



## ***Welcome to Skyline Middle School***

### ***Things you will need to bring with you to enroll your child in school:***

- Complete and up-to-date shot records*
- Copy of Birth Certificate*
- Copy of Social Security Card*
- Proof of Residency (i.e. tax statement, utility bill, real estate contract)*
- Copy of IEP/Evaluation Report (if applicable)*

**2019-2020**  
**Hickory Co. R-1 Skyline Middle School**  
**Supply List**

*This list of supplies may not last your child the entire school year – students are expected to supply themselves with these items throughout the entire school year.*

**5<sup>th</sup> Grade**

- Pencils – not mechanical
- Wide lined notebook paper
- Crayons
- Scissors
- Glue
- Art box for supplies
- 6 folders with pockets
- 3 boxes of kleenex
- 1 pkg. of colored pencils
- 3 Composition Notebooks (Writing, Science, Math)
- 1 Trapper Keeper/Binder with closure
- 2 sets of earbuds-Dollar General/1.00 ones are fine

**6<sup>th</sup> Grade**

- 2 packages wide- lined notebook paper
- Pencils
- Box for art supplies
- 3 boxes of kleenex
- 6 folders with pockets
- 1 pkg. colored pencils
- 4 Composition Notebooks (Science, Math, Writing, Language Arts)
- Small box of crayons
- Small box of markers
- 2 sets of earbuds-Dollar General/1.00 ones are fine
- Glue Sticks
- Basic Calculator

**7<sup>th</sup> and 8<sup>th</sup> Grade**

- Pencils/Pens – 1 Black Pen, 1 Red Pen, 1 Green Pen, and 1 Blue Pen
- 1pkg. of notebook paper
- Markers or Colored Pencils
- 1 pkg. of 4x6 ruled index cards
- 2 boxes of Kleenex
- 1 2” 3 ring binder (for Math)
- Calculator / MUST have % key (*No Scientific calculators*)
- 2 Composition Notebooks
- 1 2-pocket folder with brads
- 1 1” 3 ring binder with 5 tab dividers (English)
- 1 one subject notebook for the 7<sup>th</sup> Reading and a small “fun sized” notebook (Mrs. Barb)

*Students will be informed in a timely manner of any items needed for special projects or classes.*



# Student Enrollment 2019-2020



Student's Social Security # \_\_\_\_\_ *Must Have*      Date Entered \_\_\_\_\_

Teacher \_\_\_\_\_      Grade \_\_\_\_\_      Locker# \_\_\_\_\_

Name \_\_\_\_\_      Boy       Girl   
 Last       First       Middle

Date of Birth \_\_\_\_\_      Place of Birth \_\_\_\_\_      Age \_\_\_\_\_

Home Address \_\_\_\_\_  
*Rt.      Box      City      State      Zip*

Home Phone # \_\_\_\_\_      County you Live In \_\_\_\_\_

Email: (Grade notification) \_\_\_\_\_

Emergency Name and Phone # \_\_\_\_\_

Ethnicity:  Hispanic/Latino or of "Spanish Origin"       Non-Hispanic

**Race (only if marked Non-Hispanic):**

White       Black or African American       Native Hawaiian or Other Pacific Islander  
 American Indian or Alaska Native       Asian

Has your family moved within the past six years to obtain temporary or seasonal farm-related work?  Yes       No

Is English the primary language spoken in your home?  Yes       No  
 (If no, what is the primary language? \_\_\_\_\_)

**Parent Information**

**Parent/Guardian Information:**

Father's Name \_\_\_\_\_      Place of Employment \_\_\_\_\_  
 Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_      Place of Employment \_\_\_\_\_  
 Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

**If Applicable**

Step-Father's Name \_\_\_\_\_      Place of Employment \_\_\_\_\_  
 Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

Step-Mother's Name \_\_\_\_\_      Place of Employment \_\_\_\_\_  
 Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_      Place of Employment \_\_\_\_\_  
 Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

**With Whom Does the Child Reside:**

Mother     Father     Step-Mother     Step-Father     Other \_\_\_\_\_

**Please list all children presently living in your home from oldest to youngest.**

<i>Name</i>	<i>Age</i>	<i>Name</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please list all persons authorized to pick up your child.**

_____	_____
<i>Name</i>	<i>Phone Number</i>
<hr/>	
_____	_____
<i>Name</i>	<i>Phone Number</i>
<hr/>	
_____	_____
<i>Name</i>	<i>Phone Number</i>

# ***SKYLINE PHONE/TEXT/EMAIL NOTIFICATION FORM***

Parent Name: \_\_\_\_\_

To assure we get the appropriate information to you, please list your children and grade level below: (This form needs to be completed once per household.)

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

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

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

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

## **Email**

Please write your email address(s) below. We will send notifications via email which may include lunch account and attendance information.

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

## **Text/Voice Notification**

Please list your phone numbers below: (Please note if the number is a home/landline phone.)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Transportation Data Form**  
**2019-2020**

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

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Name and Number of Person to Contact in case of emergency:**

\_\_\_\_\_

**Please list all school age children in your household that ride the bus:**


**A.M. Bus #** \_\_\_\_\_

Is this pick-up from  **home** or  **other** ?

If **other** please specify: \_\_\_\_\_

**Must Fill Out** ...Directions from pick-up point to school

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**P.M. Bus #** \_\_\_\_\_

Is this drop-off at  **home** or  **other** ?

If **other** please specify: \_\_\_\_\_

Directions from school to drop-off: (Need only to complete if different than above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Hickory County R-1

## Safe Schools Act Student Discipline Enrollment Information

Date \_\_\_\_\_

In accordance with the Missouri Safe Schools Act of 1996, this district requires that parents provide criminal and school disciplinary information. To implement that law, this district's Board policy requires that the following questions be answered by parents/legal guardians enrolling students.

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

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Address of Parent/Legal Guardian \_\_\_\_\_

1. Is the above student presently under suspension or expulsion from another school district?  YES  NO

If yes, please describe \_\_\_\_\_

2. Has the above student been convicted or charged with any of the following crimes: Please check all that apply and indicate offense.)

- 1. First degree murder under #565.020, RSMo
- 2. Second degree murder under #565.021, RSMo
- 3. First degree assault under #565.050, RSMo
- 4. Forcible rape under #566/030, RSMo
- 5. Forcible sodomy under #566.060, RSMo
- 6. Robbery in the first degree under #569.020, RSMo
- 7. Distribution of drugs to a minor under #195.212, RSMo
- 8. Arson in the first degree under #569.040, RSMo
- 9. Kidnapping, when classified as a class A felony under #565.100, RSMo

In accordance with #167.171, RSMo no student may be readmitted or enrolled in the school who has been convicted of or charged with an act which if committed by an adult would be one of the above. Nothing in the law shall prohibit the readmittance or enrollment of any student if a charge has been dismissed, or when a student has been acquitted of any of the above offenses.

***I attest that all the above information is correct and true:***

\_\_\_\_\_  
(Parent/Legal Guardian Signature and Date)

# Hickory County R-1 Student Enrollment Checklist

## *Parent/Guardian*

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## *Student*

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Address Verification – Parent/Guardian (Attach Copy of Document)

- Tax Bill – Personal Property/Real Estate
- Lease Signed by Both Parties
- Real Estate Contract Signed by All Parties
- Utility Bill
- Utility Deposit Receipt
- Other \_\_\_\_\_

### Basis for Admission of Student (Section 167.020, RSMo)

- Resides with Parent in District
- Resides with Legal Guardian in District – Copy of Court Order Must be Attached
- Student is less than 21 years of age and lacks a fixed, regular and adequate nighttime residence (homeless child) because student is
  - living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home
  - living in a community shelter facility
  - living in transitional housing for less than one year
- Student is less than 21 years of age/ has a permanent or temporary home in the district and
  - is an orphan or has only one parent living
  - parents do not contribute to his or her support
- Student's parents own real estate in the district provided
  - 80 acres or more are used for agricultural purposes
  - parent's residence is on real estate
  - at least 35% of the real estate is in the district
  - parent notified district on or before June 30<sup>th</sup> that student would be attending school in the district

(To be eligible for admission all 4 conditions above must be met)

- Transportation hardship as agreed by both districts

Additional information supporting admission decision (address, location of where student is living, etc.) \_\_\_\_\_

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# Foster Placement Form

*If the child you are currently enrolling at Hickory County R-1 School is currently in foster care placement, please fill out the following information. Thank you for your help.*

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Foster Parents \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Name of Agency Responsible for the child \_\_\_\_\_

Name of Case Worker \_\_\_\_\_ Phone Number \_\_\_\_\_

Email of Case Worker \_\_\_\_\_

Information concerning the child you believe the school needs to know.

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**Hickory County R-1**  
**Student Enrollment Affidavit**  
**2019-2020**

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

I am the parent/legal guardian of \_\_\_\_\_ and I am providing this affidavit in support of the enrollment of my child in the Hickory County R-1 school district. My child is not currently under suspension or expulsion from any school district he/she has previously attended. I understand that it is a criminal offense (class B misdemeanor - Section 167.023 RSMO) to give false information concerning prior disciplinary actions taken against my child. I also understand that if this school district admits my child based on false information which I gave, I may be required to pay the school district for its costs in educating my child. (Section 167.023 RSMO)

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

Date: \_\_\_\_\_

Subscribed and sworn to before me, a notary public on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Amy A. Perkins, Notary Public  
Commission # 10432971  
Commissioned in Dallas County, Missouri

**Hickory County R-1  
Skyline Middle School**

**Dr. Mark Beem**  
Superintendent

20663 US Hwy 65  
Urbana, Missouri 65767  
Phone (417)993-4254  
Fax (417)993-5948

**Mrs. Tammy Smith**  
5-8 Counselor

**Mr. Jason Blair**  
5-8 Principal



**Ms. Misty Brown**  
5-8 Secretary

***Request for Release of Student Records***

We are requesting records for:

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The following information should be included:

- Cumulative Permanent School Records
- Attendance Records
- Discipline Records
- Educational Evaluations
- Psychological Reports
- Health/Medical Records (Including Immunizations)
- Special Education Records, Including, but not limited to current IEP Addendums, Evaluation Report, Consent for Initial Placement, Consent for Initial Evaluation and /or Reevaluation, etc.
- Section 504 Record, Including, but not limited to : Current Section 504 Accommodation Plan, Evaluation Report, etc.

This information is requested for the following reason(s).

- Transfer of Student to this District
- Hospitalization
- Contractual Placement
- Other (Specify) \_\_\_\_\_

Records Should Be Sent To:

**Hickory County R-1  
ATTN: Misty Brown, Registrar  
20663 US Hwy 65  
Urbana, Missouri 65767**

This transfer is provided for in the Family Educational Rights and Privacy Act of 1974, as amended June 17, 1976. The new regulations no longer require an acknowledgment for the parent or eligible student that he or she has received notification before records may be released to other educational institutions.

Previous School Attended:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone/Fax Number : \_\_\_\_\_

# *User Agreement and Parent Permission Form*

As a user of the Hickory County R-1 Schools computer network, I hereby agree to comply with the rules stated below – communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

*As outlined in Board Policy 6320 copy of which is available in school offices “The Board of Education recognizes that it is important for students to have access to electronic-based research tools and to master skills for their application to learning, problem solving, production of work, and presentation of information. The Board also recognizes that while these resources represent extraordinary learning opportunities and enriching educational materials, they also offer persons with illegal, immoral or inappropriate motives avenues for reaching students, teachers, staff, parents/guardians and members of the community. Additionally, these resources present tempting opportunities for users to explore areas that are either confidential, have restricted access, are inappropriate or are disruptive to the classroom or workplace. It is the purpose of District policy and regulations to outline acceptable student and employee behavior with respect to use of District technology and electronic resources.”*

*Access to electronic research requires students to maintain consistently high levels of personal responsibility. The following rules clearly apply to students conducting electronic research or communication: System users are expected to be polite. They may not send abusive, insulting, harassing, or threatening messages to others. - System users are expected to use appropriate language; language that uses vulgarities or obscenities, libels others, or uses other inappropriate references is prohibited. – System users may not reveal their personal addresses, their telephone numbers or the addresses or telephone numbers of students, employees, or other individuals during E-mail transmissions. – System users may not use the District’s electronic network in such a manner that would damage, disrupt, or prohibit the use of the network by other users. – System users should assume that all communications and information is public when transmitted via the network and may be viewed by other users. The system administrators may access and read E-mail on a random basis. – Use of the District’s electronic network for unlawful purposes will not be tolerated and is prohibited.*

*The use of District technology and electronic resources is a privilege, not a right, and inappropriate use will result in the cancellation of those privileges*

\_\_\_\_\_  
Student Signature

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use – setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

\_\_\_\_\_  
Date

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



Name of Student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Telephone \_\_\_\_\_

*(This Agreement will be valid through grades 5, 6, 7, & 8.)*

# Hickory County R-1 Schools

Dear Parent and Community Member,

“Extracurricular events” are those events/activities that do not fall within the scope of the regular school curriculum, and for which students do not receive credit, but are officially recognized and sanctioned by the School Board. **Participation** and **attendance** to extracurricular activities is considered a privilege, not a right, and students wishing to participate or attend are required to meet standards of personal behavior and academic performance. When representing Skyline Schools, the general appearance, dress, and conduct must be such as to bring credit to the group, the school, and the community. The privilege of participating or attending extracurricular activities carries the responsibilities of setting good examples at all times, on and off the campus.

The extracurricular events are intended to be a positive experience while in support of our students as they strive to remain free of all drugs, alcohol, and tobacco, as required by state law along with other citizenship requirements. According to Missouri State High School Athletic Association, citizenship requirements are as follows, “*Students who represent a school in interscholastic activities must be creditable citizens and judged so by the proper school authority certifying a list of students for competition. Those students whose character or conduct is such as to reflect discredit upon themselves or their schools are not considered “creditible citizens.” Conduct shall be satisfactory in accord with the standards of good discipline. Each individual school has the authority to set more restrictive citizenship standards and shall have the authority to judge its students under those standards*”.

## Extracurricular Activities Include:

- \* Academic Teams
- \* Archery
- \* Band
- \* Baseball
- \* Basketball
- \* Cheerleading
- \* Choir
- \* Drama
- \* Future Business Leaders of America (FBLA)
- \* Family, Careers and Community Leaders of America (FCCLA)
- \* Future Farmers of America (FFA)
- \* Football
- \* Softball
- \* Student Council
- \* Track
- \* Volleyball

**Signature required for student participation in extracurricular activities.  
Please return to school principal’s office.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Grade: \_\_\_\_\_

Thank you for your cooperation and continued support.  
***(This agreement will be valid through grades 5, 6, 7, & 8)***

MSHSAA Transfer of Eligibility Information

Please provide the information requested below. The Missouri State High School Activities Association requires that our school provide this information to obtain athletic and activity eligibility for new students.

Thank you for your help!

Jim Brown, Athletic Director  
Skyline High School

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Address of student PRIOR to transfer (street address, city, state, zip code):

\_\_\_\_\_  
\_\_\_\_\_

Address where the student CURRENTLY resides (street address, city, state, zip code):

\_\_\_\_\_  
\_\_\_\_\_

Was there a full and complete move of the entire family into a permanent residence in the new school district's attendance boundaries corresponding with the date of transfer or preceding the date of transfer? Yes or No

Please provide the date of the student's change of residence \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Date / Year

What is the name and location of the last school the student attended before transferring to Skyline?

Name of School \_\_\_\_\_

Location of School (city and state) \_\_\_\_\_

Should we need additional information in order to complete this transfer form, what is the best phone number at which we can reach a parent / guardian for further assistance? \_\_\_\_\_



# HICKORY COUNTY R-1 SCHOOLS

“SKYLINE”

20663 US Hwy 65  
Urbana, MO 65767

2019-2020

[www.skylineschools.net](http://www.skylineschools.net)

DR. MARK BEEM  
SUPERINTENDENT  
Phone 417-993-4241  
Fax 417-993-4269

MR. JASON BLAIR  
5-8 Principal  
Phone 417-993-4254  
Fax 417-993-5948

Dear Parents/Guardians:

Access information for the Lumen Parent Portal is available upon request. Please call your child's building office to request the information. If you are familiar with the Lumen Parent Portal by having accessed it in the past you are good to go, all of your login information WILL BE THE SAME, unless your child has changed buildings. The location grid is as follows: Elementary – 5; Middle School – 4; High School -3.

A couple of things I would like to remind you of:

- 1.) If you are a previous user of the portal and you have forgotten or misplaced your login information and have changed your password, your password will show as [Encoded] on the letter, you will continue to use whatever password you set, however if you cannot remember what it is, contact me and I can reset it, this system will not retrieve passwords so there is no way to know what your password is at any time.
- 2). If you are a first-time user, Lumen will work with Internet Explorer, however it does work better with Mozilla as your browser, you can download it for free by going to “getfirefox.com”. Sometimes there is an issue with the URL address listed on your letter, if it doesn't get you to a login screen, please type this address in your browser bar: “<https://204.187.197.250>”, or you may also access the Lumen Portal through a link on our school website, “[skylineschools.net](http://www.skylineschools.net)”. You may also receive an error regarding the expired certificate, please proceed anyway, get the certificate and confirm the exception.

If all else fails, please contact me and I will try to help resolve your issue. Thank you for using the parent portal and feel free to contact me with any questions.

Amy Perkins  
SIS Administrator  
417/993-4254  
[aperkins@skylineschools.net](mailto:aperkins@skylineschools.net)

# Hickory County R-1 School

Skyline Health Office

Phone 417-993-5851

**Please fill out front and back**

Student name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother/Guardian's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent email address: \_\_\_\_\_

**Emergency contact numbers (If parents cannot be reached)**

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**My Child: (Please answer all the following questions with a Yes or No.)**

May have Tylenol? <input type="checkbox"/> Yes <input type="checkbox"/> No	May have Ibuprofen? <input type="checkbox"/> Yes <input type="checkbox"/> No	May have Tums? (Middle School and HS only) <input type="checkbox"/> Yes <input type="checkbox"/> No	May use Oragel? <input type="checkbox"/> Yes <input type="checkbox"/> No	May use Liquid Band Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has braces or dental appliance <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had a physical exam in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had a dental exam in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wears glasses/or contacts <input type="checkbox"/> Yes <input type="checkbox"/> No	May use Sunscreen? <input type="checkbox"/> Yes <input type="checkbox"/> No
	May use Benadryl For emergencies ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child covered by a Health Ins. Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Health History: Please check yes or no and if yes describe**

	YES	NO	Date of last occurrence	DESCRIBE
Allergies to Food/Medication				
Allergy to bee/wasp sting				
Allergies: seasonal				
Asthma				
Autism				
Bone and Joint Issues/Pain				
Had Chicken Pox Date:				<b>If yes, according to state regulations, if your child was enrolled in Kindergarten or Pre-school in 2010 or later, you must have a signed statement from a doctor with the date disease occurred.</b>
Diabetes				<b>If yes, Please fill out Diabetes form in Health Office</b>
Dental Issues				
Frequent Headaches				
Frequent Stomach Issues				
Hearing or Vision Issues				
Heart Conditions/Issues				
Issues Affecting Behavior (ADHD, Depression, OCD, etc...)				
Routine Daily Medication(s)				
Cont' Daily Medications ----- →				
Surgeries/Serious Accidents				
Skin Issues (ex... eczema)				
Special Diet Needed				<b><i>Signed statement from doctor MUST be on file in Health Office</i></b>
Seizure Disorder				<b>If yes, Please fill out Seizure Disorder form in Health Office</b>

**Please continue to back →→→→→→→→→→→→→→→→**

**Please list educational concerns due to health conditions/issues here.**



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Dear Parents/Guardians,

The goal of our office is to provide your child a basic school health service program. This service is not meant to replace the care your child receives from your regular doctor or clinic but will provide:

- Basic emergency and first aid care (band aids, wound cleaning, injury assessment, etc)
- Administration of medications to your child with a doctor's order and your signed request. **(Note: According to Missouri State Law, students are prohibited from carrying any prescription or over the counter medications with them or on school premises. Students with asthma, anaphylaxis or any potentially life threatening respiratory illness may carry "rescue" medications with them, after demonstrating proper use in the Health Office. Parent, physician and school nurse must document permission or provide documentation of compliance)**
- Screening exams for vision, hearing, speech, dental and spinal problems. We will assist in any way possible to find medical professionals to further evaluate/correct any problem(s) discovered.
- Health information for you and your child.
- Health care plans for students with special needs, developed with students and parents.
- Maintain immunization records.
- Additional health education based on a risk assessment regarding healthy lifestyles, nutrition, personal hygiene, injury prevention and personal safety.

Our health service program is voluntary. You may withdraw permission, in writing, at any time. If you want your child to receive these services, please sign and return this form to the Health Office.

I give permission for \_\_\_\_\_ to participate in the school health program. I understand the purpose of the program and agree for my child to receive the above services EXCEPT FOR:

\_\_\_\_\_

**By my signature below, I attest all information provided on this form to be true and accurate. I hereby give permission for Health Office staff to administer the medications I have indicated on the front of this form as needed. I agree I will update Health Office staff regarding any health or medication changes my child may experience throughout the course of the school year.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list any siblings or relatives attending or working at Skyline.

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**TO:** Parents/Guardians  
**FR:** Health Office  
**RE:** Administration of medication during school hours

While we recommend that medication(s) be administered at home whenever possible, we understand there will be some students who will need to receive daily or as needed (PRN) medications during school hours. Therefore, we are providing the following information regarding medications at school:

**Prescription medications:**

1. All prescription medications must be in a container with a current pharmacy label including the child's name and dosing instructions. We WILL NOT give a child a prescription medication without it being prescribed specifically for them.
2. A prescription medication form must be completed. It requires your signature as well as the prescribing physician's signature. We will be happy to fax this to your physician in order to obtain their signature.
3. Any time your child's medication dosing changes or stops, we will need a new signed order from your physician. This ensures we are giving your child the medication as their physician requested and provides documentation for future reference as needed.
4. Medication should be brought to the Health Office by a parent/guardian, NOT sent with your child. This ensures we receive the medication as well as protects your child and every child with which they come in contact. If you are unable to personally deliver the medication, you may give it to your child's bus driver and they will bring it to the Health Office.
5. Any extra medication will need to be picked up from the Health Office at the end of the school year or when the medication is stopped. Any unused medication which is not picked up will be destroyed.
6. Due to the frequency of changes made to children's medications, new forms must be filled out at the beginning of the year or anytime a new medication is started.

**Over the Counter (OTC) medications:**

1. All OTC medications must be in the original manufacturers packaging.
2. We will ONLY give medications as directed on the manufacturers packaging. If your child does not fall into the guidelines (age, weight, etc) we WILL NOT administer the medication. The only way an exception will be made is with a written physician's order.
3. An OTC medication form must be completed. It requires your signature, indicating how, when and why you would like the medication given.
4. If there is a change in your child's health, requiring a change in the use of OTC medications, please advise the Health Office in writing.
5. Medication should be brought to the Health Office by a parent/guardian, NOT sent to school with your child. This ensures we receive the medication as well as protects your child and every child with which they come in contact. If you are unable to personally deliver the medication, you may give it to your child's bus driver and they will bring it to the Health Office.
6. Any extra medication will need to be picked up from the Health Office at the end of the school year or when the medication is stopped. Any unused medication which is not picked up will be destroyed.
7. A new OTC medication form must be completed at the beginning of the school year if your child needs to continue to take the medication.

If you have any questions or concerns, please feel free to contact the Health Office.

Thank you,  
Michele Edwards, RN  
Terri Keller, Nurses Assistant

# Hickory County (Skyline) 2019-2020 School Calendar

S	M	T	W	T	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

## August 11 days

August 12 & 13 Teacher Workshop Days  
 August 12 Open House 4:30-7:30p.m.

## August 14 Opening Day of School

August 19 No School

August 26 PDC Day No School

S	M	T	W	T	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					

## September 16 days

September 2,16,30 No School

September 9 PDC Day No School

September 23 PDC Day No School

S	M	T	W	T	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		

## October 19 days

October 7 PDC Day No School

October 14, 28 No School

October 16 End of First Quarter

October 21 Parent/Teacher Conferences 1:00 p.m. – 7:30 p.m.

S	M	T	W	T	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

## November 15 days

November 4, 18 No School

November 11 PDC Day No School

November 25 School in Session on Monday

November 27-29 Thanksgiving Break

S	M	T	W	T	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				

## December 13 days (74 Days Semester 1)

December 2, No School

December 9 PDC Day No School

December 16 School in Session on Monday

December 20 Early Dismissal 12:45 p.m.

December 23-January 6 Christmas Break

S	M	T	W	T	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	

## January 16 Days

January 6 PDC Day Teachers Return

January 7 Students Return

January 13, 20 No School

January 27 PDC Day No School

S	M	T	W	T	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

## February 16 days

February 3, 17,24 No School

February 10 PDC Day No School

S	M	T	W	T	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				

## March 15 days

March 2, 16, 23,30 No School

March 9 PDC Day No School

March 11 End of Third Quarter

March 20-24 Spring Break (No School)

S	M	T	W	T	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		

## April 18 days

April 6 School in Session on Monday

April 10 Good Friday No School

April 13, 27 No School

April 20 PDC Day No School

S	M	T	W	T	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						

## May 11 days

May 4, 11, 18 (No School)

May 20 Last Day of School - Early Out 12:45p.m.

May 21 & 22 Teacher Workshop Days

May 15 Graduation, 7:00 p.m.

150 Days of School, 8:05 a.m. -3:35 p.m., 1061 Hours (Final)

Snow Make-Up Days: Jan. 13, 20, Feb. 3, 17, 24, Mar. 2, 16, 23, 30, Apr. 13, 27, May 4, 11, 18

Mondays in Session Nov. 26, Dec. 16, Apr. 6