



# ELDON MIDDLE SCHOOL



**Eldon R-I School District**

1400 North Grand Avenue

Eldon, MO 65026

Phone: (573) 392-8020 Fax: (573) 392-9151

## RELEASE OF STUDENT'S SCHOOL RECORD PERMISSION FROM

DATE: \_\_\_\_\_

STUDENT'S 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:

- ☐ Birth Certificate
- ☐ Official transcript
- ☐ Standardized test scores
- ☐ Health/immunization records
- ☐ Copy of most recent report card
- ☐ Disciplinary records per the Missouri Safe School Act
- ☐ Custody documentation
- ☐ Federal Programs (IEP, ELL, Gifted)
- ☐ 504 Documents

Email: [shyla.prater@eldonmustangs.org](mailto:shyla.prater@eldonmustangs.org)

Phone number: (573) 392-8020

Fax number: (573) 392-9151

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

For Office Use Only

Elective(s): \_\_\_\_\_

Math Class: \_\_\_\_\_

# ELDON R-I SCHOOLS ENROLLMENT INFORMATION

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

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: \_\_\_\_\_

Two sided please turn over

**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 of 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 student, \_\_\_\_\_, has not been expelled from school attendance at any other 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 the cost of education of the student.**

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Signature of parent or court-appointed guardian

## Internet/Technology Access

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please check all that apply:

Does your child have internet access? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have access to a computer during school hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please check all that apply:

My child has access to the following during school hours?

\_\_\_\_\_ Computer/Chromebook

\_\_\_\_\_ Tablet/I-Pad

\_\_\_\_\_ Phone

\_\_\_\_\_ My child does not have access to any of the devices listed above.

What internet provider do you have access to? \_\_\_\_\_

Email address to best reach you \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**TOGETHER**  
**WE RISE**  
**FAMILY SCHOOL COMMUNITY**



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Eldon, MO 65026

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### ELDON R-I SCHOOLS

For the past several years, Eldon R-I 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.

Check the appropriate box below:

- ☐ I do not give my permission to receive non-emergency calls from Eldon R-I Schools using automatic dialing equipment at the telephone numbers submitted during the registration process.

Student Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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)

# Elective Class Options

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

## 6th Grade Student

Please circle one of the following:

Explo Wheel

(Art, FACS, PLTW, Counseling)

Choir

Band

## 7th Grade Student

Please circle one of the following:

Explo Wheel

(Art, FACS, PLTW, Counseling)

Choir

Band

(Must previously been in Band)

## 8th Grade Student

Fill out the chart below- Rank the elective options from 1-7 with 1 being your first option and 7 being the class you would LEAST like to take.

Elective Class	Ranking
Band (must have previously been in Band)	
Choir	
Art (Circle One: Semester or Year)	
FACS	
Flight and Space	
Design & Modeling	
Medical Detective	

# MEDIA PERMISSION

Dear Parents/Guardians:

On certain occasions, media and teachers/staff will be taking pictures of students in the classroom and/or participating in special events on and off campus. We believe this is a wonderful opportunity for the community to see what great students and staff we have. It also provides an outlet for the community to see and hear about the great things we have going on at Eldon Middle School.

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_

\_\_\_\_\_ Yes, I give permission for my student's picture to be published.

\_\_\_\_\_ No, I DO NOT give permission for my student's picture to be published.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Thanks for all you do! When families and schools work together, great things can happen.



# 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-sting 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 as well as yearly vision, hearing, height and weight screenings to be administered to my student.

Parent Cell Phone \_\_\_\_\_

Parent 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)

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(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: \_\_\_\_\_