

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 2024 - 2025 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 8, 2023, OR THE STUDENT WILL BE ASSIGNED TWO (2) DEMERITS. IF NOT RETURNED BY HOMEROOM ON FRIDAY, AUGUST 9, 2023, 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.

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.

STUDENT INFORMATION SHEET

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

STUDENT'S FULL NAME _____ DOB _____ GRADE _____

NAME STUDENT GOES BY _____ SOCIAL SECURITY NUMBER _____

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, who may/ may not pick student up, etc.)

Parent Signature

Date

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

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 _____

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, Inc.
Parent Permission/Consent for Participation in Sports

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 |
| ____ 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

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.

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 _____

DRESS CODE POLICY & GUIDELINES

Students at DeSoto School are expected to be dressed and groomed appropriately for school. It is hoped that the student's behavior and attitude will reflect well upon the individual and DeSoto School.

All students in K3 through 12th grade will be required to wear a school uniform. French Toast Uniforms provides a website detailing all available options. The web address is www.frenchtoastsschoolbox.com Select "Shop by School" and search by school code QS5KUDP or school name DeSoto School. French Toast Schoolbox Customer Service may be reached at 800-636-3104.

The uniform is to be worn every day except for spirit days or other occasions approved by the Administration. Guidelines for dress will be given to students for days when they can wear clothing other than the approved school uniform. To promote school spirit, students will be allowed to wear DeSoto jerseys, cheer uniforms, or a DeSoto School shirt on game days during Jr. and Sr. High football season.

Required Casual Uniform (K3-12th)

- Girls - Red logoed polo shirt (from French Toast or Parker)
Khaki pants, shorts, or skirt
- Boys - Red logoed polo shirt (from French Toast or Parker)
Khaki pants or shorts

Required Dress Uniform (6-12th)

- Girls - White logoed blouse (from French Toast or Parker)
Plaid skirt or skirted skort (from French Toast or Parker)
- Boys - White logoed, button-down shirt (from French Toast or Parker)
Khaki pants, belt, and red tie

DRESS CODE POLICY & GUIDELINES

Each student should have at least one red logoed polo shirt, but blue or white logoed polo shirts are allowed as part of the casual uniform. Several casual options are listed on the French Toast Schoolbox website. Logoed and plaid items must be purchased through French Toast (or Parker) Uniform. Khaki items may be purchased from any vendor who offers tailored dress or uniform style pants (no cargo pants or skinny leg, etc.)

Other Guidelines

- All clothing should be in good condition with no holes, frayed edges, or too tight, etc.
- Proper undergarments will be worn, but not visible outside clothing.
- Leggings or modesty shorts may be worn with skirts or jumpers.
- Hats or caps may not be worn.
- Shorts, skirts, skorts, and jumpers should cover at least half of the student's upper leg. (As a guide - the bottom edge of the garment should be as long as where the student's fingertips are when arms are down by his/her side.)
- Visible tattoos, body piercings, or other inappropriate adornment are not allowed.
- Male students may not wear earrings.
- Shoes should be of sensible style and comfort to compliment school uniform.

Cold Weather Clothing Guidelines – (anything worn along with the uniform shirt)

Solid red, white, blue (royal or navy) or black turtlenecks or long-sleeved t-shirts may be worn under the short-sleeved uniform shirts.

Solid red, white, blue (royal or navy), gray, or black leggings, tights, and socks may be worn with skirts or jumpers.

DeSoto-logoed fleeces, letter jackets, or other school-colored DeSoto spirit wear may be worn over the uniform shirt. MAIS clothing may be worn over the uniform shirt.

Solid red, white, blue (royal or navy), gray, black, or khaki sweatshirts or jackets may be worn throughout the day over the uniform shirt. Items with a mixture of these colors may be allowed by the Administration.

Students who abuse the dress code will be referred to the Administration for appropriate action. Obvious attempts by students to work against the function and purpose of the school uniform through inappropriate choices will be considered in violation of the school dress code policy. Students violating dress code will receive 3 demerits for each infraction and be required to correct the violation. Class time missed to remedy the situation will be excused or unexcused at the Administrator's discretion.

Substitute Teacher Needed

We need substitute teachers for all grades, if you are interested in earning extra income and helping out the school, please fill out the form below and return it to the office or your child's homeroom teacher as soon as possible.

Name _____

Address _____

City & State _____

Home Phone _____

Cell Phone _____

SS # for Payroll _____

Birthdate _____

Days Available to sub: Mon. Tues. Wed. Thurs. Fri.

Do you have a preference of the grades you would like to sub? Elementary _____ Middle School _____ High School _____ All _____ Full Day Only _____ Full or half day _____

We pay substitute teachers \$13.34 hourly.