

## Student Enrollment Information (2018-2019)

### Luther High School

**Student Information**

Grade Entering: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
Last Name, Suffix                      First                      Middle                      Preferred Name

Student's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Gender: M or F Student's Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Current Age : \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Ethnicity (please circle one):** *Hispanic or Latino OR Not Hispanic or Latino Race*

\*If "Not Hispanic or Latino Race" is circled, please circle at least one of the following:

*American Indian or Alaska Native    Black or African American    Native Hawaiian or Other Pacific Islander    White    Asian*

Is a language other than English used in your home? YES or NO If "YES", what other language? \_\_\_\_\_

**Parent / Guardian Information**

Student resides with (circle one): *Mother    Father    Mother/Father    Mother/Stepparent    Father/Stepparent    Grandparent(s)*

Other: \_\_\_\_\_ Who has legal custody? \_\_\_\_\_  
\*Court documents declaring custody must be in the child's school file.

Name of Parent / Guardian	Place of Employment
Cell Phone	Work Phone
E-mail Address	Fax (if applicable)

Name of Parent / Guardian	Place of Employment
Cell Phone	Work Phone
E-mail Address	Fax (if applicable)

Name of Parent / Guardian	Place of Employment
Cell Phone	Work Phone
E-mail Address	Fax (if applicable)

**Other Emergency Contacts**

In case of illness or school is out early and you cannot be reached, please list the name of two people who will assume temporary care of your child until you are available.

Name	Relationship	Phone Number(s)

**(over please)**

**Sibling (s) Information** (currently enrolled in Luther Public Schools)

Name	Grade

**School Information**

Has your child ever attended Luther Public Schools? YES or NO If YES, then last year attended \_\_\_\_\_

What school district did he/she attend previously? \_\_\_\_\_

Does your student reside in the Luther school district? YES or NO If NO, what district? \_\_\_\_\_

Is your student a Transfer student? YES or NO If YES, what district? \_\_\_\_\_

Has your child qualified for gifted / talented classes? YES or NO

Has your child ever received or been evaluated for special education services? YES or NO

Is your child currently on an IEP? YES or NO

Has your child registered for Oklahoma's Promise? YES or NO or N/A

Would you like more information on Oklahoma's Promise? YES or NO

Does your child have any medical problems? (such as allergies, asthma, seizures, etc.) ? YES or NO

If yes, please describe \_\_\_\_\_

\*The Meningitis Public Health Fact Sheet can be found at [www.lutherlions.org](http://www.lutherlions.org) under the Parents/Students tab.

**American Indian Registration**

Do you have any degree of American Indian ancestry? YES or NO

Do have a CDIB card? YES or NO #: \_\_\_\_\_

*\*If yes, please fill out Title VII Student Eligibility Certification.*

**Transportation Information**

Does your child live more than a mile and half (1.5 miles) from the school he or she attends? YES or NO

How does your child usually get home from school (circle one)? Walk Car Rider Bus #: \_\_\_\_\_

Directions to home from nearest intersection: \_\_\_\_\_

**Online Gradebook Information**

Luther Schools utilizes an online electronic grade book program for grades 1-12. The Wen-GAGE Gradebook provides parents with real-time access to their child's data from the teachers' gradebook. If you would like access, please indicate the email address you would like associated with your child's account.

*Pursuant to the School Laws of Oklahoma, Luther Public Schools prohibits the attendance of a student under suspension from another school, until such time as the terms of the suspension have expired. The circumstances of an individual's suspension may be reviewed. By signing this form, I do hereby affirm that the student listed above is not currently under suspension from another school district. I, also, affirm that the facts stated herein are true. Any false statement subjects the above named student to immediate withdrawal.*

**Parent / Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Luther Public Schools Student Residency Questionnaire Form

**Luther Public Schools**

School \_\_\_\_\_

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

**Check one box in Section A or B.**

<p><b>Section A</b></p> <p>1. Where are you and your family currently staying?</p> <p><input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult</p> <p><input type="checkbox"/> In a motel, hotel, trailer park, or campground without running water/electricity</p> <p><input type="checkbox"/> In a vehicle of any kind, abandoned building or substandard housing</p> <p><input type="checkbox"/> In an emergency/transitional shelter</p>	<p><b>Section B</b></p> <p><input type="checkbox"/> Choices in Section A do not apply. Please sign and turn in with enrollment papers.</p>
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2. Have you moved in the past three years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing?  yes  no

3. If you checked a box in Section A and/or answered yes to Question 2, your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant or Title X Part C-Federal Mckinney-Vento Assistance Act. Please provide the following information:

FIRST	STUDENT NAME		GENDER	DATE OF BIRTH	GRADE	SCHOOL NAME
	MIDDLE	LAST				

The student(s) live with:  1 parent  2 parents  1 parent & another adult  alone with no adults  
 a relative, friend, other adult  an adult that is not a parent or the legal guardian

4. The undersigned certifies that the information provided above is accurate.

\_\_\_\_\_  
PRINT (PARENT/GUARDIAN/ADULT)

\_\_\_\_\_  
SIGNATURE (PARENT/GUARDIAN/ADULT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY/TOWN

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\*\*\*\*\*FOR CENTRAL OFFICE USE ONLY\*\*\*\*\*

The undersigned certifies that according to the information provided above, the students listed meet the definition of "Homeless" as stated in the Title X, Part C-McKinney-Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

Sheryl Janes, Homeless Liaison      PHONE: (405) 277-3233  
 Luther Public Schools  
 P.O. Box 430  
 Luther, OK 73054 or fax to (405) 277-3498

# AUTHORIZATION FOR MEDICAL CARE OF A MINOR

NAME

I, \_\_\_\_\_ The undersigned parent or person  
(please print parent or guardian's name)  
having legal custody or the legal guardian of \_\_\_\_\_  
(please print minor's name)

LAST

do hereby authorize: **LUTHER PUBLIC SCHOOLS**  
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 THIS 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 that in such situation I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures. I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternative and to render such care and perform such treatment as professional judgment determines to be necessary for the health and safety of the above named minor.

FIRST

\_\_\_\_\_  
(signature of parent or person having legal custody or legal guardian) (date)

\_\_\_\_\_  
(phone) (address)

\_\_\_\_\_  
(city) (state) (zip)

MIDDLE

## PATIENT INFORMATION

Minor's Birth Date \_\_\_\_\_ Minor's Allergies \_\_\_\_\_

Date of Minor's Last Tetanus Shot \_\_\_\_\_

Minor's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Any special medication or pertinent health information \_\_\_\_\_

DOB

MONTH

Hospital Emergency Department Preference (if circumstances allow) \_\_\_\_\_

## INSURANCE INFORMATION

Insured's Name \_\_\_\_\_ (phone)

\_\_\_\_\_  
(address) (city) (state) (zip)

Insurance Company \_\_\_\_\_ (phone)

\_\_\_\_\_  
(company address) (city) (state) (zip)

DAY

YEAR

Policy, Plan &/or Group Number \_\_\_\_\_

## Luther Public Schools Release Forms

Student Name: \_\_\_\_\_  
(please print)

Parent Name: \_\_\_\_\_  
(please print name of parent completing form)

### PHOTO RELEASE PERMISSION

Oklahoma School Law O.S. 51. (Section 24A.16.B) requires schools to give notice of any personal information concerning a student that may appear in newspapers, programs, directories, school internet websites, district internet website, and yearbooks. Luther Public Schools may publish honor rolls, and other student information that may be recognized and honored in our local media such as area newspapers and school newsletters. Luther Schools uses all of the above to positively present and praise the achievements of our students.

\_\_\_\_\_ Yes, I grant permission for my child's personal information to be release and/or published by Luther Public Schools according to the provision of Oklahoma School Law, Section 780.

\_\_\_\_\_ No, I do not grant permission for my child's personal information to be released and/or published by Luther Schools for any reason, with the EXCEPTION of my child's name and picture in the YEARBOOK, according to the provisions of Oklahoma School Law, Section 780.

Parent/Guardian, please initial \_\_\_\_\_

### INTERNET/NETWORK ACCEPTABLE USE

**Every student regardless of age must read and sign below:**

As a parent or guardian of this student, I have read, understand and agree that my child/ward shall comply with the terms of the school's Acceptable Use and Internet Safety Policy for the student's access to the district computer network and the internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible to restrict access to all offensive and controversial materials and understand it is the student's responsibility to abide by the policy. Therefore, by signing, I agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and internet access against all claims, damages, losses, and costs, of whatever kind that may result from my child's/ward's use of his or her access to such networks of violation of the policy.

For a full copy of the policy, refer to \_\_\_\_\_

Parent/Guardian, please initial \_\_\_\_\_

### ACKNOWLEDGEMENT AND RECEIPT OF STUDENT HANDBOOK

The registration of a student is considered an acceptance, on his/her part and on the part of his/her parents or guardians, of all rules and regulations of our school, including the judgement of school authorities on academic and disciplinary sanctions, suspension, or expulsion of a student. The rules and regulations contained in the handbook are not meant to be comprehensive. Rather, they presuppose the good will and judgement of a student in all circumstances in which he/she may find himself/herself. Parents/guardians are asked to familiarize themselves and to ensure that their child understands all of the information contained in this Student/Parent Handbook. Parents/guardians and students must sign the form below.

We have read and understood all statements and provisions set forth in the Student Handbook both contained herein and on the more comprehensive rules and guidelines on the school's website.

Parent/Guardian, please initial \_\_\_\_\_

**I have read the foregoing and fully understand it's contents. I acknowledge by signing below:**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

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

**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:
  - 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.
  - Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
  - Scored 35% or below on norm-referenced test (NRT) on the composite reading score.

**DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN**

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

Date(s) of Reading OSTP	Score(s) on Reading OSTP				Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced		

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.			
	1.	2.			

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

# *Luther High School*

Office of Principal

P.O. Box 430

Luther, Oklahoma 73054

[www.lutherlions.org](http://www.lutherlions.org) [smeek@lutherlions.org](mailto:smeek@lutherlions.org)

Office (405) 277-3263 \* Fax (405) 277-9262

**Attn: Parents/Guardians of Luther High School Students**

**Subject: District Attendance Policy & Oklahoma Compulsory Education Law**

Oklahoma State Statute Title 70, Section 10-105 references education attendance law which states, "It shall be unlawful for a parent, guardian, or other person having custody of a child who is over the age of five (5) years, and under the age of eighteen (18) years, to neglect or refuse to cause or compel such child to attend school for the full time school is in session."

Any total of absences, **excused or unexcused**, exceeding 20% of the total number of days in session for any given semester shall constitute a failure in all subjects being attempted.

Luther Public Schools defines an excused absence as a sickness with appropriate documentation from doctor/physician, bereavement, or school sponsored activity. Excused absences allow the same amount of days as the student missed for his/her academic requirements to be made up. According to compulsory education attendance law, whether an absence is excused or unexcused has no bearing in the overall percentage of attendance for the student. Luther High School will notify parents/guardians of attendance in the following manner.

1. Daily attendance notifications will be sent out through text and/or e-mail on unexcused absences.
2. 1st letter will be sent to the parent/guardian once the total number of absences for **any** reason reaches 8 in a semester.
3. 2nd letter will be sent to the parent/guardian once the total number of absences for **any** reason reaches 12 in a semester.
4. 3rd letter will be sent to the parent/guardian once the total number of absences for **any** reason exceeds 20% of the total number of days for the given semester. This letter will state that your student will not receive credit for classes in the given semester and summer school/credit recovery will be required.

Oklahoma Law also requires school officials to keep detailed attendance records and report excessive absences to the Office of the District Attorney for the filing of the misdemeanor offense of Failure to Comply with the Compulsory Education Law. In a case where unexcused absences become excessive and no contact with parent/guardian is made, absences will be reported to the Oklahoma County District Attorney office.

\*I have read and acknowledge the above school attendance requirements according to Luther Public Schools and the Oklahoma Compulsory Education Law.

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**LUTHER PUBLIC SCHOOLS EXTRACURRICULAR ACTIVITIES DRUG  
TESTING  
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug test and to furnish a sample of my urine for analysis, as shall be determined by Luther Public School in order to meet with their policy regarding the participation in extracurricular activities.

I further authorize and give full permission to have LPS and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to LPS. I further agree to and hereby authorize the release of the results of said tests to only LPS administration on a need-to-know basis.

I understand that it is the current use of illegal drugs that would prohibit me from being involved in extracurricular activities at LPS.

I further agree to hold harmless LPS and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

\*A full copy of the LPS Drug Testing Policy can be found at [www.lutherlions.org](http://www.lutherlions.org) under the Parents/Students tab. By signing this consent form you are acknowledging that you are aware of the policy and where to access it.

STUDENT:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Luther High School

## Medication Request and Release Requirements

### Keep for Your Reference

Whenever possible, parents/guardians should give their children their medications before or after school; however, if it is necessary that a medication be given during school hours the following requirements must be met:

- Medication will not be administered in school or during school-sponsored activities without a current year Medication Request and Release Form filled out properly and signed by legal parent or guardian.
- Prescription medication must be ordered or advised by a licensed physician/dentist, and *permission is granted* for exchange of verbal and/or written communication between the school staff and the prescribing physician/dentist regarding this medication.
- Prescription medication must be brought to school in the current original container with pharmacy label intact. The label must have the student's name, name of medication, dosage, and time to be given. If the medication is not properly labeled, it will not be given.
- Parents/guardians may ask the pharmacist for a separate container labeled just for the school time dose.
- Over-the-counter medications must be in an unopened original container. Student's name must be written on the box/bottle, the dosage and frequency to be given must be consistent with label instructions.

\*\*\*\*\*Medication cannot and will not be accepted in baggies or envelopes\*\*\*\*\*

- For student's safety; it is recommended that the parent/guardian bring the medication to the school and give directly to Office Staff.
- The school cannot send medications home with students.
- At the end of the school year, any medication remaining must be picked up by the legal parent/guardian, on or before the last day of school, or the medication will be destroyed.
- By signing the Medication Request and Release Form, the parent/guardian with legal custody understands that under state law, Luther Board of Education, Luther Public School District, or employees of the District shall not be liable to the student or the student's parents or guardian for civil damages for any personal injuries to the student which result from acts of omissions and/or adverse effects of this medication.
- The parent/guardian agrees to provide medication and any particulars connected with administering medication at their own expense.
- The parent/guardian will promptly notify the school of any change in the administration of this medication and will provide the school with new prescription bottle and physician order. Written or verbal changes from parent/guardian cannot be accepted.

\*A full copy of the LPS Medication Request and Release form can be found at [www.lutherhills.org](http://www.lutherhills.org) under the Parents/Students tab.

# LUTHER HIGH SCHOOL CLASS OF 2020

(AND BEYOND)

## DIPLOMA/CURRICULUM CHOICE

70 O.S. § 11-103.6 requires eighth grade students to complete the college preparatory/work ready curriculum outlined in the statute, unless the student's parent or legal guardian approves the student to enroll in the core curriculum. Successful completion of either curriculum will result in a student receiving a standard diploma.

According to the law, your child will automatically be enrolled in the **college preparatory** curriculum, and **you do not need to do anything** to enroll your child in this curriculum. However, if you choose the **core curriculum**, you must **complete the form and return it to the school** prior to enrollment.

<b>COLLEGE PREPATORY CURRICULUM</b>	
(Unless opted out by parent)	
Language Arts	4 units
Mathematics (Algebra I or above)	3 units
Lab Science (1 Biology, 1 Physical & 1 other)	3 units
History/Citizenship (.5 OK, .5 Govt., 1 US, 1 other)	3 units
World Language/Technology (2 of the same, either language or Technology)	2 units
Additional Unit	1 unit
Fine Arts/Speech	1 unit
Electives (minimum)	7 units
<b>Total Number of Units</b> (minimum required for graduation)	<b>24 units</b>

<b>CORE/STATE CURRICULUM</b>	
(Opt Out Track)	
Language Arts	4 units
Mathematics (Algebra I or above)	3 units
Lab Science (1 Biology, 1 Physical & 1 other, can include qualified ag classes)	3 units
History/Citizenship (.5 OK, .5 Govt., 1 US, 1 other)	3 units
Computer Technology (2 of the same, either language or Technology)	1 unit
Fine Arts/Speech	1 unit
Electives (minimum)	9 units
<b>Total Number of Units</b> (minimum required for graduation)	<b>24 units</b>

**Testing:** Students in the 11<sup>th</sup> grade will take the ACT test and an integrated science test. OAAP are available for special needs students who qualify.

**Financial Literacy:** Students must demonstrate mastery of the standards once in grades 7-12.

**CPR/AED Exposure:** Students must be exposed to CPR/AED information once in grades 7-12, unless opted out by parent.