

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: 02/01/2022

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

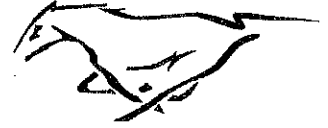
Thank you

South Elementary Office Staff



Eldon South Elementary

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



RELEASE OF STUDENT'S SCHOOL RECORD PERMISSION FORM

DATE _____

STUDENTS FULL NAME _____

DOB _____

GRADE _____

STUDENTS 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:

- Grades/Attendance/Behavior Reports
- Medical/Immunization Records
- IEP or 504 Plan
- Educational Testing
- Legal Information
- Discharge Summary

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 a consent form signed for transfer of school records.

Please return this information to: South Elementary School

Attn: Office Personnel
1210 S. Maple
Eldon, MO 65026

Email: Lindsey.Henderson@EldonMustangs.org
Phone #: (573) 392-8030
Fax #: (573) 392-9152

PARENT/GUARDIAN SIGNATURE _____

DATE _____

ELDON R-I SCHOOLS ENROLLMENT INFORMATION
2022-2023

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 _____

Eldon R-1 School District – Health Services

Student Health Information 2022-2023

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 to be administered to my student.

Parent Cell Phone _____

Parent 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

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. Don 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 activates 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 or 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)

2022-2023 PK/K Federal Criteria

Preschool is for children who will have their 4th birthday on or before July 31, 2022.

Kindergarten is for children who will have their 5th birthday before July 31, 2022.

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 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-I SCHOOL DISTRICT
SCHOOL CALENDAR
2022-2023
"Home Of The Mustangs"


Board Approved 11/17/2021
 Board Reapproved: 3/23/2022
 Board Reapproved: 6/22/2022

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			

8 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	

20 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	

15 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
 *April 10 - Snow Make Up Day
 *May 22 - June 2- Snow Make Up Days

= Students Do Not Attend = Students Dismissed Early

DATES TO REMEMBER:

- | | | | |
|-------------------------|-------------------------------------|---------------------|----------------------------------|
| August 11,12,15 | New Teacher's Workshop | January 3 | P. D. Day |
| August -16,17,18 | Teacher Orientations | January 16 | No School MLK Day |
| August 22 | First Day For Students | February 20 | No School President's Day |
| September 5 | Labor Day | March 8 | End Third Quarter |
| October 12 | End of First Quarter | March 13 | Parent Teacher Conf. 4:00-8:00 |
| October 20 | Parent Teacher Conf. 9:00 am-8:00pm | March 14 | Parent Teacher Conf 4:00 -7:00 |
| October 21 | No School | March 15 - March 17 | Spring Break |
| October 24 | P.D. Day | April 7 - April 10 | Easter Break |
| November 23 - 25 | Thanksgiving Break | May 12 | 8th Grade Promotion |
| December 22 (Early Out) | End First Semester | May 14 | High School Graduation |
| December 22 - January 3 | Christmas Break | May 19 (Early Out) | Last Day for Students & Teachers |
| | | May 29 | Memorial Day |