



BLANCHARD INTERMEDIATE SCHOOL

310 N. Tyler, Blanchard OK 73010

Phone: 405-485-3391 Fax: 405-485-2524

Office email: Lhaxton@blanchard.k12.ok.us Website: www.blanchard.k12.ok.us

2020-2021 Pre-Enrollment Form

April 5, 2020

Dear Parent(s)/Guardian(s),

WELCOME TO BLANCHARD INTERMEDIATE!

It is time again to pre-enroll your child for the next school year, 2019-2020. Here is some general information on completing the following enrollment packet.

- Please fill out the attached enrollment forms and return to school office by 5/13/20.
- Moving out of district? Please call 405-485-3391 x228 or email Lhaxton@blanchard.k12.ok.us school office and let us know. We will get student information ready for your child's new school.
- If you do not pre-enroll your child, he/she will not have a schedule ready at open house.
- All forms must be completed on **BOTH sides and signed**.
- **ALL 3rd GRADE STUDENTS must provide a copy of a current (March or April) electric or gas bill to show proof of residency.**

All students must have an updated shot record on file that shows that the student has received the following school immunization requirements.

- 5 DTP / DTaP (diphtheria, tetanus, pertussis)
- 4 IPV / OPV (inactivated polio / oral polio)
- 2 MMR (measles, mumps, rubella)
- 3 Hep B (hepatitis B)
- 2 Hep A (hepatitis A)
- 1 Varicella (chickenpox)

I will not be taking requests for specific teachers for the 2020-2021 school year. I feel that we have an excellent teaching staff in the Intermediate. No changes will be made after class lists are posted.

Thank You,
Paula Floyd, Principal



Blanchard Public Schools

2020-2021 School Calendar

July						
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						
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						
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						
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						
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						
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						
S	M	T	W	T	F	S
						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						
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						

March						
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						
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						
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						
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			

August 10-12
Professional Development

August 13
First Day of Classes

September 7
Holiday

September 28
Professional Development

October 14
End of First Nine Weeks

October 14
Parent/Teacher Conferences

October 15-16
Fall Break

November 23-27
Thanksgiving Break

December 18
End of First Semester

December 21-January 1
Christmas Break

January 18
Holiday

February 12
Parent/Teacher Conferences

February 15
Professional Development

March 12
End of Third Nine Weeks

March 15-19
Spring Break

March 26*, April 2*, April 9*,
April 16*, April 23*,
April 30*, May 7*

*Possible Make-Up Days
or Holidays

May 12
Last Day of School

Professional Development Days - No Students

Parent/Teacher Conferences - No Students

Possible Inclement Weather Make-Up Day or Holiday

Holidays & Breaks - No School

Significant Dates for Students

Approved February 3, 2020

Entry Date : **8/13/2020**

Previous School: _____

Legal Name: _____

Name you go by: _____

Date of Birth: _____

Age: _____ Gender : M F

Birth Place: _____

Race: _____

Hispanic/Latino: YES NO

Mailing Address: _____

Physical Address: _____

City/State: _____

Zip: _____ County: _____

Home Phone: _____

Home e-mail: _____

Native American Roll No: _____

CDIB Card: YES NO

Is a language other than English spoken in your home?

YES NO

Do you live more than 1.5 miles from school?

YES NO

Bus Number: _____

Driving Instructions to Home: _____

Gift & Talented Program: YES NO

Guardian 1: _____

Relationship: _____

Employer 1: _____

Work Phone 1 : _____ Ext. _____

Cell Phone 1: _____

Please check all that apply

Parent &/or Legal Guardian

Has Custody

Access to Records

Pickup Rights

Emergency Contact

Lives with

Guardian 2: _____

Relationship: _____

Address if different from student: _____

Employer 2: _____

Work Phone 2: _____ Ext: _____

Cell Phone 2: _____

Please check all that apply

Parent &/or Legal Guardian

Has Custody

Access to Records

Pickup Rights

Emergency Contact

Lives with

Emergency Contact 3: _____

Relationship: _____

Phone 3: _____

(Emergency contact will have rights to pick up student)

Emergency Contact 4: _____

Relationship: _____

Phone 4: _____

(Emergency contacts will have rights to pick up student)

Permission is hereby given for my child to use Internet. YES NO

Permission is hereby given for my child to attend field trips. YES NO

Permission is hereby given for my child's name, photo and/or achievements to be published in school or local newspaper, school website, **school yearbook**, school DVD and/or television. YES NO

Permission is hereby given for my child to attend school related athletic events. YES NO

A parent/guardian must sign this form.

Parent/Guardian's Name (Print)

Parent/Guardian's Signature

Date

Please list any siblings in other Blanchard Schools.

Sibling #1 _____ Grade _____

Sibling #2 _____ Grade _____

Sibling #3 _____ Grade _____

Sibling #4 _____ Grade _____

Sibling #5 _____ Grade _____

Blanchard Public Schools Student Health History

To be completed by parent/guardian at time of enrollment.

Name of Student _____ Grade _____

School _____ Male or Female _____ Date of Birth _____

Doctor's Name _____ Doctor's Phone Number _____

	Yes	No		Yes	No
ADD/ADHD			DIABETES Type I or Type II		
ALLERGIES drug or seasonal			ORTHOPEDIC IMPAIRMENT		
ALLERGIES food or insect			EARACHES		
EPI-PEN			FRACTURE		
ANEMIA/BLEEDING PROBLEMS			HEADACHES migraine or tension		
ANXIETY DEPRESSION			HEARING/SPEECH PROBLEMS		
ARTHRITIS			HEART CONDITION		
ASTHMA mild / moderate / severe			RECENT SURGERY		
BLADDER/BOWEL PROBLEMS			SEIZURES		
CANCER			SINUS PROBLEMS		
CHICKEN POX			STOMACH ISSUES		
CYCSTIC FIBROSIS			TONSILLITIS/BRONCHITIS		
TUBERCULOSIS			DENTAL PROBLEMS		
VISION PROBLEMS contacts / glasses			OTHER		

If YES to any of the above, please explain: _____

Has the student visited the Emergency Room or Hospital for this condition? Please explain: _____

Date of Last Physical Exam: _____

Date of Last Dental Exam: _____

Date of Last Eye Exam: _____

Will your student be taking medication on a routine basis at school? YES NO

MEDICATIONS TAKEN REGULARLY:

Medication	Purpose	Dose

Students requiring any medication to be given at school MUST have a current “**Authorization to administer Medicine**” form on file. (You must see the school nurse before any medicine can be given to your child)

I give my permission for my child to receive non-invasive health screening that may include: hearing, vision, height, weight (including Body Mass index), temperature, blood pressure, pulse, scoliosis, head and neck, and dental hygiene checks. YES NO

I would like to schedule a meeting with the school nurse to discuss health concerns regarding my child. YES NO

Parent/Guardian’s Name (Print)

Parent/Guardian’s Signature

Date

Blanchard Public Schools Regulations for Pupils Riding School Buses

The right of all students to ride in the conveyance is conditional on their good behavior and observance of the following rules and regulations. Any student who violates any of these will be reported to the school principal.

1. The driver is in full charge of the bus and the students. Students shall obey the driver cheerfully and promptly.
2. Students shall obey and respect the orders of monitors or patrols on duty. (If applicable)
3. Students shall be on time: The bus cannot wait for those who are not on time.
4. Students shall occupy the space designated for them by the driver.
5. Students shall observe the following:
 - a. Stand on the sidewalk or side of the road, out of the roadway, while waiting for the bus.
 - b. Clean footwear before entering the bus.
 - c. Spitting on the bus is against health and safety rules, such conduct will be reported to the school principal.
 - d. Papers or other rubbish should not be thrown on the bus floor.
 - e. No one should damage or deface the bus in any way.
 - f. Students should not start for school when ill, or when any member of the family has a contagious disease.
 - g. Students should avoid any unnecessary conversation with the driver.
 - h. Drugs and tobacco are forbidden on all buses, at all times.
 - i. Safety requires that students do not lean their heads out of windows or extend their hands out of windows.
 - j. When the bus is in motion, students must not change seats or try to get on or off the bus.
 - k. Students may not leave the bus without the driver's consent except at their assigned bus stop or at school.
 - l. Courtesy and respect must be shown to fellow passengers, persons along the route, and the bus driver.
 - m. Damage or vandalism to the bus will be reported by the bus driver to the school principal.
 - n. Walk on the left side of the road, facing traffic, when walking to and from the bus stop.
6. Students who must cross the road after alighting from the bus should pass in front of the bus and not behind it. The driver should see that the way is clear before the child is permitted to cross the road.
7. Should any student persist in violating any of these regulations, it shall be the duty of the driver to notify the principal and after the warning has been given to the student, the principal shall then deny the disobedient student the privilege of riding the bus until permission to ride again has been given in accordance with the Board of Education policy. However, after a consultation with the driver, if the principal feels the violation is serious enough, the student may be removed from the bus permanently. (Written notice of the action of the principal shall be furnished to the parent.)
8. Any complaints of drivers, students, or parents, not specified in the above regulations, shall be reported promptly to the Director of Transportation.
9. Should the conduct of the student on the bus endanger the lives or morals of other people and the offending student fails to cease such conduct when requested by the bus driver to do so, with the permission of the principal, the offender may be removed from the bus. This will be done only in extreme cases and as a last resort to protect the safety of other students.

**Blanchard Public Schools
Regulations for Pupils Riding School Buses**

From: Blanchard Board of Education, Transportation Department

Dear Parents,

In order for you to understand the regulations covering the conduct of your child riding a Blanchard school bus, we are sending you a copy of REGULATIONS FOR PUPILS RIDING SCHOOL BUSES. It is requested that YOU and YOUR CHILD read these regulations.

This will be used as a permanent record throughout your child's enrollment in the Blanchard Public Schools. Your cooperation with us will make it possible to provide a SAFER and MORE EFFICIENT Transportation Program.

Please sign and return to the Principal in order for your child to continue riding the school bus.

ALL STUDENTS:

I have read and understand the REGULATIONS FOR PUPILS RIDING SCHOOL BUSES and agree, as a passenger, to abide by said regulations.

Student's Name (Print)

Student's Signature

Grade

PARENT OR GUARDIAN:

I have read and understand the REGULATIONS FOR PUPILS RIDING SCHOOL BUSES and agree to assume full responsibility for my child's conduct on said buses:

Parent/Guardian's Name (Print)

Parent/Guardian's Signature

Date

Blanchard Public Schools

Computer Networks and Internet Acceptable Use Policy (Student User and Parent Agreement)

Internet access is available to students and teachers in the Blanchard Public School District. The district is pleased to be able to provide this access and believes the Internet will be useful for research activities and curriculum enhancement that will effectively extend the educational opportunities of our students. After receiving parent permission, all students must receive training in technology and Internet use from their respective library media specialist. The attached form must be returned to the Library Media Specialist before student training can begin.

With access to computers and people all over the world comes the availability of material that may not be considered to be of educational value in the context of the school setting. During school and within reason, teachers will guide students toward appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio and other potentially offensive media. The attached guidelines are provided so that you are aware of the responsibilities your son/daughter is about to acquire. Please read them carefully. If a Blanchard student violates any of these provisions, access to computers and the Internet will be terminated and future access may be denied.

Code of Conduct for Internet and Computer Network Access

Acceptable Use

The use of computer technology, computer networks, and the Internet at Blanchard Schools is for educational purposes only. All activities must be in support of education and research consistent with educational objectives of the school district.

Privilege

The use of computer technology, computer networks, and the Internet is a privilege, not a right, and inappropriate use will result in cancellation of those privileges. The system administrators and teachers will deem what is inappropriate use and their decisions are final. The district may deny, revoke, or suspend specific user access.

Privacy

Network administrators and teachers may review communications to maintain system integrity and to insure that students are using the system responsibly.

Netiquette

All Internet and computer network users will be expected to abide by the generally accepted rules of network etiquette. These include but are not limited to the following:

- Be polite.
- Use appropriate language
- Protect password confidentiality. Using another's account or password will not be allowed.
- Do not reveal your personal address or telephone number or those of other persons.
- Do not install or uninstall any software, shareware, or freeware on school computers.
- Do not make changes to computer settings.
- Do not copy any software from school computers.
- Respect the privacy of others files, folders, or work.
- Report security problems to the supervising teacher or system administrator.
- Use equipment appropriately. Any vandalism will result in cancellation of privileges and you will be financially responsible for any damages.
- Notify an adult immediately if you encounter materials that make you feel uncomfortable or that are inappropriate. A good rule to follow is never view, send, or access materials you do not want your teacher or parent to see.

Blanchard Public Schools

Computer Networks and Internet Acceptable Use Policy

Student User and Parent Agreement

As a computer and Internet user at Blanchard Public Schools, I agree to comply with the attached rules. I also understand that I will be responsible for any damage.

Student's Name (Print)

Student's Signature

Grade

As a parent or guardian of a student at Blanchard Public Schools, I have read the attached information about the appropriate use of computers and the Internet. I understand this agreement will be kept on file at school.

Parent/Guardian's Name (Print)

Parent/Guardian's Signature

Date

Blanchard Public Schools Student Enrollment Questionnaire

Student Name:	School Year: 2020-2021
Date of Birth:	Grade: School:

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check one of the boxes below.

<p>Section A</p> <p><input type="checkbox"/> Rent/own my own home or apartment</p> <p>STOP: <i>If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.</i></p>
<p>Section B</p> <p><input type="checkbox"/> Temporarily with another family member or friend until we can locate affordable housing</p> <p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> In a vehicle, park, campground, or on the streets</p> <p><input type="checkbox"/> In a house, building, or trailer WITHOUT running water or electricity</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian</p> <p><input type="checkbox"/> Alone or in different locations, without an adult serving as a caregiver</p> <p><input type="checkbox"/> Wherever I can find a place to stay at night</p> <p><input type="checkbox"/> Other Please Explain:</p>

If you checked a box in section B, in the space below please list all children currently living with you who attend Blanchard Public Schools.

First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? Yes No

The undersigned certifies that the information provided is correct and accurate.

(Print) Parent/Guardian or Adult Caring for the Student: _____

Relationship to the Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

(April 2011)