2,182	\$74,518	\$6,210	\$1,434	\$2,867	\$3,105	
7	\$59,046	\$4,921	\$1,136	\$2,271	\$2,461	\$84,027	\$7,003	\$1,616	\$3,232	\$3,502	
8	\$65,728	\$5,478	\$1,264	\$2,528	\$2,739	\$93,536	\$7,795	\$1,799	\$3,598	\$3,898	
9	\$72,410	\$6,035	\$1,393	\$2,785	\$3,018	\$105,045	\$8,588	\$1,982	\$3,964	\$4,295	
For each add'l person, add	+\$6,682	+\$557	+\$129	+\$257	+\$279	+\$9,509	+\$793	+\$183	+\$366	+\$397	

☐ My household income does not fall on this chart.



MICHAEL L. PARSON, GOVERNOR • ROBERT J. KNODELL, DIRECTOR
DARRELL MISSEY, DIRECTOR
CHILDREN'S DIVISION
P.O. BOX 88 • JEFFERSON CITY, MO 65103-0088
WWW.DSS.MO.GOV • 573-522-8448 • 573-526-3971 FAX

SCHOOL NOTIFICATION OF ENROLLMENT/CHANGE OF PLACEMENT

Date: _____

Student Name: _____ DOB: _____ Grade: _____ DCN: _____
Date of foster care entry: _____ County of Jurisdiction: _____
TO: School District Name LEA POC: School Districts Foster Care Point of Contact
SOO: School of Origin LEA POC: School Districts Foster Care Point of Contact

The above-named student is currently in the legal custody of the Missouri Department of Social Services Children's Division, and placed in foster care. The Children's Division is considered this child's legal custodian. This letter is intended to provide enrollment or change in placement information and facilitate communication between the educational provider, the placement provider, and Children's Division/contracted staff.

Additionally, The Healthy, Hunger-Free Kids Act of 2010 grants automatic eligibility for free school meals to foster children, without the necessity of an application. Therefore, the above-named student shall be granted free school meals at this time due to their status in foster care.

NOTICE TO CURRENT SCHOOL: (Select one option):

New Foster Care Entry	Placemen t Change	
<input type="checkbox"/>	<input type="checkbox"/>	Student's placement causes no change to their school setting/enrollment (no BID).
<input type="checkbox"/>	<input type="checkbox"/>	Student's placement remains in district but in a new school (BID meeting needed).
<input type="checkbox"/>	<input type="checkbox"/>	Student was previously receiving home school services (no BID).
<input type="checkbox"/>	<input type="checkbox"/>	Student's placement is outside the district (BID meeting needed).

NOTICE TO NEW SCHOOL:

- ☐ Student will be moving into your school district. A BID meeting is being requested from the school of origin.
- ☐ Student has moved into your school district but due to the emergency nature of the move, no BID meeting could occur prior to placement. A BID meeting is being requested from the school of origin.
- ☐ Student will be residing in your school district but will be receiving home school services.

STUDENT INFORMATION:

- ☐ Student received services from a Special School District prior to the placement change.
- ☐ Student has a current IEP most recently updated on _____.
- ☐ Student has a current 504 plan most recently updated on _____.
- ☐ Student would benefit from academic testing to determine appropriate grade level.
- ☐ Student would benefit from testing to determine if an IEP is necessary.
- ☐ Other: _____

CHILDREN'S DIVISION/CONTRACTED CASE MANAGER, SUPERVISOR CONTACT INFORMATION:

Case Manager: _____ Supervisor: _____
Phone: _____ Phone: _____
Email: _____ Email: _____
Address: _____ Address: _____

PLACEMENT PROVIDER/STUDENT'S EDUCATIONAL DECISION MAKER:

The Placement Provider is the child's *Educational Decision Maker* unless otherwise specified

☐ Parent/Guardian ☐ Foster Home ☐ Relative Home ☐ Other (please specify): _____

Placement Provider: _____
Phone: _____
Email: _____
Address: _____

EDUCATIONAL SURROGATE (IF APPLICABLE):

Name: _____
Phone: _____
Email: _____
Address: _____

POTENTIAL BID MEETING PARTICIPANTS (IF APPLICABLE):

Name	Role	Phone	Email

Sincerely,

Case Manager

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

Missouri Department of Social Services is an Equal Opportunity Employer/Program.



**ELDON R-I SCHOOL DISTRICT
SCHOOL CALENDAR
2025-2026**

"Home Of The Mustangs"



Board Approved: 12/18/2024

AUGUST						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

10 School Days

SEPTEMBER						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

21 School Days

OCTOBER						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

21 School Days

NOVEMBER						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

16 School Days

DECEMBER						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

15 School Days

JANUARY						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

19 School Days

FEBRUARY						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

19 School Days

MARCH						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

19 School Days

APRIL						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

19 School Days

MAY						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	*18	*19	*20	*21	*22	23
25	25	*26	*27	*28	*29	30
31	*1					

11 School Days

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

*Possible makeup days are marked with an asterisk

*- Snow Make Up Days

☐ = Students Do Not Attend

☒ = Students Dismissed Early

DATES TO REMEMBER:

August 6, 7, 8

August 11,12,13,14

August 18

September 1

October 17

October 28 - October 30

October 30

October 30 - November 3

November 26 - 28

December 19

December 22 - January 2

New Teacher's Workshop

Teacher Orientations

First Day For Students

Labor Day

End of First Quarter

Parent Teacher Conferences

P.D Day

No School

Thanksgiving Break

End First Semester

Christmas Break

January 19

February 16

March 6

March 11

March 12

March 13

March 30 - April 3

April 3

May 8

May 10

May 15 (Early Out)

No School MLK Day

No School President's Day

End Third Quarter

Parent Teacher Conferences

Parent Teacher Conferences

No School

Spring Break

Good Friday

8th Grade Promotion

High School Graduation

Last Day for Students & Teachers