

# ***Festus Public School***

## **Reorganized School District R-VI**

1515 Mid-Meadow Lane Festus, Missouri 63028 Telephone: 636/937-4920 Fax: 636/937-8525

**Dr. Link Luttrell**  
Superintendent

**Mr. Nathan Holder**  
Assistant Superintendent

**Dr. Nicki Ruess**  
Assistant Superintendent

Dear Parents and Guardian:

I am so excited about summer school this summer. It will be a summer of fun and hands-on learning experiences! The Festus Elementary Explorers program will be in session for twenty-two days. The dates for the program will be May 30 through June 28, 2018.

This program is open to any student who may be entering kindergarten in 2018-2019 through students who are going into fourth grade.

Your child will have the opportunity to not only have fun hands-on activities in the classroom; there are also enrichment courses such as Technology and Spanish for kids that your child will attend.

During the summer there will be a special days whether it be Cardinal Day or Pajama Day, your child will get to enjoy special activities. There will also be field trips for every grade level. A couple of days we will even have a snow cone machine! Every week there will be attendance drawings.

If your child has perfect attendance at the end of the summer, they will also have the chance to win a bigger prize such as a TV or an American Girl doll.

The elementary summer school is open to regular district students and those who may reside outside the district. I hope you will encourage your child to take advantage of this worthwhile program.

If you have any questions please feel free to email them to me: [pellerincara@festusedu.com](mailto:pellerincara@festusedu.com), or you may call the summer school office at 636-937- 5701.

Sincerely,

Cara Pellerin

# Festus Elementary Explorers

Dates May 30-June 28

Grades K-4 Enrollment Form

8:10 am - 3:25 pm

## Student Information - PLEASE PRINT Student's Legal Name

\_\_\_\_\_

Last First Middle Grade Fall 2018

\_\_\_ Male \_\_\_ Female Birthdate \_\_\_/\_\_\_/\_\_\_  
mm dd yyyy

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

# Festus R-VI Summer School Transportation Form

May 30-June 28, 2018

8:10 am - 3:25 pm (No Late Start On Wednesdays)

Student Name: \_\_\_\_\_  
Last First Middle Grade Fall 2018

Date of Birth: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Name City State Zip

Mailing Address (if different than above): \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Mothers Cell Phone: \_\_\_\_\_ Fathers Cell Phone: \_\_\_\_\_

In addition to the Parents/Guardians, please list two people we can contact in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How will student get to/from school? Walk \_\_\_\_\_ Ride in vehicle \_\_\_\_\_ Ride Bus \_\_\_\_\_  
(if Bus, continue below)

Bus Transport Students ONLY:

Coming to School/From:

Home \_\_\_\_\_

Day Care \_\_\_\_\_ Name of Day Care \_\_\_\_\_ Phone \_\_\_\_\_

Babysitter \_\_\_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Relative \_\_\_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Explain \_\_\_\_\_

Leaving School/To:

Home \_\_\_\_\_

Day Care \_\_\_\_\_ Name of Day Care \_\_\_\_\_ Phone \_\_\_\_\_

Babysitter \_\_\_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Relative \_\_\_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Explain \_\_\_\_\_

Same Schedule every day? \_\_\_Yes \_\_\_No (If No, fill out below)

Coming to School

Leaving School

M \_\_\_\_\_ M \_\_\_\_\_

T \_\_\_\_\_ T \_\_\_\_\_

W \_\_\_\_\_ W \_\_\_\_\_

T \_\_\_\_\_ T \_\_\_\_\_

F \_\_\_\_\_ F \_\_\_\_\_

Any Medical or Physical Conditions the driver should be aware of?

\_\_\_\_\_

# Festus R-VI Summer School Health Form-New & Out of District Students Only

Child's Name: \_\_\_\_\_  
Last First Middle Grade Fall 2018

Date of Birth: \_\_\_\_\_ Parent/Guardian Names: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Does your child have: \_\_\_\_\_ Seasonal Allergies \_\_\_\_\_ Food Allergies \_\_\_\_\_ Medication Allergies  
\_\_\_\_\_ Asthma \_\_\_\_\_ Seizure Disorder \_\_\_\_\_ Heart Condition  
\_\_\_\_\_ Diabetes \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ ADHD  
\_\_\_\_\_ Hearing Impaired \_\_\_\_\_ Vision Impaired \_\_\_\_\_ Other

If so, please explain condition and treatment for each:

\_\_\_\_\_  
\_\_\_\_\_

Will your child have an Epi-Pen at school? \_\_Yes \_\_No Will your child have an inhaler at school? \_\_Yes \_\_No

Please list all medications your child is currently taking.

<u>Medication</u>	<u>Dosage</u>	Will the school nurse administer this medication at school?	
_____	_____	Yes_____	No_____
_____	_____	Yes_____	No_____

**Note:** All prescription and over-the-counter medications must be brought to school in its original container. All medications must be accompanied by a signed note from parent/guardian with the child's name, medication, dose, time to be given, how often, and if the prescription is to be left at school or sent home. All prescription medications must have the original label on them including inhalers and epi-pens.

**All pre-kindergarten students and out- of-district students must provide up-to-date shot records in order to attend Summer School.**

*In case of an accident or serious illness, I request school personnel to contact me or the emergency contacts above. If unable to reach me or contacts listed above, I authorize the school to make arrangements as necessary to care for my child.*

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **FOOD SERVICE CHARGES**

Lunch is served daily and students may bring a lunch from home if they wish. Check with our child's teacher to find out individual classroom lunch times. Lunch charges are \$2.30. The cost for the entire summer will be \$50.60. Reduced price students will be \$8.80.

Reduced lunches are \$0.40 for those that qualify under the free or reduced lunch program. (If you are a current Festus student who receives free or reduced lunch, it is not necessary to fill out additional paperwork. If you are a **non-resident of Festus/a student from another district**, you will need to fill out the proper forms if you want to receive free or reduced lunch. (Forms are available in the school office.)

Students will be allowed to charge no more than \$4.40 in meals during the summer school program. Any student owing more than \$4.40 will need to bring his or her lunch or receive the alternate meal of peanut butter and jelly and milk (The student will be charged the price of the alternate meal, \$1.20).

**Just a reminder:** There will be **NO** breakfast served.

Parents may access their child's food service account and other pertinent school information via the school website. If you have questions regarding the Festus R-VI Food Service Program please call **636-937-7747**.

**PLEASE REFER TO THE SEPARATE LETTER FROM FOOD SERVICES THAT IS INCLUDED WITH THE SUMMER SCHOOL INFORMATION PACKET FOR MORE DETAILS, INCLUDING ONLINE PAYMENTS, ETC...**