

STUDENT'S NAME _____

ARE YOU OF HISPANIC/LATINO CULTURE OR ORIGIN? _____ YES _____ NO

WHAT IS YOUR RACE? (CHOOSE ONE OR MORE)

_____ AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____ BLACK/AFRICAN

_____ NATIVE HAWIIAN OR OTHER PACIFIC ISLANDER AMERICAN _____ WHITE

PARENT RELEASE FORM

PLEASE READ AND ANSWER THE FOLLOWING STATEMENTS

MEDICAL

I AUTHORIZE THE SCHOOL TO ADMINISTER THE FOLLOWING:

TYLENOL _____ YES _____ NO IBUPROFEN _____ YES _____ NO COUGH DROPS _____ YES _____ NO

I AUTHORIZE THE SCHOOL TO ADMINISTER A PRESCRIPTION MEDICINE _____ YES _____ NO

*** (FORMS SPECIFIC TO THOSE MEDICATIONS ARE AVAILABLE IN THE OFFICE) ***

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONCERNS? IF SO, PLEASE LIST: _____ YES _____ NO

SCHOOL

MY CHILD WILL ABIDE BY THE CLASSROOM PROCEDURES AS STATED IN EACH OF THE TEACHER'S CLASSROOM SYLLABUSES. _____ YES _____ NO

MY CHILD HAS PERMISSION TO BE INCLUDED IN A SCHOOL PICTURE _____ YES _____ NO

MY CHILD'S PICTURE MAY BE RELEASED TO THE NEWSPAPER _____ YES _____ NO

MY CHILD'S PICTURE MAY BE RELEASED TO THE PERKINS-TRYON SCHOOL WEBSITE _____ YES _____ NO

I HAVE RECEIVED A SCHOOL HANDBOOK OR WILL ACCESS IT BY WAY OF THE SCHOOL WEBSITE AND AGREE TO FOLLOW ALL RULES, REGULATIONS AND GUIDELINES STATED WITHIN IT. _____ YES _____ NO

PARENT PORTAL ACCESS

IF YOU NEED A PASSWORD TO THE PARENT PORTAL, PLEASE CONTACT THE OFFICE AT 405-547-5715. THIS SITE WILL PROVIDE YOU ACCESS TO YOUR CHILD'S CLASSROOM PROGRESS AND ATTENDANCE STATUS THROUGHOUT THE YEAR.

SCHOOL SERVICES

MY CHILD IS ON AN IEP OR 504 PLAN _____ YES _____ NO

PLEASE LIST ANY SPECIAL NEEDS OR CONCERNS YOU HAVE FOR YOUR CHILD:

WHEN THIS FORM IS SIGNED, IT GIVES PERKINS-TRYON SCHOOLS PERMISSION TO OBTAIN EMERGENCY MEDICAL AND/OR DENTAL TREATMENTS FOR YOUR STUDENT IF THE SCHOOL CANNOT REACH EITHER YOU OR THE ALTERNATE CONTACT PERSONS LISTED ABOVE. I GIVE MY CONSENT FOR PERKINS-TRYON SCHOOL TO SEEK EMERGENCY MEIDCAL AND /OR DENTAL TREATMENT FOR MY STUDENT.

SIGNATURE OF PARENT/GUARDIAN

DATE

Dear Parents of Sixth Grade Students,

The Oklahoma State Board of Health added a new vaccine requirement for seventh students. **All seventh students must show proof of having received one dose of Tdap (tetanus, diphtheria and pertussis) vaccine before attendance is allowed.** To meet this requirement, an immunization record must be provided to the school showing the date your child received the vaccine and a signature or stamp of the doctor or clinic that provided the vaccine. If your child has already received this dose, they will not be required to receive it again. Parents may request and complete an immunization exemption form for valid medical, religious or philosophical concerns.

Please attach a copy of the immunization record with your pre-enrollment papers showing that this newly required vaccine has been given.

Updated immunization records must be received by August 3, 2020. ***Students will not receive a schedule or be permitted to begin school until this has been provided.***

Tdap vaccine is considered a booster to the DTaP (diphtheria, tetanus, and pertussis) vaccine that is required for Kindergarten entry. Tdap vaccine provides continued protection to students from three diseases; tetanus (lockjaw), diphtheria, and pertussis (whooping cough). Whooping cough has been on the rise in the U.S., especially among pre-teens and teenagers 10 through 19 years of age and children under 5 years of age. All of these diseases can have very serious consequences including death. Tdap vaccine is available from your doctor, clinic or healthcare provider and is covered by most health insurance plans. All county health departments also provide Tdap vaccine, especially for children who do not have health insurance. Please contact your healthcare provider or local health department to schedule an appointment or to find out the hours when vaccines are given.

Two other vaccines are also recommended for all adolescents at 11-12 years of age; meningococcal vaccine (MCV4) and human papillomavirus vaccine (HPV). Although neither of these vaccines are required for school entry, you are encouraged to ask your doctor or healthcare provider about these vaccines when your child receives the Tdap vaccine.

For more information about Tdap vaccine, HPV vaccine, and MCV4 vaccine please refer to the enclosed information sheet or visit the Oklahoma State Department of Health Immunization Service website at www.ok.gov/health. Thank you for your cooperation in keeping our students protected.

Jerry Burnett,

Principal

Perkins-Tryon Middle School 2020-21

**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 _____

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
	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

OSSAA ELIGIBILITY RECORD FORM FOR NEW STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) _____ Grade _____ Birth date _____ Age _____

Student's Current Address _____

Last School attended _____ Last School Address _____ Zip _____

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

YES NO

- 1. Will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation before September 1? (Rule 1)
- 2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2)
- 3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)
- 4. Are you currently failing any class? (Rule 3)
- 5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)
- 6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)
- 7. Have you completed all 12th grade requirements for high school graduation? (Rule 6)
- 8. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Student's are generally limited to participating in athletics during the 7th grade and the five school years that follow consecutively after that school year- Rule 7)
- 9. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7)
- 10. Do you live with someone now other than whom you lived with last school year? (Rule 8)
- 11. Do you live with someone other than your parents? (Rule 8)
- 12. Do you live with only one parent? (Rule 8)
- 13. Do you live outside this school district? (Rule 8)
- 14. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)
- 15. Have you ever attended school outside the district where your parents reside? (Rule 8)
- 16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?
- 17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)
- 18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9)
- 19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20)
- 20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-IX)
- 21. Have you participated in a foreign exchange program for more than 365 days? (Hardship Waiver Manual-IX)
- 22. Were you suspended, expelled, or under discipline at the previous school attended, or were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school? (Rule 4 and 8)

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

(Student)

(Date)

(Coach)

(Date)

(Parent/Guardian)

(Date)

INTERNET ACCESS CONDUCT AGREEMENT

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

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me. I understand I have no expectation of privacy with regard to my use of the school district's technology.

User's Name (print clearly) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: Student Staff Patron I am 18 or older I am under 18

If I am signing this policy when I am under 18, I understand that when I turn 18, I will have to sign another policy.

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.) As the parent or legal guardian of the above student, I have read, understand, and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the student's access to the school district's 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 for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless to 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 or ward's use of his or her access to such networks and/or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian (please print): _____ Home Phone: _____

Signature: _____ Date: _____

Address: _____