

Date _____

Student Information

Legal Name: _____ Gender: M F

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Does your child have **documented** food allergies? Y / N. (We must have documentation before we can make accommodations.) List Foods: _____

Grade: _____ Last School Attended: _____

Date of Birth: _____ Place of Birth: City _____ State: _____

Race: 1 Black _____ 2 American Indian _____ 4 Asian _____ 5 Pacific Islander _____ 6 White _____ Hispanic
CDIB Y/N _____ Tribe _____ Home Language _____ English _____ Spanish _____

Please check the following programs that your child has participated in:

- _____ Childcare program licensed by DHS IEP ___yes ___no
- _____ Sooner Start Program
- _____ Oklahoma Parents as Teachers Program
- _____ Children First Program
- _____ Child abuse prevention operated by State Department of Health
- _____ Federally funded Head Start Program
- _____ Any other childhood program funded by State or Federal monies. (Explain) _____

Guardian Information

Mother: _____

Father: _____

Biological Parent Yes ___ No ___

Biological Parent Yes ___ No ___

If no, What Relation _____

If no, What Relation _____

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Home # _____ Cell # _____

Home # _____ Cell # _____

*Please circle which number you want to be contacted in case of bad weather or other school related notices:
Home Mother's cell Father's Cell*

List the people **LOCALLY** that could assist in temporary care of your child if parents or guardians cannot be reached. The people listed must not be the same as the guardians.

Name: _____ Relation: _____ Home # () _____ Cell # () _____

Name: _____ Relation: _____ Home # () _____ Cell # () _____

Name: _____ Relation: _____ Home # () _____ Cell # () _____

Name: _____ Relation: _____ Home # () _____ Cell # () _____

- _____ Bus Driver copy
- _____ Teacher copy
- _____ File copy



BUS DIRECTIONS

Bus # _____

Date Bus Service to begin _____

E.C.P. Elem. Teacher _____

Date _____

Student's Name: _____

If your child will not ride a bus, please check here _____

Pick up at: Home _____ Babysitters _____ Daycare _____ Other _____

Pick up Address: _____

Specific Directions, if Rural Route _____

Deliver to: Home _____ Babysitters _____ Daycare _____ Other _____

Deliver to Address: _____

Specific Directions, if Rural Route _____

Parent's Signature: _____

Parent's Phone _____ Babysitter's Phone _____

Daycare Phone _____ Other Phone _____

PARENT INFORMED CONSENT

Student's Name _____

Date _____

PARENT AUTHORIZATION TO ADMINISTER MEDICINE

I am the parent with legal custody or the legal guardian of _____, a student attending Elmore City-Pernell Elementary. This student requires or may require medication at intervals during the school day.

I hereby give my consent and authorize the school nurse, the school principal, or school secretary (an employee of the school designated by the school nurse, the principal, and me) to:

Administer a non-prescription or a filled prescription medication which I am supplying, in accordance with the directions for administering the medication as listed on the label on the vial. Medications must be in original container with instructions.

I understand that under state law the Board of Education, the Elmore City-Pernell School District or its employees shall not be liable to the student or the student's parents for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine I have hereby authorized.

Signature of Parent/Guardian

PARENT RELEASE FOR MEDICAL TREATMENT

I give my permission for medical personal (ex: EMT) or hospital staff to administer the necessary aid immediately to my child should he/she become injured or sick during the school year and to do so without having to wait until we are contacted.

My family doctor is _____ and my insurance company is _____.

Signature of Parent/Guardian

MEDIA RELEASE

In compliance with federal regulations, Elmore City-Pernell Public Schools cannot publish or release for publication any child's name and/or picture without written consent from a parent or guardian. This includes honor rolls, academic awards, sports information, class activities, etc.

This form will be filed in your child's permanent record folder. Unless you decide to revoke it at a later date, it will be in effect for as long as your child is enrolled in Elmore City-Pernell Public Schools.

_____ YES, Elmore City-Pernell Schools has my permission to furnish my child's name and/or picture to the media when reporting school activities and/or awards.

_____ NO, I do not want any information concerning my child released to the media.

Signature of Parent/Guardian



Elmore City-Pernell Public Schools Student Enrollment Questionnaire-McKinney-Vento

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.

<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 "name" 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: _____

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.
 - 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

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

DATOS DEL ALUMNO

Nombre del alumno: _____ Grado: _____
 Apellido(s) Nombre Segundo nombre

Fecha de nacimiento: _____ Escuela: _____ No. de carnet estudiantil: _____ Género: M _____ F _____
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? Sí _____ No _____

Seleccione una o más de las siguientes razas:

_____ afroamericana/negra _____ amerindia o nativa de Alaska _____ asiática
 _____ hawaiana o isleña del Pacífico _____ caucásica/blanca

1. ¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno? _____
2. ¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno? _____
3. ¿Cuál fue el idioma que el alumno aprendió por primera vez? _____
4. ¿Requiere el padre/tutor servicios de interpretación? Sí _____ No _____ En su caso, ¿para qué idioma? _____
5. ¿Requiere el padre/tutor materiales traducidos? Sí _____ No _____ En su caso, ¿a qué idioma? _____
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? _____
 MM/AAAA

Fecha (MM/DD/AAAA)

Firma del padre/tutor

SOLO PARA USO INTERNO

Favor de facilitar al Oficial Regional de Acreditación documentación que avale las calificaciones en el examen para su revisión.

- 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
	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

PARENT INVOLVEMENT COMPACT
TITLE 1
ELMORE CITY-PERNELL ELEMENTARY
PARENTS/STUDENT/TEACHER COMPACT

In order to achieve high standards of education we must develop and maintain a partnership between parents, students, and school personnel. This compact promotes understanding and cooperation by clarifying mutual and separate responsibilities and expectations. We understand that child's education will reach its potential only if all in the partnership agree and meet their responsibilities.

Parent/Guardian Agreement

I want my child to achieve. Therefore, I will encourage him/her by doing the following:

- See that my child is punctual and attends school regularly.
- Provide my child with needed supplies.
- Support the school in its effort to maintain discipline.
- Establish a time for homework and review it regularly.
- Encourage my child's efforts and be available for questions.
- Read with my child and let my child read to me.
- Attend parent/teacher conferences/portfolio conferences and special events to my interest and support.
- Communicate, model, and expect positive values and character traits.
- Understand that as a parent, I have the right to check the certification status of all teachers in the district.

Signature _____ Date _____

Student Agreement

It is important that I work to the best of my ability. Therefore, I shall do the following:

- Attend school regularly.
- Come to school each day with necessary supplies for learning.
- Complete and return homework assignments.
- Observe regular study hours.
- Conform to the rules of student conduct.
-

Signature _____ Date _____

Teacher Agreement

It is important that students achieve. Therefore, I shall do the following:

- Dedicate myself to the communication cycle between home and school.
- Provide necessary assistance to parents so they can help with learning.
- Encourage and enhance learning by teaching sound curriculum.
- Adapt the curriculum to the learning styles of each student.

Signature _____ Date _____



Meningitis

What is meningitis?

Meningitis is an inflammation of the tissues that cover the brain and spinal cord. Bacteria, viruses, or fungi may cause meningitis. Viral meningitis is the most common form of meningitis and is caused by an infection with one of several types of viruses. Meningococcal meningitis is caused by the bacteria *Neisseria meningitidis*, and causes a more severe disease that requires prompt treatment of the patient with antibiotics. There are other types of bacterial meningitis, so it is also important to confirm which type of bacteria is causing the meningitis to determine if antibiotics are needed to prevent possible illness in exposed people.

What are the symptoms of meningitis?

Symptoms of meningitis may include fever, rash, headache, stiff neck, nausea, vomiting, and fatigue. These symptoms are often difficult to identify in infants, who, when suffering from viral meningitis may become irritable, lethargic, inconsolable, or refuse to eat. Since viral and bacterial meningitis often have similar symptoms, it is important to see a health care provider immediately if you or your child has these symptoms.

What causes meningitis and how is it spread?

Approximately 90% of viral meningitis cases are due to a group of common intestinal viruses called enteroviruses. These viruses are typically spread from person-to-person through direct or indirect contact with fecal material, usually on unclean hands or contaminated environmental items. Viruses can be passed on to others beginning about three days after someone is infected until about 10 days after symptoms occur, although very few exposed persons develop meningitis. Bacterial meningitis can be caused by bacteria such as *Haemophilus*, *Streptococcus*, or *Neisseria meningitidis*, which are spread by direct contact with saliva or respiratory droplets from the nose and throat of an infected person.

How is meningitis diagnosed and treated?

The type of meningitis can be confirmed through laboratory tests performed on spinal fluid if needed. There is no specific treatment for viral meningitis, most patients will completely recover on their own with bed rest and plenty of fluids. However, health care providers often will recommend medicine to relieve fever and headache. For bacterial meningitis, antibiotics are needed that treat the specific bacterial cause.

Should people who have been around a person infected with meningitis receive any treatment?

Antibiotics are only recommended as a preventative measure for those persons exposed to a person with meningitis caused by the bacteria *Neisseria meningitidis* or certain forms of *Haemophilus*. When a single instance of *Neisseria meningitidis* occurs, the state and county health departments work together to insure that appropriate contacts obtain antibiotics. Only people who have been in close contact with saliva or respiratory secretions such as household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, and day care center playmates are recommended to obtain a prescription for a specific antibiotic (rifampin, ciprofloxacin, ceftriaxone, or azithromycin) from their physician or through the health department. Casual contacts including classmates, co-workers, or those in a workplace setting are not usually at increased risk of disease and do not need treatment with the antibiotic. When clusters or outbreaks occur, the health department may expand the recommendations for which groups need to receive antibiotics to prevent possible spread. Antibiotics do not protect people from future exposure to *Neisseria meningitidis*. For persons exposed to a person with viral meningitis or meningitis caused by most bacteria, antibiotics are not a necessary preventative measure.

How do you prevent the spread of meningitis?

Hand hygiene is the single most important action to prevent the spread of infection to others and you. Wash visibly soiled hands with soap and water after using the toilet, after changing diapers, and before preparing and eating food. Use alcohol based hand gels when hands are not visibly soiled. Routine environmental cleaning is recommended, with focus on items that have been soiled with saliva or nose/throat secretions. In institutions such as child care centers, washing objects and surfaces with a diluted bleach solution is recommended. For hard surfaces such as diaper-changing areas and bathrooms, use a 1:10 dilution of bleach (mix one cup of bleach with 1 gallon of water). For other objects such as toys and eating utensils, use a weaker form of bleach solution (mix one tablespoon of bleach with one gallon of water).

What are the vaccines recommended to prevent meningitis?

The routine recommended childhood vaccines protect children from some of the common causes of meningitis such as *Haemophilus influenzae* type b (Hib) and *Streptococcus pneumoniae*. These and other vaccines are also recommended for certain people at increased risk of complications from a bacterial infection such as elderly or immunocompromised persons or people living in certain group settings.

Three types of meningococcal vaccines are available in the US. They are protective against four of the five most common disease-causing types of meningococcal disease: A, C, Y, and W-135. The vaccines do not protect against type B which accounts for about 1/3 of the meningococcal illness that occurs in adolescents in the US. Consult with your primary care physician or the local health department about receiving the vaccine.

Because the vaccine is not protective against all types of meningococcal infections, people who have been exposed to a person with meningococcal disease are still recommended to receive antibiotics to prevent infection.

The vaccine is not used to prevent illness in persons who have been exposed, but does protect from future exposures.

PARENT/GUARDIAN – PLEASE READ!

VERY IMPORTANT INFORMATION

NEW! Lunch Form from the STATE DEPT.

The forms for the Free/ Reduced Breakfast and Lunch program are **VERY IMPORTANT** that you **RETURN** them on the **FIRST DAY OF SCHOOL!!** Please **complete** and sign the form if you **are** applying for the program. **All of your children should be listed on one form only.** If you **choose not to apply,** please list your children's names, sign your name and return the form to the school. No other information is needed if not applying.



HOME OF THE BADGERS

INSTRUCTIONS Sources of Income

Sources of Child Income		Example(s)
Sources of Child Income	Earnings from work	A child has a regular full- or part-time job where he/she earns a salary or wages
	Social Security —Disability payments —Survivor's benefits	A child is blind or disabled and receives social security benefits A parent is disabled, retired, or deceased, and his/her child receives social security benefits
	Income from persons <i>OUTSIDE</i> the household	A friend or extended family member REGULARLY gives a child spending money
	Income from any other source	A child receives income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses NET income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses FSSA, or privatized housing allowances Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income REGULAR cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (Check One): Hispanic or Latino Not Hispanic or Latino Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander White

Race (Check One or More): Hispanic or Latino Not Hispanic or Latino Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language (ASL)) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form (AD-3027)* found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
 2. Fax: 202-690-7442
 3. E-Mail: program.inmate@usda.gov
- This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How Often? Annually <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	Household Size <input type="text"/>	Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>
Determining Official's Signature <input type="text"/>	Date <input type="text"/>	Confirming Official's Signature <input type="text"/>	Verifying Official's Signature <input type="text"/>
		Date <input type="text"/>	Date <input type="text"/>

