

STUDENT INFORMATION SHEET

TO BE FILLED OUT BY THE **PARENT** - PLEASE FILL OUT **COMPLETELY** AND RETURN TO SCHOOL BY THE FIRST THURSDAY

STUDENT'S **FULL** NAME _____ DOB _____

NAME STUDENT GOES BY _____ CURRENT GRADE _____

PARENT'S/GUARDIAN'S NAME(S) _____

MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____ HOME PHONE (____) _____

911 ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) _____

FATHER'S EMPLOYER _____ PHONE _____

MOTHER'S EMPLOYER _____ PHONE _____

STUDENT CELL (____) _____ MOM CELL(____) _____ DAD CELL (____) _____

FAMILY PHYSICIAN _____ PHONE _____

EMERGENCY CONTACT OTHER THAN PARENT _____

RELATIONSHIP _____ PHONE _____ 2ND PHONE _____

STUDENT EMAIL _____ (necessary for 6th grade and up)

MOM'S EMAIL _____ DAD'S EMAIL _____

CHILD LIVES WITH (circle one): MOM, DAD, BOTH PARENTS, OTHER _____

CHILD MAY BE PICKED UP BY: _____

RELIGIOUS/CHURCH PREFERENCE _____

ALLERGY/MEDICAL INFORMATION: _____

BROTHER(S)/SISTER(S) NAME(S) & AGE(S) _____

DID PARENT/STEP-PARENT GRADUATE FROM DESOTO? _____ NAME and GRAD. YEAR _____

DID GRANDPARENT GRADUATE FROM DESOTO? _____ NAME AND GRAD. YEAR _____

Any other pertinent information school should be aware of: (e.g. custody, medical history, etc.)

Parent Signature

Date

JupiterEd requires internet access. Check here if you do not have internet and will need printed reports. _____

DeSoto School, Inc.
P.O. Box 2807
West Helena, AR 72390

HANDBOOK FORM

This serves notice that I have read the online copy of the 2026-2027 DeSoto School, Inc., Student Handbook. I understand that I am responsible to be aware of all policies, rules and regulations set forth by the Board and Administration of DeSoto School, Inc.

THIS FORM IS TO BE SIGNED AND GIVEN TO THE HOMEROOM TEACHER BY THURSDAY, AUGUST 6, 2026, OR THE STUDENT WILL BE ASSIGNED TWO (2) DEMERITS. IF NOT RETURNED BY HOMEROOM ON FRIDAY, AUGUST 7, 2026, THE STUDENT WILL RECEIVE FIVE (5) ADDITIONAL DEMERITS. A SEPARATE FORM MUST BE SUBMITTED FOR EACH STUDENT.

All students must be current on immunizations and submit written proof of updated immunizations or an exemption.

Student Name: _____ Grade: _____

Student's Signature _____

Parent Signature _____

Date: _____

Please be advised that during the school year, your child may be photographed, videoed, or interviewed at various school sponsored events. With your consent, the photographs, videos, etc. may be released for promotion of DeSoto School in the newspaper, brochures, the school website, and other school related social media platforms such as Facebook, Instagram, etc.

Please indicate your preference below.

Student's Name: _____

Grade: _____

(Check one)

☐ Yes, my child's photos/videos may be released for use in the media as described above.

☐ No, my child's photos/videos may NOT be released for use in the media as described above.

This form must be returned to school with handbook receipt form!!!!

Student's Name: _____ DOB _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

- A. Authorization to Consent to Medical Treatment: In the event my child becomes ill or injured at school or in a school related event and I cannot be reached, DeSoto School, Inc. of West Helena, AR is authorized to take one or more of the following actions: (a) release my child to either of the people listed below; (b) take my child to the physician indicated; (c) take my child to a hospital and give consent for emergency care.

Local emergency telephone number if parents cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

- B. Release and Authorization to Participate in Athletic, Physical Education and School Trips: I give my consent for my child to participate in all DeSoto School's approved sports; extra curricular activities and school trips with transportation being provided by the school, coach, or other representative of the school.

I understand that by participating in physical education and athletics at DeSoto School, Inc. my child will be exposed to the risk of injury. I understand that contact sports such as football, basketball, track, softball and baseball do have a risk factor of injury

I understand that DeSoto School, Inc. does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities, and to make such trips, I hereby waive all claims, and I release DeSoto School, Inc. from any liability claims, suits, demands or causes of action, including all expenses.

- C. Authorization of Administration of Medication at School: I give my consent for my child to be administered the following non-prescription medication(s) by school officials:

Tylenol _____ Ibuprofen _____ Anti-Itch Cream _____ Benadryl Liquid _____
Neosporin _____ Pepto Bismol _____ Bactine _____ Sunscreen _____

Other medications which may be required by the student during school hours or activities must be supplied by the parents and brought to the school in the original container properly labeled with the name of the student and identification of the medication, the dosage, and the time to be administered by the teacher.

Signature of Parent

Date

DESOTO AFTER-SCHOOL CARE

TIME: 3:05 PM UNTIL 5:30 PM MONDAY – FRIDAY
(Except on announced ½ days)

COST \$150 per month (August through May) added into monthly tuition payments. (This is for full-time care commitments.)
This year we are offering after-school care for drop-ins at the rate of \$12.50/hour (billed at the end of each month.)

LATE FEE: \$1.00 PER MINUTE WILL BE ASSESSED FOR STUDENTS NOT PICKED UP BY 5:30. Frequent lateness will result in the child not being allowed to attend.

ELIGIBLE: DESOTO STUDENTS GRADES K3 THROUGH 6TH GRADE.

PARENTS SHOULD CHECK BELOW IF THE CHILD WILL BE FULL-TIME OR POSSIBLE DROP-IN. (PARENTS WILL NEED TO NOTIFY THE HOMEROOM TEACHER EACH DAY THAT A DROP-IN WILL STAY AFTER SCHOOL.)

SNACKS: PLEASE SEND AN AFTERNOON SNACK WITH YOUR CHILD. MILK WILL BE PROVIDED.

CHILD'S NAME: _____

My child will be full-time _____ **My child will be a possible drop-in** _____

PARENT'S NAME: _____

CELL PHONE: _____

EMERGENCY CONTACTS: _____

My child may be picked up by : _____

Allergy Information

Student Name _____

Grade _____

_____ My child has no known allergies.

_____ My child is allergic to the following:

Grandparent Information Form

Student Name _____

Grade _____

Grandparent Name _____

Address _____

City, State, Zip _____

Grandparent Name _____

Address _____

City, State, Zip _____

Grandparent Name _____

Address _____

City, State, Zip _____

Grandparent Name _____

Address _____

City, State, Zip _____

←←← 2nd - 5th grades
follow dashed arrows

← K-3 - 1st grades
follow solid arrows

Do not exit vehicle while in drop off
or pick up line! Park along football field.

Student Drive

Gym

Sidewalk

Student Parking

Faculty
Parking

1 9 11 13 15 17 19
6 8 10 12 14 16 18

5 4 2
3 1

open parking

Football Field

Loading Zone only!!

Sidewalk

Red Barriers

Main Building

Preschool
Playground

Main Drive

