Eldon High School
Eldon School District
101 South Pine Street
Eldon, MO 65026
Phone: 573-392-8010
Fax: 573-392-8929

MUSTANGS

STUDENT RECORDS REQUEST FORM

Section 1-Student Information If the last school attended was a middle school, also indicate the high school the student would have attended this year.			
Name			Date of Birth
Most recent school Attended			Grade
Address			
City	State	Zip Code	
Phone Number		Fax Number	

Section 2- Student Record Information Please forward the following information to Registrar				
☐ Withdrawal Grades	Missouri Constitution Test Please check the appropriate box	Pass	Fail	Not taken
☐ Official Transcript	United States Constitution Test Please check the appropriate box	Pass	Fail	Not Taken
☐ Test Scores	Enrolled in A+ Program Please check the appropriate box		Yes	No
☐ Immunization and Health Records	Gifted Program		Yes	No
☐ Discipline Records	First Day of School			
☐ Attendance Records	Date of Withdrawal			
☐ 504 Plan	Other			
☐ Individualized Education Plan				
☐ Diagnostic Evaluation Report				
☐ Birth Certificate				

Section 3- Missouri State End-of-the-Course Assessment Status Verification				
Assessment	Course Title	Course Content Completion Date	Test Date (Semester/Year)	District Delayed (Y/N)
Algebra I EOC				
Algebra II EOC				
Geometry EOC				
English I EOC				
English II EOC				
Biology I EOC				
Government EOC				
American History EOC				

Section 4-Certification of Parent/Guardian and School Representative	
Signature of Parent/Guardian	Date
Signature of School Representative	Date

According to the Missouri Safe Schools Act Section 167.020.7 RsMO., any school district receiving a request for records must respond within 5 business days of the receipt of the request and must include discipline records. Violation of the subsection is a class B misdemeanor.
Federal Law 99.21 states: "No parent signature is required for education records sent to another educational agency"

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:**_____**ZipCode**_____

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

Student Cell#_____

Home Phone #: _____ Cell #: _____**Parent 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:

Address:_____ **City:**_____ **State:**_____**Zip:**_____

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

Previous school address: _____ Phone #: _____

Circle the county in which you live: MILLER MORGAN MONITEAU

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

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

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

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

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

Are you currently living with another family (doubled up) due to loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. ***YES NO***
Explain: _____

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

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

Two sided please turn over

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

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

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

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

I VERIFY THAT ALL ENROLLMENT INFORMATION IS CORRECT.

Parent Signature _____ **Date** _____

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: _____

_____

Last School Enrolled in:

Phone #: _____

Bus # _____

School Phone No:

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

Parent Portal

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

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

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

PLEASE PRINT BELOW

Student Name _____

_____ Parent Name

_____ Parent Email Address –Home or Work (circle one)

_____ Parent Name

_____ Parent Email Address – Home or Work (circle one)

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

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

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

Date:_____

_____ Parent Signature

_____ Parent Printed Name

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

Terri Benjamin
Registrar
(573) 392-8010

Cheyenne Uptergrove
SIS Coordinator
(573) 392-8000

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

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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:

HOME COPY

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

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

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

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

A user is required to use network resources in an efficient, ethical and legal manner. The use of your access must be in support of education/research and consistent with the educational objectives of the Eldon R-1 District. Activities that are acceptable, include classroom activities, career development, and research. Students may not use the resources of the Eldon R-1 School District for entertainment purposes.
In compliance with the Children's Internet Protection Act (CIPA), the district utilizes blocking software and a filtering system to guard against inappropriate access.

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

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

Guidelines and Conditions:

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

OFFICE COPY

OFFICE COPY

Eldon R-I Schools

Network and Internet Access Acceptable Use Agreement

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

Student's Agreement

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

Print Name	Signature	Date

Parent's/Guardian's Agreement

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

Signature of Parent or Guardian	Date

Eldon R-1 School District – Health Services
Student Health Information 2026-2027

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, I give permission

_____ No, I do not give permission

I hereby give my permission for the Eldon School District to obtain and release my student's immunization records by phone, mail or fax to and from the physician's office.

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** _____

Home of the Mustangs

Est. 1907

Eldon School District

Matt Davis, Superintendent

Rigor - Relevance - Relationships

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.

Check the appropriate box below:

☐ 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_____

112 S. Pine Street • Eldon, MO 65026 • Ph: (573) 392-8000 • Fax: (573) 392-8080 • www.eldon.k12.mo.us