



Welcome to Pea Ridge Primary! We are excited to have you and your student join us for the 2018/2019 school year. Below you will find a checklist of all the documentation that you will need in order to enroll your child into Kindergarten. Enrollment packets will not be accepted unless ALL documents are provided.

- Birth Certificate _____
One of the following documents may be used to indicate the child's age: Birth certificate, statement by local registrar or county recorder certifying the child's date of birth, attested baptismal certificate, passport, and affidavit of date and place of birth by child's parent or guardian, previous school records, or U.S. military identification
- Social Security Card _____
- Updated Immunization Record _____
- Proof of Physical _____
- Social Security Card _____
- Proof of Residency in Pea Ridge School District _____
A current utility bill (Water, Electric, or AR Western Gas accepted) or real estate tax receipt showing parents' name and 911 addresses. THE FOLLOWING WILL NOT BE ACCEPTED: P.O. Box number, personal property tax receipt, or a utility bill that is past due or subject to disconnect. Phone bill, trash bill, or insurance papers.

If you have any questions, please call.

Jenn Spivey
Pea Ridge Primary Registrar
800-451-5395

PEA RIDGE SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN, OR DISABILITY IN ANY OF ITS POLICIES, PRACTICES, OR PROCEDURES.

SI NECESITA TRADUCION DE ESTE AVISO EN OTRO IDIOMA, HABLADO, O ESCRITO, POR FAVOR DE PEDIRLO A LA OFICINA.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

PEA RIDGE PRIMARY SCHOOL 2018-2019

PARENT/GUARDIAN INFORMATION

Student lives with (Need names of both parents, etc.):

Name: _____ Relationship to child: _____

Employer: _____ Work Phone: _____

Name: _____ Relationship to child: _____

Employer: _____ Work Phone: _____

Legal Guardian of Student: _____

STUDENT ENROLLMENT INFORMATION

Emergency names and phone numbers of people who can be contacted to pick up your child if we are unable to reach you.

_____ Name	_____ Relationship to child	_____ Phone Number
_____ Name	_____ Relationship to child	_____ Phone Number
_____ Name	_____ Relationship to child	_____ Phone Number

OTHERS IN HOUSEHOLD ENROLLED IN PEA RIDGE SCHOOL DISTRICT:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

EMERGENCY AND MEDICAL INFORMATION

Please list any serious HEALTH OR MEDICAL problems the school should be aware of such as heart trouble, seizures, allergies to medication, etc.

If a medical emergency exists and parent/guardian or emergency contacts cannot be reached, contact:

Dr. _____ Phone: _____

The school is authorized to take appropriate action on behalf of the child. All medical costs will be assumed by the family.

GUARDIAN SIGNATURE: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

PEA RIDGE PRIMARY SCHOOL
SCREENING FORM

Child Name _____ Date _____

1. Has your child been receiving any special or supplementary school services such as:

Special Education Classes?	Yes _____	No _____
Speech Therapy?	Yes _____	No _____
Chapter 1 or Migrant Tutoring	Yes _____	No _____
Counseling?	Yes _____	No _____

If yes, what of services? _____

2. Does your child have any physical problems? Yes _____ No _____

If yes, what type? _____

3. Does your child have any apparent difficulty learning:

Reading _____ Math _____ Other _____

4. Does your child have any difficulty:

a. Making and keeping friends?	Yes _____	No _____
b. Accepting responsibility for his/her work?	Yes _____	No _____
c. Following rules?	Yes _____	No _____

5. Were there any delays in your child beginning to:

Walk	Yes _____	No _____
Talk	Yes _____	No _____

6. Is your child:

Underactive	Yes _____	No _____
Average	Yes _____	No _____
Excessively Active	Yes _____	No _____

7. Is your child:

Overly sensitive?	Yes _____	No _____
Shy?	Yes _____	No _____
Cheerful?	Yes _____	No _____
Easily Angered?	Yes _____	No _____
Aggressive?	Yes _____	No _____
Unhappy?	Yes _____	No _____
Fearful?	Yes _____	No _____

8. Has your child attended Pre- K? Yes _____ No _____

If so, where? _____

Dear Parents,

We are trying to identify children who might qualify for Migrant Services. This program is for families who have moved in the last 3 years in order to find work in one of the following agricultural industries: poultry, canning, farming, ranching, berry picking, etc. Your child may be eligible for a free physical from the Migrant nurse, along with other benefits provided by the Migrant Program. If you think you may qualify, please answer the following questions and return to your school office.

1. Yes_____ No_____ We have moved in the last three years.
2. Yes_____ No_____ I tried to get work in an agricultural business but could not.
3. Yes_____ No_____ I did get work in an agricultural business.

If you answered yes to number 2, what type of work did you apply for?_____

If you answered yes to number 3, what type of work did you get?_____

If you answered yes to number 2 or 3, please list the names of all children in household:

<u>Name</u>	<u>Age/Birthdate</u>	<u>Place of Birth</u>	<u>SS#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have any questions regarding this form, please contact Pea Ridge Elementary School at 800-451-5395

Si necesita traducida este aviso a otra lengua, hablado o escrito, por favor pide a la oficina 800-451-5395



Arkansas Department of Education (ADE) Home Language Usage Survey

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Parent/Guardian Name:		Parent/Guardian Signature:	
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.		All parents have the right to information about their child's education in a language they understand. 1. a) In what language do you prefer to receive written communication from the school? _____ b) In what language would you prefer to communicate with school staff when speaking? _____	
Eligibility for Language Development Support Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		2. What language(s) is (are) spoken in your home? _____ 3. What language did your child learn first? _____ 4. What language does your child use most often at home? _____ 5. What language does your family speak most often at home? _____ 6. What language do adults speak most often with each other at home? _____	
Prior Education Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. <i>This form is not used to identify students' immigration status.</i>		7. Where was your child born? _____ 8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12 th grade) _____ Month Day Year	

Thank you for providing the information needed on the Home Language Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.



Note to district: This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

This work, "Arkansas Department of Education (ADE), Home Language Survey", is a derivative of "OSPI Home Language Survey" by OSPI, used under CC BY. "Arkansas Department of Education (ADE), Home Language Survey" is licensed under CC BY by the English Learners Unit of the Arkansas Department of Education.



Departamento de Educación de Arkansas (ADE)
Encuesta sobre el uso de los Idiomas en el hogar

Todos los estudiantes que se inscriben por primera vez en las escuelas de Arkansas deben llenar la encuesta sobre el uso de los idiomas en el hogar.

Nombre del estudiante:		Grado:	Fecha:
Escuela:	Nro. de ID del estado del estudiante:	Sexo:	Fecha de nacimiento:
Nombre del padre/tutor:		Firma del padre/tutor:	
Derecho a servicios de traducción e interpretación Indique el idioma de su preferencia para que podamos ofrecerle un intérprete o documentos traducidos sin costo alguno, cuando los necesite.	Todos los padres tienen derecho a estar informados sobre la educación de sus hijos en un idioma que puedan entender. 1. a) ¿En qué idioma prefiere recibir los mensajes escritos de la escuela? _____ b) ¿En qué idioma preferiría comunicarse de forma oral con el personal de la escuela? _____		
Elegibilidad para apoyo de desarrollo lingüístico La información sobre el uso del idioma del estudiante nos ayuda a identificar a aquellos que puedan ser elegibles para recibir apoyo prolongado para desarrollar las habilidades lingüísticas necesarias para el éxito académico. Es posible que se requiera realizar pruebas para determinar si el apoyo lingüístico es necesario.	2. ¿Qué idiomas se hablan en casa? _____ 3. ¿Qué idioma aprendió primero su hijo? _____ 4. ¿Qué idioma usa su hijo con mayor frecuencia en el hogar? _____ 5. ¿Qué idioma habla su familia con mayor frecuencia en el hogar? _____ 6. ¿Qué idioma hablan los adultos entre sí con mayor frecuencia en el hogar? _____		
Educación previa Sus respuestas sobre el país natal y la educación previa de su hijo nos brindan información sobre el conocimiento y las habilidades que el estudiante trae a la escuela. Este formulario no se usa para identificar la situación migratoria de los estudiantes.	7. ¿Dónde nació su hijo? _____ 8. ¿Cuándo fue la primera vez que su hijo asistió a la escuela en los Estados Unidos (esto incluye todos los territorios de los EE. UU.)? (Jardín de Infancia - 12.º grado) _____ Mes Día Año		

Gracias por proporcionar la Información necesaria en la encuesta sobre los Idiomas en el hogar. Comuníquese con la escuela de su hijo si tiene preguntas adicionales sobre este formulario o sobre los servicios escolares disponibles.

Nota para el distrito: Este formulario está disponible en varios idiomas en <http://www.arkansased.gov/divisions/learning-services/english-learners>. Una respuesta que incluya un idioma diferente al inglés en las preguntas desde la nro. 1 a la nro. 6 indica que se requiere una prueba de dominio del idioma inglés.



Este trabajo, "Encuesta sobre los idiomas en el hogar del Departamento de Educación de Arkansas (ADE)", se deriva de la "Encuesta sobre los idiomas en el hogar de la Oficina del Superintendente de Instrucción Pública (OSPI)" de la Oficina del Superintendente de Instrucción Pública (Office of Superintendent of Public Instruction, OSPI) y se usa bajo la licencia CC BY. "La encuesta sobre los idiomas en el hogar del Departamento de Educación de Arkansas (ADE)" está autorizada por la Unidad de Estudiantes de Inglés del Departamento de Educación de Arkansas bajo la licencia CC BY.



Arkansas

DIRECTOR'S COMMUNICATION

DEPARTMENT OF EDUCATION

4 State Capitol Mall Little Rock, Arkansas 72201-1071 (501) 682-4475
Dr. Kenneth James, Director

Memo Number : FIN-00-026

Date Created : 01/14/2000

Attention:

Superintendents
Co-op Directors

Type of Memo: Regulatory

**Response
Required:** No

Section: Public School Finance and Admin Support - Ms. Patricia Martin

Subject:

Residence Requirements for Attending
Public School

Contact Person:

Donna Ralph

Phone Number:

501-682-5128

Regulatory Authority:

6-18-202 amended by Act 663 of 1999

E-mail:

kqardner@arkedu.k12.ar.us

Act 663 of 1999 details residency requirements for attending public schools and makes it a misdemeanor to falsify residency information.

For purposes of this act: (1) "reside" means to be physically present and maintain a permanent place of abode for an average of not less than four calendar days and nights per week for a primary purpose other than school attendance; (2) "resident" means a student whose parents, legal guardians, persons having legal lawful control of the student under order of a court, or person standing in loco parentis reside in the school district; and (3) "residential address" means the physical location where the student's parents, legal guardian, person having legal lawful control of the student under order of a court or person standing in loco parentis reside.

The school district may require a parent, legal guardian, or other person in loco parentis who enrolls a student in the school district to sign a statement under oath attesting to their residential address or provide other proof that the student is a resident of the district. Anyone knowingly providing false residency information to a school district may be charged with a misdemeanor and fined up to \$500.00.

The amendments to this statute do not restrict a student's ability to participate in a tuition agreement with a nonresident district or to transfer under the School Choice Act.

If you have any questions, please contact Donna Ralph, Financial Accountability office of the Public School Finance and Administrative Support Section, at 501-682-5128.

STATEMENT OF VERIFICATION
OF LEGAL RIGHT TO BE ENROLLED AS A STUDENT
IN THE PEA RIDGE SCHOOL DISTRICT

Student's Name_____ Grade_____

_____ I attest that I am a legal resident of the Pea Ridge School District and that my child has a legal right to be enrolled in Pea Ridge Schools.

_____ My child has been granted a legal transfer from_____ School District into the Pea Ridge District.

_____ Other (Describe any other circumstances which would make a child eligible to attend Pea Ridge Schools.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

NOTE: THIS INFORMATION IS REQUIRED BY SECTION 6-18-202 OF THE SCHOOL LAWS OF ARKANSAS. FALSIFICATION OF INFORMATION WILL RESULT IN THE STUDENT'S REMOVAL FROM SCHOOL. SUCH FALSIFICATION IS A MISDEMEANOR AND IS PUNISHABLE BY A FINE OF UP TO \$500.

McKinney-Vento Eligibility Form

Please complete 1 form per family

Is the student living in any of the following situations?

- _____ Double up: sharing housing with grandparents, relatives or others due to a financial hardship.
- _____ In a shelter or transitional living program.
- _____ In a motel, hotel, or campground due to lack of adequate housing, or living in substandard housing.
- _____ Unsheltered, in a car or RV in a public place (such as a bus station)
- _____ Without a parent or guardian, or a teen (up to 21) living independently
- _____ In other situations: not permanent, regular, or adequate for nighttime residence
- _____ None of the above

Please list all children living with you up to age 21

Child's First and Last Name	Grade Level	Relationship

I certify that the information provided here is true and correct. I understand the rights that have been given to students eligible under McKinney-Veto Act and that a school representative has the responsibility to determine who is eligible.

Name: _____ Date: _____

Signature: _____ Phone: _____

Contact: Amanda Childs (District Social Worker) achilds@pearidgek12.com (email)

Pea Ridge Schools



Dear Parent/Guardian:

The McKinney-Vento Homeless Children and Youth Program was designed to make sure all homeless children and youth have equal access to the same free and appropriate public education as children and youth who are not homeless. This includes preschool education. State and local educational agencies are required to develop, review and revise policies to remove barriers to the enrollment, attendance and success in school that homeless children and youth may experience. Local educational agencies also must provide homeless children and youth with the opportunity to meet the same challenging state content and state student performance standards to which all students are held.

Your child has the right to:

- Go to school, no matter where you live or how long you have lived there;
- Stay in the school that he or she was attending before becoming homeless or the school he or she last attended, if that is your choice and it is feasible;
- Enroll in school immediately, even if you do not have all the paperwork, such as your child's school or medical records;
- Access the same special programs and services that are provided to other children, including special education, migrant education and vocational education;
- Receive the same public education that is provided to other children including preschool. (Your child cannot be separated from mainstream school environment because he or she is homeless. He or she cannot be segregated in a separate school, separate programs within a school or separate setting within a school.)
- If your child is assigned to a school not of your choosing, the school district must explain its decision in writing. You have the right to appeal the district's decision regarding the school to which your child has been assigned. Your child has the right to go to the school of your choice while the dispute is being resolved.

You can help your child by:

- Making sure your child attends school every day;
- Reading to your child; even a few minutes a day makes a difference;
- Making education a family priority;
- Helping your child develop good study habits;
- Meeting with your child's teachers and other school personnel.

Please feel free to contact me with any questions.

Sincerely,

Amanda Childs, LCSW
District Social Worker
Local Homeless Liaison
achilds@pearidgek12.com (email)

PHYSICAL EXAMINATION

PARENT/GUARDIAN

EXEMPTION FORM

Child's Name: _____

Date of Birth: _____ Grade: _____ SSN: _____ - -

Pursuant to Arkansas Code Annotated 6-18-701, I hereby object to my child,
_____, undergoing a physical examination as required
for kindergarten admittance.*

Parent or Guardian

Date

Witness

School

* The exclusion provision shall not be applicable in the case of a pupil suspected
of having a contagious or infectious disease.

PEA RIDGE PRIMARY SCHOOL
NURSE'S OFFICE CONFIDENTIAL MEDICAL HISTORY
 Please note that we need a new form every year, completed in full.
 Please complete both sides of this form

PAGE 1

Student Name _____ Birth date _____ Grade: _____

We are updating the medical records on all the students. Please answer the following questions so that we will have the most current information on your child's new or ongoing health concerns.

1) Does your child have any health or medical problem?
 Yes No If yes, specify _____

2) Is your child taking any medication routinely at home?
 Yes No If yes, specify _____

PLEASE CIRCLE "Y" IF YES OR "N" IF NO. EXPLAIN ALL "YES" ANSWERS IN THE SPACE PROVIDED BELOW

Any health concerns	Y	N	Behavior Problems	Y	N	Previous concussion or head injury	Y	N
Allergies to food	Y	N	Developmental problems	Y	N	Heart problem	Y	N
Allergies to bees or wasp stings	Y	N	Speech problems	Y	N	Joint or muscle problems	Y	N
Allergies to Medications	Y	N	Wears glasses or contacts	Y	N	High Blood Pressure	Y	N
Any other allergies	Y	N	Hearing problems	Y	N	Any broken bones or dislocations	Y	N
Asthma or Breathing problems	Y	N	Diabetes	Y	N	Hypoglycemia	Y	N
Attention Deficit Disorder	Y	N	Seizure disorder	Y	N	Stomach or intestinal disorder	Y	N
Hyperactivity	Y	N	Bowel or bladder problem	Y	N	Dental problems	Y	N
Cerebral palsy	Y	N	Sickle Cell disease	Y	N	Spinal problem or scoliosis	Y	N
Chromosome Disorder	Y	N	Surgery	Y	N	Reflux	Y	N

Please explain all Yes answers here please note allergic reaction such as (Rash, Breathing Problem, Vomiting and Anaphylaxis) on allergies.

OVER

Please List any medications and their dosages and times that your child will need to take at school: _____

MY CHILD MAY TAKE THE FOLLOWING OVER THE COUNTER MEDICATIONS FOR MINOR ACHES, PAINS, FEVER OR FIRST AID NEEDS:

Dose is based on recommended age and weight

Acetaminophen (generic Tylenol)	Y	N		Calamine lotion	Y	N
Ibuprofen	Y	N	Anti itch gel for bug bites and ivy rashes	Y	N	
Antacid (generic Tums)	Y	N	Polysporin antibiotic ointment	Y	N	Oragel for toothaches and mouth sores Y N
Cough Drops	Y	N	Chloraseptic throat spray	Y	N	Antifungal cream for ringworm, athletes foot Y N
						Hydrocortisone 1% cream Y N

- 1) ALL PRESCRIPTION MEDICATION GIVEN AT SCHOOL MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE AND A PARENT OR GUARDIAN MUST SIGN AN AUTHORIZATION FORM FOR THE MEDICATION. THEY ARE KEPT IN A LOCKED CABINET.
- 2) INHALERS MUST ALSO HAVE A LABEL ON THEM, OR THE BOX WITH THE PRESCRIPTION LABEL MUST BE GIVEN TO THE SCHOOL NURSE.
- 3) CONTROLLED MEDICATIONS MUST BE BROUGHT INTO THE SCHOOL BY THE PARENT, NOT THE STUDENT.
- 4) IF YOUR CHILD HAS A FOOD ALLERGY YOU MUST PROVIDE A PRESCRIPTION NOTE FROM THEIR PHYSICIAN FOR DIETARY SERVICES. THIS IS A STATE REGULATION.
- 5) ANY STUDENT WITH ASTHMA, AN ANAPHYLAXIS ALLERGY REQUIRING AN EPI PEN or A STUDENT WITH A SEIZURE DISORDER WILL NEED A CAREPLAN FROM THEIR PHYSICIAN.
- 6) CHECK WITH THE HEALTH OFFICE TO OBTAIN THE CORRECT MEDICATION OR PROCEDURAL FORMS.
- 7) PARENTS MUST SUPPLY AN EPI PEN AT SCHOOL FOR ANY ANAPHYLACTIC ALLERGIES.

I AUTHORIZE THE RELEASE OF MEDICAL INFORMATION REGARDING MY CHILD, TO SCHOOL OFFICIALS FOR LEGITIMATE EDUCATIONAL INTEREST WHEN IT MAY IMPACT ACADEMIC/EDUCATIONAL PERFORMANCE, OR FOR EMERGENCY MEDICAL TREATMENT.

SIGNATURE of parent or GUARDIAN _____

My choice of hospital for transport in event of emergency medical services is _____.

ATTENTION PARENTS

POST AT HOME

Is my child too sick to send to school? This is a question every parent asks themselves. Are you not sure what they have is the cold or flu? Here is some information to help you make that decision. Included are policies that we follow at Pea Ridge Schools. You may post them on your refrigerator for quick reference. Call 451-8183 ext. for questions for the nurses.

SYMPTOMS OF A SICK CHILD

COLDS- child may attend school with a minor cold, clear nasal drainage without fever and generally feeling well. Other symptoms include:

FEVER- rare in adults and older children but as high as 102 degrees in infants and small children.

HEADACHE-Rare

MUSCLE ACHES- mild

TIREDNESS AND WEAKNESS-mild

EXTREME EXHAUSTION-never

SNEEZING-often

SORE THROAT-often and may last several days

COUGH-mild hacking cough

COUGHS-usually harmless but teach your children to cover their mouths when coughing and to wash their hands afterward when possible. If the cough is wet or loose watch for difficulty breathing and contact a doctor.

VOMITING AND DIARRHEA- children should be free of diarrhea and vomiting for 24 hours without medication and then they may return to school.

EARACHE- may or may not have fever, ear pain from pressure of fluid against eardrum, difficulty hearing. Ears need to be assessed by health professional if not improved, to see if infection is present.

EYE INFECTIONS- if your child's eyes are red, matted and crusty; call your doctor for advisement. Pinkeye is very contagious and may also include itching, swelling and light sensitivity. Discharge is yellow or green. There are different kinds of eye infections and your doctor can best advise you when in question. Children may return to school after 24 hours of continuous eye drop treatment.

FEVER- children with temperatures of 100 degrees or more must be fever free for 24 hours without medication and then they may return to school.

RASHES-various contagious illnesses have accompanying rashes. If your child has a rash that has not been diagnosed, contact your doctor before sending them to school and exposing other children.

RUNNY NOSE-clear or cloudy nasal drainage is normal. When discharge turns green or yellow accompanied by facial pain, your child may have a sinus infection.

STREP THROAT-this needs to be diagnosed by a physician. Children may return to school after their fever is gone and they have been on antibiotics at least 24 hours. Symptoms include very sore throat with yellow or white spots on the back of throat, fever, body aches, nausea or vomiting, and sometimes a red rough dry rash on chest or skin folds.

THE FLU- is a contagious disease caused by an influenza virus. It affects the nose, throat, and lungs. It is not the same as a cold and can occur suddenly with the following symptoms:

HEADACHE-may be sudden and severe

MUSCLE ACHES-usual and mild to severe

FATIGUE AND WEAKNESS-can last up to two weeks. Exhaustion can occur suddenly and be extreme

SORE THROAT-usual

RUNNY NOSE AND SNEEZING-sometimes

COUGH-usual and can be severe and last over a week.

Recovery is one to two weeks. Sometimes flu can lead to complications of pneumonia, bronchitis, sinus or ear infections. Seek medical attention for treatment.

Policies for other illnesses

ASTHMA- children need a second inhaler for use at school and an asthma action plan on file in the nurse's office.

HEAD LICE- we have a no nit policy. Check your children's hair regularly for lice and nits. Students are excused for up to two days for treatment when found with lice. They will be sent home. A parent or guardian must return with the child to school and be checked by the nurses before they will be readmitted to class.

RINGWORM-is a fungal infection that affects the skin of the scalp, body, nails and feet (athlete's foot). Medication is required. This is a contagious disease and areas infected should be covered, i.e. bandages or socks for the feet.

IMPETIGO- is a contagious skin disease that appears as blisters that may weep and crust. Medication is required, and the child may return to school once blisters crust over and stop draining.

STAYING HEALTHY

Please talk to your children about washing their hands frequently, covering their mouths when coughing and not sharing personal items like combs, brushes, hats, water bottles and eating utensils. Using hand sanitizers have proven effective in killing germs too. Children also need to get adequate rest, fluids and a good breakfast before school. Many headaches and tummy aches in the morning have been from not eating. Children also need to dress appropriately for the weather. Hats and coats on cold days offer protection and reduce stress to the body.

Parents, it is important to keep your children at home when they are ill. They will get better quicker with proper rest. Sending sick children to school exposes well children to illness. Prolonged illness may lead to secondary infections when the body is already stressed. If we all follow these guidelines, the children will have a healthier learning environment, and fewer absences.

Parent and Family Engagement

I want to welcome you to Pea Ridge Primary! We know our parents are very important and that they play a key role in our students' education. Listed below is information about some ways that you can become involved at school.

Volunteer Survey: These are important tools for the teachers to know who is able to volunteer when a need arises. We will also be using these to help gather volunteers for school wide Events. This will be sent out at the beginning of the school year.

Facebook: The district has a facebook page that we will be using regularly to post upcoming events and announcements for the Primary School. Please "like" the page if you want to receive updates through this method.

Website: The primary school has a website at <https://www.pearidgeps.com>.

School and Home Connections Newsletter: This will go home monthly with helpful articles and activity ideas to bridge the gap between home and school.

Family Leadership Events: Be watching for dates of fall and spring. These will help families understand the Leader In Me habits that their child has been working on and showcase some of their work.

Parent Center: There are resources including books, games, movies, and learning activities available in the parent center. It is located inside the conference room.

If you ever have any ideas or suggestions to help with Parent and Family Engagement, please feel free to email me at lcoles@pearidgek12.com or call at 800-451-5395.

Sincerely,



Lauren Coles, MS, LPC
Primary School Counselor
Parent and Family Engagement Facilitator
lcoles@pearidgek12.com
800-451-5395
1411 Weston St
Pea Ridge, AR
72751

