

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 SCHOOL STUDENT DRIVERS

Student drivers must

- 1- Have a valid driver's license
- 2- Be covered by auto insurance
- 3- Be at least 15 years of age if holding a hardship license

A student's vehicle must be registered with the school and must have a registration sticker. The sticker is to be placed on the rear driver's side of the vehicle either on the outside of the back window or on the bumper. When applying for registration, the student must provide a copy of the front & back of his/her driver's license and also a copy of proof of insurance. **When these expire, an updated copy will need to be given to Mrs. Schwantz within 10 days of expiration.**

Drivers will park cars in designated spots in the student parking lot and use the student drive to enter and exit the lot. Students should exit their vehicles upon arrival at school.

Students may not return to vehicles during the school day without permission from administration.

Parking in another person's assigned spot will result in 5 demerits. If someone else parks in a student's assigned spot, the student is to park along the football field and notify Mrs. Schwantz.

Unauthorized driving on campus will result in 11 demerits and disciplinary action.

Bicycles and motorcycles are prohibited.

Students should always be alert and drive carefully when on campus.

All federal and state traffic laws are to be followed, as well as DeSoto's rules.

Failure to adhere to these rules may result in demerits being assigned and/or suspension of driving privileges.

My child has permission to drive his/her car to DeSoto School. I assure the school administration that the following information is correct by my signature below. My child and I have read these rules and agree to abide by them.

Name of Student _____ Age _____ Birth Date ____/____/____

Make of Vehicle _____ Model of Vehicle _____

Color of Vehicle _____ License # _____

Driver's License # _____ Expiration Date _____

Vehicle Insurance Company _____ Policy # _____

Signature of Parent _____

Signature of Student _____

*Office Use Only Parking Spot # _____ Date of Registration _____

Allergy Information

Student Name _____

Grade _____

_____ My child has no known allergies.

_____ My child is allergic to the following:

6-12th Grades Parent Volunteer Form

Student _____

Grade _____ Homeroom Teacher _____

Parent Name _____

PLEASE CHECK ANY THINGS WITH WHICH YOU ARE WILLING TO HELP:

Homecoming - Assist with painting class sign _____

Christmas Parties (middle school) – Send food _____

Christmas Lunch (9-12th) –

Host the luncheon _____

Send food _____

Spring Fling (middle school)–

Breakfast Food & Drinks (7th grade) _____

Lunch Food & Drinks (6th grade) _____

Games (8th grade) _____

Book Fair Volunteer _____

Prom (11th grade) – Decorations _____

It is customary for the class officers' parents to help organize things.

DeSoto School, Inc.
Parent Permission/Consent for Participation in Sports (4th – 12th grades)

Printed Name of Student _____ Grade _____

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the MAIS.

Signature of Student _____ Date _____

Parent or Guardian's Permission and Release:

I hereby give my consent for the above-named student to represent DeSoto School in athletic activities. I certify that he/she is physically fit to participate according to our family physician.

The School Board and its administration/coaches have no responsibility to provide first aid at any of the games, and the parent or guardian understands that the risk of injury is assumed by the student and the parent when they sign this form. However, if physicians, physical therapists, nurses, or other persons trained in the rendering of first aid are available (as volunteers or otherwise) and render aid to any student injured during the course of any activities, then the parents do hereby release and forever discharge such persons and the DeSoto School Board and its administration/coaches from any liability arising out of any first aid or immediate treatment of injuries.

I understand that DeSoto does not maintain a supplemental policy of insurance on my child for sports-related injuries. I acknowledge that my child is covered by medical insurance as listed:

Insurance Co. _____ Policy Number _____

Check here if the student has NO medical insurance _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Phone _____

Date _____

Please check the sports in which the student will participate:

____ Football	____ Cross Country	____ Baseball	____ Golf
____ Softball	____ Basketball	____ Tennis	
____ Cheer	____ Track	____ Other (if offered)	

Health Form for Athletes

(Complete for each student in 6-9th grades and athletes in 4-5th grades and 10-12th grades)

Student Name _____ Grade _____

Parent/Guardian Name _____

Family Doctor Name _____ Doctor's Phone _____

Any medical information concerning the student that we should know? (asthma, allergies, etc.)

Check all that apply to the student:

- _____ Chronic or recurrent illness
- _____ Hospitalizations
- _____ Surgery other than tonsillectomy
- _____ Missing organs
- _____ Allergy to any medication
- _____ Problems with heart or blood pressure
- _____ Chest pain with exercise
- _____ Dizziness or fainting with exercise
- _____ Dizziness, fatigue, headaches, convulsions
- _____ Concussions or unconsciousness
- _____ Heat exhaustion, heatstroke, problems with heat
- _____ Injuries requiring medical treatment
- _____ Neck or back injury
- _____ Knee injury
- _____ Ankle injury
- _____ Broken bones, fractures
- _____ Eye glasses or contacts
- _____ Braces, dental bridges, dental plates
- _____ Takes any medication
- _____ Had a family member die suddenly at less than 40 years of age of causes other than an accident
- _____ Had a family member suffer a heart attack at less than 55 years of age

USE THE SPACE TO THE RIGHT OF ANY CHECKED ANSWERS TO EXPLAIN OR PROVIDE ADDITIONAL INFORMATION.

MAIS Concussion Policy & Verification:

- An athlete who reports or displays any symptoms or signs of a concussion in a practice or game setting should be removed immediately from the practice or game. The athlete should not be allowed to return to the practice or game for the remainder of the day regardless of whether the athlete appears or states that he/she is normal.
- The athlete should be evaluated by a licensed, qualified medical professional working within their scope of practice as soon as can be practically arranged.
- If an athlete has sustained a concussion, the athlete should be referred to a licensed physician preferably one with experience in managing sports concussion injuries.
- The athlete who has been diagnosed with a concussion should be returned to play only after full recovery and clearance by a physician. Recovery from a concussion, regardless of loss on consciousness, usually takes 7-14 days after resolution of all symptoms.
- Return to play after a concussion should be gradual and follow a progressive return to competition. An athlete should not return to a competitive game before demonstrating that he/she has no symptoms in a fully supervised practice.
- Athletes should not continue to practice or return to play while still having symptoms of a concussion. Sustaining an impact to the head while recovering from a concussion may cause Second Impact Syndrome, a catastrophic neurological brain injury.

Remember, it is better to miss one game than to miss the whole season!!!

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

Student-Athlete Name Printed

Student-Athlete Signature

Month

Day

Year

Parent Name Printed

Parent Signature

Month

Day

Year

Booster Club Canned Drink List

Each year the DeSoto Booster Club asks for the support of the 6-12th grade parents to help stock the concession stands with canned drinks.

This is voluntary but greatly appreciated!

Please send a 12 pack or 24 pack of the following with your child to school:

- 6th grade ~ Coke
- 7th grade – Dr Pepper
- 8th grade – Diet Coke
- 9th grade – Diet Dr Pepper
- 10th grade – Coke
- 11th grade – Diet Coke
- 12th grade – Sprite

The DeSoto Booster Club thanks you for your support!

You can also help by signing up to work during any softball, football, basketball, or baseball game ~ taking up money at the gate, working in the concession stand, or working the football chains.