



OFFICE USE ONLY: Bus Number _____ Bus Driver _____ Lunch Number _____

BEAUREGARD PARISH SCHOOLS EAST BEAUREGARD ELEMENTARY SCHOOL REGISTRATION

**MANDATORY → BIRTH CERTIFICATE - IMMUNIZATION RECORDS - SOCIAL SECURITY CARD -
PROOF OF PRESENT GRADE LEVEL**

STUDENT INFORMATION: (CONFIDENTIALITY WILL BE MAINTAINED)

Name: _____
LAST FIRST MIDDLE SUFFIX

Social Security No.: _____ Date of Birth: _____ Gender: M F

Hispanic: Yes No

Primary Ethnic Code: 0 - White 1 - Black 2 - Hispanic 3 - Asian 4 - Native American 5 - Hawaiian/Pacific Islander
(CIRCLE CHOICE)

Secondary Ethnic Codes: 0 - White 1 - Black 2 - Hispanic 3 - Asian 4 - Native American 5 - Hawaiian/Pacific Islander
(CIRCLE ALL APPLICABLE)

Date Entering: _____ Grade: _____
Receives special education services? Yes No
Receives academically gifted services? Yes No
Receives 504 services? Yes No

Mailing Address: _____
STREET CITY STATE ZIP PARISH

Physical Address: _____
STREET CITY STATE ZIP PARISH

Guardians's Name: _____ Relationship: _____
FIRST LAST If other than parent, custody papers needed.

Father's Name: _____ Mother's Name: _____
 STEP FIRST LAST STEP FIRST LAST

Father's Work: _____ Mother's Work: _____
Father's Cell: _____ Mother's Cell: _____
Home: _____ Emergency: _____

Military: Yes No Military: Yes No
Active Duty: Yes No Active Duty: Yes No
Resides on Federal Property: Yes No Resides on Federal Property: Yes No
Branch: _____ Branch: _____
Rank: _____ Rank: _____

Students's Country of Birth: _____

If Country of Birth is other than U.S., Date of Entry into U.S.: _____

First Language Learned by Student: _____

Language/s Other than English Used at Home: _____

Language Student Uses Most Often: _____

OFFICE USE ONLY
Copy for Counselor: Yes No

COUNSELOR'S SIGNATURE

PRINCIPAL'S SIGNATURE REQUIRED IN ABSENCE OF REQUIRED RECORDS

SIGNATURE OF PARENT/GUARDIAN

DATE

NAMES OF CHILDREN

List children under 19 years of age in chronological order beginning with the oldest: <i>Give name as it is on the birth certificate.</i>	SEX	MONTH	DAY	YEAR	PLACE OF BIRTH			GRADE
					CITY/TOWN	PARISH/COUNTY	STATE	

OTHER INFORMATION

Has this child ever been enrolled in a school in Beauregard Parish before? Yes or No? _____

If yes, where? _____

When? _____

Signature of Parent or Guardian

Date



BEAUREGARD PARISH SCHOOLS

STUDENT ADMISSION FORM
AUTHORIZATION FOR RELEASE OF PRIOR SCHOOL RECORDS

The following student has enrolled at:

EAST BEAUREGARD ELEMENTARY SCHOOL
 5364 HIGHWAY 113
 DERIDDER, LA 70634

Grade: _____

Student's Last Name	First	Middle
Date of Birth	Social Security #	

LAST SCHOOL ATTENDED: Name of school _____
 Address _____
 City, State, Zip _____

The last school attended by this student was: Public Parochial school
 Dates student attended were: From _____ to _____

THE FOLLOWING IS TO BE ANSWERED BY THE SCHOOL THE STUDENT LAST ATTENDED:

Is the student pending suspension/expulsion at your school? Yes: _____ No: _____

If "yes", please explain: _____

PLEASE INCLUDE THE FOLLOWING INFORMATION

<ol style="list-style-type: none"> 1. Date of entrance and date of withdrawal 2. Key to grading system 3. Health/immunization records 4. Partial grades if the above withdrew prior to completing the semester/quarter 5. Birth certificate 6. Standardized test results, i.e. LEAP, CAT, ACT, SAT, etc. 	<ol style="list-style-type: none"> 7. Attendance records 8. Disciplinary records 9. Any other pertinent information 10. If applicable: Special Education Placement Forms (IEP) Current Special Education Evaluation
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 Signature of Parent or Guardian

 Date Signed

 Signature of Principal

 Date Signed

First Request - Records Clerk	Second Request - Principal	Third Request - Superintendent
Date _____	Date _____	Date _____

Date Records Received:



Louisiana Department of EDUCATION

Louisiana Student Residency Questionnaire Form (Form Must Be Included In School Enrollment Packet)

Date District/Parish School Name Student Name SSN/ID# Male/Female Date of Birth Address Telephone Number Last School Attended Current Grade Parent/Guardian/Adult Caring for Student Relationship

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title X, Part C, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

- 1. Is the student's address a temporary living arrangement?
2. Is the temporary living arrangement due to loss of housing or economic hardship?
3. Where is the student currently living? (Check all that apply)

- In an emergency/transitional shelter.
Temporarily with another family because we cannot afford or find affordable housing.
With an adult that is not a parent or legal guardian, or alone without an adult.
In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
In a hotel/motel. Other specific information

- 4. Does your child have a disability or receive any special education services?
5. Does your child exhibit any behaviors that may interfere with his or her academic performance?
6. Would you like assistance with uniforms, student records, school supplies, transportation, or other?
7. Migrant - Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including poultry processing, dairy, nursery, and timber) or fishing?
8. Does your child have siblings?
9. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student Signature Date

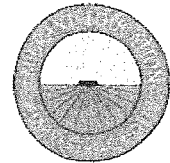
(Area Code) Phone number Street Address City State Zip

School Use Only Free or Reduced Price Meals Form submitted/signed Copy Placed in Student's Cumulative Record

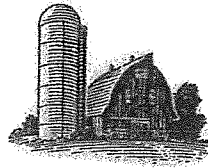
Homeless Liaison Use Only- Check All That Apply Sheltered Doubled-Up Unsheltered/FEMA Hotel/Motel Unaccompanied youth Yes No

Print School Contact Title Signature (required) Date (Revised 3/2010)

FAMILY SURVEY



Migrant Education
314 W. Shankland Ave.
Jennings, La. 70546
Ph. (337)824-0597



Date _____

Dear Parents,

In order to better serve your children, the _____ school district would like to identify students who may qualify to receive additional educational services. The information provided below will be kept confidential. Please answer the following questions and return this survey form to your child's school.

Or, if you prefer, for more information, call: Sue Hebert, 337-824-0597

1. Did you seek or obtain employment in agricultural or fishing related activities within the last three years? (e.g., field work, canneries, lumbering, dairy work, meat processing)

Yes _____

No _____



2. Have you moved within the last 3 years to find this type of work?

Yes _____

No _____

3. Is this type of work an important source of income for your family?

Yes _____

No _____

If you answered "yes" to some or all of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of child _____ Age _____ Grade _____

Parent/Guardian Name: _____

Telephone Number: _____

Best Time to Contact You: _____

For school use
Fax this information to:
Sue Hebert
Fax: (337)824-4112

SIGNATURE PAGE

This handbook has been compiled with the hope that the students and parents of East Beauregard Elementary School will use it as a source of information regarding school policies and organization.

In the event that the information that is needed is not contained in the handbook, the student is encouraged to consult with his home room teacher, guidance counselor, or the school office.

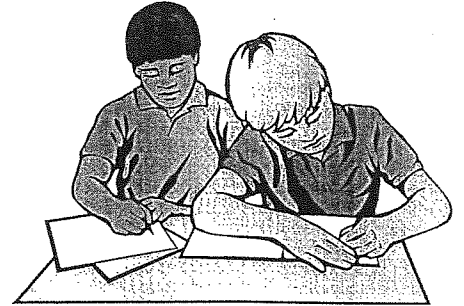
This page is to be signed by the student and his/her parent or guardian in the spaces provided. A student's signature indicates that he has read and understands the school policies. This page is to be returned to the teacher by the third week of school.

During the year students may be asked to respond to surveys so needs can be assessed and programs maintained or altered based upon information gathered. Under the No Child Left Behind Act of 2001, parents have the right to refuse permission for their child to participate in specified surveys. Parents also have the right to view education records and instructional materials; seek to amend records, to designate directory information, and to request professional qualification information about their child's teacher. Please notify the principal if you would like to take any of these actions. Also, note that Beauregard Parish releases education records to other schools that have requested records and in which the student seeks or intends to enroll as required by law.

Parent's Signature

Student's Signature

Date



AT EAST BEAUREGARD ELEMENTARY SCHOOL,
CHILDREN ARE OUR GREATEST RESOURCE.

BEAUREGARD PARISH SCHOOL BOARD

Acceptable Use Parent/Student Contract

Telecommunication Services

RESPONSIBILITY CONTRACT

RULES AND REGULATIONS

Acceptable Use of Telecommunication Services

The Board of Education recognized the educational value of using telecommunication services for communication and information access and encourages the use of such sources to enhance student learning.

As a student, I understand and will abide by the District's rules and regulations as well as any specific site guidelines for the use of Beauregard Parish School System's electronic information services. I further understand that any violation of these rules, regulations, and guidelines is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and District or school disciplinary action and/or other appropriate legal action may be taken.

As a parent or guardian of this student, I have read the District's rules and regulations and any specific site guidelines for use of the Beauregard Parish School System's electronic information services. I understand that these services are designed for educational purposes and Beauregard Parish School System has taken available precautions to eliminate controversial materials. However, I also recognize that it is impossible for the District to restrict access to all controversial materials and I will not hold them responsible for materials acquired by my child with these services.

I hereby give permission for my child to access the electronic information services provided by the Beauregard Parish School System.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Student Name (Please Print)

Student Signature

Date

1. The student in whose name an electronic information services account is issued is responsible for its proper use at all times. The student shall keep personal account numbers, home addresses, and telephone numbers private. The student shall use the electronic information services only under their own account.
2. The District's electronic information services shall be used only for purposes related to education. Commercial, political, and/or personal use of the District's service is strictly prohibited.
3. The student shall not use the District's electronic information services to encourage the use of drugs, alcohol or tobacco, nor shall they promote unethical practices or any activity prohibited by law or District policy.
4. The student shall not transmit material that is threatening, obscene, disruptive, or sexually explicit, or that could be construed as harassment or disparagement of others based on their race, national origin, sex, sexual orientation, age, disability, religion or political beliefs.
5. Copyrighted material may not be placed on the system without the author's permission. The student may download copyrighted material for their own use only.
6. Vandalism will result in the cancellation of the student's privileges. Vandalism includes uploading, downloading, or creating computer viruses and/or any malicious attempt to harm or destroy District equipment or material or the data of any other user.
7. The student shall not read other user's mail or files. They shall not attempt to interfere with other users' ability to send or receive electronic mail, nor shall they attempt to read, delete, copy, modify, or forge other users' mail.
8. The student is expected to keep messages brief and use appropriate language.
9. Violation of these rules and regulations may result in loss of access or other disciplinary action deemed appropriate for the violation.

Beauregard Parish Parent/Guardian/Student Statement of Compliance

I _____ agree to the following:
(print name of student)

1. I will attend school daily, except when absent for reasons due to illness or other excused absence.
2. I will arrive at school on time each day.
3. I will demonstrate significant effort toward completing all required homework assignments.
4. I will follow school rules.

_____ (student signature, grade 1 and above)

I _____ parent/guardian of
(print name of parent/guardian)

_____ do agree to
(print name of student)

1. Ensure that my child attends school daily, except for reasons due to illness or other excused absences.
2. Ensure that my child arrives at school on time each day.
3. Ensure that my child completes all required homework assignments
4. Attend all required parent-teacher or parent-principal conferences.

_____ (signature of parent/guardian)

Date _____

School _____

Beauregard Parish School Board

HEALTH HISTORY

School: _____ Date: _____

Student's Name: _____

Birth	Age
<input type="checkbox"/> Jaundice	_____
<input type="checkbox"/> PKU	_____

Physical Impairments / Restrictions

<input type="checkbox"/> Vision	_____
<input type="checkbox"/> Hearing	_____
<input type="checkbox"/> Paralysis	_____
<input type="checkbox"/> _____	_____

Preventable illnesses

<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Measles	_____
<input type="checkbox"/> Hepatitis ABCDE	_____
<input type="checkbox"/> Mumps	_____
<input type="checkbox"/> Chicken Pox	_____
<input type="checkbox"/> Whooping Cough	_____
<input type="checkbox"/> Diphtheria	_____

Chronic Illness

<input type="checkbox"/> Cough	_____
<input type="checkbox"/> Croup	_____
<input type="checkbox"/> Earaches/infection/tubes	_____
<input type="checkbox"/> Flu	_____
<input type="checkbox"/> Frequent Colds	_____
<input type="checkbox"/> Hay Fever	_____
<input type="checkbox"/> Hives	_____
<input type="checkbox"/> Pneumonia	_____
<input type="checkbox"/> Pleurisy	_____
<input type="checkbox"/> Sinusitis	_____
<input type="checkbox"/> Stomach aches	_____
<input type="checkbox"/> Tonsilitis / Strept throat	_____

ALLERGIES: foods, drugs, pollen, bees, wasps:
Explain: _____

I authorize Beauregard Parish School Board to share / receive immunization records with LA Dept. of Health & Hospitals.

Parent / Guardian Signature _____ Date _____

<u>Chronic Diseases</u>	<u>Age</u>
<input type="checkbox"/> Anemia	_____
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Bronchitis	_____
<input type="checkbox"/> Cancer	_____
<input type="checkbox"/> Diabetes	Type I _____
	Type II _____
<input type="checkbox"/> Eczema	_____
<input type="checkbox"/> Epilepsy	_____
<input type="checkbox"/> Heart Disease	_____
<input type="checkbox"/> Hemophilia	_____
<input type="checkbox"/> Kidney Disease	_____
<input type="checkbox"/> Mental Illness	_____
<input type="checkbox"/> Psoriasis	_____
<input type="checkbox"/> Sickle Cell Anemia/Trait	_____
<input type="checkbox"/> Ulcers	_____
<input type="checkbox"/> Tuberculosis	_____
<input type="checkbox"/> _____	_____

Chronic Problems

<input type="checkbox"/> Backaches	_____
<input type="checkbox"/> Constipation	_____
<input type="checkbox"/> Diarrhea	_____
<input type="checkbox"/> Fatigue	_____
<input type="checkbox"/> Fainting	_____
<input type="checkbox"/> Fever, reason unknown	_____
<input type="checkbox"/> Impetigo	_____
<input type="checkbox"/> Leg aches	_____
<input type="checkbox"/> Nosebleeds	_____
<input type="checkbox"/> Stomach cramps	_____
<input type="checkbox"/> _____	_____

Hospitalization / Surgeries / Other

<input type="checkbox"/> Appendicitis	_____
<input type="checkbox"/> Rheumatic Fever	_____
<input type="checkbox"/> Scarlet Fever	_____
<input type="checkbox"/> _____	_____

Medications: _____

STATE OF LOUISIANA

HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN EACH SCHOOL YEAR

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE. Parent/Legal Guardian is encouraged to participate in the development of an Individual Health Care Plan if needed. Use additional sheets, if necessary, for further information.

Name of School:		Grade:	
Student's Name: Last		First	
Student's Date of Birth:	Sex: L M L F	State or Country of Birth:	
Student's Mailing Address:	City:	State:	Zip Code:
Student's Physical Address:	City:	State:	Zip Code:
Name of Mother or Legal Guardian:	Home Phone: ()	Work Phone: ()	Cell Phone: () Employer:
Name of Father or Legal Guardian:	Home Phone: ()	Work Phone: ()	Cell Phone: () Employer:
Name of child's pediatrician or primary care provider:		Names of medical specialists or special clinics caring for child:	

Parent or Legal Guardian Signature _____ Date _____

Please check the type of health insurance your child has: L Private L Medicaid/LaCHIP L Other

If your child does not have health insurance, would you like information on no cost health insurance? L Yes L No

In case of emergency—if parent or legal guardian cannot be reached—contact the following:

Name _____ Complete Phone Number () _____

My child has a medical, mental, or behavioral condition that may affect his/her school day: L No L Yes

If Yes, please complete Part 2.)

PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD. Parent/Legal Guardian is responsible for providing with any medication, and may be responsible for providing the school with any special food or equipment that the student will need for the school day. Check with the school nurse to obtain correct medication and procedure forms.

ALLERGIES

Allergy Type:

L Food (list food(s)) _____

L Insect sting (list insect(s)) _____

L Medication (list medication(s)) _____

L Other (list) _____

Reactions: (Date of last occurrence if yes.)

L Coughing (Date: _____) L Hives (Date: _____) L Rash (Date: _____)

L Difficulty breathing (Date: _____) L Local swelling (Date: _____) L Wheezing (Date: _____)

L Generalized swelling (Date: _____) L Nausea (Date: _____) L Other _____

Currently prescribed medications and treatments:

L Oral antihistamine (Benadryl, etc.) L Epi-pen L Other _____

ASTHMA

Triggers: L Environmental (i.e., tobacco, dust, pets, pollen, etc.) (list) _____ L Other (list) _____

Does your child experience asthma symptoms with exercise? L No L Yes

Symptoms:

L Chest tightness, discomfort, or pain L Difficulty breathing L Coughing L Wheezing L Other _____

Currently prescribed medications and treatments: _____

Date of last hospitalization related to asthma _____ Date of last emergency room visit related to asthma _____

Does your child have a written asthma management plan? L No L Yes

Is peak flow monitoring used? L No L Yes

DIABETES

Currently prescribed medications and treatments:

- Insulin: Syringe Pen Pump
- Blood sugar testing
- Glucagon
- Oral medication(s) List medication(s) _____

Is special scheduling of lunch or Physical Education required? No Yes

SEIZURE DISORDER

Type of seizure:

- Absence (staring, unresponsive) Complex Partial Generalized Tonic-Clonic (Grand Mal/Convulsive)
- Other (explain) _____

Physical Education Restrictions: No Yes

Medication(s): No Yes List medication(s) _____

Date of last seizure _____

Length of seizure _____

OTHER HEALTH CONDITIONS

- Anemia ADD/ADHD Cancer Cerebral Palsy Chicken Pox Cystic Fibrosis
- Depression Digestive disorders Emotional/Psychological Juvenile Rheumatoid Arthritis
- Hemophilia Heart condition Physical disability Sickle Cell Disease Skin disorders
- Speech problems Other (explain) _____

Physical Education Restrictions: No Yes (explain): _____

Medication(s): No Yes List medication(s) _____

Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning): No
 Yes (explain): _____

Special diet required (i.e., blended, soft, low salt, low fat, liquid supplement): No Yes (explain): _____

Are there anticipated frequent absences or hospitalizations? No Yes
(explain): _____

VISION CONDITIONS

- Contacts/glasses
- Other

HEARING CONDITIONS

- Hearing aid(s)
- Other

ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION

Special school environmental adjustments of the school environment or schedule: No Yes (explain): _____

(i.e., seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building modifications for access)

Special school environmental adjustments to classroom or school facilities: No Yes (explain): _____

(i.e., temperature control, refrigeration/medication storage, availability of running water)

Special safety considerations: No Yes (explain): _____

(i.e., special precautions in lifting, positioning, special transportation emergency plan, special safety equipment, special techniques for positioning, feeding)

Special assistance with activities of daily living: No Yes (explain): _____

(i.e., eating, toileting, walking)

PART 3: SCHOOL NURSE TO COMPLETE if parent/legal guardian indicates medical condition:

School Nurse Signature

Date

Notes:



**Beauregard Parish School Board Student Uniform Dress Code
Revised for 2010-2011**

**East Beauregard Elementary
Pre-Kindergarten thru 5th Grade**

**(Includes riding the bus to and from school)
Uniforms may be purchased at any store but must follow this
Beauregard Parish Student Uniform Dress Code**

Only clear or mesh book bags are allowed for Pre-K through 12th grade. Athletic bags are allowed if they are not carried from class to class and will be dropped off at a designated location before school starts and picked up at the end of the school day.

Solid Red, Solid Navy or Solid White

PLAIN SHIRTS AND BLOUSES

Acceptable

Plain Polo Style

Collared, two or three button knit

Plain Oxford Cloth or Plain Dress Shirt

Style, Collared, button-up

Plain turtlenecks(traditional/mock)

Not Acceptable

Baseball Jersey Style

Sleeveless Shirts or Blouses

Henley Shirts

V-Neck Pullover Shirts

Crew Necks

Hunting Style Shirts

Shirts and Blouses too short to remain tucked in
Any other style

- **Shirts and blouses shall be buttoned and long enough to remain tucked in at the waist.**
- **Solid plain white or school uniform colored short sleeved undershirt can be worn under acceptable uniform shirts.**
- **Undershirt sleeves must not extend longer than outer shirt.**

SWEATERS, VESTS (Without Hoods, Logos, Emblems or Brand Names)

Acceptable

All worn with acceptable Collared Shirt

All no longer than hip length nor shorter than waist length

Solid Navy Blue, White, or Khaki

Not Acceptable

Fleece Vests

Hunting Style Vests

Any other style

COATS AND JACKETS

Acceptable

All worn with acceptable shirt/blouse

Color not mandated - unless pullovers

Waist length to three quarter length

Must be long sleeved

Button, snap or zip from top to bottom

Bottom must be banded or straight

Not Acceptable

Trench Coats, Dusters, etc.

Any other style

PULLOVERS (With or Without Hoods)

Acceptable

All worn with acceptable collared shirt

Must be in school colors or uniform dress code colors, with or without a school logo

Administrators are authorized to use their discretion in determining extremes in styles of dress and grooming and what is appropriate and suitable for school wear.

(Continued on back)

**BEAUREGARD PARISH
5-DAY SCHEDULE
2010 - 2011**

Staff Development	Wednesday, August 11, 2010
Staff Development	Thursday, August 12, 2010
Students Report to School	Friday, August 13, 2010
Labor Day (Holiday)	Monday, September 6, 2010
Staff Development	Tuesday, September 7, 2010
Progress Reports Issued	Tuesday, September 14, 2010
Fair Day (Holiday)	Friday, October 8, 2010
End of First Nine Weeks	Wednesday, October 13, 2010
Report Cards Issued	Friday, October 22, 2010
Parent Conferences	Friday, October 22, 2010
Veterans' Day (Holiday)	Thursday, November 11, 2010
Progress Reports Issued	Friday, November 12, 2010
Thanksgiving Holidays Dismiss Friday, November 19, 2010 Return Monday, November 29, 2010	Monday, November 22, 2010 through Friday, November 26, 2010
End of Second Nine Weeks	Friday, December 17, 2010
Christmas Holidays Dismiss Friday, December 17, 2010 Students Return Tuesday, January 4, 2011	Monday, December 20, 2010 through Monday, January 3, 2011
Staff Development	Monday, January 3, 2011
Report Cards Issued	Friday, January 7, 2011
Martin L. King, Jr. Day (Holiday)	Monday, January 17, 2011
Progress Reports Issued	Friday, February 4, 2011
Presidents' Day (Holiday)	Monday, February 21, 2011
Mardi Gras (Holiday)	Monday, March 7, 2011 and Tuesday, March 8, 2011
End of Third Nine Weeks	Monday, March 14, 2011
State Required Testing - Phase I	Tuesday, March 22, 2011 through Thursday, March 24, 2011
Parent Conferences	Friday, March 25, 2011
Report Cards Issued	Friday, March 25, 2011
Progress Reports Issued	Friday, April 8, 2011
State Required Testing - Phase 2	Monday, April 11, 2011 through Wednesday, April 20, 2011
Easter/Spring Break Dismiss Thursday, April 21, 2011 Return Monday, May 2, 2011	Friday, April 22, 2011 through Friday, April 29, 2011
Last Day for Seniors	Friday, May 13, 2011
Last Two Days for Students (1/2 Day)	Wednesday, May 25, 2011 and Thursday, May 26, 2011
Last Day for Teachers REPORT CARDS MAILED ON THIS DATE	Friday, May 27, 2011

Staff Development Days are Non-Student Days

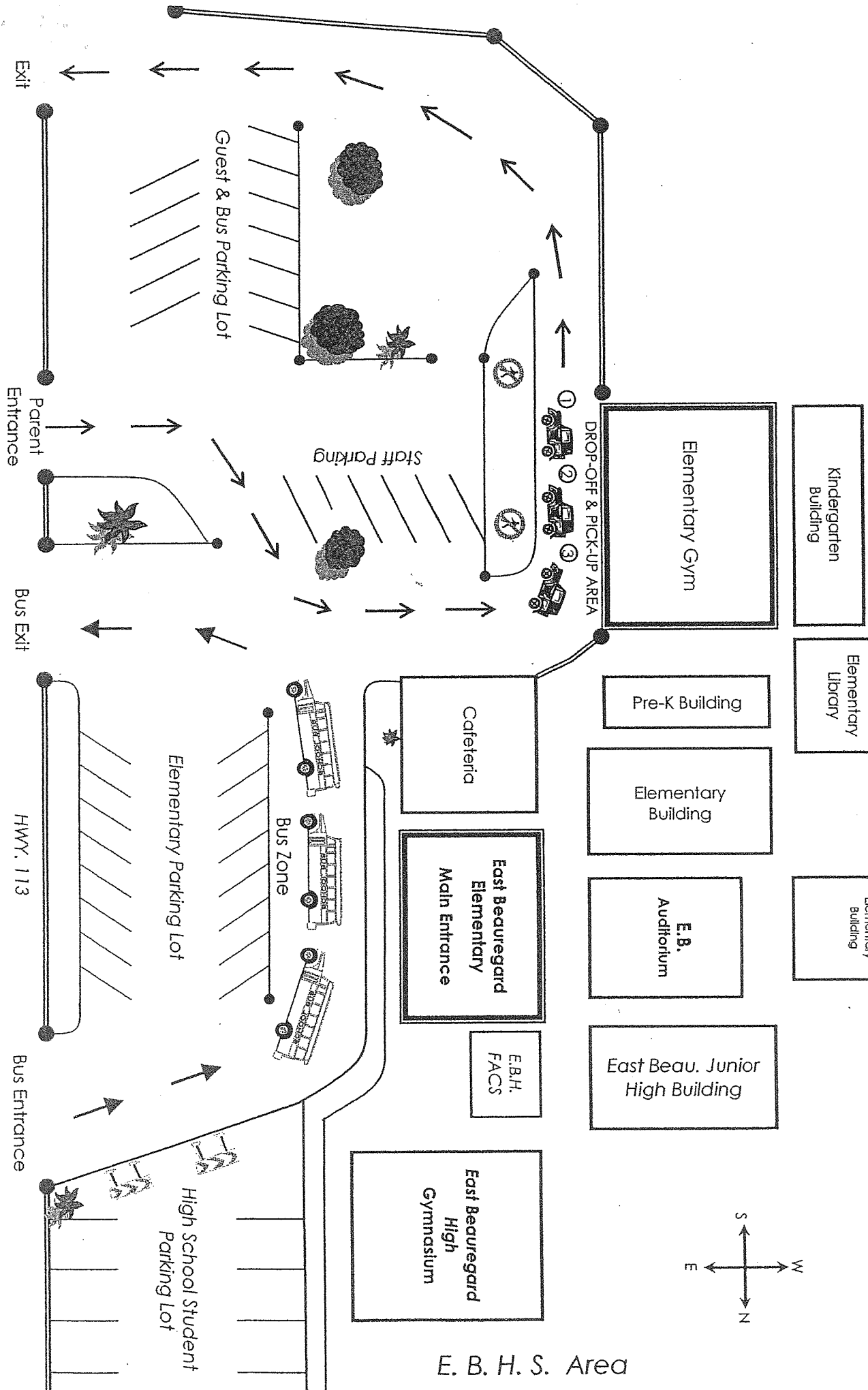
03/03/10

DROP-OFF & PICK-UP AREA

*Parents are asked to enter the drop-off area from the 4th entrance from the north and exit from the 5th driveway. Please drive up to the gym and stop at the end of the concrete area. This will allow us to unload/load 3 cars at a time. Please do not ask your children to walk across this area to the parking lot.

*Only buses are allowed to use the bus area.

*To keep everyone safe, we must follow these rules:



E. B. H. S. Area