

**Tipton R-VI SCHOOLS****305 East 50 HWY****Tipton, Missouri 65081**

Elementary: 660-433-2213 Fax: 660-433-2899

Junior High/High School: 660-433-5528 Fax: 660-433-2419

Web Site: Tipton.k12.mo.usName: _____
First Middle Last

Social Security: _____ MOSIS: _____

Date of Birth: _____ Sex: M or F Race: _____ Grade: _____

Physical Address:Street _____ City _____ State _____ Zip _____
County _____**PO Box/ Mailing Address:**PO or Street _____ City _____
Zip _____**Parental Information**DO YOU LIVE WITH? ☐ Both Parents ☐ Father Only ☐ Mother Only
☐ Mother & Step Father ☐ Father and Stepmother ☐ Foster Parents
Other _____

Fathers Name _____

Address Same as Above: _____

Address _____ City _____ State _____ Zip _____

Email: _____

Home Phone: _____

Cell: _____

Employer: _____

Work Phone: _____

Mothers Name _____

Address Same as Above: _____

Address _____ City _____ State _____ Zip _____

Email: _____

Home Phone: _____

Cell: _____

Employer: _____

Work Phone: _____

Courts Orders: Yes _____ NO _____ If you marked yes please provide the school district with a copy of the orders.

List step parent (s)/Foster Parent (s)/Spouse or other person (s) living with or responsible for you if other than parent (s).

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Phone: _____

Please see reverse side to provide emergency contact information other than listed above.

Emergency Contacts Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Do you have other students in your household that attend Tipton RVI?

____ **Yes**

____ **No**

If yes list their name, grade and relation below:

Name

Grade

Relation

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRANSPORTATION

Child's Name: _____

Parent's/Guardian's Name: _____

Street Address: _____

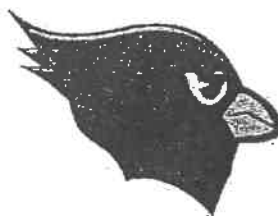
Town: _____

Cell Phone#: _____

Will your child ride a bus to and from school? YES NO

If riding a bus, where will your child be picked up?

Where will your child go after school?



Tipton R-VI School District

Tipton Elementary

Kelly Kohler, Principal, Joaine Kuttenkuler, Secretary

REQUEST FOR RELEASE OF RECORDS

I hereby give consent for _____
(School Name Coming From)

To release the records of _____
Student Name Last First Middle
_____ who has enrolled in _____ grade.

Please send records to: *Tipton Elementary School*
305 East HWY 50
Tipton, MO 65081
Phone: 660-433-2213 Fax: 660-433-2899 Email: kuttenkulerj@tipton.k12.mo.us

Records to be released: _____ cumulative academic records
_____ health records
_____ achievement and educational diagnostic testing reports & IEP
(Please advise if confidential records are to be obtained from a
separate facility)
_____ discipline and/or attendance
_____ any records including records pertaining to custody
_____ migrant records
_____ any other records (Dyslexia
Screening)

**FEDERAL LAW 99.31 states "NO PARENT SIGNATURE REQUIRED FOR EDUCATIONAL RECORDS
SENT TO ANOTHER EDUCATIONAL AGENCY."**

Date

School Official Signature

Date

Parent or Guardian Signature



TIPTON R-VI SCHOOL DISTRICT
Tipton, Missouri

Permission Information

I give permission for my child, _____, to have his/her name/picture in the local newspaper, on the school web site and on the school sponsored social media site for accomplishments at school or for any other school news or activities.

Child's Name (Please Print)

Parents Name (Please Print)

Parent Signature

Date

Grade: _____

School Year 2018/2019

Tipton R-VI SCHOOL EMERGENCY HEALTH DATA SHEET

Mandatory Requirement: Every student must have a complete health data sheet on file in health office.

Student Name: _____
Last
First
Middle

Parent/Guardian #1 Name: _____ Parent/Guardian #2 Name: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Work Phone: _____ Work Phone: _____

Emergency Contact #1 Name: _____ Emergency Contact #2 Name: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Work Phone: _____ Work Phone: _____

Does student have medical and/or dental coverage? Please check all that apply

***Insurance Coverage:**

_____ Private _____ Medicaid _____ NONE

***Dental Coverage:**

_____ Private _____ Medicaid _____ NONE

If you do not have insurance would you like the School Nurse to assist you with some health care options? YES / NO

Does your child have, or has your child had any of the following conditions? Check all that apply

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Limitations |
| <input type="checkbox"/> Bee/Wasp | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Left / Right / Both | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Allergy-Food | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Allergy-Medication | <input type="checkbox"/> Type 1/Type 2 | <input type="checkbox"/> Disease/Defect | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> Allergy-Seasonal | <input type="checkbox"/> Ear Tubes | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Allergy-Other | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Date of last: _____ | <input type="checkbox"/> Immune | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema/Psoriasis | <input type="checkbox"/> Deficiency Disorder | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Doctor Diagnosed | <input type="checkbox"/> Frequent Cough | <input type="checkbox"/> Kidney Disorder | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Frequent | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Glasses / Contacts |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Diarrhea/Vomiting | <input type="checkbox"/> Mood Disorder | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bone/Joint | <input type="checkbox"/> Frequent Ear | <input type="checkbox"/> Muscular | _____ |
| <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Aches/Infections | <input type="checkbox"/> Dystrophy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Migraines | _____ |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> (Not migraines) | <input type="checkbox"/> Nosebleeds | _____ |

Please explain anything checked from above: _____

Does your child require special appliance, such as braces, shoes, wheelchair or other equipment? YES / NO _____

Does your child take daily medication at home? YES / NO At school? YES / NO For emergency use? YES / NO
 Please list medication, reason and dose _____

MEDICATION PERMISSION: Do you give your permission for the school nurse, or one of the school's qualified staff members, to administer medication to your son/daughter as needed for mild pain/discomfort? PLEASE SIGN BELOW:

_____ Tylenol _____ Ibuprofen _____ Tums/Pepto _____ Cough Drops

Emergency Administration Only:
 _____ Epi-Pen _____ Albuterol

In the event of a medical emergency and my child becomes injured or ill, I authorize emergent and life saving measures to be given to my child. If I cannot be reached, this authorization will serve as a release for the Tipton R-VI School District to call the ambulance service for the purpose of conveying my child to the hospital and authorize medical treatment to my child. I fully understand I shall be responsible for all costs of ambulance service, all medical care and/or treatment provided to my child in case of an emergency. _____ YES / _____ NO

Parent/Guardian Signature: _____ Date: _____

Doctor's Name: _____ Phone Number: _____

Dear Parents,

Please fill out the form below to let us know how you would like to receive the information in the Student Handbook/Discipline Code. In an effort to save paper, we have decided to make this document available on line at www.tipton.k12.mo.us

Sincerely,

Kelly C. Kohler

☐ I will access the student handbook/discipline code online. (www.tipton.k12.mo.us)
Click on "elementary" and then "student handbook".

☐ Please send me a copy of the student handbook/discipline code.

Child's name

Parent's signature

Date



HOMELESS SCREENING FORM

Student Name:										
Date:	School:	<input type="checkbox"/> New student <input type="checkbox"/> Returning student								
<p>The Every Student Succeeds Act (ESSA) defines the term "homeless children and youth" as individuals who lack a fixed, regular, and adequate nighttime residence including:</p> <ul style="list-style-type: none">• children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;• children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...;• children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.• migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described above										
Please answer the following questions:										
1. Is the current address temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes								
2. Are you living in shared housing with friends or family members?	<input type="checkbox"/> No	<input type="checkbox"/> Yes								
3. If yes to either question 1 or 2, please check the reason(s) below:										
<table border="0"><tr><td><input type="checkbox"/> Economic situation</td><td><input type="checkbox"/> Temporarily waiting for house/apartment</td></tr><tr><td><input type="checkbox"/> Provide care for a family member</td><td><input type="checkbox"/> Living with boyfriend or girlfriend</td></tr><tr><td><input type="checkbox"/> Loss of employment</td><td><input type="checkbox"/> Parent/guardian is deployed</td></tr><tr><td><input type="checkbox"/> Foster Care</td><td><input type="checkbox"/> Other: _____</td></tr></table>			<input type="checkbox"/> Economic situation	<input type="checkbox"/> Temporarily waiting for house/apartment	<input type="checkbox"/> Provide care for a family member	<input type="checkbox"/> Living with boyfriend or girlfriend	<input type="checkbox"/> Loss of employment	<input type="checkbox"/> Parent/guardian is deployed	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Economic situation	<input type="checkbox"/> Temporarily waiting for house/apartment									
<input type="checkbox"/> Provide care for a family member	<input type="checkbox"/> Living with boyfriend or girlfriend									
<input type="checkbox"/> Loss of employment	<input type="checkbox"/> Parent/guardian is deployed									
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Other: _____									
4. Are you currently residing at a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes								
5. Are you currently residing in an emergency or transitional shelter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes								
6. Has this student been abandoned in a hospital?	<input type="checkbox"/> No	<input type="checkbox"/> Yes								
7. Is your primary nighttime residence a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings?	<input type="checkbox"/> No	<input type="checkbox"/> Yes								
8. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting?	<input type="checkbox"/> No	<input type="checkbox"/> Yes								
<hr/> <div>Signature of Parent/Guardian/Unaccompanied Youth</div>										
District action for "yes" response:										



STUDENT HOME LANGUAGE SURVEY

Student Name:		
Date:	School:	<input type="checkbox"/> New student <input type="checkbox"/> Returning student
Person completing the survey: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Student <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify): _____		
Circle the best answer to each question as it pertains to the student and provide any additional information:		
1. Was the first language you learned English?	No	Yes
2. Can you speak a language other than English?	No	Yes
3. Is any language other than English use at home?	No	Yes
4. Which language do you use most often with friends?	English	Other: _____
5. Which language do you use most often with parents?	English	Other: _____
6. Which language do you use most often with relatives?	English	Other: _____
7. Have you attended school in another country other than the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes How long? _____ What grades? _____		
8. Have you attended another school in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____		
9. Have you attended another school in Mssouri? <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____		
10. Please list any special programs you have participated in at school: <input type="checkbox"/> English as Second Language <input type="checkbox"/> Gifted <input type="checkbox"/> Title I <input type="checkbox"/> Special Education <input type="checkbox"/> Other: _____		



SPECIAL SERVICES SURVEY

Student Name:	
Date:	School:
Person completing the survey: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Student <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify): _____	
Please indicate below if your student was previously receiving any special service.	
Title I Reading <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____	
Speech Therapy <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____	
Special Education <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____ What type of services? _____	
504 Plan <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____ What type of services? _____	
Gifted <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____	
Individual Health Plan <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____	
Behavior Support Plan <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____ Describe: _____	
Please check all that apply: <input type="checkbox"/> Student is in Foster Care <input type="checkbox"/> Student has Dyslexia <input type="checkbox"/> Student needs a Surrogate Parent	
Does the student use a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes What language? _____	
Is a language other than English spoken in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes What language? _____	
Did the student receive English Learner services at the previous school? <input type="checkbox"/> No <input type="checkbox"/> Yes What grade(s)? _____	

Please visit with the teacher, counselor, principal, or director of special services if you have any questions or need assistance to arrange the special services that your child needs.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF QUALITY SCHOOLS – MIGRANT EDUCATION

PARENT QUESTIONNAIRE

SCHOOL DISTRICT NAME TIPTON R-VI	COUNTY-DISTRICT CODE 068-073
DISTRICT MIGRANT CONTACT Nancy Thomas, Director of Special Services	ENROLLMENT DATE

DIRECTIONS

Please complete the following survey information. Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for FREE additional educational services.

Mail the completed form to Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. Questions? Contact Grants and Resources at 573-526-6989.

RELOCATION HISTORY

Have you moved to the school district in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In any location within the last three (3) years, have you worked in the agriculture or fishing industries? If yes, please choose all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)		

Pork, beef processing 	Milking Cows 	Nursery/Greenhouse 	Planting/Harvesting Crops
Planting, harvesting or ginning cotton 	Chicken processing, feeding poultry, gathering eggs, working in a hatchery 	Harvesting and packing apples 	Other: Fruit and vegetable processing Potatoes Feeding livestock Growing, tending to and felling trees

PARENT INFORMATION

PARENTS/GUARDIANS			
ADDRESS		CITY	STATE
			ZIP
HOME PHONE		PLACE OF EMPLOYMENT	
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	

STUDENT INFORMATION

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Agc Act), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2968; email civilrights@desse.mo.gov.



FILE: EHB-AP(1)
Critical

TECHNOLOGY USAGE
(Parent/Guardian Technology Agreement)

I have read the Tipton R-VI School District Technology Usage policy and procedure. I understand that violation of these provisions may result in disciplinary action taken against my child including, but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources (including deleted files) pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages caused by my child's misuse of district technology.

I understand that this form will be effective for the duration of my child's attendance in the district unless revoked or changed by the district or me.

Name of Student: _____

Signature of Parent/Guardian

Date

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 11/15/2004

Revised: 11/13/2017

Tipton R-VI School District
Tipton, MO 65081

2020-2021

Academic Year Calendar

Board Approved February 12, 2020

August 20						
Su	M	Tu	W	Th	F	Sa
.						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					

September 20						
Su	Mo	Tu	We	Th	Fr	Sa
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					

October 20

October 20											
Su	Mo	Tu	We	Th	Fr	Sa					
				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 20

Su	M	Tu	W	Th	F	Sa
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					

January 21

January 21											
Su	Mo	Tu	We	Th	Fr	Sa					
	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				

February 21

	Su	M	Tu	W	Th	F	Sa
	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							

March 21

March 21						
Su	Mo	Tu	We	Th	Fr	Sa
	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 21

April 21						
Su	Mo	Tu	We	Th	Fr	Sa
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	

May 21

May 21							
Su	Mo	Tu	W	Th	F	Sa	
						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						

June 21

June 21											
Su	Mo	Tu	We	Th	Fr	Sa					
		1	2	3	4	5					
6	7	8	9	10	11	12					
13	14	15		17	18	19					
20	21	22	23	24	25	26					
27	28	29	30								

Quarter end date	
1st Oct.	16
2nd Dec.	18
3rd Mar.	5
4th May	20

14

Quarter and dates:

1st Oct.	16
2nd Dec.	18
3rd Mar	5
4th May	20

Student attendance days: 165

*Red calendar day numbers are board meeting dates

Events

[illegible]

Tipton R-VI School District

PUBLIC NOTICE

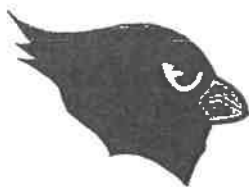
All responsible public agencies are required to locate, evaluate, and identify children with disabilities who are under the jurisdiction of the agency, regardless of the severity of the disability, including children attending private schools, children who live outside the district but are attending a private school within the district, highly mobile children, such as migrant and homeless children, children who are wards of the state, and children who are suspected of having a disability and in need of special education even though they are advancing from grade to grade. The Tipton R-VI School District assures that it will provide a free, appropriate public education (FAPE) to all eligible children with disabilities between the ages of 3 and 21 under its jurisdiction. Disabilities include autism, deaf/blindness, emotional disorders, hearing impairment and deafness, intellectual disability, multiple disabilities, orthopedic impairment, other health impairments, specific learning disabilities, speech or language impairment, traumatic brain injury, visual impairment/blindness and young child with a developmental delay.

The Tipton R-VI School District assures that it will provide information and referral services necessary to assist the State in the implementation of early intervention services for infants and toddlers eligible for the Missouri First Steps program.

The Tipton R-VI School District assures that personally identifiable information collected, used, or maintained by the agency for the purposes of identification, evaluation, placement or provision of FAPE of children with disabilities may be inspected and/or reviewed by their parents/guardians. Parents/guardians may request amendment to the educational record if the parent/guardian believes the record is inaccurate, misleading, or violates the privacy or other rights of their child. Parents have the right to file complaints with the U.S. Department of Education or the Missouri Department of Elementary and Secondary Education concerning alleged failures by the district to meet the requirements of the Family Educational Rights and Privacy Act (FERPA).

The has developed a Local Compliance Plan for the implementation of State Regulations for the Individuals with Disabilities Education Act (IDEA). This plan contains the agency's policies and procedures regarding storage, disclosure to third parties, retention and destruction of personally identifiable information and the agency's assurances that services are provided in compliance with the General Education Provision Act (GEPA). This plan may be reviewed at the Tipton R-VI School District during school hours.

This notice will be provided in native languages as appropriate.



TIPTON R-VI SCHOOL DISTRICT

305 U.S. HIGHWAY 50 EAST
TIPTON, MISSOURI 65081

Central Office: 660-433-5520 (phone); 660-433-5241 (fax)
High School Office Phone: 660-433-5528
Elementary Office Phone: 660-433-2213



**OFFICERS OF
BOARD OF EDUCATION**
Clint Miller, President
Craig Wolf, Vice President
Lisa Bixler, Secretary
Leslie Rumans, Treasurer

ADMINISTRATION
Dr. Terry Robinson – Superintendent
Mr. Johnny Thompson – Junior High/High School Principal
Mrs. Leeanna Meador – Assistant JH/HS Principal
Mr. Kelly Kohler - Elementary Principal
Ms. Nancy Thomas – Director of Student Services

**MEMBERS OF
BOARD OF EDUCATION**
Aaron Diggs
Kent Fischer
Bo Helms
Karia Pettigrew
Patsy Reed

Dear Parent or Guardian:

Our district is required to inform you of information that you, according to the Every Student Succeeds Act of 2015 (Public Law 114-95), have the right to know. Upon your request, our district is required to provide to you in a timely manner, the following information:

- Whether your student's teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether your student's teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria have been waived.
- Whether your student's teacher is teaching in the field of discipline of the certification of the teacher.
- Whether your child is provided services by paraprofessionals and, if so, their qualifications.

In addition to the information that parents may request, a building receiving Title IA funds must provide to each individual parent:

- Information on the level of achievement and academic growth of your student, if applicable and available, on each of the State academic assessments required under Title IA.
- Timely notice that your student has been assigned, or has been taught for 4 or more consecutive weeks by, a teacher who has not met applicable State certification or licensure requirements at the grade level and subject area in which the teacher has been assigned.

Director of Student Services

Office: 660-433-4302

Fax: 660-433-5241

School Health Policies

Welcome to Tipton R-VI School! Are you ready? We are excited to have you and look forward to getting to know you. I want to remind everyone about the school health policies:

- **Fevers:** Students must be FEVER-FREE for 24 hours WITHOUT the use of Tylenol or Ibuprofen before returning to school. Any student with a fever of 100 or higher will be sent home.
- **Medication:**
 - All over-the-counter medication must be in the ORIGINAL package with a note that has the student's name, time it was last given, the time to be given, and a parent/guardian signature. Any OTC medications sent to school, an authorization form will be sent home to be filled out and returned the next school day.
 - Prescription medication needs to be in the ORIGINAL prescription bottle along with a visit from the parent to fill out all necessary paperwork. Parent will need to fill out an authorization form that is signed before ANY medication will be given. The parent will also need to visit with myself to do a medication out on any tablets/capsules. (The pharmacies are good at making an extra labeled bottle to be used at school.)
- **Head Lice:** I do routine periodic checks on the Elementary students for head lice. Parents are asked to report known or suspected head lice problems to the school. When head lice are discovered at school, the parent will be contacted to come and take the child home for a treatment. They will need to be treated with an effective head lice shampoo and nits be removed. Upon returning to school, the student and parent must check in with me so they may be cleared to return to school. If lice are still present, the student cannot return to school that day. They will have to return home to continue to work on getting rid of the lice. Confidentiality is given at all times.
- **Vision and Hearing Screenings:** Students in Kindergarten, 1st, 2nd, and 3rd grade are screened at the beginning of each year. Parent requests and teacher referrals will also be done as needed throughout the school year.
- **Health and Medication Changes:** Please see that these are given to me as soon as possible to make sure proper care is given to your child at all times.
- **Stomach and Headaches:** Many students come into the nurse's office in the morning complaining of stomachaches and/or headaches. Both of which are usually related to not having had breakfast. Please make sure your child has something to eat each day before coming to school or getting to school in a timely manner to eat a breakfast here at school. This will help the students do their very best!

I look forward to meeting your child. If I can be of assistance or if you have any questions or concerns at any time, please let me know.

Nurse Molly
660-433-2213

Tipton Elementary School Supply List 2020-21

K	1st	2nd	3rd	4th
<input type="checkbox"/> 1 pair- Velcro Gym Shoes- if your child can tie their shoes they can bring tie shoes. <input type="checkbox"/> 1-Standard size Book Bag <input type="checkbox"/> 1- Rest Mat- Vinyl Red and Blue tri-fold <input type="checkbox"/> 2- Erasers -standard pink <input type="checkbox"/> 1 5X8 Art Box <input type="checkbox"/> 4- Dry Erase Markers-Black (wide tip only) <input type="checkbox"/> 1- Box of gallon size Ziplock Bags <input type="checkbox"/> 4- boxes of Crayons- Crayola brand, Regular Size, 24 count <input type="checkbox"/> 10- Pencils- yellow #2 regular size, NOT DECORATIVE <input type="checkbox"/> 1-Container of Anti-Bacterial Wipes <input type="checkbox"/> Items to Label- First & Last name Book Bag, Gym Shoes, coat/jacket <input type="checkbox"/> Extras: We can always these: Watercolor paints (in trays), Bingo markers/daubers, Play-Doh, Sandwich size ziplock bags <input type="checkbox"/> Art Needs: Kleenex & disinfectant wipes	<input type="checkbox"/> 12 Pencils-#2 (No Decorative Pencils) <input type="checkbox"/> 4- Glue Sticks <input type="checkbox"/> 2 Erasers <input type="checkbox"/> Crayola Crayons- 24 count 3 boxes <input type="checkbox"/> 1 Large Box Tissues <input type="checkbox"/> 8x5 School Box <input type="checkbox"/> 8 Black Expo Dry Eraser Markers <input type="checkbox"/> Back Pack-No Gym Bags <input type="checkbox"/> 1-4 oz Elmer's Glue <input type="checkbox"/> Gym Shoes- do not have to be new- just clean tennis shoes <input type="checkbox"/> Container of Disinfectant Wipes <input type="checkbox"/> Ziploc- Boys- Gallon, Girls-Quart <input type="checkbox"/> 1 Germ X <input type="checkbox"/> Boys- Crayola Colored Pencils Girls- Crayola Markers <input type="checkbox"/> NO INDIVIDUAL PENCIL SHARPENERS <input type="checkbox"/> ART NEEDS: 2 Glue sticks 1 glue bottle	<input type="checkbox"/> 36-#2 yellow pencils (Decorative) <input type="checkbox"/> Ear Buds no headphones <input type="checkbox"/> 1 pkg. Expo Dry Erase Markers <input type="checkbox"/> Fiskar Scissors (Smith) <input type="checkbox"/> Ruler <input type="checkbox"/> 1 pkg-2 glue sticks <input type="checkbox"/> Crayons- Box of 24 <input type="checkbox"/> School Box (8x5x3) <input type="checkbox"/> 2 Erasers-standard pink <input type="checkbox"/> Backpack- no gym bags <input type="checkbox"/> Thin Point Markers/ Colored Pencils <input type="checkbox"/> Gym Shoes <input type="checkbox"/> Girls-1qt. Box Ziploc Bags, 1 container disinfectant wipes <input type="checkbox"/> Boys: 2 large boxes of tissues 1 bottle of hand sanitizer <input type="checkbox"/> 4 Pocket Folders without brads: 1 yellow, 1 blue, 1 red, 1 green <input type="checkbox"/> Pencil Pouch with a zipper <input type="checkbox"/> ART SUPPLIES: 12 #2 Lead Pencils & 2 large pink erasers, germ X	<input type="checkbox"/> #2 Pencils and erasers (NO DECORATIVE PENCILS) <input type="checkbox"/> Fiskar Scissors <input type="checkbox"/> Crayons-no more than 24 count <input type="checkbox"/> Glue Sticks <input type="checkbox"/> Metric Ruler <input type="checkbox"/> Box for art supplies -Space Maker Small <input type="checkbox"/> 3 Large Boxes Tissues <input type="checkbox"/> 2- Folder W/ Pockets <input type="checkbox"/> Gym Shoes <input type="checkbox"/> Backpack NO GYM BAGS <input type="checkbox"/> 1- Bottle Germ X <input type="checkbox"/> NO TRAPPER KEEPERS OR INDIVIDUAL PENCIL SHARPENERS <input type="checkbox"/> 2 dozen- #2 Yellow Pencils <input type="checkbox"/> 2 Containers Disinfectant Wipes <input type="checkbox"/> Colored Pencils <input type="checkbox"/> 1 pkg. (4) Expo Markers <input type="checkbox"/> Art Needs: 1 box of crayons & ziploc bags	<input type="checkbox"/> 1- Pocket Folder with clasps <input type="checkbox"/> Markers <input type="checkbox"/> Colored Pencils <input type="checkbox"/> Crayons <input type="checkbox"/> Scissors <input type="checkbox"/> (2) Composition (not spiral) <input type="checkbox"/> 2 Large Boxes Tissues <input type="checkbox"/> Gym Shoes <input type="checkbox"/> 1-qt. size ziploc bags <input type="checkbox"/> 1 Small School Box <input type="checkbox"/> 2 Expo Dry Erase Markers- Must be Expo Brand <input type="checkbox"/> 1 Container of Disinfectant Wipes <input type="checkbox"/> 24-#2 Lead Pencils <input type="checkbox"/> NO TRAPPER KEEPERS, NO INDIVIDUAL PENCIL SHARPENERS <input type="checkbox"/> headphones/earbuds <input type="checkbox"/> 1- clipboard <input type="checkbox"/> 2 white erasers <input type="checkbox"/> Elmers Glue Sticks <input type="checkbox"/> ART NEEDS: Glue Bottles & Glue Sticks

■ 5th

☐ 2 Boxes 24 count #2 pencils

☐ 2 boxes of tissues

☐ 1 art (pencil) box

☐ 1- Box of markers

☐ 4 Folders (1 of each color: green, red, blue, yellow)

☐ 1 pkg. Expo Dry Erase Markers

☐ 1 pkg. Glue Sticks

☐ 1- bottle germ-x

☐ 1- container of disinfectant wipes

☐ 4 lined composition notebooks (math, science, social studies, writing)

☐ Gym Shoes

☐ 1- Roll of Paper Towels

☐ 1- Box of gallon Ziploc bags

☐ MUSIC: 1 Pocket Folder

☐ ART NEEDS: Kleenex & 1 pkg. dry erase markers

☐ 1- Box Colored pencils

☐ 2pkg. Loose Leaf Paper

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