



# Holt High School

Dr. Curtis Cain  
Superintendent of Schools

*"Learning Today, Leading Tomorrow"*

Mr. Shane Schlueter  
Principal

Mr. Jacob Adams  
Assistant Principal

Dr. Aaron "AJ" Gwin  
Assistant Principal

Mrs. Janell Mueller  
Assistant Principal

Dr. Amanda Shelmire  
Assistant Principal

Dr. Jason Green  
Activities Director

Dear Parent/Guardian:

Welcome to the Wentzville R-IV School District.

In order to make your student's enrollment an easy process, please be sure to bring the following information with you:

**Proof of Residency – The District requires two proofs of residency.**

Acceptable proofs of residency are:

**First Proof:**

- Signed Lease Agreement (with valid dates);
- Closing Document for new home purchase - settlement statement; or
- Most recent Real Estate Property Tax Statement.

**Second Proof:**

- Current utility bill or Cable bill

If your family is residing with someone else, additional residency requirements include:

- Notarized letter from the person with whom the student is residing;
- Paid real estate tax receipt for the person with whom the student is residing or valid lease agreement;
- Second proof of residency for the person with whom the student is residing; and
- Proof of residency for the family residing with someone else should be received within 45 days (after move in date) and should be associated with the dwelling such as a current utility bill, cable bill, official mail from federal and state agencies, most recent personal property tax paid receipt, New Driver's License (issued after March 2013), or Voter registration.

**Additional items:**

- Student's immunization record (required before the student can attend class);
- Student's birth certificate;
- Parent's driver's license or photo identification;
- Parenting plan or custody agreement (if applicable);
- Documentation regarding legal guardianship (must be court ordered guardianship or Educational guardianship, not power of attorney) or foster care placement with Biological Parents current address (required if applicable);
- Most recent Individual Education Plan (IEP) and evaluation if the student receives special education services (this information will be requested from the previous school but please provide a copy at the time of enrollment, if possible).

**YOU WILL NEED AN APPOINTMENT TO COMPLETE THIS ENROLLMENT.**

Please call the High School at (636) 327-3876 Ext 26241 to schedule an appointment.

Regular Office Hours are: Monday – Friday 7:00 am to 3:30 pm. Summer Office Hours are Monday – Thursday 7:00 am to 5:00 pm (Typically for the months of June & July).

Sincerely,

*Shane Schlueter*

Shane Schlueter  
School Principal



"Learning Today, Leading Tomorrow"

## REQUEST FOR RECORDS

Today's Date \_\_\_\_\_ First Date of Attendance \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last School District \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Please forward the following information:

- ☐ All academic records
- ☐ All assessment records (including state required tests such as MAP, constitution test information and school grading scale)
- ☐ End of Course Exam (EOC) Scores
- ☐ Attendance records
- ☐ School profile and/or schedule information
- ☐ Health and immunization records
- ☐ Withdrawal date and grades if transferring during the current school year
- ☐ Any psychological or educational evaluation(s) completed by your school, outside agency, or treatment center, including special education testing and the Current Diagnostic Summary and IEP
- ☐ Any testing regarding the Gifted Program
- ☐ Any testing regarding the ELL/ESL Program
- ☐ Disciplinary records

If a high school student, how many credits did the former school require for graduation? \_\_\_\_\_

The Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, states that the signature of a parent or guardian IS NOT REQUIRED for school records to be sent to another educational facility. However, when a parent or guardian is available, we do require his/her signature.

I give permission for records to be released to Holt High School.

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

\_\_\_\_\_  
Date

Thank you for your cooperation.

### MAIL, FAX OR EMAIL RECORDS TO:

Holt High School  
600 Campus Drive  
Wentzville, MO 63385  
Phone: 636-327-3876  
FAX: 636-327-3953  
[andreakoewing@wsdr4.org](mailto:andreakoewing@wsdr4.org)

DATE RECEIVED:

# WENTZVILLE R-IV SCHOOL DISTRICT ENROLLMENT FORM - 2016-2017

 START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 GRADE: \_\_\_\_

- |  |   |   |  |                                   |
|--|---|---|--|-----------------------------------|
| <input type="checkbox"/> Holt High       | <input type="checkbox"/> South Middle           | <input type="checkbox"/> Discovery Ridge Elementary | <input type="checkbox"/> Heritage Intermediate (3-5) | <input type="checkbox"/> Barfield |
| <input type="checkbox"/> Liberty High    | <input type="checkbox"/> Wentzville Middle      | <input type="checkbox"/> Duello Elementary          | <input type="checkbox"/> Lakeview Elementary         | <input type="checkbox"/> ECSE     |
| <input type="checkbox"/> Timberland High | <input type="checkbox"/> Boone Trail Elementary | <input type="checkbox"/> Green Tree Elementary      | <input type="checkbox"/> Peine Ridge Elementary      |                                   |
| <input type="checkbox"/> Frontier Middle | <input type="checkbox"/> Crossroads Elementary  | <input type="checkbox"/> Heritage Primary (K-2)     | <input type="checkbox"/> Prairie View Elementary     |                                   |

NAME

Last

First

Middle

☐ MALE ☐ FEMALE

ADDRESS

Number &amp; Street

City

Zip

SUBDIVISION

HOME PHONE (\_\_\_\_) \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Military Family Status:

- ☐
- Not Military Connected
- 
- ☐
- Active Duty
- 
- ☐
- National Guard/Reserve

LIVES WITH: ☐ PARENTS ☐ MOTHER ☐ FATHER ☐ FOSTER PARENT ☐ OTHER (Explain \_\_\_\_\_)ETHNICITY ORIGIN: ☐ Hispanic ☐ Non-Hispanic
 RACE\*\*: ☐ White ☐ Black or African American ☐ Asian ☐ Am. Indian or Alaskan Native  
☐ Native Hawaiian or Other Pacific Islander (Please select any and all that apply)

\*\*This information is requested for purposes of reporting to Federal Compliance Agencies and is not used in determining admission status.

**PRIMARY/CUSTODIAL PARENTS/GUARDIANS**  
*or people with permission to access student's records*

 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_  
 Workplace \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_  
 Email \_\_\_\_\_
*This address will be used for school communications.*
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_  
 Workplace \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_  
 Email \_\_\_\_\_
*This address will be used for school communications.***SCHOOL TRANSFERRED FROM:**
 School Name \_\_\_\_\_  
 District \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**ALTERNATE/NON-CUSTODIAL PARENTS/GUARDIANS**  
*(Complete if parents are not residing in the same home, or people with permission to access student's records) These addresses will be used for school communication.*

 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Workplace \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email \_\_\_\_\_

 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Workplace \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email \_\_\_\_\_
**IS THERE A SPECIAL CUSTODY CONCERN?**
☐ No ☐ Yes Court documentation must be on file in the school office to comply with any restrictions.
**BROTHERS/SISTERS LIVING IN THE HOME (INCLUDING PRESCHOOLERS):**

Name	Birthdate	Grade	Name	Birthdate	Grade
_____	____/____/____	____	_____	____/____/____	____
_____	____/____/____	____	_____	____/____/____	____

People with permission to provide transportation and/or be contacted in case of an emergency. If no box is checked, the assumption is this individual can be an emergency contact and can provide transportation.

NAME _____	Relationship _____	<input type="checkbox"/> Provide Transportation	<input type="checkbox"/> Emergency Contact
Cell Phone _____	Home Phone _____		Work Phone _____
NAME _____	Relationship _____	<input type="checkbox"/> Provide Transportation	<input type="checkbox"/> Emergency Contact
Cell Phone _____	Home Phone _____		Work Phone _____
NAME _____	Relationship _____	<input type="checkbox"/> Provide Transportation	<input type="checkbox"/> Emergency Contact
Cell Phone _____	Home Phone _____		Work Phone _____
NAME _____	Relationship _____	<input type="checkbox"/> Provide Transportation	<input type="checkbox"/> Emergency Contact
Cell Phone _____	Home Phone _____		Work Phone _____

**WENTZVILLE R-IV SCHOOL DISTRICT  
ENROLLMENT FORM**

Page 2

STUDENT NAME: \_\_\_\_\_

<b>SITTER/DAYCARE INFORMATION</b> (Must be located in this school's attendance area unless student will be privately transported.) NAME _____ Address _____ Phone (____) _____ - _____  <input type="checkbox"/> Pick-up and/or <input type="checkbox"/> Drop-off from this location	<b>SPECIAL SERVICES:</b> Is your child currently receiving any of these services? <input type="checkbox"/> Yes <input type="checkbox"/> No (check all that apply)  <table style="width: 100%;"><tr><td><input type="checkbox"/> Remedial Reading</td><td><input type="checkbox"/> Special Education</td></tr><tr><td><input type="checkbox"/> Limited English</td><td><input type="checkbox"/> Diagnosis _____</td></tr><tr><td><input type="checkbox"/> Special Health Plan</td><td><input type="checkbox"/> Current I.E.P.</td></tr><tr><td><input type="checkbox"/> Gifted Services</td><td><input type="checkbox"/> Section 504 Plan</td></tr><tr><td><input type="checkbox"/> Other _____</td><td></td></tr></table>	<input type="checkbox"/> Remedial Reading	<input type="checkbox"/> Special Education	<input type="checkbox"/> Limited English	<input type="checkbox"/> Diagnosis _____	<input type="checkbox"/> Special Health Plan	<input type="checkbox"/> Current I.E.P.	<input type="checkbox"/> Gifted Services	<input type="checkbox"/> Section 504 Plan	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Remedial Reading	<input type="checkbox"/> Special Education										
<input type="checkbox"/> Limited English	<input type="checkbox"/> Diagnosis _____										
<input type="checkbox"/> Special Health Plan	<input type="checkbox"/> Current I.E.P.										
<input type="checkbox"/> Gifted Services	<input type="checkbox"/> Section 504 Plan										
<input type="checkbox"/> Other _____											
<b>RELATIVES ENROLLED IN SAME GRADE:</b> _____											
Has this child ever attended a school in the Wentzville School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Grade _____ Building _____ Year _____											
Was English the first language this student learned? <input type="checkbox"/> Yes <input type="checkbox"/> No Did your child learn English as a second language? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child use a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what language? _____ Which language does this student use most often when speaking to friends? <input type="checkbox"/> English <input type="checkbox"/> Other If Other, what language? _____ Which language does this student use most often when speaking to his/her parents? <input type="checkbox"/> English <input type="checkbox"/> Other If Other, what language? _____ Is a language other than English used in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what language? _____											
We do not have permanent housing of our own at this time, due to economic conditions (living in a shelter, a hotel, or with friends) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following: Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ Are you currently residing at a hotel, motel, in a car, or at a campsite because your home has been damaged or because of economic reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently living in a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently living in a temporary housing arrangement due to economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No											
In the last 3 years, has the parent/guardian worked or is currently working in any of these areas. If so, which ones? <table style="width: 100%;"><tr><td><input type="checkbox"/> Planting or harvesting crops</td><td><input type="checkbox"/> Feeding poultry, gathering eggs, working in a hatchery</td></tr><tr><td><input type="checkbox"/> Processing meat, poultry, fruit, vegetables, dairy products</td><td><input type="checkbox"/> Milking cows on a dairy farm</td></tr><tr><td><input type="checkbox"/> Working in a nursery</td><td><input type="checkbox"/> Commercial fishing or working on a fish farm</td></tr><tr><td><input type="checkbox"/> Growing and tending to trees to be sold</td><td></td></tr></table> If you checked any box above, did you move to seek or obtain that job? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Planting or harvesting crops	<input type="checkbox"/> Feeding poultry, gathering eggs, working in a hatchery	<input type="checkbox"/> Processing meat, poultry, fruit, vegetables, dairy products	<input type="checkbox"/> Milking cows on a dairy farm	<input type="checkbox"/> Working in a nursery	<input type="checkbox"/> Commercial fishing or working on a fish farm	<input type="checkbox"/> Growing and tending to trees to be sold			
<input type="checkbox"/> Planting or harvesting crops	<input type="checkbox"/> Feeding poultry, gathering eggs, working in a hatchery										
<input type="checkbox"/> Processing meat, poultry, fruit, vegetables, dairy products	<input type="checkbox"/> Milking cows on a dairy farm										
<input type="checkbox"/> Working in a nursery	<input type="checkbox"/> Commercial fishing or working on a fish farm										
<input type="checkbox"/> Growing and tending to trees to be sold											

**IF YOU HAVE A SIGNIFICANT EDUCATIONAL CONCERN REGARDING YOUR CHILD'S  
PLACEMENT, PLEASE CONTACT THE PRINCIPAL'S OFFICE.**

**ENROLLMENT WILL NOT BE COMPLETE UNTIL ALL STUDENT RECORDS  
(ACADEMIC, DISCIPLINARY, AND IMMUNIZATION) ARE RECEIVED IN THIS OFFICE.**

I attest that the above information is accurate to the best of my knowledge and understand that if I am not a resident of the Wentzville R-IV School District, my children will be removed from school and I will be charged tuition for the time they were enrolled.

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

\_\_\_\_\_  
Printed Name



**Form 2230.2**

**Statement of Disciplinary History  
in Reference to the Missouri Safe Schools Act**

In accordance with the Missouri Safe Schools Act, Wentzville School District requires that a student/parent/guardian provide a statement indicating whether a student was previously expelled for violation of school board policies relating to weapons, alcohol or drugs, or willful infliction of injury to another person. Persons making a false statement could be guilty of a Class B misdemeanor.

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

Were you ever expelled/suspended from school for:

- |  |           |          |
|--|-----------|----------|
| • Possession or use of a weapon at school        | Yes _____ | No _____ |
| • Possession or use of alcohol                   | Yes _____ | No _____ |
| • Possession or use of drugs                     | Yes _____ | No _____ |
| • Willful infliction of injury on another person | Yes _____ | No _____ |

If (Yes) on any of the above, please explain the circumstance relating to the expulsion/suspension of the incident and the name of the school in which it occurred. \_\_\_\_\_

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

Information Provided By:

\_\_\_\_\_ Parent/Guardian                      \_\_\_\_\_ Student (if independent)

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

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



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

Last Name

First Name

Middle

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

This permission will remain in place for the duration of your child's enrollment. In the event of a critical emergency the parent/guardian will be contacted first, if possible. If we are unable to contact the parent/guardian, the emergency ambulance service will be utilized. In a critical emergency, I understand that my child will be taken to the closest hospital at the discretion of the emergency medical service (EMS). I accept full financial responsibility for charges connected with the use of an ambulance and for charges connected with the care at the hospital.

Does Your Child Have:	No	Yes	Please Specify:	List Treating Physician:
Allergies	No	Yes		
Food	No	Yes		
Drug	No	Yes		
Other	No	Yes		
Allergy Requiring Epi-Pen	No	Yes		
Asthma	No	Yes		
Epilepsy/Seizures	No	Yes		
Diabetes	No	Yes		
Insulin	No	Yes		
Heart Condition	No	Yes		
Kidney Disease	No	Yes		
Severe Nosebleeds	No	Yes		
Orthopedic Problems	No	Yes		
ADD / ADHD	No	Yes		
Anxiety	No	Yes		
Autism	No	Yes		
Bipolar	No	Yes		
Depression	No	Yes		
Emotional Condition	No	Yes		
Serious Illness / Hospitalization	No	Yes		
Glasses or Contacts	No	Yes		
Hearing Loss	No	Yes		
Hearing Aid or Cochlear Implant?	No	Yes		
Need Restrictive PE? If yes requires doctor documentation.	No	Yes		
Daily Medication	No	Yes		
Medication at School	No	Yes		
Other Health Conditions not listed.	No	Yes		

I hereby state that I have read and fully understand and agree to the Dispensing Medication policy (noted on back) regarding the administration of any type of medication to my child during school hours. I agree to release the District and/or all District personnel from liability for any and all injuries that may result from my child taking or neglecting to take medicine prescribed.

In the best interest of my child, I agree to the sharing of medical information with school faculty and staff on a need to know basis, including but not limited to medications, diagnosis, and physical restrictions or limitations.

Print Parent Name

Parent Signature

Date

## INFORMATION ON DISPENSING MEDICATION AT SCHOOL

In case you are unfamiliar with school's policy on the administration of medication to students by school personnel, we would like to bring you up to date on this matter. If your child must have medication of any type given during school hours, including over-the-counter drugs, you have the following choices:

1. You may come to school and give the medication to your child at the appropriate time(s);
2. You may obtain a copy of a medication form from the school nurse or school secretary. Take the form to your child's doctor and have him/her complete the form by listing the medication(s) needed, dosage, and number of times per day the medication is to be administered. This form must be completed and signed by the physician for both prescription and over-the-counter drugs.

All medicines must be delivered to school by the parent/guardian or a responsible adult. It must be in the pharmacy-labeled bottle which contains instructions on how and when the medication is to be given and should not exceed a 30-day supply. Over-the-counter drugs must be received in the original container and will be administered according to the doctor's written instructions. Or

3. You may discuss with your doctor an alternative schedule for administering medication (e.g., outside of school hours).
4. In the event of your child attending a field trip, a single dose of medication will be administered by a trained school employee.

There will be no exception to this policy. If you have questions about the policy, or other concerns related to the administration of medication in the schools, please contact your building's school nurse.

Thank you for your cooperation.

## Wentzville R-IV School District Parent Portal Registration Form

For security purposes, you must return this completed form to your child's school **in person**. You will be asked to show a **photo ID** when you register. One parent/guardian (in person) may register additional parents/guardians. Once you are registered, the information will be put into the District student management system at your child's school and then the Parent Portal system will email the registered email address(s) the login password in a few days. Your login username will be your registered email address. You do not have to register every school year. You may access the Parent Portal on the Wentzville School District Website <http://www.wentzville.k12.mo.us> and click on Parent Portal.

All students have access to the Student Portal. Students can view their individual information but are not able to edit family data or make online meal payments. If you do not wish for your student to have access to the Student Portal, please submit your request in writing to the school office.

### Please Check the Appropriate Item(s):

- \_\_\_\_\_ I am registering for the first time.  
\_\_\_\_\_ Update my information in Parent Portal (ie. new email account).  
\_\_\_\_\_ Add another student to my existing Parent Portal account.  
\_\_\_\_\_ Reset my login password.

Parent/Guardian First and Last Name	
Email Address	

Parent/Guardian First and Last Name	
Email Address	

Parent/Guardian First and Last Name	
Email Address	

	Student 1	Student 2	Student 3
School			
First Name			
Last Name			
Birthdate			
Grade			

**Signature and Photo ID are required to access student information on Parent Portal.**

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

Date \_\_\_\_\_

### For Office Use Only:

Building

Date

Identification Verified		
Entered into SIS		

October 2010  
November 2011  
December 2012  
January 2015  
RW



**The Missouri A+ Schools Program**  
**STUDENT PARTICIPATION AGREEMENT**

**Wentzville R-IV School District**

Student \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
(Please **PRINT** Legibly)

Missouri A+ Schools Program graduates may be eligible to receive state funding for post-secondary educational expenses (tuition and general fees) at any Missouri community college or public vocational/technical institution. A+ high school students must remain eligible to participate in the A+ Program all four years of high school and must complete ALL of the following A+ Program state requirements at the time of their high school graduation.

***The Missouri A+ Grant Program currently provides this educational funding incentive, according to A+ State Rule, but is subject to annual state funding and legislative approval.***

**A+ Program Requirements**

1. Attend an A+ designated high school for 3 consecutive years prior to graduation
2. Maintain & graduate with a minimum cumulative 2.5 (unweighted) grade point average
3. Document 95% annual and cumulative attendance record
4. Score "Proficient" or "Advanced" on the Algebra 1 EOC Exam  
(\*New Requirement beginning with the graduating class of 2015)
5. Complete 50 Hours of supervised tutoring with younger students in the district  
(12.5 hours of approved "job shadowing" may count towards this requirement)
6. Demonstrate a record of good citizenship during all 4 years of high school
7. File the **Free Application for Federal Student Aid (FAFSA)** senior year  
*File on-line @ [www.fafsa.gov](http://www.fafsa.gov) between January and April*
8. Register for Selective Service, males only. (register on-line @ [www.sss.gov](http://www.sss.gov))

**\*All documentation must be submitted to the A+ Coordinator by May 1st of senior year.**

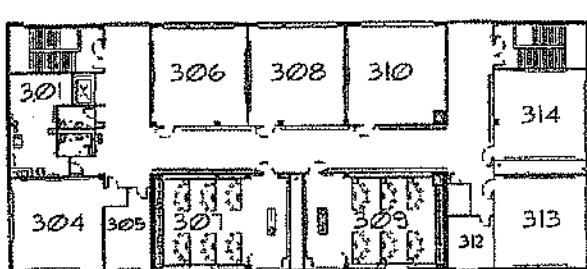
The A+ Program Tuition Incentive Grant may be utilized for a period of four years from high school graduation date (or until they earn an Associate's Degree or earn 67 college credits). To maintain A+ eligibility during that time, a participating student must enroll and attend a Missouri community college or public vocational or technical school full-time (12+ credits) and maintain a minimum of a 2.5 grade point average.

**Do you wish to participate in the A+ Schools Program? YES \_\_\_\_\_ NO \_\_\_\_\_**

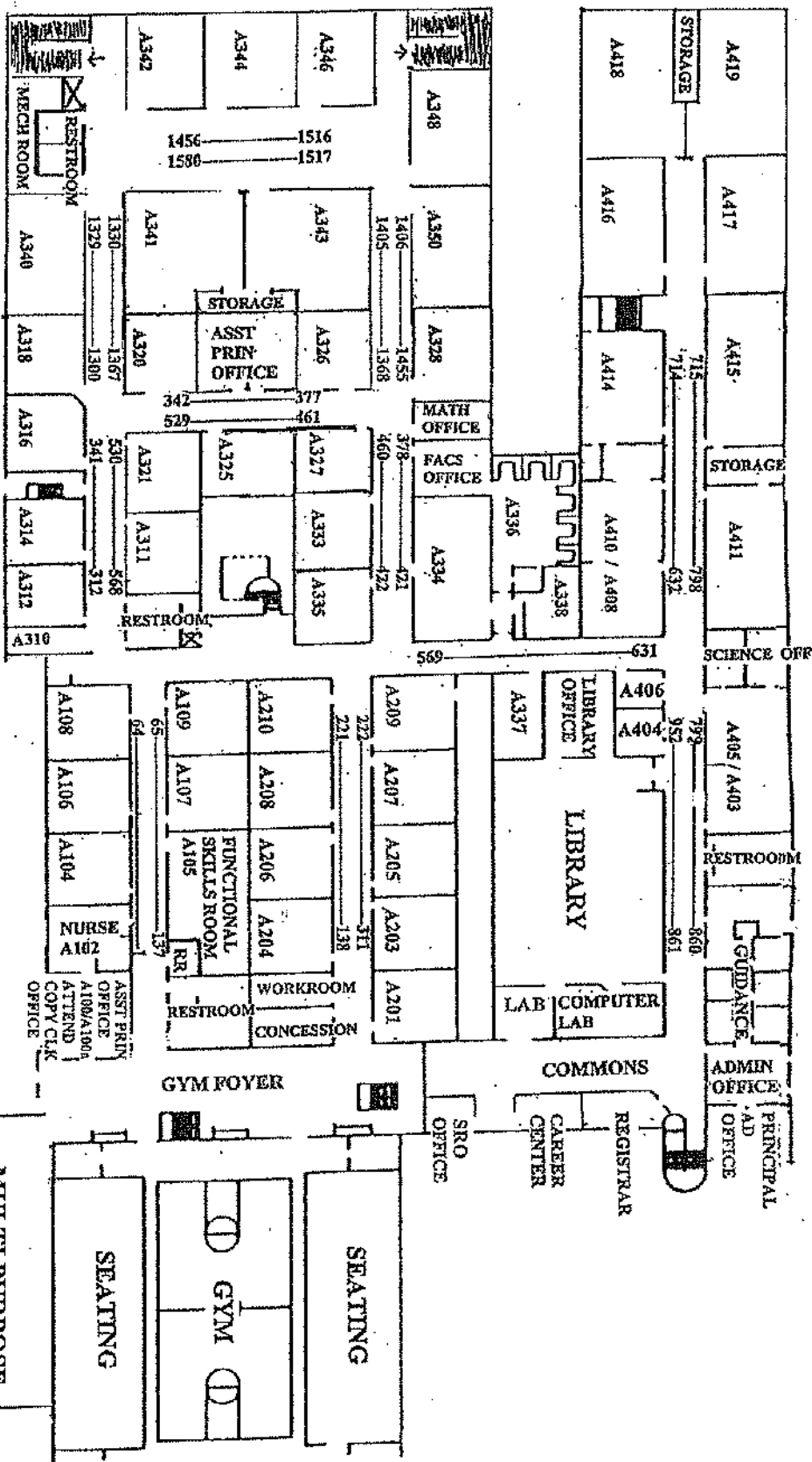
\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
Date



UPPER LEVEL

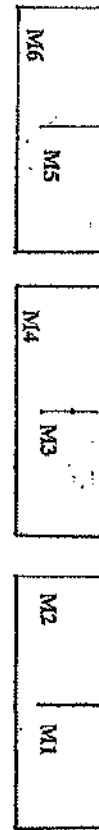
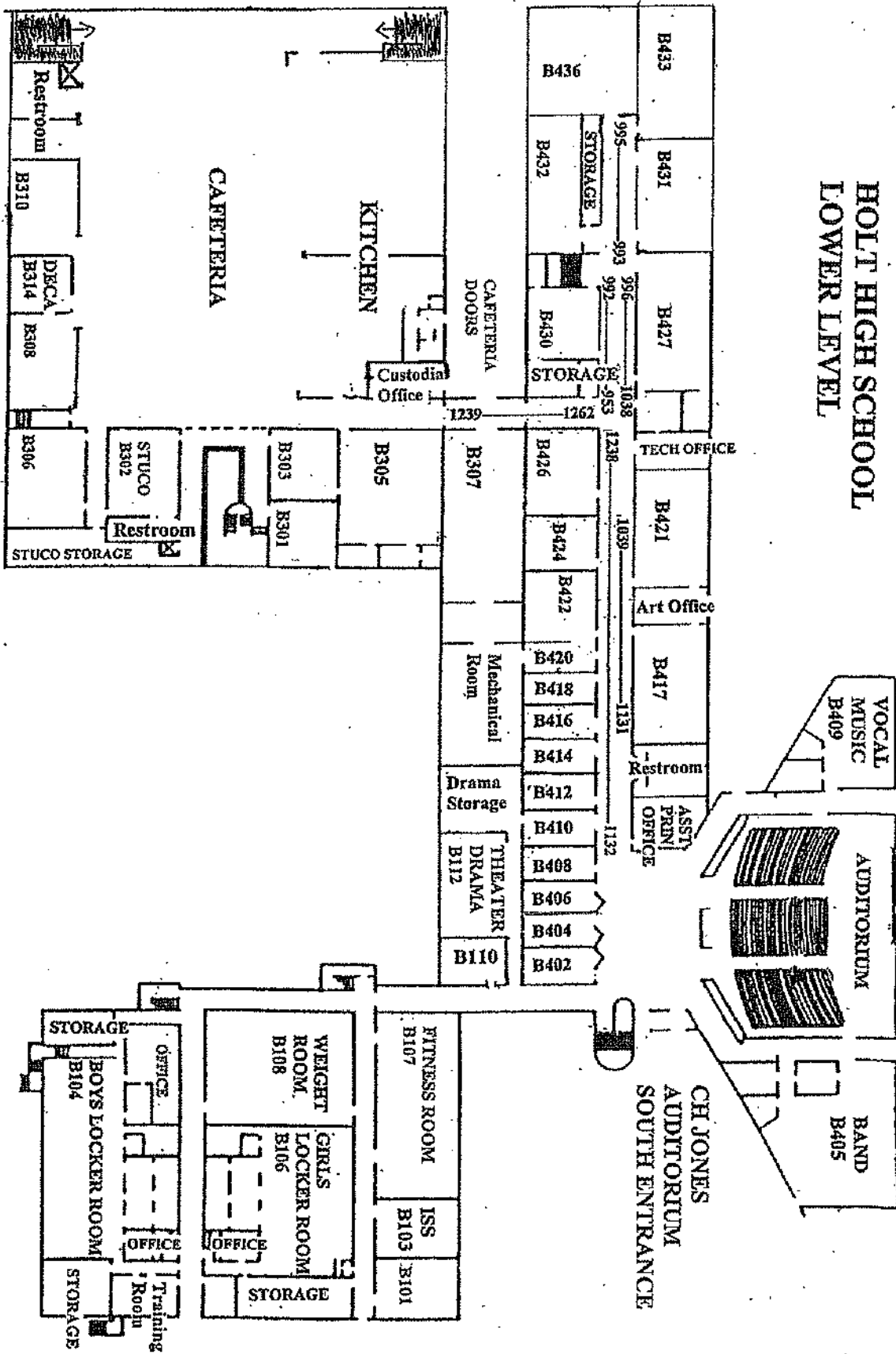


# HOLT High School

## "Home of the Indians"



CAFÉ PATIO  
NORTH ENTRANCE



# WENTZVILLE SCHOOL DISTRICT

## 2017-2018 Student Calendar

JULY							AUGUST (11)							SEPTEMBER (18)						
S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S
						1			1	2	3	4	5						1	2
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23
23	24	25	26	27	28	29	27	28	29	30	31			24	25	26	27	28	29	30
30	31																			
OCTOBER (19)							NOVEMBER (19)							DECEMBER (16)						
S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S
1	2	3	4	5	6	7				1	2	3	4						1	2
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30
														31						
JANUARY (18)							FEBRUARY (18)							MARCH (16)						
S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S
	1	2	3	4	5	6					1	2	3						1	2
7	8	9	10	11	12	13	4	5	6	7	8	9	10	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24	18	19	20	21	22	23	24
28	29	30	31				25	26	27	28				25	26	27	28	29	30	31
APRIL (21)							MAY (19)							JUNE						
S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S
1	2	3	4	5	6	7			1	2	3	4	5						1	2
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
29	30						27	28	29	30	31			24	25	26	27	28	29	30

8/17	First Day of School	1/3	No Classes K-12, Teacher Work Day
9/1	No Classes K-12, PD Day	1/15	No Classes K-12, Martin Luther King Day
9/4	No Classes K-12, Labor Day	1/16	No Classes K-12 PD Day
9/21	Parent/Teacher Conf. 9-12 3:30 pm - 7 pm	2/16	No Classes K-12, PD Day
9/29	No Classes K-12, PD Day	2/19	No Classes K-12, Presidents Day
10/13	Early Release K-12	3/16	Early Release K-12
10/16	No Classes K-12, PD Day	3/23	No Classes K-12, 1/2 PD Day, 1/2 Work Day 9-12
10/25	Parent/Teacher Conf. K-8 4:30 pm - 8 pm	3/26-3/30	No Classes K-12, Spring Break
10/26	No Classes K-12	5/24	Finals Early Release 9-12
10/27	P/Teacher Conf. K-8, 10 am - 8 pm	5/25	Last Day of School - Early Release
10/27	No Classes K-12, Earned Day Off	5/28	No Classes K-12, Memorial Day
11/22-11/24	No Classes K-12, Thanksgiving Break	5/29-6/5	Inclement Weather Make-up Days
12/21	Finals Early Release 9-12	6/3	Graduation
12/22	Early Release K-12		
12/25-1/2	No Classes K-12, Winter Break	6/11	Last Possible School Day (with the Make-up Days)
			Late Start Days, Grades K-12

If school is closed or cancelled due to inclement weather, the day must be made up. If there are no school closings or cancellations due to inclement weather, classes will not be in session on make-up days.

K-12	TERM	#Days K-8	#Days 9-12
Q1	10/13	39	39
Q2	12/22	44	44
S1	12/22	83	83
Q3	3/14	46	46
Q4	5/25	46	46
S2	5/25	92	92
T		175	175

Adopted 11/17/2016

## What are the benefits of PBIS within our school?

- ♦ More efficient instruction time
- ♦ Increase and repeat appropriate behaviors
- ♦ Allows for better communication between faculty, staff, students, parents, and administrators
- ♦ Creates a predictable learning environment that extends from the classroom to all other parts of the school
- ♦ Provides extra support for at-risk students in all areas of the school
- ♦ Helps to maintain a positive and cooperative learning and working environment

**Holt Indians are:**

**Respectful!**

**Responsible!**

**Reputable!**

## What is PBIS?

PBIS (Positive Behavior Interventions and Support) is a teaching process. It is meant to educate students on appropriate versus inappropriate behaviors and how to apply appropriate behaviors in all areas of school, home, and the community.

## What Can I Do?

- ♦ Model expected behaviors
- ♦ Set expectations
- ♦ Discuss with your child what Respect, Responsibility, and Being Reputable looks like in your home.
- ♦ Provide positive feedback to encourage desired behaviors.
- ♦ Guide your child by providing calm, clear, consistent, and immediate feedback of expected behaviors when an inappropriate behavior is occurring.

Wentzville School District

Wentzville Holt High School

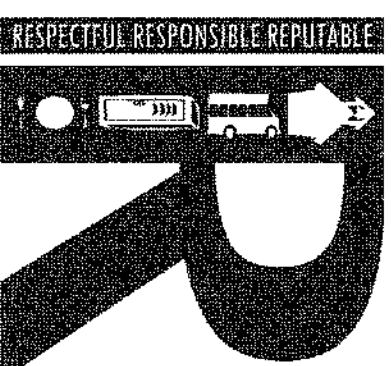
600 Campus Drive

Wentzville, MO 63385

Phone: 636-327-3876

Holt High School  
A PBIS School

**Holt Indians are  
Respectful, Responsible  
and Reputable!**



## Indian Pledge

I promise to my school to show  
I'm a Holt Indian.  
Holt Indians are respectful to  
everything and everyone.  
Holt Indians are responsible and  
know how to get things done.  
Holt Indians are reputable in class  
and outside of school.

**WE ARE THE HOLT INDIANS!**



# TOTEM TRAITS



All Settings		Hallways	Classrooms	Cafeteria	Bus	Assembly
Be Respectful	<ul style="list-style-type: none"> <li>-Use school appropriate language.</li> <li>-Quickly follow all requests from school workers.</li> <li>-Keep all body parts and other objects to yourself.</li> </ul>	<ul style="list-style-type: none"> <li>-Walk.</li> <li>-Maintain a 1 noise level.</li> <li>-Throw trash away in trash cans.</li> </ul>	<ul style="list-style-type: none"> <li>-Be ready and attentive at the beginning of class.</li> <li>-Show courtesy for whoever is speaking.</li> </ul>	<ul style="list-style-type: none"> <li>-Say please and thank you.</li> <li>-Wait your turn.</li> <li>-Offer seats to those in need of a spot to sit.</li> <li>-Maintain a noise level of 0-2 as directed.</li> </ul>	<ul style="list-style-type: none"> <li>-Keep the bus clean and damage free.</li> <li>-Take seat immediately.</li> <li>-Maintain a 0-1 noise level as instructed.</li> <li>-Thank the driver.</li> </ul>	<ul style="list-style-type: none"> <li>-Enter and exit assembly safely.</li> <li>-Demonstrate appropriate citizenship and phone etiquette.</li> <li>-Use positive language.</li> </ul>
Be Responsible	<ul style="list-style-type: none"> <li>-Attend school every day and arrive on time.</li> <li>-Bring all materials needed for the day.</li> <li>-Use technology only when directed by teachers.</li> </ul>	<ul style="list-style-type: none"> <li>-Go directly to your destination.</li> <li>-Have a hall pass at all times.</li> <li>-When stopping to have a conversation, move to one side of the hallway.</li> </ul>	<ul style="list-style-type: none"> <li>-Follow teacher's instructions both written and verbal.</li> <li>-Meet all deadlines.</li> </ul>	<ul style="list-style-type: none"> <li>-Clean up your area.</li> <li>-Go directly to lunch and then stay in the cafeteria until the bell rings.</li> </ul>	<ul style="list-style-type: none"> <li>-Follow driver's instructions.</li> <li>-Stay in your seat until the bus arrives at your destination and comes to a complete stop.</li> <li>-Board promptly.</li> <li>-Exit promptly.</li> </ul>	<ul style="list-style-type: none"> <li>-Arrive on time.</li> <li>-Participate when appropriate.</li> <li>-Sit in assigned areas.</li> </ul>
Be Reputable	<ul style="list-style-type: none"> <li>-Complete assigned tasks.</li> <li>-Be attentive and involved.</li> <li>-Do your own work.</li> </ul>	<ul style="list-style-type: none"> <li>-Get to class quickly.</li> <li>-Take care of personal needs promptly.</li> <li>-Get tardy pass from attendance when arriving late to school and are outside of the building after the bell rings.</li> </ul>	<ul style="list-style-type: none"> <li>-Be an active listener and participate.</li> <li>-Bring all needed materials.</li> </ul>	<ul style="list-style-type: none"> <li>-Attend only your own lunch.</li> <li>-Pay for your own food and drink.</li> </ul>	<ul style="list-style-type: none"> <li>-Report unsafe behavior to the driver.</li> <li>-Board the bus at the high school only.</li> </ul>	<ul style="list-style-type: none"> <li>-Respond when needed at assemblies.</li> <li>-Pay attention and take part.</li> </ul>

A school may disclose directory information to anyone, without consent, if it has given parents general notice of the information it has designated as "directory information"; the right to opt out of these disclosures; and the period of time they have to notify the school of their desire to opt out.

## Does FERPA give me a right to see the education records of my son or daughter who is in college?

When a student turns 18 years old or enters a postsecondary institution at any age, all rights afforded to you as a parent under FERPA transfer to the student ("eligible student"). However, FERPA provides ways in which a school may—but is not required to—share information from an eligible student's education records with parents, without the student's consent. For example:

- Schools may disclose education records to parents if the student is claimed as a dependent for tax purposes.
- Schools may disclose education records to parents if a health or safety emergency involves their son or daughter.
- Schools may inform parents if the student, if he or she is under age 21, has violated any law or policy concerning the use or possession of alcohol or a controlled substance.
- A school official may generally share with a parent information that is based on that official's personal knowledge or observation of the student.

## Contact Information

For further information about FERPA, contact the Department's Family Policy Compliance Office.

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Ave. S.W.  
Washington, DC 20202-5920  
202-260-3887

For quick, informal responses to routine questions about FERPA, parents may also e-mail the Family Policy Compliance Office at [FERPA.Customer@ED.Gov](mailto:FERPA.Customer@ED.Gov).

Additional information and guidance may be found at FPCO's Web site at: <http://www.ed.gov/policy/gen/guid/fpc/index.html>.



## Parents' Guide to the Family Educational Rights and Privacy Act

### Rights Regarding Children's Education Records





## What is FERPA?

### *The Family Educational Rights and Privacy Act (FERPA)*

is a federal privacy law that gives parents certain protections with regard to their children's education records, such as report cards, transcripts, disciplinary records, contact cards, and family information, and class schedules. As a parent, you have the right to review your child's education records and to request changes under limited circumstances. To protect your child's privacy, the law generally requires schools to ask for written consent before disclosing your child's personally identifiable information to individuals other than you.

The following questions and answers are intended to help you understand your rights as a parent under FERPA. If you have further questions, please contact the U.S. Department of Education's Family Policy Compliance Office using the contact information provided below.

## My child's school won't show me her or his education records. Does the school have to provide me with a copy of the records if I request them?

Schools must honor your request to review your child's education records within 45 days of receiving the request. Some states have laws similar to FERPA that require schools to provide access within a shorter period of time. FERPA requires that schools provide parents with an opportunity to inspect and review education records, but not to receive copies, except in limited circumstances.

Parents whose children receive services under the *Individuals with Disabilities Education Act (IDEA)* may have additional rights and remedies with regard to their children's education records. The school district, local special education director, or state special education director can answer questions about IDEA.

## Who else gets to see my child's education records?

To protect your child's privacy, schools are generally prohibited from disclosing personally identifiable information about your child without your written consent. Exceptions to this rule include:

- disclosures made to school officials with legitimate educational interests;
- disclosures made to another school at which the student intends to enroll;
- disclosures made to state or local education authorities for auditing or evaluating federal- or state-supported education programs, or enforcing federal laws that relate to those programs; and
- disclosures including information the school has designated as "directory information."

## What is directory information?

FERPA defines "directory information" as information contained in a student's education record that generally would not be considered harmful or an invasion of privacy if disclosed. Directory information could include:

- name, address, telephone listing, electronic mail address, date and place of birth, dates of attendance, and grade level;
- participation in officially recognized activities and sports;
- weight and height of members of athletic teams;
- degrees, honors, and awards received; and
- the most recent school attended.

