

# Mann 2023 - 2024

## Pre-K Supply List

Please bring the following materials to open house. We will be using them the first day!

- ❖ Red and Blue plastic Nap Mat (no thick mats)
- ❖ Backpack (no rolling backpacks)
- ❖ ½ inch 3 ring binder with clear front pocket
- ❖ 1 **CLEAR** 3 ring binder zipper pouch
- ❖ 1 plastic pocket folder with 3 holes
- ❖ 1 school box
- ❖ 6 packs of jumbo Elmer's glue sticks
- ❖ 5 boxes of crayola crayons (24 pack)
- ❖ gallon size zip bags (for student use)
- ❖ 1 package of expo dry erase markers (for student use)
- ❖ Headphones (2 pair) (one for classroom and one for computer lab)
- ❖ Set of spare clothes in gallon bag or grocery bag (1 shirt, 1 pants/shorts, 1 pair of socks, 2 pairs of underwear)

**\*You will need to send a snack and a drink or send snack money for your child each day.**

PLEASE label your child's backpack, jackets, spare clothes bag, and any other personal items so no objects are lost or mixed up!

**Supplies are not shared among the students!** Please send the exact amounts we request to allow your child have enough throughout the year.

**\*You are welcome to donate more than the requested amount of items to the classroom.**

### Wish List

Clorox Wipes  
Paper Towels

Kleenex  
White Copy Paper

Baby wipes

## Art Supply List

1 pack 4 count stick glue  
1 bottle elmer's glue all liquid glue

### Optional Supplies:

Lysol Wipes  
Kleenex  
Hand sanitizer

WEBSTER COUNTY SCHOOLS  
RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST

*TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN*

Name of Student: \_\_\_\_\_  
(A SEPARATE FORM IS REQUIRED FOR EACH STUDENT)

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

All proofs of residency must have the student's parent/legal guardian's name and the current address at which they and the student reside. **Neither P.O. Box addresses nor notarized letters will be accepted.**

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the above-cited school district, I will promptly notify the appropriate officials of this school district. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent or guardian and necessary proofs of residence are provided. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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

A.

The parent(s) or legal guardian(s) of a student seeking to enroll must provide this school district with at least two (2) of the items numbered 1 through 6 below as verification of their address. Additional items of verification may be required by the school district. Documents with a post office box as an address **will not be accepted.**

- \_\_\_ 1. Mortgage documents or property deed and filed Homestead Exemption Application form for that property
- \_\_\_ 2. Apartment or home lease
- \_\_\_ 3. Utility bills (Electric, water, gas, trash)
- \_\_\_ 4. Driver's license
- \_\_\_ 5. Voter precinct identification
- \_\_\_ 6. Automobile registration

\*A personal visit by a designated school district official may be necessary.

B.

Student is living with legal guardian and a certified copy of the Court Decree, or petition if pending, was received declaring the district resident to be the legal guardian of the student and further declaring that the guardianship was formed for a purpose other than establishing residency for school district attendance purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative – School District

SAM INFORMATION

Student Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Student's Social Security No.: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Has student ever been retained? \_\_\_\_\_ If Yes, what grade(s)? \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Student's 911 Address: \_\_\_\_\_  
City State ZIP

Mailing Address (if different from above): \_\_\_\_\_  
City State ZIP

Primary Phone # (To receive our automated calling messages for school closings, announcements, and early dismissals): \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_

Transportation Information: (Check One)

Car Rider? ☐ Bus Rider? ☐  
Morning bus \_\_\_\_\_  
Afternoon Bus \_\_\_\_\_

Did your child attend Pre-School? Yes ☐ No ☐

If yes, was it: Family/Friend Care? \_\_\_\_\_  
Head Start? \_\_\_\_\_  
(Please provide Home Care? \_\_\_\_\_  
name/address of Private Pre-K? \_\_\_\_\_  
Pre-K attended) Public Pre-K? \_\_\_\_\_  
Licensed Child Care Provider? \_\_\_\_\_

Medical Information:

Doctor's Name: \_\_\_\_\_

Doctor's Phone No.: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Does your child have any medical problems? \_\_\_\_\_

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

Parent Information:

Father's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

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

Father's Address: (if different from student) \_\_\_\_\_

Mother's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

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

Mother's Address: (if different from student): \_\_\_\_\_

Siblings:

Please list all school-age brothers/sisters below.

_____	_____
_____	_____
_____	_____

Check-Out/Emergency Contact Information:

The following people may check out your child from school and receive emergency calls if your child is sick or injured at school.

#1. Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Work or Home Number: \_\_\_\_\_

#2 Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Work or Home Number: \_\_\_\_\_

#3 Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Work or Home Number: \_\_\_\_\_

Custody Papers \_\_\_\_\_

EUPORA ELEMENTARY SCHOOL  
ENROLLMENT CARD

Grade \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

Student's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First Middle

Teacher's Name \_\_\_\_\_ Bus Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Legal Guardian (if different from above) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Place of Work \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_ Phone # \_\_\_\_\_

If the parent or legal guardian cannot be located in case of **ILLNESS, INJURY** or **DISCIPLINE** problems, please list 3 people that we may contact.

NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER
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Are there any physical or health problems we need to know about? \_\_\_\_\_

Please give directions to your home. \_\_\_\_\_

(Over)

Place of Birth City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

SIBLINGS:

Name	Grade	Teacher
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EUPORA ELEMENTARY SCHOOL  
PICTURE RELEASE CONSENT FORM  
2023-2024

I give permission for my child, \_\_\_\_\_,  
to have his/her picture taken and/or published during  
the school year of 2023-2024.

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Parent Signature

Date

### Student Residency Form

**\*\* Complete and Return to School ONLY if these apply\*\***

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student stay at night?

\_\_\_\_\_ in a shelter

\_\_\_\_\_ in another location that is not appropriate for people (e.g., an abandoned building)

\_\_\_\_\_ in a motel/hotel

\_\_\_\_\_ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)

\_\_\_\_\_ in a car

\_\_\_\_\_ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

\_\_\_\_\_ at a campsite

Name of school:

\_\_\_\_\_

Name of student: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_ I, (name) \_\_\_\_\_

declare as follows: I am the parent/legal guardian of (name of student)

\_\_\_\_\_, who is of school age and is seeking enrollment in (name of school district) \_\_\_\_\_. Since (date) \_\_\_\_\_, our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I can be reached for emergencies at: \_\_\_\_\_

**Webster County School District**

**Dixie Pogue, Director of Federal Programs and Homeless Liaison**

**95 Clark Avenue, Eupora, MS 39744 662-258-5551, Extension 10**

Homeroom teacher\_\_\_\_\_

Date\_\_\_\_\_

## **Webster County Schools**

**Phone 662-258-5921 Fax 662-258-6728**

**95 Clark Avenue**

**Eupora, Mississippi 39744**

**Dixie Pogue**

**662-258-5921**

**Director of Federal Programs**

**Ext. 10**

**EL Coordinator**

### **Home Language Survey**

**Webster County Schools is required under federal guidelines to identify, assess, place, and review program effectiveness for services provided for English Language Learners. To assist us with these services, please answer the following question.**

**Does your child speak any language other than English? \_\_YES\_\_NO**

**If yes, please answer the following questions.**

- 1. What was the first language your child learned to speak?\_\_\_\_\_**
- 2. What language does your child speak most often?\_\_\_\_\_**
- 3. What language is most often spoken at home?\_\_\_\_\_**

**STUDENT'S NAME\_\_\_\_\_**

**PARENT'S SIGNATURE\_\_\_\_\_**

**For TEACHER use only:**

**Please send a copy of any survey indicating an ELL student to the office of Support Services.**

**This document must be filed in all student cumulative folders, not just ELL student folders. Every student should have a completed form on file.**



**WEBSTER COUNTY SCHOOLS**  
**Department of Child Nutrition**  
**95 Clark Avenue**  
**Eupora, MS 39744**  
**Telephone: 662-258-7758, Extension 18**  
**January 23, 2023**

**TO: All Parents of Incoming Kindergarten Students**

**FROM: Amy Rollins, Director**  
**Child Nutrition**

**SUBJECT: School Breakfast and Lunch**

Your kindergarten child is probably very excited and anxious about beginning school in the Fall. We hope that you will consider letting him/her eat breakfast and lunch in the school cafeteria.

If you had a student or students from your household in Webster County Schools at the end of the 2022-2023 school year, your kindergarten child may begin school eating as the others until new applications are processed IF YOU LET US KNOW YOU HAD OTHER CHILDREN IN SCHOOL. It is important that you complete and return the bottom portion of this letter; otherwise your kindergarten child will be expected to pay for his/her breakfast and lunch until a new application is processed. A NEW APPLICATION MUST BE FILLED OUT EVERY YEAR. Please fill an application out once they become available online at our district's website ([webstercountyschools.org](http://webstercountyschools.org)) or at [myschoolapps.com](http://myschoolapps.com). This will be sometime around the middle of July 2023. Hard copies will be available, as well, for those without internet access. WE NEED ONE APPLICATION PER HOUSEHOLD.

If you DID NOT have a child or children in school as of May 2023, please send money for your child. Please do not send a child to school without making arrangements for his/her breakfast and/or lunch. Children tend to get very upset when we ask them for money for their meals.

Please call me with any questions at 258-7758, Ext. 18.

Kindergarten Student: \_\_\_\_\_ SS# \_\_\_\_\_

Names of students in your household in Webster County schools in May 2023:

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



MISSISSIPPI  
DEPARTMENT OF  
EDUCATION

Ensuring a bright future for every child

Mississippi Department of Education  
Employment Survey

Complete and Return to School

School Name:

Parent/Guardian Name(s):

Address:

Telephone Number(s):

Email:

1. Have you moved to a new town to find work within the last 3 years?

☐ Yes ☐ No (If you answered "No," STOP HERE. If you answered "Yes," continue.)

2. Did you or anyone in your household find work in agriculture or fishing (examples: planting or preparing fields for crops; harvesting crops; picking fruit or vegetables; processing fruit or vegetables; planting or cutting trees; greenhouse, cotton gin, poultry farm or dairy work; or farming/ harvesting/ processing chicken, catfish, beef, pork, shrimp, crab, crawfish, oysters, or other shellfish or fish)?

☐ Yes ☐ No (If you answered "No," STOP HERE. If you answered "Yes," continue.)

*If you answered "Yes" to both questions above, a state education representative may contact you to find out whether your child is eligible for additional educational services.*

What is the best time to get in touch with you? ☐ During the day ☐ Evening/night

**For School Use Only**

Date received from family: \_\_\_\_\_

Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.

Or convey by regular mail, or fax to:

MMESC - P.O. Box 1575 Mississippi State, MS 39750 (fax: 662-325-0864)

**For MMESC Use Only**

School District: \_\_\_\_\_ Date received from school: \_\_\_\_\_



Ensuring a bright future for every child

MISSISSIPPI  
DEPARTMENT OF  
EDUCATION

Departamento de Educación de Mississippi  
Encuesta de Trabajo

Complete y retorne a la escuela

Nombre de la Escuela:
Nombre del padre, madre o guardián:
Domicilio/Dirección:
Número de teléfono(s):
Correo electrónico (email):
1. ¿Usted o alguien en su familia se ha mudado a un pueblo nuevo para encontrar trabajo en los últimos 3 años?  <input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," <u>PARE DE CONTESTAR AQUÍ</u> . Si contestó "Sí", continúe.)
2. ¿Usted o alguien en su familia encontró trabajo en agricultura o la pesca? (Por ejemplo: preparando la tierra para plantar y cultivar frutas o verduras, tales como el camote, cortando o pizcando otras frutas o verduras; procesando la fruta o verdura; plantando pino; trabajando en un vivero; moliendo algodón; en una granja criando pollos/huevos o ganado, ordeñando vacas; o en la pollera procesando pollo, pescado, carne de res, puerco, camarón, langosta, ostión, o cualquier otro tipo de comida del mar).  <input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," <u>PARE DE CONTESTAR AQUÍ</u> . Si contestó "Sí", continúe.)
<i>Si usted contestó "Sí" a las dos preguntas de arriba, un representante del departamento de educación lo contactará para saber si su hijo/a es elegible para servicios educacionales adicionales.</i>
¿Cuál es el mejor tiempo para comunicarse con usted? <input type="checkbox"/> Durante el día <input type="checkbox"/> En la tarde/Noche

**For School Use Only**

Date received from family: \_\_\_\_\_

Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.

Or convey by regular mail, or fax to:

MMESC - P.O. Box 1575 Mississippi State, MS 39750 (fax: 662-325-0864)

**For MMESC Use Only:**

School District: \_\_\_\_\_ Date received from school: \_\_\_\_\_



MISSISSIPPI  
DEPARTMENT OF  
EDUCATION

Ensuring a bright future for every child

Mississippi Department of Education  
Employment Survey

Complete and Return to School

اسم المدرسة :
اسم ولي الأمر / الوصي :
العنوان :
رقم (أرقام) الهاتف :
البريد الإلكتروني:
1. هل انتقلت إلى مدينة جديدة لإيجاد عمل خلال السنوات الثلاث الماضية؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا (إذا كان الجواب لا ، يمكنك التوقف هنا)
2. هل وجدت أنت أو أي أحد في أسرتك عملاً في الفلاحة أو صيد الأسماك؟ (على سبيل المثال، تحضير حقول لزراعة، حصاد أو تحضير الفواكه أو الخضراوات ، زراعة أشجار الصنوبر، أعمال الألبان، إعداد الاسماك مثل الروبيان، مزارع الدواجن، اعمال القطن، دفيئات، ومعالجة أي نوع من أنواع اللحوم مثل الدجاج ولحم البقر أو لحم الخنزير)؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا
إذا كانت إجابتك "نعم" على كلا السؤالين أعلاه، قد يتصل بك ممثل التعليم لمعرفة ما إذا كان طفلك مؤهلاً للحصول على خدمات تعليمية إضافية .
ما هو أفضل وقت للتواصل معك؟ <input type="checkbox"/> خلال النهار <input type="checkbox"/> مساءً / ليلاً

**For School Use Only**

Date received from family: \_\_\_\_\_

**Do not email forms. Convey by mail, fax or delivery to:**

**MMESC - P.O Box 1575 Mississippi State, MS 39750**

or Fax to 662-325-0864 ... or call 662-325-1815 and MMESC will pick up returned forms

**For MMESC Use Only**

School District: \_\_\_\_\_ Date received from school: \_\_\_\_\_

# RETURN TO SCHOOL NURSE

Webster County School District

## Student Health Record

(Please complete: Information to be shared with teaching staff as needed)

Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Name of Health Ins.: \_\_\_\_\_

### Student's Medical History

Problem	NO	YES	List symptoms and medicines needed...
Allergies			<b>IF YES, SEE CAFETERIA EACH YEAR FOR FOOD RESTRICTIONS FORM</b>
... to food			Food: _____ Treatment: _____
... to medication			Medication: _____ Treatment: _____
... insect bites or stings			Insect: _____ Treatment: _____
... other (including seasonal)			Treatment: _____
Asthma			<b>IF YES, ASTHMA ACTION PLAN NEEDS TO BE COMPLETED</b>
			Medication: _____
			Frequency of asthma: (please circle)    daily    weekly    monthly    seasonal
Attention deficit (ADD, ADHD)			Medication: _____
Birth defect/physical handicap			List: _____
Bone or joint problems			
Convulsions (seizures/epilepsy)			<b>IF YES, SEIZURE ACTION PLAN NEEDS TO BE COMPLETED</b>
			Medication: _____
Diabetes (high blood sugar)			<b>IF YES, DIABETES ACTION PLAN NEEDS TO BE COMPLETED</b>
			Medication: _____
Earaches (frequent? tubes?)			
Emotional/Psychological disorder			
Headaches (frequent or takes medication)			
Heart Problems			
Hypertension (high blood pressure)			
Nose bleeds			
Sickle Cell			
Sinus problems			
Speech and/or Hearing problems			
Stomach or digestive problems			
Surgery			
Vision (Seeing) problems			Glasses? ____ yes ____ no    Contacts? ____ yes ____ no

Date of last physical/wellness checkup: \_\_\_\_\_ Date of last dental checkup: \_\_\_\_\_

Student's Healthcare Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Dental Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is the student taking daily medication? \_\_\_\_ NO \_\_\_\_ YES    If yes, please name: \_\_\_\_\_

I give my permission for my child to participate in the school's health program which includes health education and basic screenings (vision, hearing, scoliosis, etc). I also give my permission for my child to receive first aid care as needed and treatment per standing orders as needed. I give my consent for pertinent medical information to be shared between the medical provider and the school nurse and/or school personnel directly involved with my child at school.

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

See other side →

## WEBSTER COUNTY SCHOOL DISTRICT MEDICATION PERMISSION FORM

Eupora Elementary School

Telephone (662) 258-6735 Fax (662) 258-3129

Eupora High School

Telephone (662) 258-4041 Fax (662) 258-3532

East Webster Elementary School

Telephone (662) 263-8373 Fax (662) 263-8386

East Webster High School

Telephone (662) 263-5321 Fax (662) 263-4518

This form must be completed fully by a parent and physician in order for schools to administer prescribed medication. A NEW Medication Permission form must be completed each school year for EACH dosage, method by which the medication is required to be taken, or date(s) or time(s) the medication is required to be taken.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication Name \_\_\_\_\_

Reason for Medication/Diagnosis \_\_\_\_\_

Is this medication a controlled substance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is it necessary for this medicine to be given at school? \_\_\_\_\_ YES \_\_\_\_\_ NO

Dosage: \_\_\_\_\_ Route to be given: \_\_\_\_\_

Time to be given at school \_\_\_\_\_ IF PRN, frequency \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
(Print Name of Licensed Physician)

\_\_\_\_\_  
(Signature of Licensed Physician)

\_\_\_\_\_  
(Date)

**PARENT AUTHORIZATION** I give permission for the school nurse or delegate to administer the above prescribed medication to my child. I give my consent for the Webster County School District to contact my child's physician regarding administration and effectiveness of prescribed medication. I agree to release the Webster County School District and its employees who are acting within the scope of their duties from any liability or compensation in any and all claims arising from the administration of medication at school to my child. I understand that I may refuse consent for this permission at any time by notifying the school nurse or principal in writing. I also understand that the nurse may reject requests for administration of medication. I understand and agree to the following responsibilities regarding medication administration:

1. The first dose of any newly prescribed medication should be given at home.
2. Prescription medication must be in a container labeled by the pharmacist.
3. Non-prescription medication must be in the original container with the label intact.
4. An adult must bring the medication to the school and pick up any outdated or unused medication.
5. **DO NOT SEND MEDICATION TO SCHOOL WITH THE STUDENT \*EMERGENCY MEDICATIONS ARE ALLOWED AFTER MEETING REQUIREMENTS.**

\_\_\_\_\_  
Signature parent/legal guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

## Car Rider Policy

Any Eupora Elementary School student transported to/from EES as a car rider will be required to adhere to the following procedure. It is the responsibility of the student and the parent/car driver to follow this procedure. These guidelines are in place to protect the students of EES and are taken very seriously by the administration and staff.

### Procedure:

1. Each family with children who are car riders will be issued two (2) car rider tags. This tag will help our staff ensure your student makes it to your car quickly and safely. You may purchase extra tags to keep in your car or give to other family members for \$1 (please see order form). We ask that you put the tag on the passenger's side sun visor of your car so that it is visible to the staff on duty. **You must have this tag displayed on your car every day to pick up your student.** If you do not have a tag, you will be asked to pull over to the side, and go in to the office to pick up your student.
2. Although you do not have to have a tag to drop off your car rider in the morning, you do need to know that no student can be dropped off at school until 7:15a.m. All drop-offs will enter from Gifford Street, and come around to the front of the cafeteria to let out their student. Under no circumstances should your student get out of the car anywhere else on campus, as there will not be a teacher on duty. Also, if your student eats breakfast in the cafeteria before school, they must be dropped off before 7:45a.m. to be able to have time to eat before class.
3. We have two pick-up lines. Kindergarten-2<sup>nd</sup> grade students are picked up in front of the cafeteria. 3<sup>rd</sup>-5<sup>th</sup> grade students are picked up on the gravel road south of the building. Both pick-up lines will enter from Gifford Street after the buses leave at 2:45p.m. K-2<sup>nd</sup> graders who have an older sibling will be allowed to go with that sibling to the gravel road for pick-up. If you do not have a tag, you will be asked to pull over to the parking area and go inside to pick up your student. Do not leave your car in the pick-up line, as other parents will be blocked when picking up their students. 3<sup>rd</sup>-5<sup>th</sup> grade car drivers need to enter the gate on Gifford Street from the south end of the street. K-2<sup>nd</sup> grade car drivers need to line up adjacent to the gate on the playground on the north end of the street.
4. Automobiles must exit through the main gate onto Naron Avenue when leaving campus.
5. If your child is not enrolled as a car rider, you may call the school and request a car tag at any time. When you sign the paperwork for the Car Rider Policy, you will be allowed to pick up your child in the car rider line. Until that time, you will need to come in and sign out your child.
6. If you are going to sign out your child before school is over, you must do so by 2:15p.m. Our buses need time to park in the front lot, because at 2:30p.m., our classes dismiss and there will be students in the parking lot. You will need to wait in the car rider line if you do not make it to the school by 2:15p.m., and come in to get your student after school.

It is the desire of the EES staff to provide a safe and orderly campus for all students. Thank you for your cooperation.

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*(Please detach, sign, and return to EES)*

I have read the Car Rider Policy. I understand the policy, and I agree to abide by the rules set forth in the policy. I understand that my failure to do so will result in the loss of car rider privileges for my child(ren).

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Parent Signature

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Date

# Checkouts!!!

If you intend to  
checkout your child in  
the afternoon, you  
MUST be here by 2:15.