OKMULGEE HIGH SCHOOL

STUDENT ENROLLMENT PACKET

FOR

RETURNING STUDENTS

GRADES 8 - 12

2019 - 2020
OKMULGEE HIGH SCHOOL STUDENT INFORMATION

Student Name________________________________________

Date of Birth_________ Place of Birth__________________

Traditional High School_____ ACE High School_____
Grade: 8th _____ 9th _____ 10th _____ 11th _____ 12th _____

Does this student have internet access at home? _______________
Does this student have an IEP (Individualized Education Plan) or 504 Plan?_____________

Ethnicity: African American______ Caucasian _______
Hispanic ______ Native American ______ Other _______

Address___________________________________________

City________________________ State ________ Zip Code ______

Parent/Guardian Name________________________________________
Relationship_________________ Cell Phone _________________
E-Mail Address______________________________
Place of Employment_________________________(W)Phone_____

Parent/Guardian Name________________________________________
Relationship_________________ Cell Phone _________________

In Case of Emergency Contact:
Name___________________________________________
Relationship______________________________ Cell Phone _________________

Parent/Guardian Signature_________________________ Date_______
Student Enrollment Questionnaire

Student Name:  

Today's Date:  

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.

SECTION A
☐ Rent/own my own home or apartment

STOP: 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.

SECTION B
☐ Temporarily with another family member or friend until we can locate affordable housing
☐ In an emergency or transitional shelter
☐ In a vehicle, park, campground, or on the streets
☐ In a house, building, or trailer WITHOUT running water or electricity
☐ In a hotel or motel
☐ With an adult that is not a parent or legal guardian
☐ Alone or in different locations, without an adult serving as a caregiver
☐ Wherever I can find a place to stay at night
☐ Other Please Explain:

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

<table>
<thead>
<tr>
<th>FIRST &amp; LAST NAME OF STUDENT</th>
<th>MALE OR FEMALE</th>
<th>DATE OF BIRTH</th>
<th>GRADE</th>
<th>SCHOOL NAME</th>
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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 Student: ________________________________ Signature: __________________________

Street Address: ________________________________ City: __________________ State: ______ Zip: ______

Phone Number: ________________________________ Email Address: ________________________________
Okmulgee Public Schools Child Nutrition

Okmulgee Public Schools Child Nutrition Program offers a nutritious and delicious breakfast and lunch for our students. All meals will meet the Dietary Guidelines for Americans at each of the school sites. Every meal offers students the right balance of fruits, vegetables, low fat or fat-free milk, whole grains and lean protein. Good nutrition is critical to student achievement.

All Okmulgee Public School students can receive a free breakfast and a free lunch, for this 2019-2020 School Year.
Okmulgee Public Schools-56-I001

School Year 2019 - 2020

Economically Disadvantaged Application

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: __________________ Grade: _________ Student Number: ____________________________

Student Name: ______________________________________________________________________

Please select the income range that represents the total annual gross income:

- ○ Less than $23,107
- ○ Between $23,107 and $31,284
- ○ Between $31,284 and $39,461
- ○ Between $39,461 and $47,638
- ○ Between $47,638 and $55,518
- ○ Between $55,518 and $63,992
- ○ Between $63,992 and $72,169
- ○ Between $72,169 and $80,346
- ○ Between $80,346 and $88,523
- ○ Between $88,523 and $96,700
- ○ Between $96,700 and $104,877
- ○ Between $104,877 and $113,054

Please select the total number of people in your household:

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four (4)
- ○ Five (5)
- ○ Six (6)
- ○ Seven (7)
- ○ Eight (8)
- ○ Nine (9)
- ○ Ten (10)
- ○ Eleven (11)
- ○ Twelve (12)

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: __________________________________________ Date: __________________________

Print Name: ______________________________________________________________________

For Office use only:

- ○ Qualified
- ○ Not Qualified
INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA’s school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior’s list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized**: an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized**: an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe**: a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group**: 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.
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 __________________________
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

Please have test score documentation available for the Regional Accreditation Officer to review.

☐ 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 (PKST).

☐ 2. Scored Basic or Below Basic on the Oklahoma State Testing Program (OSTP).

☐ 3. Scored at or above 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

<table>
<thead>
<tr>
<th>Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test</th>
<th>Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS</th>
<th>Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL</th>
<th>Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite / Overall Score</td>
<td>1.</td>
<td>Composite / Overall Score</td>
<td>1.</td>
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<td>1.</td>
<td>1.</td>
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</tbody>
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<thead>
<tr>
<th>Date(s) of ELA OSTP</th>
<th>Score(s) on ELA OSTP</th>
<th>Date of the Oklahoma Pre-K Language Screening Tool</th>
<th>Score on Pre-K Language Screening Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Date(s) Norm Reference Test (NRT)</th>
<th>Name of the NRT</th>
<th>Composite / Percentile Score(s)</th>
</tr>
</thead>
</table>

Question 1: Reference WAVE code 1036
Question 2: Reference WAVE code 1037
Question 3: Reference WAVE code 1038
BULLDOG RISING

Okmulgee Public School District
Acceptable Use Policy (AUP) for District Computer Systems
Information for Students, Parents and District Employees

The District’s Acceptable Use Policy ("AUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with the Children's Internet Protection Act ("CIPA"). As used in this policy, "user" includes anyone using the computers, Internet, email, chat rooms and other forms of direct electronic communications or equipment provided by the District (the "network"). Only current students or employees are authorized to use the network.

The terms "technology resources," "networks" or "computers" used in the District Policy are generally synonymous and include laptop computers, tablets, Chromebooks, desktop computers, cell phones, telephones, servers, storage media, handheld devices, pagers, printers, scanners, software and other District-owned or contracted-for electronic communication equipment. Technology resources, like any other school property, are owned by and the property of the District or subject to the District’s rights under contract and law. Technology resources must be used in the interests of the District and for the educational purposes for which it was intended. Users are required to follow the guidelines outlined in this Policy and the Student Handbook.

The District will use technology protection measures to block or filter, to the extent practicable, access of visual depictions that are obscene, pornographic, and harmful to minors over the network. The District reserves the right to monitor users' online activities and to access, review, copy, and store or delete any electronic communication or files and disclose them to others as it deems necessary. Users should have no expectation of privacy regarding their use of District property, network and/or Internet access or files, including email.

Acceptable Uses of the OPS Computer Network or the Internet
Schools must verify each year students and employees using the computer network and Internet access for that school year have a signed page acknowledging this policy. Students who are under 18 must have their parent or guardian sign this page and schools must keep it on file. Once signed, that permission/acknowledgement page remains in effect until revoked by the parent, or the student loses the privilege of using the District’s technology resources due to violation of this policy, or is no longer an OPS student or employee. Employees and other users are required to follow this policy. Even without signature, all users must follow this policy and report any misuse of the network or Internet to a teacher, supervisor or other appropriate District personnel. Access is provided primarily for education and District business. Staff may use the Internet, for incidental personal use during duty-free time. By using the network, users have agreed to this policy. If a user is uncertain about whether a particular use is acceptable or

Revised 10/06/2016
Okmulgee Public School District
Acceptable Use Policy (AUP) for District Computer Systems
Information for Students, Parents and District Employees

appropriate, he or she should consult the IT Department or other appropriate District personnel.

Unacceptable Uses of the Computer Network or Internet
These are examples of inappropriate activity on the District's network, but the District reserves the right to take immediate action regarding activities (1) that create security and/or safety issues for the District, students, employees, schools, network or computer resources, or (2) that expenc District resources on content the District, in its sole discretion, determines lacks legitimate educational content/purpose, or (3) other activities as determined by District as inappropriate.

- Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials;
- Criminal activities that can be punished under law;
- Selling or purchasing illegal items or substances;
- Obtaining and/or using anonymous email sites; spamming; spreading viruses;
- Accessing restricted web sites through proxy servers;
- Causing harm to others or damage to their property, such as:

1. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others (Cyberbullying) or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
2. Deleting, copying, modifying, or forging other users' names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email;
3. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
4. Using any District computer to pursue "hacking," internal or external to the District, or attempting to access information protected by privacy laws; or
5. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes".
6. Usage of internet radio stations, non-educational multi-media streaming, remotes access sites, non-educational Internet games, proxy sites, Internet shopping that is not school-related and the like are strictly prohibited.
BULLDOG RISING

Okmulgee Public School District
Acceptable Use Policy (AUP) for District Computer Systems
Information for Students, Parents and District Employees

- Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:
  1. Using another's account password(s) or identifier(s);
  2. Interfering with other users' ability to access their account(s); or
  3. Disclosing anyone's password to others or allowing them to use another's account(s).

- Using the network or Internet for Commercial purposes:
  1. Using the Internet for personal financial gain;
  2. Using the Internet for personal advertising, promotion, or financial gain; or
  3. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation for religious purposes, lobbying for personal political purposes.

Student Internet Safety
1. It is all staff members' responsibility to educate students about appropriate online behavior, including interactions with other individuals on social networking sites/chat rooms, and cyber bullying awareness and response. This may be done in a variety of ways, such as once a year short training sessions, one-on-one education with individual students, and/or via educational handouts. It is also the responsibility of all staff members to monitor students' online activity for appropriate behavior.
2. Students under the age of eighteen should only access OPS Internet accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use;
3. Students shall not reveal on the Internet personal information about themselves or other persons. For example, students should not reveal their name, home address, telephone number, or display photographs of themselves or others;
4. Students shall not meet in person anyone they have met only on the Internet; and
5. Students must abide by all laws, this Acceptable Use Policy and all District security policies.

Penalties for Improper Use
The use of a District account is a privilege, not a right, and misuse will result in the restriction or cancellation of the account. Misuse may also lead to disciplinary and/or legal action for both students and employees, including suspension, expulsion, dismissal from District employment, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation.

Revised 10/06/2016
Okmulgee Public School District
Acceptable Use Policy (AUP) for District Computer Systems
Information for Students, Parents and District Employees

Disclaimer
The District makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or accounts. Any additional charges a user accrues due to the use of the District's network are to be borne by the user. The District also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy of the Okmulgee Public School District.

Date: ___________________________  School: ___________________________
Student / Employee Name: ___________________________

Parent/Legal Guardian Name: ___________________________
Signature: ___________________________

Student / Employee Name: ___________________________
Signature: ___________________________
Parent/Legal Guardian Name: ___________________________
Signature: ___________________________

Please return this form to the school where it will be kept on file. It is required for all students that will be using a computer network and/or Internet access.
The Media Release below MUST be signed by a parent/guardian.

MEDIA RELEASE

By my signature below, I give permission to Okmulgee Public School to use my child’s name and picture(s) of my child in connection with advertising in the solicitation of interest in the School. This includes recognition of scholastic achievement such as honor roll, scholarships, honors and awards.

I understand that this consent extends to photographs and electronic images of my child which may be used in printed work and also extends to other uses including video productions, web sites, CD-ROM or other technology. Any use of my child’s image will relate to the School and its activities. I also understand that no compensation will be paid to my child for use of my child’s picture.

__________________________
Student Name

__________________________
Parent/Guardian Signature     Date
OKMULGEE PUBLIC SCHOOLS
HEALTH HISTORY FORM

Student Name ___________________________ Birth Date ____________ Age ______
Grade _____ Student lives with ___________ Cell Phone ______________
Father’s name ___________________ Mother’s name _________________
Cell Phone: Father________________ Mother__________________
Work number: Father_____________ Mother______________________
Other emergency contacts: Name_________________ Cell __________
Name_________________ Cell ____________________________

Reaction ____________________________ Treatment (EpiPen needed?)

ALLERGIC TO:
Food ________________________________
Medication __________________________
Other _______________________________
Bees/Wasps __________________________

MEDICATIONS Taken Daily: ____________________________________________
____________________________________________________________________

All medications that must be administered at school, including over the counter drugs
require an authorization form signed by the parent and physician.
PAST AND/OR PRESENT CONDITIONS/ILLNESS: Indicate by a check mark if child
has any of the conditions listed below. Please comment if your child has a condition not
listed or if any condition requires medication or monitoring.
Asthma ______ Diabetes ______ Heart Condition ____ Seizures ____ ADD/ADHD ___
Muscle/Joint Condition ___ Frequent headaches or Migraines ___ Nosebleeds ___
Kidney/urinary condition ______ Skin condition ______ Frequent sore throat ___
Frequent ear infections ______
Other conditions and/or additional information concerning a condition listed above:
____________________________________________________________________
____________________________________________________________________

VISION: Does your child wear glasses/contacts? _______ Last eye exam? _______
Does your child have any hearing problems? ________________________________
CHILD’S DOCTOR ___________________________________ Last check up _______

MY CHILD ___________________________ HAS MY PERMISSION TO RECEIVE
VISION, HEARING, SPEECH AND EDUCATIONAL SCREENING, HEIGHT/WEIGHT
AND BODY MASS INDEX SCREENING.

Parent Signature ___________________________ Date ___________________
MEDICAL INFORMATION

Physician's Name: ___________________________ Phone: ___________________________

Hospital: __________________ MEDicaid# __________________ SOoner Care# __________________

Does this student take any medication(s) on a regular basis? Yes No
If yes, please name the medication, its purpose, and dosage:

Is this student allergic to anything? (Medication, food, etc.) Yes No
If yes, please list and give reactions:

Is this student diabetic or asthmatic, or have seizures or any other condition the school needs to be aware of? Yes No
If yes, please list:

Is this student REQUIRED to carry a medical kit (inhaler, bee sting kit, etc.)? Yes No
If yes, please list and give reactions:

Are there any physical difficulties the school needs to be aware of? Yes No
If yes, please list:

I hereby authorize a designated school employee to administer PRESCRIPTION medication to: ___________________________

Signature ___________________________ Date: ____________

In case of serious accident or illness when guardian cannot be contacted, do we have permission to take your child to a doctor or hospital? Yes No
The final decision for action will be judgment of school authorities.

In case of an emergency at school or on a trip, ______ I hereby authorize, OR ______ do not authorize the Okmulgee School Staff to transport my child to the nearest emergency room and for the doctors to treat my child.

If any of the above information changes, please contact the principal in writing. All visitors must check in through the offices. Children who are tardy or who leave school early must check in or out through the office.

Signature of Parent or Guardian: ___________________________ Date: ____________
Okmulgee Public Schools
Student, Parent, Teacher Compact

The compact has been jointly developed and agreed upon by Okmulgee Public Schools, parents, students and staff.

**Schools Responsibility**

I, the undersigned, partner in education of children at Okmulgee Public Schools, commit to the following:

1. Provide a safe environment that encourages positive communication between teacher, parent and student.
2. Stress to teachers the importance of providing regular homework assignments to reinforce classroom instruction.
3. Attendance of students and teachers will be monitored and applauded in various ways.
4. Ensure implementation of a strong academic program and enhance student academic achievement.
5. Provide a high-quality curriculum and instruction to all students.
6. Parents will be given reasonable access to staff, to volunteer, participate and observe their child’s class.
7. Hold annual parent/teacher conferences to discuss compact as it related to their child's achievement.

Principal’s Signature:__________________________________________

**Student’s Agreement**

I, the undersigned, partner in my education shall strive to do the following to the best of my ability:

1. Follow school’s dress code.
2. Follow the Student Rules in the Student Handbook.
3. Complete and return homework assignments.
4. Come to school every day with supplies needed for classroom work.
5. Attend school daily and complete classroom assignments.

Student’s Signature:__________________________________________

**Teacher’s Agreement**

I, the undersigned, partner in education of children at Okmulgee Public Schools, commit to the following:

1. Provide progress reports and communication regarding student progress.
2. Provide homework that reinforces skills taught in the classroom.
3. Provide a welcoming, developmentally appropriate atmosphere that is conducive to learning.
4. Provide ongoing communication with parents through student folders, monthly newsletters, and telephone class.
5. Continue to strive to meet and accommodate the needs of each student.
6. Focus on enriched skills to promote academic growth and school readiness.
7. Dedicate time to receiving professional development to gain knowledge, which will ensure student achievement.

Teacher’s Signature:__________________________________________

**Parent’s Agreement**

I, the undersigned, partner in the education of my child, commit to the following:

1. Getting my child/children to school on time daily.
2. Providing a study place, reviewing my child’s homework and other papers on a regular basis.
3. Working cooperatively with the school to maintain proper discipline.
4. Encouraging my child’s efforts and being available for questions and support.
5. Providing a safe and loving environment and being a positive role model.
6. Providing supplies and necessary materials for school.

Parent’s Signature:__________________________________________