



PORTER CONSOLIDATED SCHOOLS
P. O. BOX 120 ~ PORTER, OKLAHOMA 74454
Elementary Principal: Chris Sherwood
E-mail: csherwood@porter.k12.ok.us
Telephone 918-483-5231 Fax 918-483-2310



Dear Parents,

We are happy to admit your child to our Kindergarten. We know experiences and learnings he/she will receive will give him/her a good start on his/her school career.

During the summer, try to acquaint your child with the idea of being away from you for progressively longer periods of time.

SCREENING

In order to enroll your child in Kindergarten, we will hold a Screening day on April 11. On this day your child will receive a visual, hearing and a developmental screening. Parents should bring their child to the lower elementary brick building at their scheduled appointment time. Attached you will find enrollment papers. Please, bring these forms, filled out, with you to your child's screening. A birth certificate and immunization record are required for pre-enrollment. A CDIB card is required for children of Native American descent.

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.

IMMUNIZATIONS

The following immunizations are required for children entering Kindergarten.

- 5 doses of DTP
- 4 doses of Polio
- 2 doses of MMR
- 3 doses of Hep B
- 2 doses of Hep A
- 1 dose of Varicella

KINDERGARTEN

Kindergarten will begin in August. Several days prior to the opening of school, letters will be sent indicating your child's Kindergarten teacher. Porter Elementary's Kindergarten is a full day program. School begins at 7:45 a.m. and dismisses at 3:00 p.m.

Student Enrollment Information
Porter Consolidated School
School Year 2019-2020

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(circle all that apply) Alaskan or American Indian White or Other Hispanic Black Asian or Pacific Island

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 can not 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 can not be reached? ___Yes___ ___No___

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

Name of physician _____ Phone _____

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___

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 _____

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 _____

PORTER CONSOLIDATED SCHOOLS
P. O. BOX 120
Porter, Oklahoma 74454

Charles McMahan, Superintendent
(918) 483-2401

Chris Sherwood, Elementary Principal
(918) 483-5231

PERMISSION FOR EVALUATION FORM TO
GIVE PUPIL INDIVIDUAL TESTS

Name of Student _____ School _____
Grade _____ Teacher _____ Birthdate _____ Age _____

Dear Parents:

We request your permission to give _____ the individualized visual and auditory test to determine if they have any difficulties in these areas, and the Oklahoma Proficiency to determine your child's appropriate grade level.

Chris Sherwood
Elementary Principal

Please sign below:

_____ has my permission to take the tests referred to above.

Date

Signature of Parent or Guardian

Telephone

Address

PORTER CONSOLIDATED SCHOOLS STUDENT INTERNET AGREEMENT FORM

We are pleased to offer students of Porter Consolidated Schools access to the district computer network for the Internet. To gain access to the Internet, all students must obtain parental permission and must sign and return this form.

Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. We believe that the benefits to students from access to the Internet, in form of information resources and opportunities for collaboration, exceed any disadvantages. But ultimately parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the Porter Consolidated schools support and respect each family's right to decide whether or not to apply for access.

Access to network services is given to students who agree to act in a considerate and responsible manner. Access is a privilege-not-a-right. Access entails responsibility. Each user of the district computer networks is responsible for his/her behavior and communications over those networks. It is presumed that users will comply with districts standards and will honor the agreements they have signed.

As outlined in the Porter Consolidated Public Schools Acceptable Use Policy, the following are not permitted:

- Displaying or sharing offensive messages, pictures, or site address
- Damaging computers, computer systems, computer networks or computer services
- Violating copyright laws
- Downloading, uploading, or distributing software
- Using obscene language
- Harassing, attacking, or insulting others

I, _____, have read and understand the above Internet Agreement Form and agree to adhere to all of the provisions. I understand that any violations of the above policies will result in immediate suspension of my electronic communication privileges, and that as a result of such violations; further disciplinary measures may be taken.

Student Signature

Date

I, _____, the parent/guardian of the above named student, have read and understand the above guidelines and hereby give permission for my son/daughter to use the Internet provided by Porter Consolidated Schools and understand that he/she is required to follow the above guidelines. I further understand that there is a potential for my son/daughter to access information on the Internet that is inappropriate for students and that every reasonable effort will be made on the part of the faculty and staff of Porter Consolidated Schools to restrict access to such information, but that my son/daughter from inappropriate information.

Parent/Guardian Signature

Date

I, _____ am aware that my parents have not given me permission to use the Internet and it is my responsibility to abide by that decision.

Student Signature

Date

I, _____ do not give permission for my son/daughter to use the Internet.

Parent/Guardian Signature

Date

Porter Consolidated Schools Residency Form

This form is intended to address the requirements of the McKinney-Ventro Act (Title X, Part C of the No Child Left Behind Act). The questions below will assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Ventro Act.

School: _____

Name of Student: _____ Male Female

Birth Date: _____ Age: _____ Grade: _____
Month/Day/Year

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Parent(s)/Legal Guardian(s) or person acting as Guardian: _____

Check one: Parent Legal Guardian Acting as Guardian Other

Signature of person checked above: _____

Is the student currently sharing housing? Yes: _____ No: _____
If checked yes, please complete #1 and #2

(1.) Presently, where is the student living? Check all that apply:

<input type="checkbox"/> in a shelter	<input type="checkbox"/> in foster care
<input type="checkbox"/> with relatives or other due to lack of housing	<input type="checkbox"/> in a motel, car or campsite
<input type="checkbox"/> with more than one family in a house or apartment	<input type="checkbox"/> youth not living with parent/guardian
<input type="checkbox"/> with friends or family member (other than parent)	<input type="checkbox"/> in an abandoned building

(2.) The student lives with:

<input type="checkbox"/> 1 parent	<input type="checkbox"/> a relative, friend(s) or other adult(s)
<input type="checkbox"/> 2 parents	<input type="checkbox"/> alone with no adults
<input type="checkbox"/> 1 parent & another adult	<input type="checkbox"/> an adult that is not the parent or legal guardian

If the student has siblings attending Porter Consolidated Schools, please write their name(s), age(s), and grade level(s) on the line(s) below.

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Porter Elementary School
Vision Screening & Comprehensive Eye
Exam Certification Form
FY 2019-2020

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)

Kindergarten
Porter Elementary
2019-2020
Supply List

Backpack to carry papers and books

2 Boxes of crayons (16 count)

1 Package of Water Paints

Girls - 1 Package of fat dry erase markers

1 Roll of paper towels

1 Box of Kleenex

10 #2 Pencils

Boys - 1 Package of construction paper

2 Bottles of Elmer's glue

2 Boxes of markers

1 Fiskars brand scissors

2 Spiral notebooks - 5 subject

1 clipboard

2 Glue sticks

\$10.00 for Class Tee Shirt

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
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_____ Legal Guardian	Date	_____ Witness (non-custodian)	Date
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