

RE-ENTRY ACKNOWLEDGMENT FORM

****DeSoto School is requiring all parents/guardians to sign and return this Acknowledgement Form with each student stating that you have received and viewed the DeSoto School Campus Reopening Plan 2020-2021.**

By signing below, I am acknowledging that I have received and viewed the DeSoto School Campus Reopening Plan concerning both the safety and education of our DeSoto Family. This plan was e-mailed to all patrons via Jupiter on July 24, 2020. If you have questions or concerns, those may be e-mailed to covid19support@desotothunderbirds.com

Date: _____

Student Name (printed): _____

Signature of Parent/Guardian:

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 2020-2021 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 FRIDAY, AUGUST 7, 2020, OR THE STUDENT WILL BE ASSIGNED TWO (2) DEMERITS. IF NOT RETURNED BY HOMEROOM ON MONDAY, AUGUST 10, 2020, THE STUDENT WILL RECEIVE FIVE (5) ADDITIONAL DEMERITS. A SEPARATE FORM MUST BE SUBMITTED FOR HIGH SCHOOL, MIDDLE SCHOOL, AND ELEMENTARY.

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.

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 – Dr Pepper

7th grade – Diet Coke

8th grade – Diet Dr Pepper

9th grade – Coke

10th grade – Diet Coke

11th grade – Sprite

12th grade – Coke

The DeSoto Booster Club thanks you for your support!

You can also help by signing up for working during a football game ~ taking up money at the gate, working in the concession stand, or working the chains on the field during the game.

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) _____

STUDENT CELL (____) _____ MOM CELL(____) _____ DAD CELL (____) _____

CELL PHONE SERVICE PROVIDER (example AT&T or Verizon) _____

STUDENT EMAIL _____ (necessary for 6th grade and up)

MOM'S EMAIL _____ DAD'S EMAIL _____

CHILD LIVES WITH (circle one): MOM, DAD, BOTH PARENTS, OTHER _____

RELIGIOUS/CHURCH PREFERENCE _____

FATHER'S OCCUPATION/EMPLOYER _____ PHONE _____

MOTHER'S OCCUPATION/EMPLOYER _____ PHONE _____

EMERGENCY CONTACT OTHER THAN PARENT _____

RELATIONSHIP _____ PHONE _____ 2ND PHONE _____

IF A NEED ARISES, WHOM DO YOU WANT CONTACTED 1st ? _____ 2nd ? _____

FAMILY PHYSICIAN _____ PHONE _____

ALLERGY/MEDICAL INFORMATION: _____

BROTHER(S)/SISTER(S) NAME(S) & AGE(S) _____

DID PARENT/STEP-PARENT 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

JupiterGrades 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

STUDENT DRIVERS

PLEASE READ THOROUGHLY

Student drives must have a valid driver's license, be at least 15 years of age, and must be covered by auto insurance. All vehicles must be registered with the school and must have a registration sticker. A current sticker is to be placed in the back *rear* window on the **LEFT** side, unless the windows are too dark for the sticker to be seen. **In that case the sticker is to be on the back left bumper. In any case, the sticker is to be there and showing at ALL times.**

Drivers must park their cars in their designated place and immediately get out of them upon arrival at school. **Students may not re-enter cars during the day without permission from the administration.** Doing so will result in a trip to the office for disciplinary action. The first offense for parking in another person's place will result in a \$5 fine. (If someone parks in YOUR spot, park in the student area along the front of the football field, then report it to Mrs. Toney.) Unauthorized driving on campus will result in demerits and administrative discipline.

Bicycles and motorcycles are prohibited due to congested traffic.

Failure to adhere to all rules and regulations set forth for student drivers may result in suspension of all driving privileges. All traffic laws are to be followed, as well as DeSoto rules. Driving dangerously on the school campus is a **MAJOR** offense.

My child has permission to drive his/her car to DeSoto School, Inc. I assure the school that the following information is correct by my signature below. My child and I have carefully read all the rules and regulations and agree to abide by them as set forth by DeSoto School.

Name of Student _____ Age _____ Birth date _____

Model of Car and Color _____ License No. of Car _____

Drivers License No. _____ Driver's License Expiration Date _____

Name of Insurance Company _____

Signature of Parent or Guardian

Signature of Student

Parking Spot # _____ \$10 paid _____ Date _____

Please bring a copy of the front and back of your Driver's License and Proof of Insurance.

CONSENT TO PARTICIPATE
IN SPORTS ACTIVITIES

PLAYER NAME: _____ PARENT: _____

ADDRESS: _____ CITY: _____ AR: _____

PHONE #: _____ AGE: _____

I consent that my child may participate in sports activities at DeSoto School, Inc. I certify that he/she is physically fit to participate in strenuous activity according to our family physician.

I release and hold DeSoto School harmless from any liability of any nature resulting from any injury my child may receive while participating in sports activities at DeSoto School.

In case of emergency or any injury to my child, I grant permission and authorize Coach _____ to seek medical assistance for my child if necessary.

I acknowledge that my child is covered by a policy of medical insurance as follows:

Insurance Company _____

Policy No. _____

I understand that DeSoto School does not maintain any supplemental policy of insurance on my child for sports related injuries. I also understand that I may personally obtain a supplemental policy of insurance on my child for sports related injuries at my expense by contacting the DeSoto School office.

Parent/Guardian

Dated

Please fill out both sections!!!!

Allergy Information

_____ My child has no known allergies.

_____ My child is allergic to the following:

Student Name _____

Date _____ Parent Signature _____

Allergy Information

_____ My child has no known allergies.

_____ My child is allergic to the following:

Student Name _____

Date _____ Parent Signature _____

MISSISSIPPI ASSOCIATION OF INDEPENDENT SCHOOLS

Concussion Form

To be Sent Home With Each Student-Athlete – Signed & Returned

(Required by MAIS Annually)



A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

- **Symptoms (Listed on back of this page)**
- **Signs Observed by Teammates, Parents & Coaches (Listed on back of this page)**

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is key to a student-athlete's safety.

(Continued on next page)

Concussions - Signs & Symptoms to Observe



Concussion Symptoms

- | | |
|-----------------------------------|--|
| 1 Headaches | 12 Amnesia |
| 2 "Pressure" in Head | 13 "Don't feel right" |
| 3 Nausea or vomiting | 14 Fatigue or low energy |
| 4 Neck pain | 15 Sadness |
| 5 Balance problems or dizziness | 16 Nervousness or anxiety |
| 6 Blurred, double or fuzzy vision | 17 Irritability |
| 7 Sensitivity to light or noise | 18 More emotional |
| 8 Feeling sluggish/slowed down | 19 Confusion |
| 9 Feeling foggy or groggy | 20 Concentration or memory problems |
| 10 Drowsiness | 21 Forgetting game plays |
| 11 Change in sleep patterns | 22 Repeating the same question/comment |

Signs Observed by Teammates, Parents & Coaches

- | | |
|--------------------------------|---|
| 1 Appears dazed | 8 Slurred speech |
| 2 Vacant facial expression | 9 Shows behavior or personality changes |
| 3 Confused about assignment | 10 Can't recall events prior to hit |
| 4 Forgets plays | 11 Can't recall events after hit |
| 5 Unsure of game situations | 12 Seizures or convulsions |
| 6 Moves clumsily uncoordinated | 13 Change in typical behavior/personality |
| 7 Answers questions slowly | 14 Loses consciousness |

The student-athlete and one parent must sign the "Verification Form" that accompanies this memo. The form should then be turned in to the Athletic Director. Thanks.

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

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 thru 12th grades will be required to wear a school uniform. French Toast Uniforms provides a website detailing all available options. The web address is www.frenchtoastschoolbox.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 with the exception of spirit days or other occasions approved by the Administration. Guidelines for dress will be given to students for days when they are allowed to 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)
(with pointed collar, not Peter Pan collar)
Plaid skirt (from French Toast or Parker) |
| Boys - | White logoed, button-down shirt (from French Toast or Parker)
Khaki pants, belt, and red tie |

Each student should have at least one red logoed polo, 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.)

DRESS CODE POLICY & GUIDELINES

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
- Skirts and jumpers should not be more than 2" above the knee in length; shorts and skorts should not be more than 3" above the knee in length
- 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

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**.

Solid red, white, blue (royal or navy), gray, black, or khaki sweatshirts or jackets may be worn throughout the day **over the uniform shirt**.

Coats or jackets that do not compliment the uniform should only be worn while outdoors (break, recess, etc.) They are not be worn all day over the uniform. Students tending to wear sweatshirts or jackets all day should make sure to have the correct color.

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 violation of the school dress code policy. Students violating dress code will receive 2 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.

DeSoto Cafeteria Prices and Information

K3 & K4 = included in tuition
K5 - 5th = \$6.00/plate lunch
6th - 12th = \$6.00/plate lunch

Plate lunch will only be offered on Thursdays. A Jupiter message will be sent each Monday with the description of Thursday's plate lunch (The price includes the drink.)

Options:

- Chicken strip \$2
- Hamburger/Cheeseburger \$3
- French Fries \$2
- Hot Dog \$2
- Drink- \$1.50
- Chips - \$1.50
- Fried Chicken Salad & Drink - (same price as plate lunch)

Other food items will still be available for purchase during elementary snack time and 6th - 12th morning break. Please refer to snack list for items and prices.

Send payment with your child to the homeroom teacher or make payments online. You may check your child's account online to see what was ordered, the account balance and even pre-order your child's food.

The School Board voted to have a limit of \$25.00 on charges. If your child is over the \$25.00 limit and attempts to order, the food will not be prepared.

Thank you for your cooperation!
Eddie Phillips - Cafeteria Manager

Snack Items

Sausage Biscuit.....	\$2
Chicken Biscuit.....	\$2
Chicken Roll.....	\$2
Hashbrowns.....	\$2
Super Donut.....	\$1.50
Mini Cinni (mini cinnamon rolls).....	\$2
Drinks (tea, lemonade)	\$1.50
Bottled Water/Gatorade.....	\$1.50
Juice.....	\$1.50

(Items & Prices Subject to Change)

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 _____

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 minimum wage. We also need ½ day substitutes. If you can help only one day a week please let us know.