

North Rock Creek School

2017 - 2018

TODAY'S DATE: _____

_____ Last _____ First _____ Middle

Date of Birth: _____

Student's Gender: _____ Male _____ Female

Student's Social Security Number: _____

Home Phone: () _____

Grade Level: PRE-K KTG 1 2 3 4 5 6 7 8

Address: _____

City: _____ State: _____ Zip: _____

Ethnicity: Is the student Hispanic or Latino? Yes / No (circle one)

What is the students ethnicity?

- _____ White
- _____ Black or African American
- _____ Asian
- _____ American Indian or Alaskan Native
- _____ Native Hawaiian/Other Pacific Islander

What is the student's race?

- _____ African American
- _____ American Indian
- _____ Caucasian
- _____ Oriental Asian
- _____ Pacific Islander

Father's Name: _____
Last First

Father's Work Phone: _____

Father's Employer: _____

Father's Home/Cell Phone: _____

Guardian Email: _____

Mother's Name: _____
Last First

Mother's Work Phone: _____

Mother's Employer: _____

Mother's Home/Cell Phone: _____

IEP Student? _____ Yes _____ NO

If yes, what areas did the student receive services?

Parent/Guardian Signature

Date:

Emergency Contact/Medical

(Please do not list Father or Mother)

Contact #1

Last	First
Relationship	_____
Phone Number	_____
Phone Type	_____

Contact #2

Last	First
Relationship	_____
Phone Number	_____
Phone Type	_____

Contact #3

Last	First
Relationship	_____
Phone Number	_____
Phone Type	_____

Doctor

_____	_____
Phone Number	_____

Special Medical Considerations

Allergies

AUTHORIZATION TO TRANSFER EDUCATION RECORDSTO: _____
School District/Agency

Street Address/P.O. Box City State Zip

Phone # Fax #

In accordance with the Family Education Rights and Privacy Act (FERPA), 34,CFR 9931, Transfer of education records is requested for:

Name of Child DOB Grade

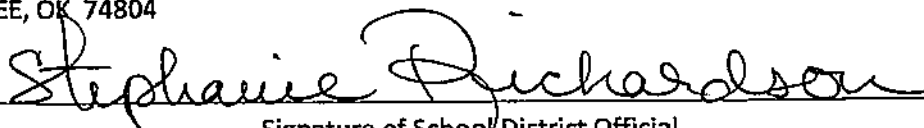
Request for education records include, but not limited to: health, grades, cumulative, discipline records, and special education records. Transfer of student records including disciplinary records, must be made in a timely manner, within three business days of receipt of request, under state law (70 O.S. 24-101.4)

Parent/Guardian Signature Date

The student intends to enroll or is enrolled in our district. Therefore please send records to:

NORTH ROCK CREEK SCHOOL
ATTENTION: REGISTRAR
42400 GARRETT'S LAKE ROAD
SHAWNEE, OK 74804

FROM:



Signature of School District Official

(405) 275-3473

Phone #

(405) 273-7368

Fax#

Education records are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR.



North Rock Creek School RELEASE and INSURANCE NOTIFICATION FORMS (This form shall be signed before a student may participate in a school sponsored activity)

_____, legal parent or guardian, of
_____, a student at North Rock Creek School,

do hereby give consent for the coach or sponsored for the coach or sponsor of an North Rock Creek School event in which my child might be participating, to summon and sign for (in lieu of my person), emergency medical treatment in the event the child is injured or becomes ill. I will not hold this person liable when acting in good faith in the best interest of my child.

(signature of parent or guardian)

(date)

(day phone)

(cell phone)

(evening phone)

Dear Parent/Guardian:

North Rock Creek School assumes no financial responsibility for medical cost of an accident occurring to a student while participating in a school-sponsored sport or athletic event.

(An accident insurance program is offered for your convenience. Neither the school nor any school official is compensated by the Insurance Company)

I understand this form is to acknowledge that I have information regarding NRC'S policy pertaining to accidental injury and student accident insurance.

(student name)

(parent or guardian signature)

2017 - 2018

Students grade

School Year

Student Health History

Student's Name:	D.O.B.:
Parent/Guardian:	
Address:	
Home Phone:	Work Phone:
Cell Phone:	Emergency Phone:
Physician's Name & Phone:	
Hospital Emergency Dept. Preference:	
Dentist's Name & Phone:	
Daily Medications (names & dosage) Include those taken at home. <i>If taken at school, School Medication Authorization form must be completed and be on file at school.</i>	

Please circle if your child has any of the following problems Yes/No

	Yes	No		Yes	No
Skin Problems			Birth Defect		
Behavior/Mental Problems			Blood Disorder		
Bowel Problems			Cancer		
Ear/Hearing Problems			Eye/Vision Problems		
Headaches			Wear Glasses		
Heart Problems			Witness/Victim of Abuse		
Kidney/Urinary Problems			Muscle or Bone Problems		
Neurological Problems			Physical Restrictions		

Please circle Yes/No to the following questions.

1. Does your child have a LIFE THREATING ALLERGY? Yes No

Please list type of allergy: _____

Does your child have an Epicene? Yes No

2. Does your child have a non-life threatening food allergy? Yes No

Please list type of food allergy: _____

Note: To change or substitute foods served in the cafeteria a Doctor's note is needed.

3. Does your child have asthma? (Includes seasonal asthma) Yes No

Note: Please provide a rescue inhaler (box with prescription label) and spacer chamber (if required) for your child to keep at school.

4. Does your child have diabetes? Yes No

5. Does your child have seizures?

Yes

No

Please explain: _____

6. Has your child been hospitalized or had surgery

Yes

No

If yes please explain _____

Is there any further health information that might affect your child's education?

This information will be shared with staff members who have contact with your child.

Authorization for Medical Care of a Minor

I _____ the undersigned parent or person having
(Please print parent/guardian name)
legal custody or the legal guardian of _____ do hereby
(Please print minor's name.)
authorize North Rock Creek School

To consent to any x-ray examination, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma.

IN GIVING CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon, or dentist, to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

(Date)

(Parent/Guardian Signature)

(Phone)

(Address)

(City)

(State)

(Zip)

NORTH ROCK CREEK SCHOOL
HEALTH RELEASE FORM
(PK-3RD GRADE)
2017 - 2018

Student's Name – please print

(Last) _____ (First) _____ (MI) _____

Gender _____

Grade _____ Teacher _____

Permission is hereby given for my child to receive health screening by a designee of North Rock Creek School.

Vision	Yes _____	No _____
Hearing	Yes _____	No _____
Speech/Language	Yes _____	No _____
Other Health Screening	Yes _____	No _____

Legal Parent's or Legal Guardian's Signature

Date

For Official Use Only:

Hearing Results = Date _____

<u>Left Ear</u>	<u>Right Ear</u>
Pass/Fail	Pass/Fail

Comments _____

Signature _____

Vision Results = Date _____
(Screening provided by *Prevention of Blindness*)

Near =	<u>Left Eye</u>	<u>Right Eye</u>
	Pass/Fail	Pass/Fail

Comments _____

Signature _____

2017-2018

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name

Date of Birth: _____ School: _____ Student ID #: _____ Gender: Male _____ Female _____
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

1. What is the dominant language most often spoken by the student? _____
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? _____
3. What language was first learned by the student? _____
4. Does the parent/guardian need interpretation services? Yes _____ No _____ If so, what language? _____
5. Does the parent/guardian need translated materials? Yes _____ No _____ If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
 MM/YYYY

Date (MM/DD/YYYY)

Parent / Guardian Signature

SCHOOL USE ONLY

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above. The student is classified as "less often" and only qualifies as bilingual on the accreditation report if he or she meets one of the following (any selection below REQUIRES appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
 - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

From Above:
 Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- Federally Recognized
- State Recognized
- Terminated Tribe (Documentation required. Must attach to form)
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) _____ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

NORTH ROCK CREEK ACCESS POLICY

TERMS AND CONDITIONS FOR USE OF INTERNET

Please read the following carefully before signing this document. This is a legally binding document.

Internet access is now available to students and teachers in the North Rock Creek public school district. We are very pleased to bring this access to North Rock Creek and believe the Internet offers vast, diverse, and unique resources to both students and teachers. Our goal in providing this service to teachers and students is to promote educational excellence in the North Rock Creek School district by facilitating resource sharing, innovation and communication.

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Students and teachers have access to:

- (1) electronic mail communication with people all over the world.
- (2) information and news.
- (3) public domain and shareware of all types.
- (4) discussion groups on a plethora of topics ranging from diverse cultures to the environment to music to politics.
- (5) access to many university catalogs.

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. North Rock Creek and the Oklahoma Department of Education have taken available precautions to restrict access to inappropriate materials. However, on a global network it is impossible to control all materials, and an industrious user may discover inappropriate information.

Internet access is coordinated through a complex association of government agencies, and regional and state networks. The smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. In general this requires efficient, ethical, and legal utilization of the network resources. If a North Rock Creek user violates any of these provisions, their access will be terminated and future access could be denied. The signature(s) at the end of this document is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

Internet - Terms and Conditions

(1) Acceptable Use - The purpose of NSFNET, which is the backbone network to the Internet, is to support research and education in and among academic institutions in the U.S. by providing access to unique resources and the opportunity for collaborative work. School use must be in support of

system administrator. Do not use another individual's account without written permission from that individual. Attempts to access the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.

(6) Vandalism - Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy hardware data of another user, Internet, or any agencies or other networks that are connected to the NSFNET Internet backbone. This includes, but is not limited to, the uploading or creation of computer viruses.

(7) Exception of Terms and Conditions - All terms and conditions as stated in this document are applicable to North Rock Creek School and the Oklahoma State Department of Education, in addition to NSFNET. These terms and conditions reflect the entire agreement of the parties and supersedes all prior oral or written agreements and understandings of the parties. These terms and conditions shall be governed and interpreted in accordance with the laws of Oklahoma and the United States of America.