

# Welcome to South Elementary School



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

#togetherwelead

#togetherwerise



# Eldon South Elementary

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



Date: 01/05/2021

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  
2021-2022

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

2021-2022

Please fill out and return to the school nurse. This form must be filled out yearly.

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Allergic to: \_\_\_\_\_ (food, medications, latex insects)

HEALTH CONDITION (Check all that apply)	YES	NO	DIAGNOSIS DATE / TREATMENT and /or MEDICATION (s)
ADD _____ ADHD _____			
Autism _____ Asperger's _____			
Asthma Carries inhaler Y ___ N ___ Type: _____ If carries an inhaler, a medication authorization (Dr. Signature) needs to be on file. Asthma Triggers: _____			
Bone/Joint problem			
Bowel, bladder or kidney problems (specify which one)			
Diabetes			
Chronic Earaches/Infections –Tubes present R ___ L ___			
Chronic Headaches _____ Migraines _____			
Hearing Loss—Ear (s) R ___ L ___ Aid(s) _____			
Heart Condition: _____			
Irritable Bowel Syndrome			
Menstrual Cramps: Frequent _____ and/or Severe _____			
Mental Health Concerns			
Nosebleed: Frequent _____ and/or Severe _____			
Seizure Disorder Date of Last Seizure: _____			
Skin Problems --Concern: _____			
Traumatic Brain Injury/ Head injury			
Vision Concerns- Wears Glasses Y ___ N ___ Contacts Y ___ N ___ all the time _____ Reading: _____ Distance: _____			

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 \_\_\_\_\_ I GIVE my permission for the School Nurse or designated personnel to give acetaminophen or ibuprofen *without*  
Initial contacting a parent/guardian

NO \_\_\_\_\_ I DO NOT give my permission for the School Nurse or designated personnel to give acetaminophen or ibuprofen  
Initial *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 students 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-sting treatments and generic substitutes.

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

Date \_\_\_\_\_

# 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*

# 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: \_\_\_\_\_

**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**

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**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 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 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.

**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 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** \_\_\_\_\_

**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

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)

# 2021-2022 PK/K Federal Criteria

**Preschool** is for children who will have their 4<sup>th</sup> birthday on or before July 31, 2021.

**Kindergarten** is for children who will have their 5<sup>th</sup> birthday before July 31, 2021.

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

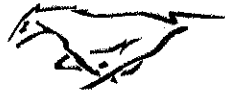
Eldon R-1 PreK Student Selection Criteria:

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 R-I SCHOOL DISTRICT  
SCHOOL CALENDAR  
2021-2022  
"Home Of The Mustangs"**



Board Approved

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				

7 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						

18 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				

19 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	

16 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		

22 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

18 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	*24	*25	*26	*27	28
29	30	*31	*1	*2		

14 School Days

Any days missed due to inclement weather may extend the school year beyond May 19  
 \*Possible makeup days are marked with an asterisk  
 January 17 - Snow Make Up Day  
 May 20 - June 2- Snow Make Up Days

= Students Do Not Attend       = Students Dismissed Early

**DATES TO REMEMBER:**

- |                           |                                     |                                   |                                  |
|---------------------------|-------------------------------------|-----------------------------------|----------------------------------|
| August 12,13,16           | New Teacher's Workshop              | January 3                         | P. D. Day                        |
| August -17,18,19          | Teacher Orientations                | January 17 (Possible Make Up Day) | Martin Luther King               |
| August 23                 | First Day For Students              | February 21                       | No School President's Day        |
| September 6               | Labor Day                           | March 9                           | End Third Quarter                |
| October 11 (Columbus Day) | P.D. Day                            | March 16                          | Parent Teacher Conf. 3:00-6:00   |
| October 20                | End of First Quarter                | March 17                          | Parent Teacher Conf 4:00 -8:00   |
| October 28                | Parent Teacher Conf. 9:00 am-8:00pm | March 18                          | No School                        |
| October 29                | No School                           | April 14 - April 18               | Easter Break                     |
| November 24 - 26          | Thanksgiving Break                  | May 13                            | 8th Grade Promotion              |
| December 22 (Early Out)   | End First Semester                  | May 15                            | High School Graduation           |
| December 22 - January 3   | Christmas Break                     | May 19 (Early Out)                | Last Day for Students & Teachers |
|                           |                                     | May 30                            | Memorial Day                     |