



2017-2018

Porter Consolidated Schools

P.O. Box 120 (125 S. Main) – Porter, OK 74454

Phone: 918-483-5231 Fax: 918-483-2310

Elem. Principal: Chris Sherwood csherwood@porter.k12.ok.us



Student's legal name _____ / _____
(As shown on birth certificate)(Legal Last) (First) (Middle) (Nickname) (Last name if different from legal)

Grade: _____ Bus No. _____ Gender: ___M___F Birthdate _____ Place of birth _____

Physical address _____ City _____ Zip _____ County _____

Mailing address _____ City _____ Zip _____ County _____

Parent/Guardian home phone _____ Who has legal custody? _____

Student Social Security # _____ Parent/Guardian's E-Mail _____

Ethnic Origin (check all that apply) Alaskan or American Indian White or Other Hispanic Black Asian or Pacific Island
Please indicate Primary

Name and address of last school attended _____

Is a language other than English spoken in your home? ___Yes___No What language? _____

If yes, (please check one): This language is spoken: ___More often than English___ ___Less often than English___

Name(s) & grades of other children currently in Porter Consolidated Schools _____

Student resides with: Mother/Father Mother Father Mother/Step Father Father/Step Mother Grandparent Other

Parent/Guardian 1 _____ Relationship _____
(Residing in the home) Last First Middle

Employer _____ Work Phone _____ Cell Phone _____

Parent/Guardian 2 _____ Relationship _____

Employer _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____ Daytime Phone _____

Is this person allowed to pick up your child in the event you cannot be reached? ___Yes___ ___No___

Does this person reside in the same house with you? ___Yes___ ___No___

Emergency Contact _____ Relationship _____ Daytime Phone _____

Is this person allowed to pick up your child in the event you cannot be reached? ___Yes___ ___No___

Does this person reside in the same house with you? ___Yes___ ___No___

Name of physician _____ Phone _____

Has student been in any kind of special needs class? ___Yes___ ___No___ If yes, please specify: _____

List any health problems _____

List any learning problems _____

Parent/Guardian 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 or NO

Is student under a suspension from another school? YES or NO

Has student been enrolled in a special education class through an IEP? YES or NO

Does the student have any specific health conditions/food allergies? (asthma, diabetes, seizures, allergies etc. – please list below) YES or NO

Does the student live in a shelter, abandoned space, motel, campground, or shared housing with multiple families because of economic hardship? YES or NO

Does the student have a fixed, regular and adequate nighttime residence? YES or NO

Is a language other than English spoken in your home? YES or NO
If YES, what language: _____

Please list any siblings:

Grade: _____

Grade: _____

Grade: _____

Any false statements are subject to withdrawal. My signature certifies that I am the legal guardian and that all information provided is correct and the facts stated are true. My signature also certifies that the address given on this enrollment form is correct and that the student is a legal resident and/or transfer student in the Porter Consolidated School District.

Parent/Guardian Signature

Date

Parent Verification Form for Regulations of Student Handbook

I, the parent/Guardian of _____ was notified that a copy of Porter Consolidated School's Student Handbook, with the Regulation by which my child must abide, is available on the school website, www.porter.k12.ok.us. I understand that if I do not have access to internet I can request a printed copy of the student handbook. I understand that the Administration is asking me to read the information in the Handbook and go over it with my child.

I understand that I must be aware of the sections governing Attendance. I realize that by law, I am to call on a day(s) that my child is absent. If I fail to call the school, I will send a note with them the next morning so they can check in school with an excused absence(s). I realize that the maximum number of absences my child can have each semester is ten (10) unless there are extreme extenuating circumstances (which must be approved by the Principal).

I understand that bus riding is going to be very controlled and disciplined. If my child does not abide by the rules, he/she will lose their bus riding privileges and that it will be my responsibility to get my child to and from school.

Parent/Guardian Signature

Date

.....

Part of the Discipline Policy incorporates corporal punishment.

Corporal punishment will be administered only by the principal.

_____ I will support the discipline policy of corporal punishment
Parent/Guardian Signature

_____ I disagree with corporal punishment and do not want my child spanked.
Parent/Guardian Signature

Acknowledgements/Permissions

Please read the statements below with your student and circle yes or no on each statement indicating your understanding and permission to participate. Both parent and student must sign and return to the office. Please find complete disclosures regarding the following statements in the student handbook.

<p>I have read/and or had explained to me the INTERNET ACCESS AGREEMENT and agree to abide by the guidelines set forth in the policy and realize that non-compliance with these guidelines will result in disciplinary action. Internet/Computer usage is a privilege and can be revoked at the discretion of a Porter faculty member and/or administrator if problems arise.</p>	<p style="text-align: center;">YES NO</p>
<p>I agree, pursuant to the Porter Consolidated INTERNET/COMPUTER ACCEPTANCE USE POLICY, to authorize my child's photo and/or work to be published on the authorized school website, school publications (newspaper, flyer or program) and published through our broadcasts.</p>	<p style="text-align: center;">YES NO</p>
<p>I hereby authorize and give my consent to a school faculty member to administer non-prescription and/or prescription medication that I HAVE PROVIDED IN THE ORIGINAL PACKAGE/BOTTLE. The student's name must be clearly labeled on the cap or prescription label. I understand the school district shall not be liable to the student or student's result from the acts or omission of school employees in administering the medication I have hereby authorized and provided.</p>	<p style="text-align: center;">YES NO</p>

Student Signature

Date

Student's name (printed)

Grade

Parent/Guardian Signature

Date

Porter Elementary School

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION DURING SCHOOL DAY

Dear Parent or Guardian:

Medication will be given to a student only with the written permission of the student's parent or person having legal custody. Prescription medicine must be in a currently dated prescription vial or properly labeled container which currently states the name of the patient, the name of the physician, dosage, and directions for administering the medication including date and time. Non-prescription (OTC) medicines must be in properly labeled containers with written authorization and instructions for administration.

Oklahoma law provides that the school nurse, administration or other designated school employee shall not be liable to the student or parent or guardian of the student for civil damages for any personal injuries to the student which result from acts of omissions of the school nurse, administrator or other designated school employee in administering any medicine pursuant to the provisions of the law except for acts or omissions constituting gross, willful or wanton negligence.

TO BE COMPLETED BY PARENT OR GUARDIAN

School Year _____

I request the school nurse, a school administrator or other designated school employee, to administer the following medication to my child.

Student's Name _____ Birth Date _____

Home Address _____ Telephone _____

School _____ Grade _____

Name of Medication _____

Purpose of Medication _____

Possible Side Effects _____

Dosage: Amount to be given _____ Time to be given _____

Dates Medicine if to be given _____

Parent's Signature _____ Date _____

Relationship _____

AUTHORIZATION FOR EMERGENCY CARE TO MINORS

I/We the undersigned, parent(s) or legal guardian of the minor(s) listed below:

_____/_____/_____
(Minor's name) Birthdate (Minor's name) Birthdate

_____/_____/_____
(Minor's name) Birthdate (Minor's name) Birthdate

Do hereby authorize treatment and transportation to the nearest hospital by Muskogee County Emergency Medical Services rendered to said minor(s) under the general, specific or special consent of:

(Name of adult person(s) or school who is temporary custodian of minor)

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to encourage those who have temporary custody of the minor to exercise their best judgment as to the requirements of such medical treatment and ambulance transportation. This authorization also will allow the above designated person(s) or school to withdraw their consent for medical treatment and/or transport via ambulance should the above designated determine in their opinion the services of Muskogee County EMS/other EMS agency are not needed. This authorization shall remain in effect unless revoked in writing and delivered to said person or school entrusted with the custody, care and control of said minor child or children.

Father Date Mother Date

Legal Guardian Date Witness (non-custodian) Date

Porter Elementary School
Vision Screening & Comprehensive Eye
Exam Certification Form
FY 2017-2018

It is required that the parent or guardian of each student enrolled in kindergarten, at a public school in this state provide certification to school personnel that the student passed a vision screening within the previous twelve (12) months or during the school year. Students enrolled in first or third grade at a public school, in this state, shall provide, within thirty (30) days of the beginning of the school year, certification to school personnel that the student passed a vision screening within the previous twelve (12) months.

Please Print:

Date: _____

Student's Name: _____
(First) (Middle) (Last)

Please circle: K 1st 3rd

District: _____ **School:** _____

Complete one of the following:

1. _____ had a comprehensive eye examination
(Child's Name)
on _____. The comprehensive eye examination was
(Date)
was administered by _____.
(Eye Care Professional)

2. _____ has NOT received a vision screening or
(Child's Name)
comprehensive eye exam in the past twelve months.

(Parent/Guardian Signature)

(Date)