

Summer School ~ Remedial June 3-30, 2021 • 8am-12:15pm

PLEASE PRINT



WYMAN ELEMENTARY

402 Lanning Lane

Rolla, MO 65401

573.458.0190

STUDENT'S LEGAL NAME

Last _____ First _____ Middle _____

Gender: ☐ Male ☐ Female Date of Birth ____/____/____ Grade 2020-21 _____ School Attended 2020-21 _____

RACE/ETHNIC ORIGIN

The Rolla Public School District is required to make reports to the Office of Civil Rights and to the State of Missouri using the following Race/Ethnic categories. These are established by the State of Missouri and the U.S. Department of Education. **Please check ALL that apply.**

Is the student Hispanic/Latino? ☐ Yes ☐ No

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

PARENT/GUARDIAN

Name _____ Daytime Phone _____

Address _____ Parent Cell Phone _____

EMERGENCY CONTACT

Name _____ Phone _____

Name _____ Phone _____

TRANSPORTATION INFORMATION

Student's regular mode of transportation: A.M. ☐ Car Rider ☐ Bus Rider (complete Summer School Bus Registration form)

Student's regular mode of transportation: P.M. ☐ Car Rider ☐ Bus Rider (complete Summer School Bus Registration form)

PLEASE LIST SIBLINGS WHO WILL ALSO BE ATTENDING ELEMENTARY SUMMER SCHOOL

Name(s) _____

SUMMER SCHOOL LUNCH PROGRAM

Is your child planning to participate in the summer school lunch program? ☐ Yes ☐ No

Does your child have any food allergies? ☐ Yes* ☐ No If Yes, please list: _____

Medical Statement for Special Meals Form required before any meal accommodations considered.

HEALTH INFORMATION

Does your child have medication that will need to be administered during summer school? ☐ Yes* ☐ No

Does your child have health concerns we should be aware of? ☐ Yes* ☐ No

For allergies, medications to be administered or health concerns, please complete RPS Summer School Student Health Form JHCD-AF5.

CLASS INFORMATION

If your child has been recommended for remedial summer school, they may not enroll in an enrichment class.

Completed enrollment forms must be turned in by **APRIL 30, 2021**.

Additional information and class assignments will be sent home before the end of the school year.

Please enroll my child in the Remedial Summer School Program. I understand that I am responsible for transporting my child to school no earlier than 10 minutes before class and for picking him/her up promptly unless RPS bus transportation is arranged.

Parent/Guardian Signature _____ **Date** _____

OFFICE USE ONLY Date Received ____/____/____ By _____

REVISED 03.08.21

Summer School ~ Bus Registration June 3-30, 2021

PLEASE PRINT



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PUBLIC SCHOOLS

STUDENT'S LEGAL NAME

Last _____ First _____ Middle _____

PARENT/GUARDIAN

Grade entering 2021-22 _____ Student # _____

Name _____ Daytime Phone _____

Address _____ Parent Cell Phone _____

All students must be accompanied by an adult from the bus stop. If there is no responsible adult to meet the student, the student will remain on the bus and returned to school where a parent can pick them up.

List ALL people authorized to pick up your student at the bus stop.

☐ I give permission for my student to be dropped off **WITHOUT** an adult present. Parent/Guardian Initials _____

RPS is offering limited bus services within the city limits of Rolla ONLY. The following locations are designated bus stops.

Check the location your child will be picked up and dropped off. Please select only **ONE** (1) location for pick up and **ONE** (1) location for drop off.

Daycare stops are **ONLY** for students who are **ENROLLED IN THAT DAYCARE**. All other students need to pick a different stop.

✓	AM TIME	✓	PM TIME	Bus Stop Location	✓	AM TIME	✓	PM TIME	Bus Stop Location
Bus #41					Bus #47				
	7:12 AM		12:32 PM	Independence & Wilson		7:10 AM		12:40 PM	Winchester & Chestnut
	7:15 AM		12:36 PM	Broadway & Hillview		7:12 AM		12:30 PM	Winchester & Southview
	7:17 AM		12:28 PM	18th & Farrar	Bus #33				
						7:05 AM		12:45 PM	Schuman Park (Oak & 14th)
Bus #66						7:10 AM		12:40 PM	Beuhler Park
	7:05 AM		12:30 PM	Greentree Learning Ctr. ENROLLED ONLY		7:15 AM		12:25 PM	Parkwood & Basswood
	7:10 AM		12:33 PM	Whitney & Greentree		7:18 AM		12:30 PM	Lions Club Park @ Main Pavillion
	7:12 AM		12:36 PM	Bittersweet & Dover		7:25 AM		12:35 PM	Rolla Gardens & Poe
	7:16 AM		12:37 PM	Coventry & Belmont	Bus #63				
	7:20 AM		12:39 PM	Pinetree & Richard		7:10 AM		12:57 PM	Huffman & Ezra
Bus #44						7:15 AM		12:55 PM	Salem Ave Baptist Church ENROLLED ONLY
	7:10 AM		12:38 PM	Ridgeview & Morrell		7:18 AM		12:53 PM	Commercial & Republic
	7:13 AM		12:42 PM	2nd & Elm		7:20 AM		12:50 PM	Stepping Stones ENROLLED ONLY
	7:15 AM		12:44 PM	Walnut & 1st (CLC) ENROLLED ONLY		7:24 AM		12:45 PM	Cypress & Turkey Run
	7:19 AM		12:48 PM	Kiddie Korner Daycare ENROLLED ONLY	Bus #8				
	7:20 AM		12:49 PM	All God's Children ENROLLED ONLY		7:13 AM		12:49 PM	5th & Orchard
	7:25 AM		12:55 PM	Methodist Daycare ENROLLED ONLY		7:15 AM		12:42 PM	Ber Juan Park @ Tennis Courts
Bus #53						7:20 AM		12:40 PM	Angus Valley & Murry Lane
	7:10 AM		12:40 PM	McCutchen & College Hills	Bus #32				
	7:15 AM		12:45 PM	Forum & Oaktree Apts		7:07 AM		12:58 PM	12th & Poole
	7:20 AM		12:50 PM	Forum & Tory		7:10 AM		12:50 PM	Oakridge Apts & White Columns
						7:16 AM		12:40 PM	Vichy Rd @ Spring Crest Bapt Church
						7:14 AM		12:35 PM	2200 Vienna Rd @ Apts

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Student Last Name _____ First Name _____ Student # _____

AM Bus # _____ PM Bus # _____ SS Location: WY RMS HS

REVISED 03.04.21

Summer School ~ Medication Form

June 3-30, 2021



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PUBLIC SCHOOLS

Medication Permission Form

1. Prescription medications as stated on the prescription label:

I understand that I have the ultimate responsibility for providing the school with an adequate supply of prescription medicine and for informing the school district immediately if any information provided on this form changes or if the administration of medication should cease.

As the parent/guardian of _____ (please print), I give permission for the school nurse or the designated school staff member to administer the above prescription medications.

Parent/Guardian Signature

Date

2. Please list any allergies your child has (including food & medication):

3. Physician contact permission:

I understand the nurse may require additional information regarding dosages, side effect, and possible interactions with other medications, which may not be provided on the prescription label. I therefore give the school nurse permission to contact my child's physical with regards to medication issues only.

Physician's Name

Physician's Phone Number

Parent/Guardian Signature

Date

Parent/Guardian Phone Numbers:

Home

Work

Cell

STUDENT HEALTH INFORMATION FORM JHCD-AF5

PLEASE PRINT



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STUDENT'S LEGAL NAME

Last _____ First _____ Middle _____ Nickname _____

Gender: ☐ Male ☐ Female

Date of Birth ____/____/____

Grade _____

Please share any medical information about your child that you believe district personnel need to know in order to effectively serve and educate your child. This information will be kept confidential and will only be shared with district staff when there is a reason for the staff member to have this information in order to fulfill his or her professional responsibility and in the case of a health or safety emergency.

Do any of the following conditions apply to your child? (Completion of this form is optional.)

Condition	Yes	No	Medication Name / Time / Dosage	Comments / Symptoms
ADD / ADHD				
Allergies (including food & medications)				
Asthma				
Bleeding Disorders				
Deformities				
Diabetes				
Ear Infections				
Gastrointestinal Problems				
Headaches				
Hearing Disorders				
Heart Disorders				
Kidney / Bladder Disorders				
Seizures				
Scoliosis				
Vision Disabilities				

Please list additional comments or concerns: _____

Parent/Guardian Signature _____ **Date** _____