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 2025-2026 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 7, 2025, OR THE STUDENT WILL BE ASSIGNED TWO (2) DEMERITS. IF NOT RETURNED BY HOMEROOM ON FRIDAY, AUGUST 8, 2025, 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

# Arkansas Department of Human Services
# Division of Children and Family

Child's personal data sheet

Act 426: Is your child ___ years of age on or before August 1, ___ ? Yes or No (circle)

Date of enrollment_____ Date of Birth_____

Child's Name_____

Mother's Name_____ Father's Name_____

Date of Birth_____ Date of birth_____

Address_____ City_____ Phone_____

Child Lives with_____

Mother's Employment_____ phone_____ Hrs_____

Father's Employment_____ phone_____ Hrs_____

Name of Center_____ Hours in Care_____

Church Preference_____ Full Day or Half Day (circle one)

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Emergency Contact Information

Name of person to contact if parents cannot be reached_____

Telephone _____ Relationship_____ Address_____

Is this person authorized to take child from center_____

List all adults who may take child from center

| | | |
|---|---|---|
| Name | Name | Name |
| Address | Address | Address |
| City State Zip | City State Zip | City State Zip |
| Telephone | Telephone | Telephone |

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Medical Information

Child's Physician_____ Phone_____

Address_____ City_____ State_____ Zip_____

Consent for emergency care

I_____ parent of_____ do hereby
(guardian) (child's name)

give consent to the Director of the Day Care Facility or responsible party to administer medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of and emergency when the parent cannot be reached. I also give consent for the director to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature_____ Date_____

**Great Rivers Educational Cooperative**

P.O. BOX 2837
WEST HELENA, ARKANSAS 72390-0837
(870) 338-6461
FAX: (870) 338-7905 Instruction
Fax: (870) 338-8442 Administration

8-2008

# GREC Permission for Screening and Release

**School District where child lives - if not listed, do not complete this form***

____Barton/Lakeview ____Brinkley ____Clarendon/Holly Grove
____Forrest City ____Helena/West Helena ____Hughes
____Lee County ____Marvell /Elaine ____Palestine/Wheatley
____West Memphis

***If your district is not listed, contact Great Rivers (870-338-6461) for the name of the Cooperative that serves your school district.**

Child's Name _____

Date of Birth _____ Age: _____ Male____ Female____

Name of Preschool or Daycare _____

Type of Program: ___ ABC ___ Head Start ___ Private ___Other

Parent /Guardian Name(s) _____

Mailing Address P O Box_____ or Street Address_____

City: _____ AR Zip: _____

Phone Home _____ Cell _____ Work /Message _____

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**I give permission for my child to be screened and information to be shared between the two agencies.**

**Parent /Guardian Signature** _____

**Date** _____

Please complete the next page and return both pages together.

GREC Staff Use Only _____

Date GREC Screened _____ Initials _____ Date Returned to Program _____ Initials _____

Dear Parents,

All parents shall be informed in writing upon enrollment children may be subject to interviews by State licensing staff, child maltreatment investigators and or law enforcement. This is for the purpose of determining licensing compliances or investigation purposes. (Child interviews do NOT require notice or consent).

Sign:_____Date:_____

# Allergy Information

Student Name _____

Grade_____

_____My child has no known allergies.

_____My child is allergic to the following:

_____

_____

_____

Dear Families,

Please complete the following questions in order to be sure that your child is safe while attending our preschool program. We need to know if your child has any food allergies or bee sting allergies. In addition, we need to know if your child has a rescue asthma inhaler.

Please complete this questionnaire and return to school.

**Student's Name** _____

**Teacher** _____

Is your child allergic to peanuts? Yes _____ No _____
Is your child allergic to tree nuts? Yes _____ No _____

Does your child have any food allergies? Yes _____ No _____
If you answered YES, please list all food allergies:
_____

Is your child allergic to bee stings? Yes _____ No _____
Does your child have an EpiPen? Yes _____ No _____

Does your child have asthma? Yes _____ No _____
Does your child have an inhaler? Yes _____ No _____

# Discipline Policy
# DeSoto School Pre-K

DeSoto School Pre-K uses the following methods of discipline:

1) Quiet corner
2) Head down on table
3) Sitting while others play

Time out will not last more than one minute per year of age.

I have read and understand the discipline policy of DeSoto School Pre-K.
I give my permission for the teacher to use all methods described above if needed.

Parent's signature_____

Date_____

**********

If you disagree with any of the methods listed above, please explain methods you prefer:

_____

_____

_____

_____

_____

Parent's signature_____

Date_____

# Permission to Photograph

Children may be photographed while engaging in classroom or school sponsored activities. Children may be included in videos while participating in activities at school or at school sponsored functions. Photographs and/or videos may be used in the following ways:

- in school yearbook
- on school and/or district website
- in classroom or school newsletters
- in classroom or hallway displays
- shared with local media (may include newspaper or television)

Please sign and return this form. Please indicate if you give permission for your child to be included in photographs or videos.

_____ I give permission for my child to be included in photographs or videos.

_____ Please Do Not photograph or video my child. School does not have permission to include my child in photographs or videos. Please indicate any exceptions to this statement: _____

_____

**Student Name** _____

_____

**Parent/Guardian Signature**

_____

**Date**

Student Name_____

Parent Work Information

Mother's place of Employment:_____

Phone:_____Hours:_____

Father's place of Employment:_____

Phone :_____Hours:_____

This is important for parent teacher communication. Please keep me updated on any changes.

# 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_____

# DeSoto School 2025-2026 School Supply List

**K3**

1 small blanket (with no pillow attached)- can be a baby blanket or beach towel
1 travel pillow and travel pillowcase (not a regular pillow or pillow pet; no beaded or character pillows)
3 Lysol or Clorox Wipes
2 Boxes of Kleenex
4 Rolls of paper towels
2 Boxes of Gallon Ziploc bags
1 Set of computer headphones
1 Coloring book with large pictures
4 Boxes of baby wipes
1 Regular size backpack (not preschool or toddler size- if too small will be sent back home for bigger size)
Change of clothes in a Ziploc bag- must be solid red, blue, or white shirt, khaki bottoms, 2 pairs of underwear, socks, and a cheap pair of shoes. (These clothes are to be used if the child has an accident.)
1 Refillable spill-proof water bottle (with straw – no open spout)
Lunch box
1 Small stuffed animal (it will stay at school) nothing that rattles or makes noise
1 Larger size t-shirt used for painting smock

$16 Supply Fee (provides crayons, markers, glue, etc.) Make separate check to DeSoto School

LABEL ALL ITEMS AND BRING TO PARENT ORIENTATION ON MONDAY, AUGUST 4 @ 5 PM

**DeSoto School 2025-2026 School Supply List**

**K4**

1 Small blanket (no pillow attached- please no large blankets)
1 Travel pillow and travel pillowcase (no regular pillow or pillow pet; no beaded or character pillows)
2 Lysol or Clorox wipes
2 Boxes of Kleenex
2 Packages of straws (plastic not paper)
4 Rolls of paper towels
2 Packs of baby wipes
1 Puzzle with large pieces (24 pieces or less)
1 Set of computer headphones
2 Coloring books with large pictures (not an activity book)
1 Old adult-sized t-shirt for classroom art smock
1 Regular size backpack (not preschool or travel size- if too small, it will be sent back home for bigger size)
Change of clothes in a Ziploc bag- must be solid (red, blue, or white) shirt, khaki bottoms, 2 pair of underwear, socks, and a cheaper pair of shoes. (These clothes will be used if the child has an accident).
1 SPILL PROOF WATER BOTTLE WITH A STRAW- no open spout containers please
1 small stuffed animal for naptime (this will stay at school)

$16 Supply Fee (provides crayons, glue, markers, etc.) Make check separate to DeSoto School.

LABEL ALL ITEMS AND BRING TO PARENT ORIENTATION ON MONDAY, AUGUST 4 @ 5 PM

# DeSoto PreK Potty Training Policy

Children enrolled in PK3 and PK4 at DeSoto must be potty trained before attending preschool. Children must be wearing underwear with very few accidents. A child having accidents daily would not be considered potty trained. Please note that wearing pull ups isn't considered being potty trained.

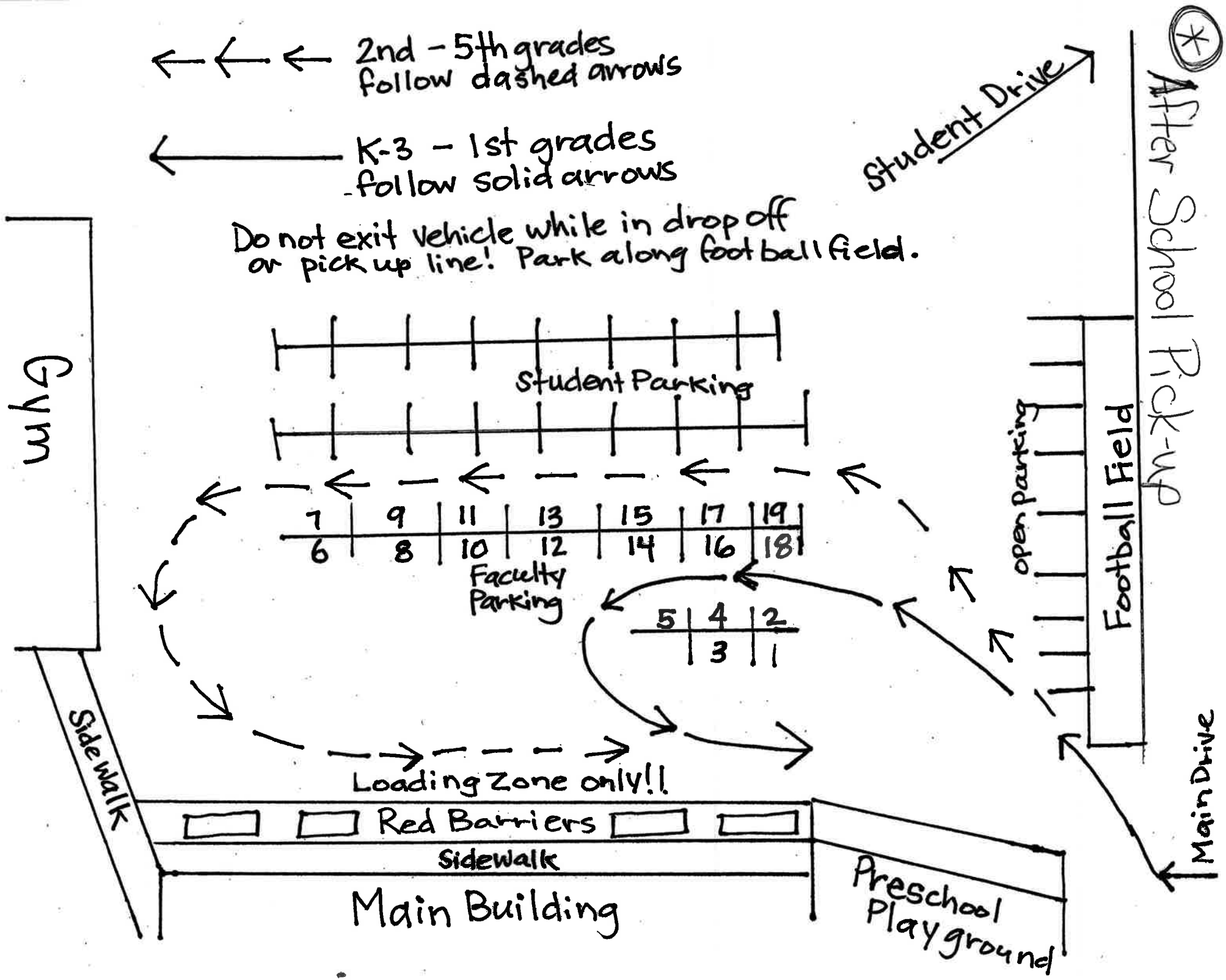
Why do children have to be potty trained before they begin preschool? There are strict standards for changing and disposing of wet or soiled diapers. The classrooms are not equipped for diaper changing. When an adult is busy changing a child's pull up or undergarments, it is taking away from learning time for all students and it removes one adult from the direct supervision of and interaction with the rest of the class.

We do understand that even potty trained children will occasionally have toileting accidents. By definition, "accidents" are unusual incidents and should happen infrequently. If an accident occurs the child is responsible for cleaning himself/herself however, under teacher supervision.

A potty trained child is a child who can do the following:

1. Communicate to the teachers that he/she needs to go to the restroom before they need to go. 2. Alert him/herself to stop what he/she is doing, to go and use the bathroom. 3. Pull down his/her clothes and get them back up without assistance. 4. Wipe him/herself after using the toilet. (With minimal assistance for 3 year olds.) 5. Get on/off the toilet by him/herself. 6. Wash and dry hands. 7. Postpone going if they must wait for someone who is in the bathroom or if we are away from the classroom. 8. Awaken during nap time should they need to use the bathroom.

We certainly will ask your child many times throughout the day and always before nap time if they need to use the bathroom. A teacher will assist children as needed, but children should be able to complete toileting activities independently. This is an issue which protects all concerned. It is not uncommon for a child who is fully toilet trained to have a setback when he/she is in a new environment. Preschool Staff are aware of this and will assist the children when necessary. Please dress your child in clothing that can be undone and changed easily. Please send a complete change of clothes appropriate for the season. These will be left at school in case of accidents, and returned at the end of the school year. Parents will be notified if a child has a toileting accident.


2nd - 5th grades
follow dashed arrows
K-3 - 1st grades
follow solid arrows
Student Drive
After School Pick-up
Do not exit vehicle while in drop off
or pick up line! Park along football field.
Gym
Student Parking
7 9 11 13 15 17 19
6 8 10 12 14 16 18
Faculty
Parking
5 4 2
3 1
open parking
Football Field
Side walk
Loading Zone only!!
Red Barriers
Sidewalk
Main Building
Preschool
Playground
Main Drive