

6th Grade Enrollment Form

Summer School 2019

Please complete the following information and return to your child's school building. Information regarding transportation, lunch menu, schedules, and the basic operations of Summer School will be sent to you before the end of the regular school year. We thank you in advance for your continued support of the Hillsboro R-III School District.

Student Name: _____

Parent Name (s): _____

Parent Contact Number: _____ Alt. Number: _____

Summer School Basic Rules

The regular school year discipline code rules apply to the Summer School Program. The Discipline Code is posted on the Hillsboro R-III website. **Since the Summer School Program is voluntary and free to students, poor student performance and/or behavior may result in dismissal from Summer School.**

The building administrators and classroom teacher have complete control over a student's continued participation in the program. Administrators and/or teachers will contact parents via telephone or written notice concerning any student misbehavior, which detracts from students' ability to learn in the classroom. More than two parent contacts concerning misbehavior and/or poor performance may result in that student's dismissal from Summer School. **We are using the "Three Strikes and You're Out" policy during this year's Summer School.**

In order for your child to attend Summer School parents and students must sign and return this paper attesting to the fact that they have read and understand the rules of Summer School.

I have read the basic rules of Summer School 2019 and understand that attendance and good choices are needed to follow these rules.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Hillsboro R-III School District
Code of Conduct

I will not lie, cheat, steal, or tolerate anyone who does.
I will treat everyone with dignity and respect. I will leave every situation better than I found it. I realize that my actions have consequences.
I will not blame others for the consequences of my actions.

I will accept the consequences that result from my actions

Student Medical Information

STUDENT NAME: _____

GRADE: _____

Medical or Health Concerns: _____

Does your child have ASTHMA _____ SEIZURES _____

HEART DEFECT/MURMUR _____

Does your child take daily medication? YES _____ NO _____

List the name and dosage of the medication: _____

Any allergies? _____

Does your child wear GLASSES _____ CONTACTS _____

Date of last physical exam: _____

Name and number of family physician: _____

Name of preferred hospital (if feasible): _____

Emergency Contact: _____

In case of serious injury, I request the school to contact me. If the school is unable to contact me, I hereby authorize the school to make whatever arrangements are deemed necessary for the safety of my child.

Parent/Guardian Signature: _____

Please return the required forms to your child's school building or via email to
dix_stephanie@hsdr3.org or groner_mark@hsdr3.org by:

Friday, April 12, 2019