

Parent/ Guardian/ Emergency Contact Information

If student does not live with both parents custody papers must be on file with school.

If applicable I have all legal/custody papers on file with school. Parent/ Guardian Signature _____

Student lives with: Mother and Father Mother Father Guardian _____

Who has legal custody of student: Mother and Father Mother Father Guardian

If you checked Guardian do you have legal custody? Yes No If no please see office.

Is the Parent/Guardian physical and mailing address the same? If no mailing address is _____

List contacts in preference order for notification. Parent/Legal guardians must be listed as first contacts.

<p>Contact 1: Legal Last Name _____ Legal First Name _____ Parent/Guardian ___Y___N Address: _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____ What number do you prefer to be contacted on? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Employer _____ Email Address _____ Relationship to student _____</p>
<p>Contact 2: Legal Last Name _____ Legal First Name _____ Parent/Guardian ___Y___N Address: _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____ What number do you prefer to be contacted on? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Employer _____ Email Address _____ Relationship to student _____ If not parent or guardian does this person have permission to pick-up student _____</p>
<p>Contact 3: Legal Last Name _____ Legal First Name _____ Parent/Guardian ___Y___N Address: _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____ What number do you prefer to be contacted on? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Employer _____ Email Address _____ Relationship to student _____ If not parent or guardian does this person have permission to pick-up student _____</p>
<p>Contact 4: Legal Last Name _____ Legal First Name _____ Parent/Guardian ___Y___N Address: _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____ What number do you prefer to be contacted on? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Employer _____ Email Address _____ Relationship to student _____ If not parent or guardian does this person have permission to pick-up student _____</p>

Parent Permission

Student Name: _____ Grade: _____ Date formed filled out: _____

Elementary only: Check the school party you wish to help with (check one)

Halloween _____ Christmas _____ Valentine _____ Easter _____

Field Trip Permission:

I, _____ the undersigned parent / guardian do hereby give permission for my child to participate in school endorsed activities and field trips.

Signature: _____

Student Hand Book: I received a copy of the student hand book. I am aware that the student handbook can be found online at www.davenport.k12.ok.us or I can request another copy from the school office.

Signature: _____

Attendance Policy: I am aware that school starts at 8:00 a.m. and that my child needs to check into the office if he/she arrives after this time. It is my responsibility to call the school to inform them for my student's absence. I understand that I need to provide doctor notes and any other documentation that the school asks for to excuse my child's absence.

Signature: _____

Permission to Use Student's Photograph

During the course of the academic year, Davenport Public School may wish to use photographs of Davenport Students on the school bulletin boards, in educational publications general media releases, or on the school web site. Any such photographs would highlight the student(s) either demonstrating learning techniques or participating in approved school activities.

Student's Name: _____

Student's Grade: _____

___ I/We consent to the use of my child's image; such use may include all Davenport School Publications (print, online, video, etc.). Such photographs would highlight the students either demonstrating learning techniques, participating in approved school activities or involvement in school activities.

___ I/We DO NOT consent to the use of my child's image ever; this use includes all Davenport School Publications (print, online, video, etc.), with the exception of Davenport School Yearbook photographs and individual classroom website pictures.

Signature: _____

Internet Usage Permission:

I understand the "Policy and Guidelines for Use of Computing and Network Resources" policy for internet usage at Davenport Public Schools can be located on the school's website or I can request a copy.

___ Yes I give my student permission to use the Internet according to Davenport Public Schools policy.

___ No I do not give my student permission to use the internet

Signature _____

EMERGENCY PERMISSION FORM
(To be Completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____

SCHOOL _____ CITY _____

NAME OF DOCTOR _____

Please list any significant health problems that might be significant to a physician
evaluating your child in case of an emergency _____

Please list any allergies to medications, etc _____

Has student been prescribed an inhaler or epipen? _____

Is student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last tetanus shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I
herby give permission to physicians selected by the coaches and staff of DAVENPORT
SCHOOLS to hospitalize, secure proper treatment for and to order injection and/or
anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Signature of parent of guardian _____ Date _____

Relationship to student _____

**EMERGENCY PERMISSION FORM MAY BE REPRODUCED TO TRAVEL WITH
RESPECTIVE TEAMS AND IS ACCEPTABLE FOR EMERGENCY TREATMENT IF
NEEDED.**

I certify all the above information is correct _____

Parent/Guardian Signature

Davenport Public School Parent-Student Compact

In an effort to assist in achieving high standards and a quality education, it is vital that families and schools work together. This process involves families, students, and all school staff. Following is a list of roles and responsibilities that all parties will carry out to support student success, both now and in the future.

The Parents, Entire School Staff, and the Student will share:

1. The responsibility for high student expectations;
2. The responsibility for improved student academic achievement; and
3. The means by which the school and parents will build and develop a partnership to help children achieve the State's high standards.

The School's Responsibility:

1. To provide high quality curriculum and instruction in a supportive and effective learning environment that enables the children to meet the State's student academic achievement standards (to assist all students in meeting the OAS Objectives and to obtain Adequate Yearly Progress);
2. To communicate to parents, students, and community what students are expected to know and be able to do;
3. To maintain Highly Qualified Teachers;
4. Appropriate Professional Development activities;
5. To provide a safe and secure environment;
6. To communicate in meaningful ways, as outlined in NO CHILD LEFT BEHIND, with parents.

The Parent's Responsibility:

1. Realize the importance of education and convey that message to my child;
2. Participate in school activities such as enrollment, volunteering, attending parent-teacher conferences and/or Reading Sufficiency meetings;
3. Regularly monitor my child's progress in school;
4. Ensure that my child attends school every day and arrives to school on time;
5. Communicate positive information regarding teachers, principals, and other campus personnel when discussing school with my child;
6. Encourage my child to follow the rules and regulations of the school;
7. Participate in the school's reading program by reading to my child or encouraging my child to read every day;
8. Monitor child's homework completion, and TV watching;
9. Participate, as appropriate, in decision relating to the education of my child and positive use of extracurricular time.

The Student's Responsibility:

1. To attend school regularly and arrive on time;
2. Complete assignments and return homework to the teacher on time;
3. Show respect for myself, other people, animals and property;
4. Accept responsibility for my own actions;
5. To make the effort to do my best to learn;
6. To resolve conflicts peacefully;
7. Know and follow school and class rules;
8. Bring necessary materials, completed assignments and homework to class;
9. Keep parents informed of happenings at school and support events through attendance and participation;
10. Make reading for pleasure a part of my daily routine.

School Representative Signature

Parent Signature

Student Representative Signature

Davenport Public Schools

PO BOX 849 * 417 BROADWAY * DAVENPORT, OK 74026

PHONE 918.377.2278 – FAX 918.377.4001

Danny Acord
Superintendent

Misty Emmons
Principal

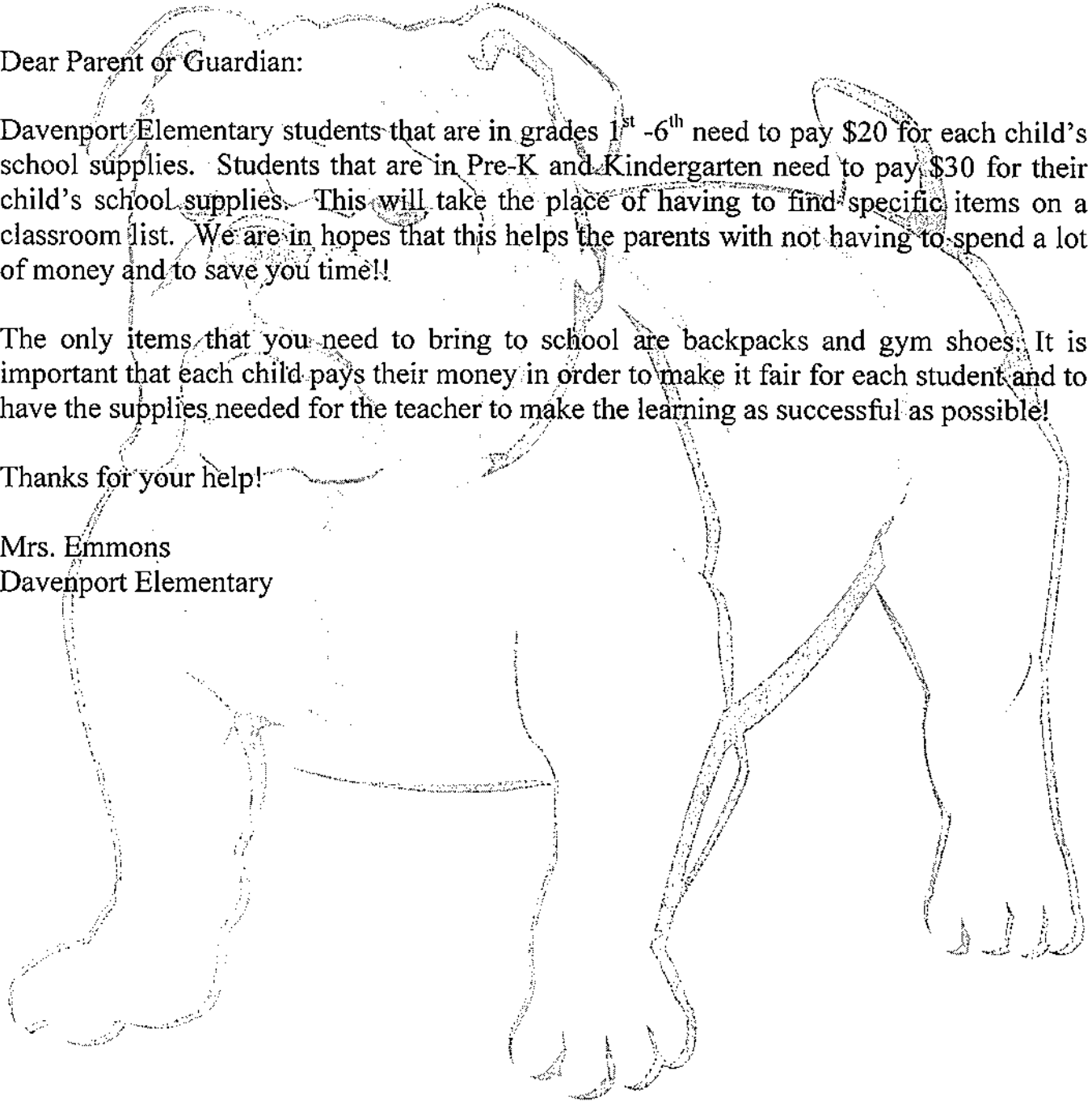
Dear Parent or Guardian:

Davenport Elementary students that are in grades 1st -6th need to pay \$20 for each child's school supplies. Students that are in Pre-K and Kindergarten need to pay \$30 for their child's school supplies. This will take the place of having to find specific items on a classroom list. We are in hopes that this helps the parents with not having to spend a lot of money and to save you time!!

The only items that you need to bring to school are backpacks and gym shoes. It is important that each child pays their money in order to make it fair for each student and to have the supplies needed for the teacher to make the learning as successful as possible!

Thanks for your help!

Mrs. Emmons
Davenport Elementary



OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: _____

Demographic/Client ID #: _____

Date of Birth: _____

(For School/Day Care receiving PHI to fill out)

I hereby authorize the Oklahoma Immunization Service to release my immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: _____

(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not effect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event [e.g., child no longer enrolled in school/day care center] _____

Signature of Student or Legal Representative _____

Date _____

Description of Legal Representative's Authority _____