

**REQUEST FOR PROPOSAL
PRINTING SERVICES
2020 -2021
SAMPLE CATALOG**

GRANDVIEW C-4 SCHOOL CALENDER

PRINTED ON BOTH SIDES

Point of Contact for Calendar Development:

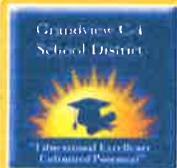
Coordinator of Communications & Community Relations

GRANDVIEW C-4 SCHOOL CALENDER

PRINTED ON BOTH SIDES

**Point of Contact for Calendar Development is the
Coordinator of Communications & Community Relations**

2019-2020 School Calendar



Grandview C-4 School District
 13015 10th Street
 Grandview, MO 64030
 816-316-5000
www.grandviewc4.net

July 2019						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2019						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2019						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2019						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2019						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2019						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2020						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2020						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2020						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2020						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Aug 6-8 New Teacher Orientation
 Aug 12 District Convocation/Prof Dev'l
 Aug 13 Teacher Work Day
 Aug 14 Transition Day-6th & 9th Grade (Half Day)
Aug 15 First Day of School
 Sep 2 Labor Day-Schools Closed
 Sep 27 Professional Day* - Certificated
 Oct 18 Professional Day* - All Staff
 Oct 22-23 P/T Conferences - PM
 Oct 24 P/T Conferences - Early Release
 Oct 25 No School
 Nov 5 Professional Day* - All Staff
 Nov 27, 28 & 29 Thanksgiving Holiday
 Dec 20 Professional Day* - All Staff
 Dec 23-Jan 3 Winter Break-Schools Closed
 Jan 6 Teacher Work Day
 Jan 20 MLK Jr. Day (No School)
 Jan 21 Professional Day - Certificated
 Feb 14 Professional Day* - All Staff
 Feb 17 Presidents' Day (No School)
 Mar 13 Professional Day* - All Staff
 Mar 16-20 Spring Break (No School)
 Mar 20 Spring Holiday/12 mo employees
 Apr 7 Professional Day* - All Staff
 May 25 Memorial Day (No School)
May 29 Last Day of School - Early Release, PLC
 Jun 1 Teacher Work Day

*Professional Day = PLC, C&I, Prof Dev'l, Collaboration, Job Duties
 Cisd Staff Prof Dev'l days = 10/18, 12/20, 2/14, 4/7
This calendar may be altered at the discretion of the BOE / Cabinet.

District Offices Closed

July 4	September 2
November 27-29	December 23-31
January 1-3	January 20

Last day May 20 if no weather days

Quarters End On

October 15 - 1st Qtr	December 19 - 2nd Qtr
	March 12 - 3rd Qtr

Non-attendance day
 Early release day

First/Last Day of School
 Transition-6th&9th Grade

Six make-up days are built-in. If fewer are needed, the last day of school will be adjusted. If none are needed the last day will be May 20th.



#WEAREGRANDVIEW

WE ARE GRADUATES

Our graduation rate is approximately 87%.

- Well above the national average
- Approximately 90% of our graduates enroll in college or are employed in vocational careers.

MORE ABOUT US:

Our Schools

- High Grove Early Childhood Center
- Belvidere Elementary
- Butcher-Greene Elementary
- Conn-West Elementary
- Meadowmere Elementary
- Martin City K-8
- Grandview Middle School
- Grandview High School
- Center for Alternative Instructional Resources (CAIR)

WE ARE DIVERSE

Presently the student demographics are:

- 52% African-American
- 20% Caucasian
- 20% Hispanic
- 8% Asian, Indian or other minority backgrounds

WE ARE TALENTED

CAIR's FOCUS Students-Burns and McDonnell Battle of the Brains Champions and Union Station Amazing Brain Creators

Meadowmere Robotics- Won first place at Lego League Regional Championship for Robot Design

GHS Boys Basketball-State Champions 2018, 2019

GHS Track and Field State Champions (Boys) 2011, 2012, 2013, 2014, 2015, 2016, 2019 (Girls) 2014

WE HAVE OPTIONS

Elementary Pathway

- Project Lead the Way (Science, Technology, Engineering, Math-STEM)
- Project Based Learning

Middle School Pathway

- Project Lead the Way (STEM)
- Forensic and Computer Sciences
- Project Based Learning

High School Pathway

- Project Lead the Way (STEM) Robotics, All-Girls Engineering
- Arts and Communications pathway
- Engineering and Manufacturing Technology pathway
- Health and Human Services pathway

WE ARE PREPARED

- We are 1 of only 21 Project Lead the Way (PLTW) Distinguished Districts across the U.S. for our efforts in providing access to transformative learning opportunities for students through PLTW programs.
- Our mission is to prepare all students to be college and career ready through high quality instruction and meaningful relationships.

Our Story

- Grandview Consolidated School District #4 (GC-4) was established in 1914
 - Our district proudly serves approximately 4,200 students.
- We have more than 600 staff members, nearly 30 administrators, more than 330 certified teachers, and more than 260 support staff
 - Fully accredited throughout our history, scoring in the "Distinction in Performance" status in recent years.
 - Project Lead the Way Distinguished District
 - The assessed valuation of the district is \$474,747,747
 - Operating budget of approximately \$55,000,000

the

SCHOOL REPORT

GRANDVIEW C-4 SCHOOL DISTRICT

p. 6

GRANDVIEW STUDENTS
EXPERIENCE REAL-WORLD
LEARNING

"Educational
Excellence, Unlimited
Potential"



GRANDVIEW
C-4 SCHOOL DISTRICT

Educational Excellence. Unlimited Potential.

GRANDVIEW BULLDOG
STADIUM UPGRADES

Page 5

PLUS

POINTS OF
PRIDE

Page 10



Board of Education
Grandview C-4 Schools
13015 10th Street
Grandview, MO 64030

Carrier Route Presort Postal Customer

Non-Profit Organization
ECRWSS
U.S. Postage
PAID
Grandview, Missouri
Permit No. 40

Advertise With Us!
Call the PR office at
816- 316-5021



**GRANDVIEW C-4 SCHOOL
SCHOOL REPORT**

Winter and Summer Editions

**Full Color Production
12 to 18 pages**

**Point of Contact for the School Report Development is the
Coordinator of Communications & Community Relations**

**Note to Responders: It will be the responsibility of the selected
Responder as part of this agreement to presort by carrier route for
Grandview C-4 postal customers a number of the School Reports and
delivering them to local Post Office for delivery using the district's
Bulk Mailing Permit.**

GRANDVIEW C-4 SCHOOL

REPORTS

Report Card Envelopes

Cumulative Record K – 6

Developmental Readiness Screening

REPORT CARD FOR

1st QUARTER PARENT SIGNATURE
1st QUARTER PARENT COMMENT
2nd QUARTER PARENT SIGNATURE
2nd QUARTER PARENT COMMENT
3rd QUARTER PARENT SIGNATURE
3rd QUARTER PARENT COMMENT

GRANDVIEW C-4 SCHOOL DISTRICT

13015 10th Street
Grandview, Missouri 64030

CUMULATIVE RECORD K-6

RECORD OF INSPECTION OF PUPIL RECORDS

Name of Pupil: _____ Birth date: _____

Date	Examined By	Purpose
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
0.		
11.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
0.		
1.		
2.		
3.		

GRANDVIEW CSD#4 DEVELOPMENTAL READINESS SCREENING SUMMARY

Name _____ Date of Screening _____ DOB _____ School _____

I. PHYSICAL ASSESSMENT

A. HEALTH & DEVELOPMENTAL HISTORY _____ Normal _____ Concern

1. Immunizations _____ Up to Date _____ Refer

2. Physical Growth _____ Normal _____ Concern

Height _____ Weight _____ Date of last physical exam _____

3. Dental Check _____ Normal _____ Refer

Date of last dental exam _____

B. VISION _____ Normal _____ Refer

C. HEARING PURE TONE: Right: P F Left: P F TYMP Right: P F Left: P F

OBSERVATION Pass Fail

II. Developmental (A,C,PA) A = Age Appropriate C = Concern - Focus on this area in daily routine
PA = Potential advanced

Motor _____ Language _____ Cognitive _____

GRANDVIEW C-4

SCHOOL DISCIPLINE FORMS

Elementary Discipline Referral

Discipline / Suspension Form

**Disciplinary Office Referral MCMS
(Martin City K-8)**

**Disciplinary Office Referral GMS
(Grandview Middle School)**

Grandview Middle School Detention Notice

**CONSOLIDATED SCHOOL DISTRICT NO. 4
ELEMENTARY
DISCIPLINE REFERRAL**

STUDENT: _____
 GRADE: _____ RACE: _____
 HR TEACHER: _____

DATE OF INCIDENT: _____
 REFERRING TEACHER: _____

1. The purpose of this report is to inform you of a disciplinary incident involving your child.
2. You are urged to support the action taken by the teacher and to cooperate with the corrective action initiated.
3. Please sign the form and return it to the principal the following day.

ACTIONS TAKEN BY TEACHERS PRIOR TO REFERRAL (Give Dates)

- | | |
|--|--|
| <input type="checkbox"/> Before/After School Detention(30 minutes)
<input type="checkbox"/> Changed Student Seating
<input type="checkbox"/> Checkmark System/Name on the Board
<input type="checkbox"/> Individual Daily Behavioral Chart
<input type="checkbox"/> Intervention Team:
<input type="checkbox"/> In-School
<input type="checkbox"/> Outside Assistance
<input type="checkbox"/> Isolation
<input type="checkbox"/> Loss of Recess:
<input type="checkbox"/> Partial
<input type="checkbox"/> Whole
<input type="checkbox"/> Structured
<input type="checkbox"/> Parent Contact:
<input type="checkbox"/> Note Home
<input type="checkbox"/> Telephoned
<input type="checkbox"/> Conference | <input type="checkbox"/> Special Privilege Used
<input type="checkbox"/> Student/Counselor Consultation
<input type="checkbox"/> Student/Teacher Contract
<input type="checkbox"/> Student Wrote Note of Explanation to Parents
<input type="checkbox"/> Teacher Consultation:
<input type="checkbox"/> Student
<input type="checkbox"/> Principal
<input type="checkbox"/> Counselor
<input type="checkbox"/> Time-Out:
<input type="checkbox"/> In-Room
<input type="checkbox"/> Other Classroom |
|--|--|

Action Taken Outside of Homeroom: _____

REASON(S) FOR REFERRAL: _____

ACTION TAKEN BY PRINCIPAL (Give Dates)

- | | |
|---|--|
| <input type="checkbox"/> Confiscation
<input type="checkbox"/> Contacted Parent
<input type="checkbox"/> Deprivation of Privilege(s)
<input type="checkbox"/> 8th Hour(45 minutes)
<input type="checkbox"/> In-School Suspension
_____ (# of days)
<input type="checkbox"/> Out-of-School Suspension
_____ (# of days) | <input type="checkbox"/> Referral to Intervention Team:
<input type="checkbox"/> In-School
<input type="checkbox"/> Outside Agency
<input type="checkbox"/> Restitution
<input type="checkbox"/> Saturday Detention
<input type="checkbox"/> Student Adjustment Center
_____ (# of days)
<input type="checkbox"/> Think Form
<input type="checkbox"/> Verbal Reprimand |
|---|--|

PRINCIPAL'S COMMENTS: _____

PARENT'S COMMENTS: _____

TEACHER/DATE	PRINCIPAL/DATE	PARENT/DATE	FILE COPY
(White Copy)	(Yellow Copy)	(Pink Copy)	(Gold Copy)

Discipline/Suspension Form
Consolidated School District No. 4
13015 - 10th Street, Grandview, Mo. 64030

Dear Parents,

The discipline policy of the Grandview Schools is designed to foster communication among school personnel, students, and parents while assuring due process for our students. In accordance with our policy, this letter is to confirm your child's disciplinary assignment. Feel free to contact your school administrator or counselor regarding your student's behavior if you have any questions. If school is cancelled for any reason on the day the suspension(s) is scheduled, the suspension day(s) must be made up on the next scheduled school day(s); therefore, extending the date(s) of the suspension.

STUDENT NAME: ___ M/F: Male Grade: 8 School: MCMS

Date of Incident: ___ Time of Incident: ___ Location of Incident: ___ Referred by: ___

TYPE OF DISCIPLINE

- IN-SCHOOL SUSPENSION: (At Home School)
OUT-OF-SCHOOL SUSPENSION: (1 to 10 days)
3 DAYS OR MORE IN-SCHOOL SUSPENSION ASSIGNMENT TO CROSSROADS:
SUSPENSION FROM CROSSROADS, OUT-OF-SCHOOL: # Days
REFERRED TO DISCIPLINE HEARING COMMITTEE FOR SUSPENSION HEARING: Date Referred:

Parents Contacted: Yes Time: ___ In Bldg. Conf. Phone: (home) (work) (cell)

Parents provided with Procedural Safeguards (Special education/504 only) Yes No Not SpEd

Student Offenses and Reference Numbers:

- Academic Dishonesty (A10)
Arson (A20)
Assault (A30)
Auto/Vehicle Misuse (A40)
Bullying/Cyberbullying (B10)
Bus/Transportation Misconduct (B20)
Comb of Repeated Offenses (C10)
Dishonesty (D10)
Defiance/Insubordination (D20)
Disrespectful/Disruptive Conduct/Speech (D30)
Dis: Gangs/Threatening Groups (D40)
Disruptive Common Area Behavior (D50)
Drugs/Alcohol
Extortion (E10)
Failure to Care/Return District Property (F10)
Failure to Meet Conditions of Suspension (F20)
False Alarms (F30)
Fighting
Fireworks/Chemical Disruption (F60)
Gambling (G10)
Harassment, Including Sexual
Hazing (H30)
Inappropriate Use of Tech or Property (I10)
Incendiary Devices (I20)
Miscellaneous Offenses (M10)
Nuisance Items (N10)
Public Display of Affection (P10)
Recording (R10)
Sexting/Possession Sexually Explicit, Vulgar or Violent Material (S10)
Sexual Activity (S20)
Staff/Faculty Member Safety Violations (S30)
Theft (T10)
Threats/Verbal Assault (T20)
Tobacco
Truancy/Tardiness (T50)
Unauthorized Entry (U10)
Unservd Detention Periods (U20)
Unservd Long Detentions (U30)
Vandalism (V10)
Weapons

Reference Number(s): JG-R: (list in order of importance)

Comments: ___

Notes: (For out-of-school suspension and assignment to Crossroads only)

- Students are not to be on any school premises during the period of school suspension.
Students are not to attend any school function during the period of suspension.
Students can make up any work missed during an out-of-school suspension.

Name and Address of Parent/Guardian:

Signature of student acknowledges receipt of the suspension notice.

School Official Signature

Phone: (home) (work) (cell)

Student Signature

Parent Signature

Copies: Parent/Guardian, Superintendent, Hearing Officer, Student File, School Office

Revised October 29, 2018

Discipline/Suspension Form
Consolidated School District No. 4
13015 - 10th Street, Grandview, Mo. 64030

Dear Parents,

The discipline policy of the Grandview Schools is designed to foster communication among school personnel, students, and parents while assuring due process for our students. In accordance with our policy, this letter is to confirm your child's disciplinary assignment. Feel free to contact your school administrator or counselor regarding your student's behavior if you have any questions. If school is cancelled for any reason on the day the suspension(s) is scheduled, the suspension day(s) must be made up on the next scheduled school day(s), therefore, extending the date(s) of the suspension.

STUDENT NAME: _____ M/F _____ Grade: _____

School: GHS _____ GMS _____ MCMS _____ BV _____ BG _____ CW _____ MC _____ MM _____ CAIR _____

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____ Referred by: _____

TYPE OF DISCIPLINE

- IN-SCHOOL SUSPENSION: (At Home School)**
 Days Assigned to ISS: _____ Begins: _____ Return Date: _____
- OUT-OF-SCHOOL SUSPENSION: (1 to 10 days)**
 Days Assigned OSS: _____ Begins: _____ Return Date: _____
- 3 DAYS OR MORE IN-SCHOOL SUSPENSION ASSIGNMENT TO CROSSROADS:**
 Days Assigned to Crossroads: _____ Begins: _____ Return To Home School Date: _____
- SUSPENSION FROM CROSSROADS, OUT-OF-SCHOOL : # Days _____**
 Return Date to Home School: _____
- REFERRED TO DISCIPLINE HEARING COMMITTEE FOR SUSPENSION HEARING: Date Referred: _____**

Parents Contacted: Yes No Time: _____ In Bldg. Conf. _____ Phone: (home) _____ (work) _____
 (cell) _____

Parents provided with Procedural Safeguards (special education only) Yes No

Description and/or Statements/Policy Numbers:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Academic Dishonesty (1) <input type="checkbox"/> Arson (2) <input type="checkbox"/> Assault/Battery/Staff (3) <input type="checkbox"/> Assault/Battery/Student (4) <input type="checkbox"/> Auto/Vehicle Misuse (5) <input type="checkbox"/> Bullying (6) <input type="checkbox"/> Bus/Transportation Misconduct (7) <input type="checkbox"/> Comb of Repeated Offenses (8) <input type="checkbox"/> Dishonesty (9) <input type="checkbox"/> Defiance/Insubordination (10) <input type="checkbox"/> Disrespectful/Disruptive Conduct/Speech (11) <input type="checkbox"/> Disruptions Re: Gangs (12) <input type="checkbox"/> Disruptive Common Area Behavior (13) <input type="checkbox"/> Drugs/Alcohol (14) <ul style="list-style-type: none"> <input type="checkbox"/> a. Possession/Influence <input type="checkbox"/> b. Sale/Purchase/Distribution <input type="checkbox"/> Extortion (15) | <ul style="list-style-type: none"> <input type="checkbox"/> Failure to Meet Conditions of Suspension (16) <input type="checkbox"/> False Alarms (17) <input type="checkbox"/> Fighting (18) <ul style="list-style-type: none"> <input type="checkbox"/> a. Verbal <input type="checkbox"/> b. Physical <input type="checkbox"/> Fireworks/Chemical Disruption (19) <input type="checkbox"/> Gambling (20) <input type="checkbox"/> Hazing (21) <input type="checkbox"/> Inappropriate Use of Tech. or Property (22) <input type="checkbox"/> Incendiary Devices (23) <input type="checkbox"/> Miscellaneous Offenses (24) <input type="checkbox"/> Public Display of Affection (25) <input type="checkbox"/> Recording (26) <input type="checkbox"/> Sexual Activity (27) | <ul style="list-style-type: none"> <input type="checkbox"/> Sexual Harassment (28) <ul style="list-style-type: none"> <input type="checkbox"/> a. Verbal/Written <input type="checkbox"/> b. Physical <input type="checkbox"/> Sexually Explicit, Vulgar or Violent Material (29) <input type="checkbox"/> Theft (30) <input type="checkbox"/> Threats/Verbal Assault (31) <input type="checkbox"/> Tobacco (32) <ul style="list-style-type: none"> <input type="checkbox"/> a. Possession <input type="checkbox"/> b. Use <input type="checkbox"/> Truancy (33) <input type="checkbox"/> Unauthorized Entry (34) <input type="checkbox"/> Unserved Detention Periods (35) <input type="checkbox"/> Unserved Long Detentions (36) <input type="checkbox"/> Vandalism (37) <input type="checkbox"/> Weapons/Possession/Use (38) <ul style="list-style-type: none"> <input type="checkbox"/> a. Instrument <input type="checkbox"/> b. Firearm |
|---|--|--|

Policy Number(s): JG-R: (list in order of importance) _____

Comments: _____

Notes: (for out-of-school suspension and assignment to Crossroads only)

- Students are not to be on any school premises during the period of school suspension.
- Students are not to attend any school function during the period of suspension.
- Students can make up any work missed during an out-of-school suspension.

Name and Address of Parent/Guardian:

Phone: (home) _____ (work) _____
 (cell) _____

Signature of student acknowledges receipt of the suspension notice.

School Official Signature _____

Student Signature _____

Parent Signature _____

STUDENT OFFENSES AND REFERENCE NUMBERS

JG-R-AF

- 1 Academic Dishonesty**
- 2 Arson**
- 3 Assault/Battery/Staff**
- 4 Assault/Battery/Student**
- 5 Auto/Vehicle Misuse**
- 6 Bullying/Cyber Bullying**
- 7 Bus/Transportation Misconduct**
- 8 Comb. Of Repeated Offenses**
- 9 Dishonesty**
- 10 Defiance/Insubordination**
- 11 Disrespectful/Disruptive Conduct/Speech**
- 12 Dis. Gangs/Threatening Gangs**
- 13 Disruptive Common Area Behavior**
- 14 Drug/Alcohol**
 - a. Possession/Influence**
 - b. Sales /Purchase/Distribution**
- 15 Failure to Care/Return District Property**
- 16 Extortion**
- 17 Failure to Meet Conditions of Suspension**
- 18 False Alarms**
- 19 Fighting**
 - a. Verbal**
 - b. Physical**
- 20 Fireworks/Chemical Disruption**
- 21 Gambling**
- 22 Harassment, Including Sexual**
 - a. Verbal/Written**
 - b. Physical**
- 23 Hazing**
- 24 Inappropriate use of Tech. or Property**
- 25 Incendiary Devices**
- 26 Miscellaneous Offenses**
- 27 Nuisance Items**
- 28 Public Display of Affection**
- 29 Sexting/Explicit Vulgar/Violent**
- 30 Recording Material**
- 31 Sexual Activity**
- 32 Theft**
- 33 Threats/Verbal Assault**
- 34 Tobacco**
 - a. Possession**
 - b. Use**
- 35 Truancy/Tardiness**
- 36 Unauthorized Entry**
- 37 Unserved Detention Periods**
- 39 Vandalism**
- 40 Weapons**
 - a. Instrument**
 - b. Firearm**
 - c. Ammunition/Component**

Team _____

**GRANDVIEW MIDDLE SCHOOL
DETENTION NOTICE**

Student _____ has been assigned a detention for the following reason(s):

_____ Misbehavior: _____

_____ not having weekly behavior chart

_____ fifth mark on weekly behavior chart

_____ seventh mark on weekly behavior chart

_____ Other _____

The detention is for one hour from 3:10 – 4:10. If the detention is not served WITHIN ONE WEEK after assigned (unless special arrangements have been made by parent and teacher) an office referral will be made.

The last date for this detention is Monday, Wednesday, Thursday on _____

Teacher _____ Date _____

Parent: Please sign and return tomorrow. _____

_____ student phoned parent

_____ teacher phoned parent

GRANDVIEW C-4

TRANSPORTATION DEPARTMENT

Bus Conduct Report

**School Bus Driver's Daily Pre-Trip Inspection Report
(Cover)**

Pre-Trip Check List

BUS CONDUCT REPORT

Grandview C-4 School District
 Transportation Services
 13208 Park Hills Drive
 Grandview, MO 64030
 PHONE: 816-316-5175 FAX: 816-316-5174

Date of Incident _____
 Time _____ A.M. _____ P.M. _____
 Bus No. _____
 School _____
 Grade _____

STUDENT NAME: _____ DRIVER'S NAME: _____

The bus driver has referred your student to the principal because of continued or serious misconduct. Parent/Guardian(s) are urged to discuss with student the disciplinary action and good bus riding procedures to prevent further incidents. Disciplinary consequences will be consistent with Board Policies (and other Policies referenced in JG-R). Consequences may range from a principal/parent/student conference to out of school suspension with a referral to the superintendent and a recommendation for long term suspension.

DRIVER'S REPORT:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fighting/assault
<input type="checkbox"/> physical
<input type="checkbox"/> verbal
<input type="checkbox"/> Obscenity/profanity
<input type="checkbox"/> towards student(s)
<input type="checkbox"/> towards driver/adult
<input type="checkbox"/> Possession/use of prohibited item(s)
<input type="checkbox"/> alcohol
<input type="checkbox"/> drugs
<input type="checkbox"/> fireworks/matches/lighter
<input type="checkbox"/> tobacco
<input type="checkbox"/> weapons/toy weapon
<input type="checkbox"/> other _____ | <input type="checkbox"/> Sexual Harassment/display of affection
<input type="checkbox"/> Threat/intimidation/bullying
<input type="checkbox"/> Disrespectful conduct or speech
<input type="checkbox"/> Eating and/or drinking on bus
<input type="checkbox"/> Failure to remain seated
<input type="checkbox"/> Hanging out of windows
<input type="checkbox"/> Loud talking/unnecessary noise
<input type="checkbox"/> Refusal to follow directions | <input type="checkbox"/> Spitting
<input type="checkbox"/> towards student(s)
<input type="checkbox"/> towards driver/adult
<input type="checkbox"/> Throwing objects in or out of bus
<input type="checkbox"/> Vandalism
<input type="checkbox"/> Other _____ |
|--|--|---|

SPECIFIC DETAILS:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 1 st Report | <input type="checkbox"/> 2 nd Report | <input type="checkbox"/> 3 rd Report
Discipline file entry | <input type="checkbox"/> 4 th Report
Discipline file entry |
|---|---|--|--|

PRELIMINARY ACTION(S) BY DRIVER:

- | | |
|--|----------------|
| <input type="checkbox"/> Previous Warning | Date(s): _____ |
| <input type="checkbox"/> Conference with student | Date(s): _____ |
| <input type="checkbox"/> Conference with parent | Date(s): _____ |
| <input type="checkbox"/> Assigned seat | Date(s): _____ |
| <input type="checkbox"/> Other _____ | Date(s): _____ |

ADMINISTRATIVE ACTION(S):

- | | |
|--|----------------|
| <input type="checkbox"/> Principal/Parent/Student Conference | Date(s): _____ |
| <input type="checkbox"/> Detention | Date(s): _____ |
| <input type="checkbox"/> In school suspension (ISS) | Date(s): _____ |
| <input type="checkbox"/> Out of school suspension (OSS) | Date(s): _____ |
| <input type="checkbox"/> Suspension of bus privileges | Date(s): _____ |
| <input type="checkbox"/> Chronic/serious offense - Discipline file entry | |

DETAILS: _____

PARENT/GUARDIAN CONTACT:

Phone Number: _____ Date/Time: _____ Written: _____ Date Mailed: _____

ADMINISTRATIVE COMMENTS:

Student and/or Parent/Guardian Signature _____

Administrator's Signature _____

White - Principal's Copy

Yellow - Driver's Copy

Pink - Parent/Guardian's Copy

Gold - Transportation (completed copy)

Revised June 7, 2011

**GRANDVIEW C-4 SCHOOL DISTRICT
TRANSPORTATION BUILDING**

132nd & Park Hills Drive
Grandview, MO 64030

SCHOOL BUS DRIVER'S DAILY PRE-TRIP INSPECTION REPORT

1. Each driver MUST complete inspection report every day this bus is operated.
2. Check all items listed in report which are applicable to the bus being inspected.
3. If conditions are satisfactory, check (✓) beside item inspected.
4. Circle defective items and make a note in remarks space.
5. This book with both copies is to be kept on the bus at all times.
6. Each driver is to check previous report prior to departure. Any reported defect that is not signed by mechanic as being corrected must be written up as defective again.

**PRETRIP CHECK LIST
 GRANDVIEW C-4
 MAINTENANCE BUILDING
 132ND & PARK HILLS DRIVE
 GRANDVIEW, MISSOURI 64030**

BUS # _____ ODOMETER _____
 DATE _____ TIME CHECK _____ ODOMETER _____

BEFORE STARTING ENGINE:

- ___ Check under the bus for leaks
- ___ Check gas cap
- ___ Hand rail
- ___ Fire Extinguisher
- ___ First aid kit
- ___ Driver's Seat
- ___ Seat Belts

START ENGINE

- ___ Horn
- ___ Panel
- ___ Heaters
- ___ Defrosters
- ___ Dome Lights
- ___ Windshield Wipers
- ___ Clearance Lights
- ___ Window Washer Solution
- ___ Heater Booster (Diesel)
- ___ Mechanics of the Door
- ___ Mirrors: Inside, L Rear
- ___ Mirrors: Inside, R Rear
- ___ Parking Brake
- ___ All Gauges
- ___ Oil
- ___ Temperature
- ___ Amperage Meter
- ___ Vacuum Gauges (Gasoline)
- ___ Fuel
- ___ Panel Lights
- ___ Headlights: Low & High Beams
- ___ Turn Signals
- ___ Eight Light Warning System

**WALK BACK THROUGH THE BUS
 AND CHECK:**

- ___ Back & Bottoms of Seat
- ___ Triangle Box (3)
- ___ Emergency Door
- ___ Buzzer
- ___ Overhead Warning Lights
- ___ Lights on the Rear of Bus
- ___ Back of Seats
- ___ All Windows for Cracks
- ___ Check Outside of the Bus
- ___ Stop Light
- ___ Lights and Reflectors
- ___ Lug Nuts
- ___ Condition of Tires
- ___ Oil Leak on Tire Rim
- ___ Open Emergency Door
- ___ Tail Pipe and Brackets
- ___ Red and Yellow Lights
- ___ Stop Arm and Lights
- ___ All Mirrors and Brackets
- ___ Left Rear
- ___ Right Rear
- ___ Left Cross Over Mirror
- ___ Right Cross Over Mirror
- ___ "School Bus Sign"
- ___ Visibility
- ___ For Two License Plates
- ___ Check Again for Leaks Under Bus

Comments: _____

Signature: _____

GRANDVIEW C-4

CERTIFICATES

Certificate of Award

Pupils Reading Circle

GRANDVIEW PUBLIC SCHOOLS

Consolidated School District No. 4

This is to certify that

_____ School _____ Grade _____

Is Entitled to This

CERTIFICATE OF AWARD

In Recognition of

Conscientious Effort and Extraordinary Achievement in

In Witness Thereof, we have affixed our names and the seal of the School District of
Grandview, MO., this _____ day _____ 20_____

Teacher

Principal

Superintendent

R-70 CA-101

Pupils Reading Circle

Elementary



Consolidated School District No. 4
Grandview, Missouri

This Certifies that _____
has qualified for membership in the Pupils Reading Circle Program the past school year, and is
therefore entitled to this Certificate.

Done at Grandview, Missouri, this _____ day of _____, 20_____.

Teacher

Principal

Superintendent of Schools

GRANDVIEW C-4
MISCELLANIOUS FROMS

Business Cards

Requisition

Corridor Pass

Tardy Slips

Student Absentee Report

Date:

Name:

Title:

Loc/School:

Address:

City/State/Zip:

Phone #:

Cell #:

Fax #:

Email:

Website: www.grandviewc4.net

PLEASE DO NOT TYPE IN THE BLUE AREA



Central Office
13016 10th Street
Grandview, MO 64030
www.grandviewc4.net

Tom Boyd
Purchasing Clerk
Office: 816-316-6011
Fax: 816-316-6086
Email: tom.boyd@grandviewc4.net

Consolidated School District No. #4

R E Q U I S I T I O N

PAYABLE TO OR PURCHASED FROM:

SHIP TO:

DATE OF REQUEST _____ BUDGET CODE _____

DATE REQUIRED _____ COMMENTS _____

QUANTITY	CATALOG #	DESCRIPTION	UNIT PRICE	EXTENSION
TOTAL \$				

REQUISITION # _____

VENDOR # _____

(For Purchasing Office Use Only)

Requested By: _____

AUTHORIZED BY: _____
 (PRINCIPAL OR DIRECTOR)

White copy-Office Yellow Copy-Buyer

FORM 00315

CORRIDOR PASS

STUDENT _____

DATE _____ TIME _____

FROM _____ TO _____

SIGNED _____

EXCUSED _____

TIME RETURNED _____ SIGNED _____

This pass must be returned to the teacher from whose room you were excused.

TARDY SLIP

DATE _____ 20 _____ TIME _____

STUDENT _____

WAS TARDY FOR THE FOLLOWING REASON _____

ADMIT STUDENT TO CLASS

- EXCUSED
- UNEXCUSED

_____ PRINCIPAL / SCHOOL AUTHORITY

STUDENT ABSENTEE REPORT

VERIFIED	
UNVERIFIED	

_____ Date

I was **absent** on the following date(s): _____
tardy

for the following reason: _____

_____ Student's Signature

GRANDVIEW C-4

SCHOOL FORMS

Selected Responder will work with appointed staff members at schools and departments as requested.

BELVIDERE ELEMENTRY

Belvidere Attendance Slips

BELVIDERE ELEMENTARY ATTENDANCE SLIP

DATE _____

STUDENT NAME _____

TEACHER _____

STUDENT ARRIVED AT: _____

STUDENT LEFT AT: _____

REASON _____

PARENT SIGNATURE _____

OFFICE _____

GRANDVIEW C-4

SCHOOL FORMS

BUTCHER-GREENE ELEMENTARY

Butcher-Greene Attendance Slips

Butcher-Greene Health Slips

BUTCHER-GREENE ELEMENTARY ATTENDANCE SLIP

DATE _____

STUDENT NAME

TEACHER

STUDENT ARRIVED AT: _____ **STUDENT LEFT AT:** _____

REASON

PARENT SIGNATURE

OFFICE

B-G HEALTH ROOM ADMIT SLIP	DATE
STUDENT NAME	GRADE
REFERRING TEACHER / STAFF MEMBER	TIME LEFT CLASS
REASON(S) FOR HEALTH ROOM VISIT (✓ Check <u>all</u> that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Bug Bite <input type="checkbox"/> Cold Symptoms / Cough <input type="checkbox"/> Cut / Laceration <input type="checkbox"/> Dental / Toothache <input type="checkbox"/> Earache <input type="checkbox"/> Eye Injury / Irritation <input type="checkbox"/> Headache <input type="checkbox"/> Head Injury (Due to another student?) Y / N <input type="checkbox"/> Lips (Chapped / Split) <input type="checkbox"/> Nosebleed <input type="checkbox"/> Rash <input type="checkbox"/> Restroom <input type="checkbox"/> Routine Medication <input type="checkbox"/> Scratch / Scrapes <input type="checkbox"/> Sore Throat <input type="checkbox"/> Stomach Ache <input type="checkbox"/> Vomiting <input type="checkbox"/> Other _____ 	Nurse/Health Para Report / Actions Taken (✓ Check <u>all</u> that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Band-Aid <input type="checkbox"/> Caladryl / Calamine Lotion <input type="checkbox"/> Clean Wound <input type="checkbox"/> Eye wash solution <input type="checkbox"/> Icepack <input type="checkbox"/> Inhaler / Nebulizer Treatment <input type="checkbox"/> Medication Given <input type="checkbox"/> Parent Notified: Time _____ <input type="checkbox"/> Released to go home <input type="checkbox"/> Rest / Observed <input type="checkbox"/> Restroom <input type="checkbox"/> Returned to class <input type="checkbox"/> Safety Pin <input type="checkbox"/> Temperature Taken _____ <input type="checkbox"/> Unable to contact parents <input type="checkbox"/> Vaseline <input type="checkbox"/> Warm Salt Water Gargle / Rinse Injury Report filed? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Teacher's Comments / Remarks:	Nurse/Health Para's Comments:
_____	_____
NURSE / HEALTH PARA SIGNATURE	TIME LEFT HEALTH ROOM

GRANDVIEW C-4

SCHOOL FORMS

CONN-WEST ELEMENTARY

Conn-West Period Absentee Slips

GRANDVIEW C-4

SCHOOL FORMS

GRANDVIEW HIGH SCHOOL

GHS Student Conduct Report

GHS After School Detention

GHS Lost Text Book /Equipment

GHS Student Absentee Report

Award of Academic Excellence

Commencement Ceremony - Reader Card

Commencement Ceremony – Ticket

Commencement Ceremony – Brochure

Career and Education Planning Guide

Planning Guide – Table of Contents

Planning Guide - 4 Year Plan

GRANDVIEW HIGH SCHOOL STUDENT CONDUCT REPORT

- Parent Notice:
1. The purpose of this report is to inform you of a disciplinary incident involving the student.
 2. You are urged to appreciate the action taken by the teacher and to cooperate with the corrective action initiated today.
 3. Please sign the form and have the student return to the principal the following day.

Student's Name	Grade	Block	Date	Date of Incident	Time of Incident	Teacher
----------------	-------	-------	------	------------------	------------------	---------

REASON(S) FOR REFERRAL

TEACHER ACTIONS TAKEN PRIOR TO REFERRAL (CIRCLE THOSE THAT APPLY AND PUT DATE)

- | | | | |
|--------------------------------------|-----------------------------|--------------|-------------------------|
| Held conference with student | Held conference with parent | Referral to: | Counselor |
| Telephoned parent | Sent previous report home | | Support Team |
| Assigned detention after school | Changed student's seat | | Mediation |
| Consulted counselor or administrator | Other: _____ | | School Resource Officer |

ADMINISTRATIVE ACTION

	Date / Comment
Administrative/Student Conference (Warning & Reprimand)	_____
Removed from Class Temporarily	_____
Phoned Parent(s) Phone #	_____
Other Parent Notification	_____
By Mail By Student	_____
Assigned Long Detention	_____
Conference Held with Parents	_____
Referral to:	_____
Counselor	_____
Student Support Team	_____
Mediation	_____
School Resource Officer	_____
Student Assistance Program	_____
ISS for _____ Day(s)	_____
From _____ to _____	_____
Out of School Suspension	_____
Request Parent Conference	_____
Central Office Referral	_____
Other: _____	_____

	STUDENT SIGNATURE/DATE
	TEACHER SIGNATURE/DATE
	COUNSELOR SIGNATURE/DATE
	PARENT SIGNATURE/DATE
	ADMINISTRATOR SIGNATURE/DATE

Copies to:
 White - Administrator Green - Parent Pink - Teacher After Action Yellow - Counselor Goldenrod - Teacher



Grandview High School

Lost Textbook / Equipment

Student Name _____ Grade _____

Class _____ Book # / Barcode _____

Book Title _____

Condition When Issued: (circle) NEW USED

Equipment Lost _____

Activity _____ Estimated Cost _____

Teacher Signature _____ Date _____

Student Signature _____ Date _____

**GRANDVIEW HIGH SCHOOL
STUDENT ABSENTEE REPORT**

_____ Date and Time

Print Name: _____

Reason: _____

_____ Student's Signature

Grandview High School

Grandview, Missouri

This certifies that

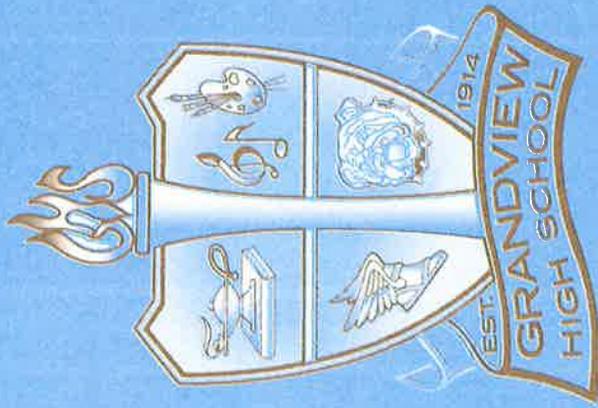
_____ has been presented this award
in honor of
Outstanding Academic Achievement

Awarded this _____ day of _____ 20____

Principal, Grandview High School

Superintendent of Schools

AWARD OF
ACADEMIC
EXCELLENCE



READER CARD

This information is necessary so that your name can be read quickly and correctly.

PLEASE PRINT CAREFULLY AND LEGIBLY

1. Your name _____
 First Middle Last

2. Phonetic spelling _____
 Your name the way it sounds.
 Ex.: Nan-C Ro-Barts

Please print your permanent address clearly.

All graduates must complete this card.

First and last name _____

Permanent Email _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone number (_____) _____ Cell ___ Home ___

Share the moment! We will gladly send an additional email to a parent.

Email _____

To help you get the correct graduation photos, please fill out the following:

Glasses ___ Hair color _____ Facial hair _____



Grandview High School

103rd Commencement Ceremony

Monday, May 13, 2019

At 7:00 p.m.

(Doors open at 6:00 p.m.)

Silverstein Eye Centers Arena
19100 E. Valley View Parkway
Independence, MO 64055

Guest expectations on reverse side.

Grandview High School

103rd Commencement Ceremony

Monday, May 13, 2019
at 7:00 p.m.

<<Number>>

A ticket is required for entrance.

(A baby or toddler held by a parent will not require a ticket.)

Arena seating will close at 6:45 pm until the processional is complete.

Floor access is for graduates and staff only.

Let each speaker and each graduate's name, as it is read, be heard **BY ALL**.

Graduation is one of the defining moments in our seniors' lives.

Our graduating seniors ask all that share in their graduation to demonstrate respect for their accomplishments in action, manner, and dress.

Grandview
HIGH SCHOOL



One-Hundred Second Annual

COMMENCEMENT

**Monday, May 14th, 2018
7:00 p.m.**

**Silverstein Eye Centers Arena
Independence, Missouri**

Class of
2018

**Consolidated School District No. 4
Dr. Jennifer A. Price, Principal**

2018 COMMENCEMENT 2018

Grandview High School

Career and Educational Planning Guide

2013



2014

2300 High Grove Rd.
Grandview, MO 64030
816-316-5800

Home of the Bulldogs

<http://www.esd4.k12.mo.us>

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GRANDVIEW C-4

SCHOOL FORMS

GRANDVIEW MIDDLE SCHOOL

Lost / Damaged Book & Equipment

**MIDDLE SCHOOL
Lost/Damaged Books & Equipment**

Student Name _____
(Last) (First)

Class _____

Book Title _____
Condition Issued: NEW USED

Other Lost Items _____

Charges _____

Teacher Signature _____ Date _____

Student Signature _____ Date _____

White - Student Yellow - Teacher Pink - Office

GRANDVIEW C-4

SCHOOL FORMS

MARTIN CITY K-8

Heath Room Slip

HEALTH ROOM SLIP

Teacher _____

Date _____ Time _____

Student Name _____

Reason for Visit

<input type="checkbox"/> Headache	<input type="checkbox"/> Stomach	<input type="checkbox"/> Cough/Cold
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Wound	<input type="checkbox"/> Injury
<input type="checkbox"/> Tooth	<input type="checkbox"/> Personal	<input type="checkbox"/> Eye
<input type="checkbox"/> Fever	<input type="checkbox"/> Rash	<input type="checkbox"/> Other

Completed by Health Para

Treatment: Student's Temperature _____

Icepack Salt Water Eye Wash

Clean/Band-Aid Rest Other

Parent Name _____

Phone # _____ Time _____

Action Taken _____ Time _____

Signature of Health Para _____

GRANDVIEW C-4

SCHOOL FORMS

MEADOWMERE ELEMENTARY

Meadowmere Elementary Attendance Slips

MEADOWMERE ELEMENTARY ATTENDANCE SLIP

DATE _____

STUDENT NAME _____ TEACHER _____

STUDENT ARRIVED AT: _____ STUDENT LEFT AT: _____

REASON _____

PARENT SIGNATURE _____ OFFICE _____

GRANDVIEW C-4

SCHOOL FORMS

HIGH GROVE EARLY CHILDHOOD CENTER

Late Arrival / Early Departure Slip

Daily Attendance & Transportation Slips

Parents as Teachers Brochure

**HIGH GROVE EARLY CHILDHOOD CENTER
LATE ARRIVAL / EARLY DEPARTURE SLIP**

DATE _____

STUDENT NAME _____ **TEACHER** _____

**STUDENT
ARRIVED AT:** _____ **STUDENT
LEFT AT:** _____

REASON _____

PARENT SIGNATURE _____ **OFFICE** _____

Vision

All children will learn, grow and develop to realize their full potential.

Approach

Our universal access model focuses on families with children from birth to Kindergarten entry, and presently includes four components:

- Personalized home visits by a certified parent educator
- Parent group meetings about early childhood development and parenting
- Developmental and health screenings
- Linkages and referrals to community networks and resources

Core Values

The work of Parents as Teachers is grounded in the basic beliefs:

- Parents are their children’s first and most influential teachers
- The early years of a child’s life are critical for optimal development and provide the foundation for success in school and life
- All young children and their families deserve the same opportunities to succeed, regardless of any demographic, geographic, or economic considerations
- Understanding and appreciation of the history and traditions of diverse cultures is essential

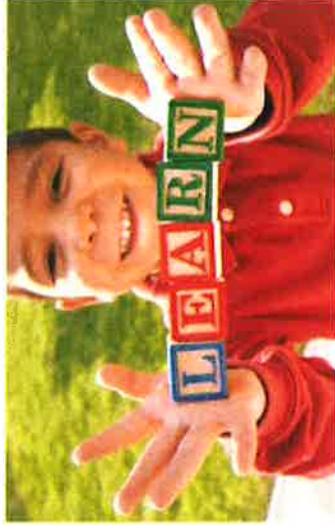
Contact your local school district to enroll in the Parents As Teachers Program.

- Belton816-348-1029
- Center.....816-349-3715
- Grandview.....816-316-5515
- Harrisonville.....816-380-4421
- Hickman Mills.....816-316-7060
- Lee’s Summit.....816-986-2480
- Pleasant Hill.....816-540-2119
- Raymore-Peculiar...816-892-1938
- Raytown.....816-268-7202

If your local school district is not listed above, please call (816) 349-3715 for further information.



.....from the beginning, all parents are teachers and your baby was born to learn.



GRANDVIEW

PARENTS AS TEACHERS

2500 High Grove Road
Grandview, MO 64030

Mission

To provide the information, support and encouragement parents need to help their children develop optimally during the crucial early years of life.





What have researchers learned:

- Research suggests that from birth to 3 years, and especially the first 6 months of life, the brain goes through the most critical stage of development.
- By age 3, a child will absorb and recognize about 1,000 words, which is two-thirds of an adult's everyday, speaking vocabulary.
- By the age of 4, a child's brain will have grown to nearly three-fourths of its adult size.



Personalized Home Visits:

Parents as Teachers certified parent educators, trained in child development and home visiting, go to each family's home for visits.

Group Meetings:

Parents can experience fun and hands-on learning along with their child. Parents can share ideas, express concerns and obtain additional parenting information.

Developmental and Health Screenings:

Hearing, vision, cognitive, motor, speech and language development are screened. Screenings assess your child's overall development and can help identify conditions that might interfere with your child's development.



Grandview "Success By Six"

Resource Center

Educational toys, games, and activities are available for free check-out, as well as literature on parenting and child developed. Story times are scheduled for parents and children during the school year.



GRANDVIEW C-4

SCHOOL FORMS

HOMEBOUND

Assignment Form

Grandview School District Homebound Assignment Form

Student Name _____ Teacher Name _____

Subject Area _____ Date _____

Week of _____

Assignment	Due Date	Grade	Notes

Received by homebound teacher	_____	_____
	Date	Signature
Received by student/parent/guardian	_____	_____
	Date	Signature
Returned to homebound teacher	_____	_____
	Date	Signature
Returned to building administrator	_____	_____
	Date	Signature

COPIES: WHITE - Administrator GREEN - Homebound teacher YELLOW Student/Parent/Guardian
 PINK - Homebound Teacher GOLD - Classroom Teacher

GRANDVIEW C-4

SCHOOL / DEPARTMENT ENVELOPES

Grandview C-4 School District

Harry S. Truman Memorial Building
Grandview Educational Administrative Center
13015 10th Street
Grandview, Missouri 64030

RETURN SERVICE REQUESTED

Center for Alternative Instructional Resources
1001 Main Street
Grandview, Missouri 64030

RETURN SERVICE REQUESTED

Grandview Senior High School
2300 HIGH GROVE ROAD
GRANDVIEW, MISSOURI 64030

Grandview Middle School

12650 MANCHESTER
GRANDVIEW, MISSOURI 64030

RETURN SERVICE REQUESTED

Consolidated School District No. 4

Martin City School
201 E. 133rd St.
Kansas City, MO 64145

RETURN SERVICE REQUESTED

BELVIDERE ELEMENTARY SCHOOL

15010 White Avenue
Grandview, Missouri 64030

RETURN SERVICE REQUESTED

Butcher-Greene Elementary

5302 East 140th Street
Grandview, MO 64030

RETURN SERVICE REQUESTED

Conn-West Elementary
1100 Highgrove Road
Grandview, MO 64030

Grandview C-4 School District
High Grove Early Childhood Center
2500 High Grove Road
Grandview, Missouri 64030

Meadowmere Elementary

710 E. 136th Street
Grandview, Missouri 64030

RETURN SERVICE REQUESTED

**Grandview C-4 School District
Special Services Administrative Center**

13007 10th Street
Grandview, Missouri 64030

RETURN SERVICE REQUESTED

Grandview C-4 School District
Transportation Department
13208 Park Hills Drive
Grandview, MO 64030

RETURN SERVICES REQUESTED