

Agra Schools Enrollment Form

112 South Main Agra, OK 74824
Ph. 1.918.375.2261 Fax 1.918.375.2263

Date _____ Grade Level: _____ Social Security # _____

Student's Birth Date _____ Birth Place _____
(Month) (Day) (Year) (City) (State)

Student: _____ Gender: M F Race: _____
(First) (Middle) (Last)

Mailing Address: _____ City: _____ Zip Code _____

Physical Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Contact Number: _____

_____ Legal Guardian _____ Has Custody _____ Access to Records _____ Pickup Rights _____ Emergency Contact _____ Lives with

Father's Name: _____ Contact Number: _____

Email Address: _____

_____ Legal Guardian _____ Has Custody _____ Access to Records _____ Pickup Rights _____ Emergency Contact _____ Lives with

Guardian' name (if other than parent) _____ Contact number _____

Tribe Name: _____ CDIB#: _____

List of allergies/major health problems: _____

If this child has a medical condition that affects their day to day activity at school we must have a statement from your doctor with an official diagnosis.

Does this student wear eyeglasses? No Yes Wear contacts? No Yes Wear hearing aide? No Yes

In case of emergency, please contact : (List in order of preferred contact). Be sure and give names and phone numbers that can be reached during school hours.

1 _____ (relationship) _____ Phone # (include area code) _____

2 _____ (relationship) _____ Phone # (include area code) _____

3 _____ (relationship) _____ Phone # (include area code) _____

If there are court orders, custody orders etc... please provide us with a copy.

Agra Schools requires the following to be on file:

- Copy of Social Security Card _____
- Birth Certificate _____
- Current Immunization Record or exemption form _____

New Students Only, Name of previous school _____

- Is your child currently under discipline from a previous school? No Yes

Medical Release

Students will only be given non-prescription and/or prescription medication if it is sent to the school indicating that permission has been given and the amount that is to be given within that frame of time. By marking and signing below you permit authorized school personnel administer the following non-prescription medication to your child.

Neosporin Tylenol Tums Anti-itch Medication Peroxide Cough Drops

(Circle any that are NOT permissible):

_____ It is ok to administer medication to my child

_____ It is **not** ok to administer medication to my child

I certify all the above information is correct. _____

Parent/Guardian Signature

***I do not wish to authorize emergency medical treatment to my child.*

_____ **Parent/Guardian Signature**

School Messenger

Agra Public Schools will be utilizing a text message system. The text messages will be used for notifications and in cases of emergency. What number would be most convenient for us to contact you via text message?

Parent Name

Contact Number

Corporal Punishment

Student's Name _____

Dear Parent/Guardian,

Corporal punishment (paddling) is a discipline option at Agra Public School. Please read the statements below, indicate your choice, and **return this form to school.**

_____ Yes you may use corporal punishment***

_____ Yes you may use corporal punishment upon notification***

_____ No you may not use corporal punishment***

Parent/guardian signature _____

Thank you.

*** It is the responsibility of the parent/guardian to notify the school *in writing* of any changes to the above release.

Field Trip Permission

STUDENT NAME: _____ **GRADE:** _____

School related field trips are designed to enrich the taught curriculum and are considered to be a privilege for Agra Public School students. I understand that District Student Code of Conduct rules apply to my child while he/she is attending school related field trips. I further understand that my child's failure to follow the Code of Conduct rules throughout the school year could result in the loss of school related field trip privileges, at the discretion of the principal, for my child.

_____ I **give permission** for my child to attend school related field trips during the school year.

_____ I **do not give permission** for my child to attend school related field trips during the school year. I understand in not giving permission that I must contact the principal to make other arrangements for my child's supervision on the day(s) his/her class is taking part in a school related field trip.

Parent/Legal Guardian Signature

Date

Photographic/Video/Recording

Dear Parent/Guardian: We are asking for your permission to showcase your child's/children's picture and accomplishments in publications such as our school paper, yearbook, as well as, the local newspapers. Please read the detailed information below and sign this form.

As part of the instructional process, your child may be involved in activities that include Photographing, filming, recording, and videotaping. These activities include but may not be limited to the following:

1. Creation, publication and dissemination of a portfolio that includes photographs, videos, recordings, compositions, and copies of schoolwork documenting your child's academic process;
2. Inclusion of your child's photograph, video, recordings, and copies of schoolwork in the school newspaper, school yearbook, student identification cards, internet pages, as well as other school publications;
3. Inclusion of your child's photograph, video, recordings, etc. and copies of schoolwork in publications in state and local newspapers, school newsletters, radio and television stations, and via the internet and other distance learning opportunities.

I understand that any photographs, videos, recordings, etc. and copies of school work that are published in any form will be without monetary compensation to Agra Public School, to the student, or the parents of the student, and are for educational or promotional purposes only. This release will remain in effect until revoked in writing by the person granting permission.

Please check yes or no.....Then sign and date below. Please call any building principal if you have any questions.

I give permission for _____.

_____ YES, I give my permission.

_____ NO, I do not give permission.

Signature of Parent/Guardian

Date

Internet And Other Computer Networks Acceptable Use And Internet Safety Policy

Acceptable Uses

1. **Educational Purposes Only.** The school district is providing access to its computer networks and the Internet for educational purposes *only*. If the user has any doubt about whether a contemplated activity is educational, the user may consult with the person(s) designated by the school to help decide if a use is appropriate.

Unacceptable Uses of Network

1. Among the uses that are considered unacceptable and which constitute a violation of this policy are the following:
 - A. Uses that violate the law or encourage others to violate the law. Do not transmit offensive or harassing messages; offer for sale or use any substance the possession or use of which is prohibited by the school district's student discipline policy; view, transmit or download pornographic materials or materials that encourage others to violate the law; intrude into the networks or computers of others; and download or transmit confidential, trade secret information, or copyrighted materials. Even if materials on the networks are not marked with the copyright symbol, the user should assume that all materials are protected unless there is explicit permission on the materials to use them.
 - B. Uses that cause harm to others or damage to their property. For example, do not engage in defamation (harming another's reputation by lies); employ another's password or some other user identifier that misleads message recipients into believing that someone other than the user is communicating or otherwise using his/her access to the network or the Internet; upload a worm, virus, "Trojan horse," "time bomb," or other harmful form of programming or vandalism; participate in "hacking" activities or any form of unauthorized access to other computers, networks, or information systems.
 - C. Uses that jeopardize the security of student and staff access and of the computer network or other networks on the Internet. For example, do not disclose or share your password with others; do not impersonate another user.
 - D. Uses that are commercial transactions. Students, staff, and other users may not sell or buy anything over the Internet. The user should not give others private information about the user or others, including credit card numbers and social security numbers.

Netiquette

1. All users must abide by rules of network etiquette, which include the following:
 - A. Be polite. Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent, or threatening language.
 - B. Avoid language and uses that may be offensive to other users. Do not use access to make, distribute, or redistribute jokes, stories, or other material that is based upon slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.
 - C. Do not assume that a sender of e-mail is giving his or her permission for the user to forward or redistribute the message to third parties or to give his/her e-mail address to third parties. This should be done only with permission or when the user knows that the individual would have no objection.
 - D. Be considerate when sending attachments with e-mail (where this is permitted). Be sure that the file is not too large to be accommodated by the recipient's system and is in a format that the recipient can open.
 - E. Agra Public School is educating minors about appropriate online behavior, including interacting with other individuals on social networking and chat rooms and cyber bullying awareness and response.

Internet Safety

1. **General Warning; Individual Responsibility of Parents and Users.**

All student users and their parents/guardians are advised that access to the electronic network may include the potential for access to materials inappropriate for school-aged students. Every user must take responsibility for his or her use of the computer network and Internet and stay away from these sites. Parents of minors are the best guides to materials to shun. If a student or staff member finds that other users are visiting offensive or harmful sites; he or she should report such use to the appropriate school designee.
2. **Personal Safety.**

Be safe. In using the computer network and Internet, the user should not reveal personal information such as the user's home address or telephone number. The user should not use his/her real last name or any other information which might allow a person to locate the user without first obtaining the permission of a supervising teacher. Do not arrange a face-to-face meeting with someone "met" on the computer network or Internet without a parent's permission (if the user is under 18). Regardless of the user's age, the user should never agree to meet a person the user has only communicated with on the Internet in a secluded place or in a private setting.

3. **"Hacking" and Other Illegal Activities.**
It is a violation of this policy to use the school's computer network or the Internet to gain unauthorized access to other computers or computer systems, or to attempt to gain such unauthorized access. Any use which violates state or federal law relating to copyright, trade secrets, the distribution of obscene or pornographic materials, or which violates any other applicable law or municipal ordinance, is strictly prohibited.
4. **Confidentiality of Student Information.**
Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian or, if the student is 18 or over, the permission of the student. Users should never give out private or confidential information about themselves or others on the Internet, particularly credit card numbers and Social Security numbers. A supervising teacher or administrator may authorize the release of directory information, as defined by law, for internal administrative purposes or approved educational projects and activities.
5. **Active Restriction Measures.**
The school, either by itself or in combination with the Data Acquisition Site providing Internet access, will utilize filtering software or other technologies to prevent users from accessing visual depictions that are (1) obscene, (2) pornographic, or (3) harmful to minors. The school will also monitor the online activities of users, through direct observation and/or technological means, to ensure that users are not accessing such depictions or any other material that is inappropriate for minors.

Internet filtering software or other technology-based protection systems may be disabled by a supervising teacher or school administrator, as necessary, for purposes of bona fide research or other educational projects being conducted by students age 17 and older.

Privacy

Network and Internet access is provided as a tool for the user's education. The school district reserves the right to monitor, inspect, copy, review, and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the school district and no user shall have any expectation of privacy regarding such materials.

Failure To Follow Policy

The user's use of the computer network and Internet is a privilege, not a right. A user who violates this policy, shall at a minimum, have his or her access to the computer network and Internet terminated, which the school district may refuse to reinstate for the remainder of the student's enrollment or the staff member's employment in the school district. A user violates this policy by his or her own action or by failing to report any violations by other users that come to the attention of the user. Further, a user violates this policy if he or she permits another to use his or her account or password to access the computer network and Internet, including any user whose access has been denied or terminated. The school district may also take other disciplinary action in such circumstances.

Parent or Guardian: (If applicant is less than 18 years of age, a parent or guardian must also read and sign this agreement.)
As the parent or guardian of this student, I have read the terms and conditions for Internet Access. I understand that the school district is providing this access for educational purposes only and hereby give my permission to grant access for my child and will accept responsibility for supervision when my child is not in a school setting.

YES, my child has permission to use the computer/internet following the guidelines listed above.

NO, my child does not have my permission to use the computer lab/internet.

PARENT SIGNATURE DATE

I understand and will abide by the district's terms and conditions for Internet access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

I have read the Computer/Internet Access Agreement and Board of Education policy regarding computer/internet access and understand and agree to follow the procedures listed above.

STUDENT SIGNATURE DATE

Emergency Permission Form
(To be Completed and Signed by Parent/Guardian)

Student's Name _____ Grade _____ Age _____

School _____ City _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of emergency _____

Please list any allergies to medications, etc _____

Has student been prescribed an inhaler or epipen? _____

Is the student presently taking medication? _____ If so, what type? _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of AGRA HIGH SCHOOL to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime Phone Number (where to reach you in case of emergency) _____

Evening Phone Number (where to reach you in case of emergency) _____

***EMERGENCY PERMISSION FORM MAY BE REPRODUCED TO TRAVEL WITH RESPECTIVE TEAMS AND IS ACCEPTABLE FOR EMERGENCY TREATMENT IF NEEDED.**

Student Pick Up

STUDENT: _____ GRADE: _____

PARENT/GUARDIAN _____

PHONE: _____

TEACHER: _____

PEOPLE ALLOWED TO PICK-UP OR SIGN OUT
YOUR CHILD

NAMES:

PHONE NUMBERS:

PEOPLE NOT ALLOWED TO PICK-UP OR SIGN OUT YOUR CHILD
NAMES:

PARENT SIGNATURE: _____

DATE: _____

ALL INFORMATION AND PHONE NUMBERS NEED TO BE
ACCURATE AND UP TO DATE!!!!!!!

YOUR CHILD WILL ONLY BE RELEASED TO PARENTS OR
PERSONS LISTED ABOVE.

AGRA PUBLIC SCHOOLS

PO Box 279, Agra, Oklahoma 74824

www.agra.k12.ok.us

Elementary Principal
Ph 918.375.2262
Fax 918.375.2263

Superintendent
Ph 918.375.2261
Fax 918.375.2263

High School Principal
Ph 918.375.2261
Fax 918.375.2260

Parents/Guardians:

This year, the State of Oklahoma is requiring all school districts to provide each family the attached form to complete during enrollment. This is an Economically Disadvantaged Application. This form will be used strictly for Title I funding purposes. This is one of ways each district across the state receives money to provide items our students need. Please understand that each school age child in the home must have a form submitted on a yearly basis beginning this 2018-2019 school year.

The Little School That Could



Agra Does!

School Year 2018 - 2019
Economically Disadvantaged Application

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: Agra Public Schools Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total gross income:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$22,459 | <input type="radio"/> Between \$46,435 and \$54,427 | <input type="radio"/> Between \$78,403 and \$86,395 |
| <input type="radio"/> Between \$22,459 and \$30,451 | <input type="radio"/> Between \$54,427 and \$62,419 | <input type="radio"/> Between \$86,395 and \$94,387 |
| <input type="radio"/> Between \$30,451 and \$38,443 | <input type="radio"/> Between \$62,419 and \$70,411 | <input type="radio"/> Between \$94,387 and \$102,379 |
| <input type="radio"/> Between \$38,443 and \$46,435 | <input type="radio"/> Between \$70,411 and \$78,403 | <input type="radio"/> Between \$102,379 and \$110,371 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1) | <input type="radio"/> Five (5) | <input type="radio"/> Nine (9) |
| <input type="radio"/> Two (2) | <input type="radio"/> Six (6) | <input type="radio"/> Ten (10) |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4) | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: _____ Date: _____

Print Name: _____

Final Qualified status only:

- Qualified Not Qualified