



Welcome to Skyline Elementary School

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

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

STUDENT ENROLLMENT

2020-2021

Student's Social Security # _____ **Birth Date** _____ **Bus #** _____

Teacher _____ **Grade** _____ **Date Entered** _____

Name _____ **Boy** _____ **Girl** _____
Last First Middle

Home Address _____
Street Address City State Zip

County you live in _____ **Home Phone#** _____

Email Address _____ **Cell Phone #** _____

Emergency Name and Phone # _____

Race/Ethnicity: American Indian/Alaskan Native _____ Black, Not Hispanic _____ Hispanic _____

White, Not Hispanic _____ Asian or Pacific Islander _____ Other (Please specify) _____

Has your family moved in the past six months to obtain temporary or seasonal farm related work? YES/NO

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? YES/NO Explain if it is a similar reason: _____

Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reason? YES/NO

Are you currently residing in a shelter? YES/NO

Are you currently living in a temporary housing arrangement due to economic hardship? YES/NO

Is English the primary language spoken in the home? YES/NO (Please Specify) _____

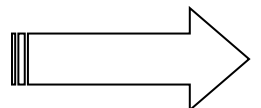
PARENT INFORMATION

Father's Name _____ **Phone Number** _____

Place of Employment _____ **Work Number** _____

Mother's Name _____ **Phone Number** _____

Place of Employment _____ **Work Number** _____



If Applicable

Step-Father's Name _____

Phone Number _____

Place of Employment _____

Work Number _____

Step-Mother's Name _____

Phone Number _____

Place of Employment _____

Work Number _____

Guardian's Name _____

Phone Number _____

Place of Employment _____

Work Number _____

WITH WHOM DOES THE CHILD RESIDE:

Mother ____ Father ____ Step-Mother ____ Step-Father ____ Other(Please List) _____

Transportation Data Form 2020-2021

Student's Name: _____ **Bus #** _____

Teacher's Name: _____ **Grade:** _____

Parent/ Guardian: _____

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:

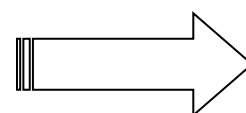
A.M. Bus # _____ **Is this pick- up from** home or other?

If **other** please specify: _____

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 if different than above)*

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

Name:

Age:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

PLEASE LIST ALL PERSONS AUTHORIZED TO PICK UP YOUR CHILD.

Name

Phone Number

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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	Have Tums? (Middle School 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
aces or dental ap <input type="checkbox"/> Yes <input type="checkbox"/> No	ur child had a physical exam in year? <input type="checkbox"/> Yes <input type="checkbox"/> No	ur child had a dental exam last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	ars glasses/or cont <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	ur child covered by a Heal 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
to Food/Medication				
o bee/wasp sting				
: seasonal				
d Joint Issues/Pain				
ken Pox Date:				ording to state regulations, if your child was enrolled in Kinder pl in 2010 or later, you must have a signed statement from a do disease occurred.
				ease fill out Diabetes form in Health Office
sues				
t Headaches				
t Stomach Issues				
or Vision Issues				
nditions/Issues				
fecting Behavior (ADHD, Depre ...)				
Daily Medication(s)				
ily Medications ----->				
s/Serious Accidents				
es (ex... eczema)				
Diet Needed				atement from doctor MUST be on file in Health Office
Disorder				ease fill out Seizure Disorder form in Health Office

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

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

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.

Hickory County R-1 Schools

*** Skyline ***

Phone: (417) 993-5851

Fax: (417) 993-5851

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

OFFICE OF SKYLINE ELEMENTARY SCHOOL

Dear Parents,

With winter weather approaching, your cooperation is again needed in the event that school needs to be dismissed early due to hazardous road conditions or other emergencies. Will you work out a plan with your child as to what he or she should do in case the busses are sent home early?

It is impossible for the school to call each family; however, if our child is too young to stay alone and has no older rother or sister to be responsible for him or her, we will be glad to call you or another designated person.

We appreciate your assistance in helping us hold these calls to a minimum.

Please fill out one form for each child attending school and return the form to the classroom teacher.

Thanks for your help,

Jason Pursley

Jason Pursley
Elementary Principal

Teacher's Name _____

Child's Name _____ Grade _____

Home Address _____ Phone _____

Second Name and Number to call _____

Please Check One:

_____ I have made arrangements with my child so that I will not need to be called.
(If marked, please go to parent's signature.)

_____ I am unable to make arrangements and will need to be notified of any early dismissal.
(If marked, please fill out the remainder of this form.)

If I cannot be notified, please do the following:

_____ Drop my child off at the neighbors listed: _____

_____ Drop my child off at the home, if I'm not home _____

_____ Bring my child back to the school.

Parent's Signature _____

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.

I, the undersigned, have read and discussed the materials contained in this handbook with my child.

Student's Name

Date

Parent/Guardian's Name

The phone number listed below will serve as an emergency phone number for the 2019-20 school year.

Emergency Phone Number

My signature below indicates my choice of discipline for my child after all the steps indicated in the student handbook under "discipline", pages 12-18, has been exhausted.

Date

Parent/Guardian

The principal may swat my child.

Date

Parent/Guardian

Or it is my choice that instead of a swat my child will have one full day of out of school suspension from classes.

Elementary Computer Lab

Skyline Elementary School

Dear Parents,

For your child to use the Internet at school, your permission is needed. Students at Skyline Elementary have access to the Internet in their classrooms, in the library, and in the elementary computer lab. Our school has the most up-do-date filtering software in place to make the Internet as safe as possible for all of our students, but none of the filtering systems available are 100%.

In the elementary computer lab, students are not allowed to give their names, address, or phone numbers online. There is no way to be sure who might be gathering that information. If a website requires these items and it supports an educational objective, I instruct students to use my name and the school address. Chat rooms are prohibited. Primary elementary grades are not allowed to go on blind searches on the Internet or visit sites I have not looked at first.

Please have your child return this form to their classroom teacher as soon as possible. I am looking forward to a great year with your child.

Thank you,

Mrs. Roberts

User Agreement and Parent Permission Form for:

Student's name _____

Grade _____ **Classroom Teacher** _____

As parent or legal guardian of the minor student listed above, I grant permission for my son or daughter to access the networked computer services, such as the Internet. I understand that some materials on the Internet may be objectionable, but also understand that filtering software is in place to protect all students as much as possible and benefits to students from their Internet access exceeds any disadvantages.

Parent Signature _____

Date _____

(This agreement will be valid through the following grades: Pre-K, K, 1, 2, 3, 4 including summer school.)

Video Taping and Photographing

Throughout the school year, we video tape and photograph various activities which involve students. These activities include plays, parties, assemblies, educational events, or other similar school functions. Please check one of the boxes below to indicate whether the school district has permission for your child to be video taped and/or photographed at these events.

Yes, my child may be filmed and/or photographed.

No, my child may not be filmed and/or photographed.

Student's Name _____

Grade _____ Teacher's Name _____

Parent's Signature _____

Date Signed _____

(This agreement will be valid through the following grades: Pre-K, K, 1, 2, 3, 4 including summer school.)

2020-2021 Skyline Elementary School Supply Lists

Preschool

- 1 Red and blue rest mat- needs to be able to fold to put in cubby
- 1 complete change of clothing in a gallon Ziploc bag with name
- 1 pkg. washable broad tip markers
- 1 pkg. disinfectant wipes
- 1 pkg. baby wipes
- 1 4 oz. container of Play-Doh (any color)
- Backpack

Kindergarten

- Pencils – 12, regular size
- 5 Bottles of Elmer's School Glue
- Crayons: 4 boxes Crayola Brand (16 or 24 count)
- Colored Pencils: Box of 12
- Kleenex: 2 large boxes (175 count or more)
- 1 – red and blue folding mat for rest time (these are about \$5 at Walmart)
- 1 big pink eraser
- 1 Zipper pouch for binder
- Backpack or book bag to carry papers home

1st Grade

- 4 boxes of Crayons (24 count)
 - 1 pkg. pencil cap erasers
 - 2 Large Pink Erasers
 - Back Pack (no wheels or suitcases on wheels)
 - 24 pencils (to be passed out by teacher as needed)
 - Scissors
 - 2 large boxes of Kleenex
 - 1 Elmer's School Glue
 - 6 Glue sticks
 - Plastic school box
 - 2 pkgs. Colored pencils
 - 2 Wide ruled 70 sheet notebooks
 - 1 pkg. Crayola washable broad tip markers
 - 2 pocket folders
 - Zipper pouch with 3 holes to go in a 3 ring binder
- **Please put your name on all supplies except pencils.

2nd Grade

- 1 box markers
- 1 box 12-count colored pencils
- 12 small glue sticks
- 1 pair scissors
- 1 box 24 count crayons
- 1 large art box
- 2 24-packs of #2 pencils
- 2 boxes of Kleenex
- 2 spiral 70 sheet notebooks
- 3 packages pencil top erasers
- Backpack

3rd Grade

- 24 pencils
- 3 boxes tissues
- 2 large glue sticks
- 1 glue bottle
- 1 24-pack crayons
- 1 pack colored pencils
- Markers
- 4 composition notebooks
- 1 package pencil top erasers
- 2 large pink erasers
- 2 highlighters
- 2-4 Black expo markers
- Scissors
- Ruler
- Art box

4th Grade

- 2 highlighters
- 3 boxes of 24 pack pencils
- 4 composition notebooks
- 2 spiral notebooks
- 1 package lined notebook paper
- Erasers
- 1 box Crayons
- 1 box Colored pencils
- 4 glue sticks
- 1 box Markers
- Art box
- 1 box tissues
- Earbuds or headphones (may be purchased at Dollar General for \$1)
- 2 (2 pack) Dry erase markers

Hickory County (Skyline) 2020-2021 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 10 days

- August 10 & 11 Teacher Workshop Days
- August 11 Open House 4:30-7:30p.m.
- August 13 Opening Day of School
- August 17 & 31 No School
- August 24 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 18 days

- September 7,21,28 No School
- September 14 No School PDC Day

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 18 days

- October 5 PDC Day No School
- October 12, 19 No School
- October 16 End of First Quarter
- October 19 Parent/Teacher Conferences 1:00 p.m. – 7:00 p.m.
- October 26 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					

November 14 days

- November 2, 9,30 No School
- November 16 PDC Day No School
- November 23 School in Session on Monday
- November 25-27 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 14 days (74 Days Semester 1)

- December 7 PDC Day No School
- December 14 No School
- December 21 School in Session on Monday
- December 22-Early Out 12:45 p.m.
- December 23-January 4 No School 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 4 PDC Day Teachers Return
- January 5 Students Return
- January 11, 18,25 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						

February 16 days

- February 1, 15,22 No School
- February 8 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 17 days

- March 1 15, 22,29 No School
- March 8 PDC Day No School
- March 11-15 Spring Break No School
- March 22 No School
- March 29 School in Session on Monday

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 17 days

- April 2- 5 Easter Break No School
- April 12 & 26 No School
- April 19 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 10 days

- May 3, 10, 17 No School
- May 19 Last Day of School Early Out 12:45 p.m.
- May 20 Teacher Workday
- Graduation May 14, 7:00 p.m.

150 Days of School, 8:05 a.m. -3:35 p.m., 1061 Hours Make Up Days January-11&25, February-8&22, March-8&22, April-12&26, May 10
The Board of Education reserves the right to make necessary adjustments.