



Welcome to Skyline High 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)*
- High School Transcript*
- Proof of Residency (i.e. tax statement, utility bill, real estate contract)*

Hickory County R-1 Skyline Schools

20663 US Highway 65, Urbana, Missouri 65767

Mr. Randy Dougherty
Superintendent

Mr. Jason Koele
9-12 Principal

Mrs. Kelli Cheek
9-12 Counselor

Ms. Jacki Perkins
9-12 Secretary/Registrar

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:

- ✓ **Academic Records** (Grades & Achievement Test Scores)
- ✓ **Health & Immunization Records**
- ✓ **Attendance Records**
- ✓ **Discipline Records**
- ✓ **Psychological/Education Testing**
- ✓ **A+ records if applicable (High School only)**
- ✓✓✓ **SPECIAL EDUCATION RECORDS** Including Current I.E.P & Evaluation Information. (If needed, please forward this request on to the appropriate office in the district.)

Records for students 9th through 12th Grades should be sent to:

Hickory County R-1, ATTN: Jacki Perkins, Registrar, 20663 US Highway 65, Urbana, Missouri 65767
Phone: 417-993-4226, Fax: 417-993-5947 jperkins@skylineschools.net

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: _____

Skyline Schools
2020-2021
Student Enrollment

Student's Social Security # _____ **Date Entered** _____
Must Have

Teacher _____ **Grade** _____

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

Home Address _____
Rt. Box City State Zip

Home Phone # _____ **County you Live In** _____

Date of Birth _____ **Place of Birth** _____ **Age** _____

Emergency Name and Phone # _____

Parent/Guardian email address _____

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

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** _____

Legal 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.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all persons authorized to pick up your child.

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

Transportation Data Form

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: _____

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 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 _____

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: _____

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 and 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 30th 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.) _____

Waiver Information

Student Denied Admission Date of Denial _____

Waiver Requested Date of Request _____

Waiver Requested by

Parent or Legal Guardian

Student – Must be at Least 18 Years Old

Reason for Waiver Request

Parent is Teacher Under Contract with the District or other Regular Employee of District

Student is Living with Unrelated Person for Reasons other Than Attending School in the District

Student is Living With Grandparents or Other Relative for Reasons Other Than Attending School in the District

Name of Person/Relative _____

Relationship _____

Address _____

City/State/Zip Code _____

Phone Number _____

Reason Why Student is Living With Person/Relative _____

Other Hardship or Good Cause Basis for Waiver (Can not Be Athletics) Explain: _____

Waiver Hearing Date (Must be Within 45 Days of Request) _____

Student Admitted Pending Decision on Waiver Request

Date Student Admitted _____

Waiver Granted Date _____

Waiver Denied Date _____

Date of Student Permanent Admission: _____

Hickory County R-1 Student Enrollment Affidavit

Name of Student: _____

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_____.

_____, Notary Public

My Commission Expires: _____

Commissioned in _____ County, Missouri

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 High School.)

Hickory County R-I School District

Random Drug Testing Program Participation and Consent Form for Eligibility in the Athletics/Activity Program

Student's Name: _____ Date: _____

As a school's participant in athletics and/or activities I understand that participation is completely voluntary. I understand that my signature below authorizes the Hickory County R-I School District to obtain a urine sample from the student whose name appears below if his/her name is selected as part of the random selection procedures of the Drug Testing Program. I also understand that currently available instant screen tests are not 100% reliable and that an instant screen test that shows positive will always be followed with a more sophisticated laboratory test for confirmation as described in the Random Drug Testing Policy. I understand that if a "positive" test results, the student and parents or guardians may need to disclose to the laboratory or its medical review officer any over-the-counter or prescription medications the student is or has taken. I understand that if a violation of the drug-testing policy occurs that the parent/legal guardian of the student, building administration, and the respective coach/activity sponsor will be the only individuals made aware of this information. I further understand and agree that the Hickory County R-I School District will respond to a positive drug test result in accordance with the provisions of the Random Drug Testing Policy.

This completed form must be returned to the high school office within 10 days from entry into school. By signing this form, the parent/legal guardian and student understand and agree as follows:

1. The student and parent have read and understand the standards and guidelines for eligibility and participation in the Hickory County R-I School extra/co-curricular activities program as set forth by the board of education and student handbook.
2. I give permission for my child to participate in the Hickory County R-I Random Drug Testing Program.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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? _____

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 BALANCES, ATTENDANCE INFORMATION, AND GRADE CARDS.

Email address: _____

Email address: _____

TEXT/VOICE NOTIFICATION:

PLEASE LIST YOUR PHONE NUMBERS BELOW: (please note if the # is a home/landline phone)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

SKYLINE STUDENT CELL PHONE AND VEHICLE REGISTRATION
FORM

STUDENT NAME: _____

CELL PHONE #: _____

(Cell phone numbers will be kept confidential and will be used for emergency and school informational purposes only.)

VEHICLE INFORMATION

VEHICLE INFORMATION:

MAKE: _____ **MODEL:** _____

COLOR: _____ **LICENSE PLATE #:** _____

VEHICLE #2 INFORMATION:

MAKE: _____ **MODEL:** _____

COLOR: _____ **LICENSE PLATE #:** _____

VEHICLE #3 INFORMATION:

MAKE: _____ **MODEL:** _____

COLOR: _____ **LICENSE PLATE #:** _____



HICKORY COUNTY R-1 SCHOOLS
“SKYLINE”
20663 US Hwy 65
Urbana, MO 65767

2020-2021

www.skylineschools.net

Mr. Randy Dougherty
Superintendent
Phone 417-993-4241
Fax 417-993-4269

Mr. Jason Koele
9-12 Principal
Phone 417-993-4226
Fax 417-993-5947

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”. 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

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:				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.
Diabetes				If yes, Please fill out Diabetes form in Health Office
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				<u>Signed statement from doctor MUST be on file in Health Office</u>
Seizure Disorder				If yes, Please 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

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.

Skyline High School Supply Lists 2020-2021

Grades 9-12

The following list of supplies is by subject instead of grade level. Students can also talk with teachers at open house on August 11th from 5:00 to 7:30 pm to see what supplies are needed.

English I & II (Mrs. Hodges)

- blue or black pen
- red pen
- highlighter
- notebook paper

English III, English IV, Novels, and Composition (Mrs. Yung)

- 2 notebooks or loose paper to start school year
- pencil or pen (any color)

Biology (Mrs. Gunter)

- 150 page (at least) spiral bound notebook
- glue sticks
- a calculator is helpful but not required

Biology II (Mrs. Gentry)

- 3 ring binder—1 to 2 inches
- Notebook (that can go in binder)

Chemistry (Mrs. Gentry)

- 3 ring binder—1 to 2 inches
- Notebook (that can go in binder)
- Calculator (graphing calculator is preferred)

JAG (Mrs. Gentry)

- 3 ring binder—1 to 2 inches
- Notebook (that can go in binder)

Physical Science (Mrs. Johnson)

- binder for notes, handouts, diagrams
- notebook paper
- writing utensil
- scientific calculator

Physics (Mrs. Johnson)

- binder for notes, handouts, diagrams and notebook paper—may opt for a spiral notebook with pockets or folders.
- scientific calculator
- writing utensil
- note cards are optional, can be used to record formulas for tests and quizzes

Algebra 1-A (Mrs. Dougherty)

- pencil and paper
- 3 ring binder—1 or 2 inch
- scientific calculator—I recommend a solar powered, 2 lined calculator. some examples are casio's fx-300es and texas instrument's ti-30xs.

Anatomy (Mrs. Johnson)

- binder for notes, handouts, diagrams and notebook paper
- writing utensil
- note cards are optional, but are a good way to memorize vocabulary terms
- colored pencils

Ecology (Mrs. Johnson)

- binder or folder for notes, handouts
- notebook paper
- writing utensil
- colored pencils

American Government & American History
(Mr. Kelley)

- pencil and a notebook

World History, Current Events, & 20th Century Warfare
(Mr. Bybee)

- pencil and paper

Algebra I
(Mrs. Dougherty)

- pencil and paper
- 3 ring binger—1 or 2 inch
- scientific calculator –I recommend a solar powered, 2 lined calculator. some examples are casio's fx-300es and texas instrument's ti-30xs.

Pre-calculus and Trigonometry
(Mrs. Dougherty)

- scientific calculator

ACT Prep
(Mrs. Dougherty)

- 4 – 1 inch 3 ring binders
- scientific calculator

Algebra II
(Mrs. Bryan)

- 2 line scientific calculator
- 1 or 2 inch binder

Geometry
(Mrs. Bryan)

- 2 line scientific calculator
- 1 or 2 inch binder

Leadership
(Mrs. Bryan)

- composition notebook

Housing, Child Development, Personal Finance, & Career Leadership
(Mrs. Cook)

- pencil and paper
- recommended 1 inch 3 ring binder

Foods
(Mrs. Cook)

- 1 inch 3 ring binder

Computer Applications, Yearbook, Business Management/Leadership, & Personal Finance
(Mrs. Logan)

- pencil and/or pen

Ag I, Ag II Hort, Greenhouse, Floriculture, and Ag Issues/Leadership
(Mrs. Edwards)

- No specific supplies at this time

Art I, Art and Design, and Advanced Art
(Mrs. Yates)

- no special supplies needed

Ag Mechanics, Animal Science, Ag Power, Ag Construction I and II,
(Mr. Phillips)

- no special supplies needed
- will need shop clothes for shop classes

Band
(Mrs. Kelley)

- pencil
- instrument and accessories
- black and/or white dress clothes
- a 1 inch 3-ring binder