MUSTANGS

Eldon Upper Elementary New Enrollment Requirements

**This page is for Office Use Only*

☐ Parent Guardian ID

☐ Birth Certificate

☐ Shot Record

☐ Proof of Residency

☐ Court Documents

☐ IEP/504, Reading Success Plan (RSP)

☐ Discipline

☐ Records from previous school _____
Previous School

Notes:

Enrollment Requirements Complete _____
Office Signature

Student Name _____ DOB _____ Grade _____

Teacher _____ Student PIN# _____ Locker _____

Student Transportation: AM _____

PM _____

TOGETHER WE RISE
FAMILY SCHOOL COMMUNITY

MUSTANGS

Eldon Upper Elementary School

409 E. 15th St. Eldon, MO 65026 Phone: 573-392-6364 Fax: 573-392-6820
Cody Kliethermes, Principal Kari Duncan, Assistant to the Principal

Student Record Release Permission Form

Date: _____

Student Full Name: _____ Grade: _____

Date of Birth: _____

New Enrollments in other Buildings: _____

Name of Last School Attended: _____

Address: _____

Phone: _____ Fax: _____

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

1. Record of Scholastic Achievement
2. Health and Immunization Record
3. Testing Scores (MAP)
4. Diagnostic Summary and IEP, if applicable
5. Discipline and Attendance Records

Parent/Guardian Signature: _____

Please return records to haley.wood@eldonmustangs.org

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 consent form signed for transfer of school records.

ELDON R-I SCHOOLS ENROLLMENT INFORMATION

Date_____ Grade_____

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 _____ Social Security #: _____ Male___Female ____

RACE: (please check) White___Black___Hispanic___Indian___Asian___Other_____

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

Parent One Name: _____ Marital Status: M W D S

Relationship to Student:_____ Cell #: _____

Parent/guardian E-mail Address:_____

Employer: _____ Work #: _____

Parent/Guardian 2 information_____ Marital Status: M W D S

Relationship to Student:_____ Cell #: _____

Parent/guardian E-mail Address:_____

Employer: _____ Work #: _____

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: _____

3.Name_____ Relation: _____Phone #: _____Cell: _____

4.Name_____ Relation: _____Phone #: _____Cell: _____

Name of Parent out of the home (if applicable):_____Relationship: _____

Address: _____

Cell#: _____ Employer: _____Work #: _____

Spouse: _____ Cell #: _____

Would this parent like a grade card sent to them? YES NO

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 due to loss of permanent housing (e.g. motel, hotel, car, shelter)? YES NO

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

Is child involved in (check all that apply):

Special Ed. classes_____ Speech_____ Title I Reading_____ Gifted_____ 504 Plan_____

I VERIFY THAT ALL ENROLLMENT INFORMATION IS CORRECT.

Parent Signature _____

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**	___ **ADHD**	___ **Other Medical Condition EXPLAIN**
___ **Diabetes**	___ **ADD**	_____
___ **Seizures**	___ **Hearing problem**	_____
___ **Severe Allergies**	___ **Vision problem**	_____
___ **Heart Condition**	___ **Seasonal Allergies**	_____

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 – Health Services
Authorization for Medication

The following section is to be completed by the **parent/guardian** if your student will be taking medication at school:

Student Name _____ Grade _____

Medication to be taken at school: _____

_____

Physician Name _____

_____ **I request that my child be assisted in taking the medications listed below.**

_____ _____ _____

Parent Signature | Date | Phone Number

Title One Home-School Compact

Upper Elementary School is a school-wide Title 1 building; therefore, all students have the opportunity for additional assistance in learning.

Students of Upper Elementary School are encouraged to be responsible for their own success. To aid in this success they can make the following commitments:

1. Attending school on time every day.
2. Doing their best in class and completing homework on time.
3. Respecting others and themselves, making good choices and being a cooperative learner.
4. Keeping parents informed about progress in school and asking for help when needed.
5. Using time wisely at home and at school.

Parents are encouraged to be involved in their child's education in an effort to help with his/her achievement, attitude and behavior. To aid in this effort parents can make the following commitments:

1. Sending child to school every day, well rested and ready for the day.
2. Providing appropriate learning supplies and a place and time for learning.
3. Letting child know how much they care about their learning.
4. Checking child's homework and their graded schoolwork.
5. Making sure communication flows two ways, both from school to home and from home to school.

As educators at Upper Elementary School, we understand the importance of the educational experience for every student and our role as the teacher and role model. Therefore, in order to insure learning that takes place for every student we are committed to the following:

1. Maintain high expectations for every child to learn and achieve.
2. Provide a safe, positive and respectful learning environment.
3. Recognize and adapt for each students' needs and encourage individual talents.
4. Communicate with parents and students on a regular basis concerning student progress.
5. Help parents to support learning and positive behavior and encourage interaction at school.

By signing this compact, I acknowledge that I have access to a printed and online version of the Student/Parent Handbook and understand the terms and conditions. Together, students, parents, and educators become partners to enable the child to know success and a lifelong love of learning.

_____

Parent Signature

_____

Student Signature

MUSTANGS

Social Media Permission

2026 - 2027

Dear Parents/Guardians,

We believe sharing pictures of our students on social media and in the newspaper is a great way for the community to see what great students and staff we have. We enjoy providing a way for the community to see and hear about the achievements of our students and they fun they have learning here at Upper. This may include special events on or off campus. **Please let us know if we may publish pictures of our student on social media and/or the local newspaper.** You may update your preference at any time.

Student Name _____ Teacher 26 - 27 _____

☐ **YES**, I give permission for my student's picture to be published.

☐ **No**, I prefer my student's picture NOT be published.

Parent/Guardian _____ Date _____

Thanks for all you do.

When families and schools work together, GREAT things can happen!

For NEW Parent Portal Users ONLY

***Please only fill out if you are a new portal user or your email address has changed.**

Through this web-based system, Parent Portal, parents will be able to view their child's attendance history, schedule, grades based on three week progress reports, 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.

____ 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.

PLEASE PRINT BELOW

Student Name _____

_____ _____

Parent Name Email Address

_____ _____

Parent Name Email Address

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

Access to Devices/Internet

Please provide as much information as possible

Student Name: _____ Grade: _____

Teacher Name: _____

Please check all that apply:

- Does your student have internet access? Yes ____ No____
- Does your student have access to a computer during school hours? Yes____ No____

Please check all that apply:

- My student has access to the following devices during school hours:
- Computer/Chromebook _____
- Tablet/I-Pad _____
- Phone _____
- My student 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: _____

Thank you ☺

Pick-Up/Walker Dismissal Authorization

Students who are picked up from Eldon Upper Elementary on a regular basis must have this authorization form on file. The safety of your student is very important to us! Therefore, we would like to know who has permission to pick your student up from school. Authorized individuals must have photo identification such as a driver's license available if requested.

Student:_____

Grade:_____ Teacher: _____

Please list the names of all individuals that will be allowed to pick up your student both regularly and occasionally, such as yourself, other parents, step-parents, grandparents, aunts, uncles, older brothers/sisters, church and sports organizations, Girl Scout leaders, etc.. Please print.

Name	Phone Number
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____
6._____	_____
7._____	_____

*Please write the names of any other individuals you wish to include on the back of this sheet.

____My student will be a walker or a bike rider. Please list the house number and street address:

_____

Please mark the days you child will be picked up, walk or ride a bike on a regular basis.

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

Parent/Guardian 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: _____

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.

Please note that all bus transportation requests are to be in writing on the correct 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 ensure 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. Please provide an updated copy of your new address any time that you move and need to make a change to your child's transportation.

BUS STOP POLICIES AND PROCEDURES

The District needs continued parent cooperation in drop-off procedures. It has been the District's practice to drop-off students at their regular bus stop with a parent or guardian present. If a responsible adult is not present at the bus stop for an individual student, the student will be taken back to their school and the parent(s) or guardian will be called using the emergency phone numbers listed in the student's file. Parent(s) or guardians will be expected to pick-up their child at the school within 30 to 60 minutes for being notified before local police or Children and Youth Services is called. Persistent lack of parental or guardian presence at the student's assigned stop for the student's return home trip may result in a suspension of bus riding privileges.

The above procedures are being restated with the intent of requesting the assistance of all District parents to help the District maintain a safe student transportation system for ALL of our children.

Contact the Eldon R-1 transportation dept if you have any questions or need assistance with the above bus procedures and policies.