

Wagoner Public Schools

Consent for Release of Student Information

To: _____

Address: _____

Phone: _____ Email: _____

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31 transfers of education records are requested for:

Name of Student: _____

Date of Birth: _____ Grade: _____

Students last day of attendance at their previous school: _____

Parent/Guardian signature: _____

For immediate enrollment please fax or email:

☐ Cumulative Records ☐ Transcript ☐ Health/Shot Records
☐ Birth Certificate ☐ Social Security Card ☐ Test Scores
☐ Discipline records ☐ Attendance Records
☐ Special Ed Records ☐ Withdrawal Grades

Please note the date of enrollment so there will not be a conflict with the wave

This student has enrolled with Wagoner Public School District as of _____.

Please send within 3 days to:

Wagoner Public Schools

ATTN: Terra Sloan, Register

500 Bulldog Circle

Wagoner, Ok. 74467

Phone: 918-485-9514 Ext: 2504

tsloan@wagnerps.org

Ellington: PK- 1st Grade, Address: 601 S.E 6th Wagoner, Ok 74467; 918-485-3692

ATTN: Kristie Humphries -Email: khumphries@wagnerps.org

WR Teague Elementary: 2nd – 3rd Grade, 700 N Story Wagoner, Ok 74467; 918-485-2212

ATTN: Cindy Scott- Email: cscott@wagnerps.org

Central Intermediate: 4th – 5th Grade, Address 202 N. Casaver Wagoner, Ok. 74467

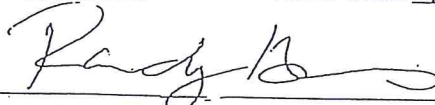
ATTN: Nancy Stone- Email: nstone@wagnerps.org

Wagoner Middle School: 6th -8th Grade, Address: 500 Bulldog Circle Wagoner, ok 74467; 918-485-9541

ATTN: Rebecca Mills - Email: rmills@wagnerps.org or Marjorie McKinney- mmckinney@wagnerps.org

Wagoner High School: 9th – 12th Grade, 300 Bulldog Circle Wagoner, Ok 74467; 918-485-5553

ATTN: Ginger Luna-Email: gluna@wagnerps.org or Monica Grooms-Email: mgrooms@wagnerps.org



Randy Harris, Superintendent of wagoner Public Schools

Education Records are maintained and released in accordance with the family education rights and privacy act (FERPA). Parent or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR-99.31

Reactivate # _____

ENROLLMENT CHECK LIST

Name of Student _____ Date _____

Grade _____ Phone _____

Contact Person _____

_____ Birth Certificate or Hospital Record

_____ Guardianship/Custody (Legal Document)

_____ ID (Picture) of Parent/Guardian

_____ Social Security

_____ Proof of Residence

_____ Indian Card

_____ Medicaid Card

_____ Immunizations

_____ Hep A

_____ Varicella

_____ Hep B

_____ DPT

_____ MMR

_____ Polio

_____ DPdT Booster (7th grade & up)

_____ Prior participation (First year in an Oklahoma School for ages 4yr to 6 yr old)

_____ ELL (limited English) ☐ More ☐ Less (to be tested) _____

_____ Homeless (living with someone else) _____

_____ Suspended If Yes Dates of Suspension _____

_____ Transfer - From What District _____

_____ Special Ed Handicap _____

_____ Gifted/Talented _____

_____ Home Schooled - Non Accredited School _____

_____ To Be Tested Date _____ Results: _____ Passed _____ Failed _____

_____ Transcript or Grade

_____ Self-Determination

_____ Withdrawal

Date Records Are Received

_____ Records

_____ Special Ed Records

_____ Other _____

Wagoner Public School Student Handbook Sign-Off Sheet

Students and parents:

Please read the online handbook together at www.wagonerps.org and sign the form below.

I acknowledge that I have read and understand this student handbook, and I will abide by the rules and regulations contained within.

Grade 1st Period Teacher Date

Student Name (Please Print)

Student Signature

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Wagoner Public Schools

Student Information

Ellington Elementary . 601 SE 6th St. . 918.485.3692
 WR Teague . 602 N Story . 918.485.2212
 Central Intermediate . 202 N Casaver . 918.485.9543
 Middle School . 500 Bulldog Circle . 918.485.9541
 High School . 300 N Bulldog Circle . 918.485.5553
 Wagoner, OK 74467



OFFICE USE ONLY

ID# _____ REACTIVATE _____
 SITE _____ Entry Date _____ Code _____
 FREE REDUCED PREPAID BUS # _____
 FOSTER - THERA CARE - TRANSFER - LEP - CUSTODY - HML
 OHP1 - SP ED - 504 - GIFTED - TRIBE _____
 TEACHER _____

Student's Legal Name

First _____ Middle _____ Last _____			
Gender	Social Security Number	Is Student currently under suspension from former school?	If yes, give dates of suspension
Male Female	_____ - _____ - _____	No Yes	

Date of Birth	Age	Grade
____ - ____ - ____		NG PK KG 1 2 3 4 5 6 7 8 9 10 11 12

Are you of Hispanic/Latino culture or origin? Yes NO
Race: (Circle All that Apply)
Indian/Native American Hispanic Black
Asian White Pacific Islander Other: _____

Birth City and State

Name of Former School

Last Day of Attendance or Withdrawal

Who Has Legal Custody of this Student
Please Attach any necessary Legal Documents
Student Lives With: (Circle one)
Both Parents Mother/Step Father Guardian
Father Only Father/Step Mother Grandparents
Mother Only Foster Care Therapeutic Foster Care

Contact Information

Mother or Guardian 1
Name _____
Physical Address _____

Mailing Address if Different (PO Box)

Home Phone _____
Cell Phone _____
Place of Employment _____
Work Phone _____
E-Mail _____

Father or Guardian 2
Name _____
Physical Address _____

Mailing Address if Different (PO Box)

Home Phone _____
Cell Phone _____
Place of Employment _____
Work Phone _____
E-Mail _____

Will your 7th thru 12th grade student be participating in any extra curricular activities? If yes, ask for a drug test packet. (Academics, Sports, Band, etc.)

Please list 3 emergency contacts in case you are not able to be reached:

Name	Relationship	Home #	Cell #
Name	Relationship	Home #	Cell #
Name	Relationship	Home #	Cell #

Release Information

Please list the ONLY people AUTHORIZED to check your child out of school. (ID may be requested)
Any changes must be made IN PERSON IN THE SCHOOL OFFICE by legal custodian prior to student's release to anyone other than the following people:

Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship

Medical Information

Medications(s):

Describe any medical conditions/allergies that school personnel should be aware of:

I, the undersigned, do hereby authorize officials of the Wagoner Public Schools District to contact directly the persons named in this document, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named in this document, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Doctor:	Phone:	Booner Care #
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Travel and Other Information (Circle one)

Car Rider	Name of Day Care	Walks Home	If yes what address	Bus Rider	Bus #
Yes No		Yes No		Yes No	

Has Student been Retained? If yes in what grade	I give permission for my child to participate in grief/trauma counseling	I give permission for my child to receive vision, hearing screenings, etc	I give permission for my child's picture to be used in school publications (Web, TV, Newspaper, etc)
No Yes Grade	No Yes	No Yes	No Yes

Please circle ALL classes/programs in which your child may have participated

Special Education	Speech	Migrant	ESL	Gifted/Talented	504	Other:
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Please list any other brothers, sisters, or students of whom you are legal guardian that attend this district:

Name	Grade	Name	Grade
Name	Grade	Name	Grade
Name	Grade	Name	Grade

Pursuant to the School Laws of Oklahoma, Wagoner Public Schools has adopted a Board Policy prohibiting the attendance of a student under suspension from another school, until such time as the terms of the suspension has been met or the suspension has been met or the suspension has expired. The circumstances of an individual's suspension may be reviewed. By signing this form, I do hereby affirm that the student listed above is not currently under suspension from another school district. I also affirm that the facts here are true. Any false statement subjects the above named student to immediate withdrawal.

Wagoner Public School

Student Enrollment Questionnaire

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.

SECTION A

☐ Rent/own my own home or apartment

STOP: 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.

SECTION B

- ☐ Temporarily with another family member or friend until we can locate affordable housing
- ☐ In an emergency or transitional shelter
- ☐ In a vehicle, park, campground, or on the streets
- ☐ In a house, building, or trailer WITHOUT running water or electricity
- ☐ In a hotel or motel
- ☐ With an adult that is not a parent or legal guardian
- ☐ Alone or in different locations, without an adult serving as a caregiver
- ☐ Wherever I can find a place to stay at night
- ☐ Other Please Explain:

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 & 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 Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

WPS



STUDENT HEALTH INFORMATION

Please provide the following information so that the school can better safeguard the health of your child.

Name _____ Grade _____
Last (Legal) First Middle

Birthday _____ Gender: ☐ M ☐ F

Home Phone: _____ Cell Phone: _____

HEALTH INFORMATION:

1. List all allergies _____
2. List any chronic illness or physical limitations your child has that the school needs to be aware of:

3. Does your child require: ☐ Eye Glasses ☐ Corrective Lenses ☐ Hearing Aids
☐ Prosthesis ☐ Other _____
4. Does your child have: ☐ Heart Disease ☐ Asthma ☐ Diabetes ☐ Seizures
☐ Attention Deficit Disorder ☐ Other _____
5. List any medications your child is currently taking at home or at school: _____

☐ YES ☐ NO I give permission for my child to receive vision, hearing, and any other screening tests.

I understand that students are not allowed to carry any type of medication on their person during the school day. If medication is to be administered at school it must be brought to the school in original container to the school office by the parent and a authorization form must be signed.

Parent Signature _____ Date _____

SCHOOL YEAR:

HOME LANGUAGE SURVEY



STUDENT INFORMATION

Student Name: _____ Grade: _____
Last Name First Name Middle NameDate of Birth: _____ School: _____ Student ID#: _____ Gender: Male ☐ Female ☐
MM/DD/YYYYIs the student of Hispanic or Latino culture or origin? YES ☐ NO ☐

Please select one or more of the following races:

- ☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ Caucasian/White

The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

- What is the dominant language most often spoken by the student? _____
- What is the language routinely spoken in the home, regardless of the language spoken by the student? _____
- What language was first learned by the student? _____
- Does the parent/guardian need interpretation services? YES ☐ NO ☐ If YES, in what language? _____
- Does the parent/guardian need translated materials? YES ☐ NO ☐ If YES, in what language? _____
- What was the date the student first enrolled in a school in the United States? _____
MM/YYYY

Date (MM/DD/YYYY)_____
Parent or Guardian Signature

SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

- ☐ A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered "more often" and has previously demonstrated English language proficiency on the PKST* or WIDA assessment:

Assessment Name:	<input type="text"/>	Year Assessed:	<input type="text"/>	Score:	<input type="text"/>
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- ☐ A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "less often" and has demonstrated English language proficiency on the PKST* or WIDA assessment. The student's PKST* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

WAGONER PUBLIC SCHOOLS

P.O. Box 508 • Wagoner, OK 74477 • 918-485-4046 • Fax: 918-485-8710

Wagoner Public School

Date: 03/31/2021

Dear Parent/Guardian,

As part of the required reporting to the Oklahoma State Department of Education (OSDE) each year, Wagoner district is directed to gather specific income information from Wagoner families to determine the amount of state and federal funds that Wagoner school district will receive. This Economic Disadvantaged student count is reported only as the number of students who qualify with no identification of students or families; however, we are required to collect the Economically Disadvantaged forms signed by parents/guardians to verify the income and include the students in our count for funding.

The additional funds that are generated by this Economic Disadvantaged form bring more money into our district from the Oklahoma State Department of Education in the State Aid formula, from the United States Department of Education in federal Title I funds which pay for reading teachers and computers and many other critical school needs, and from the federal E-Rate funding which pays for the schools' internet connectivity and other technology needs. As we plan for the education of our students in future months during the economic downturn we are experiencing in our state, we realize how critical it is that we capture ALL funding that is available for our students' education.

The district respectfully requests that you complete the short Economic Disadvantaged Form. Every completed form is important. Wagoner Public Schools thanks you for your time and the return of the completed Economic Disadvantaged form. All forms are kept confidential and used strictly for reporting the number of students in our district who qualify to the Oklahoma State Department of Education. Once again, thank you so very much!

Sincerely,



Superintendent

Randy Harris

Wagoner Public School

Wagoner Public School

School Year 2021 - 2022

Economically Disadvantaged Form

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

School: _____ Grade: _____ Student Number: _____

Student Name: _____

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

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$23,828 | <input type="radio"/> Between \$49,025 and \$57,424 | <input type="radio"/> Between \$82,621 and \$91,020 |
| <input type="radio"/> Between \$23,828 and \$32,227 | <input type="radio"/> Between \$57,424 and \$65,823 | <input type="radio"/> Between \$91,020 and \$99,419 |
| <input type="radio"/> Between \$32,227 and \$40,626 | <input type="radio"/> Between \$65,823 and \$74,222 | <input type="radio"/> Between \$99,419 and \$107,818 |
| <input type="radio"/> Between \$40,626 and \$49,025 | <input type="radio"/> Between \$74,222 and \$82,621 | <input type="radio"/> Between \$107,818 and \$116,217 |

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: _____

For Office use only:

- ☐ Qualified ☐ Not Qualified



Oklahoma Title I, Part C Education Program Identification & Recruitment Family Survey

Dear Parents,

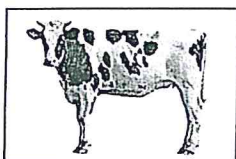
In order to better serve your children, the _____ school district would like to identify students who may qualify to receive additional educational services.

The information provided below will be kept confidential.

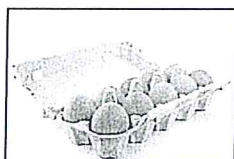
Section A

Please answer the following questions and return this survey form to your child's school.

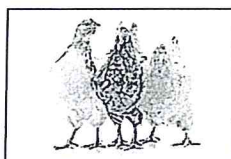
- ☐ Yes ☐ No 1. Have you or your family moved from one residency to another residency in another city or town to do seasonal or temporary work related to agriculture in the last 3 years?
- ☐ Yes ☐ No 2. Have your child(ren) moved from one school district to another school district so you or your spouse could do seasonal or temporary work related to agriculture in the last 3 years?
- ☐ Yes ☐ No 3. Was your move due to economic necessity or financial need? For example, moving for work or because work has ended.
- ☐ Yes ☐ No 4. Has anyone in your family worked in anything related to the jobs listed below? Self-employment and working or owning your own land or business does not apply.



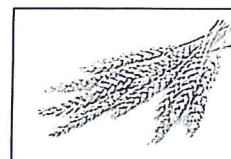
☐ **Livestock:**
Cattle, pigs,
sheep, dairy, etc.



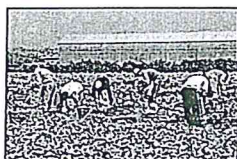
☐ **Eggs**



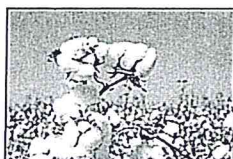
☐ **Chickens**



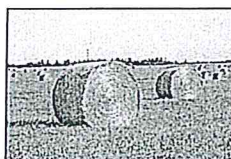
☐ **Crops:**
Wheat, corn,
soybeans, etc.



☐ **Harvest:**
Vegetables,
Fruit, etc.



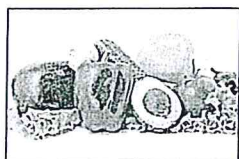
☐ **Cotton**



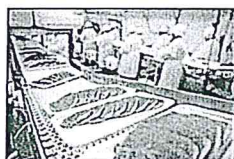
☐ **Hay**



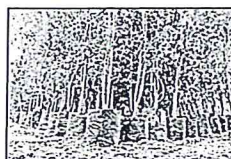
☐ **Nursery:**
Greenhouse,
sod, etc.



☐ **Vegetables**



☐ **Processing:**
Meat, fruit, trees,
vegetables, etc.



☐ **Trees:**
Timber, plants,
flowers, etc.



☐ **Soil Preparation**

Wagoner Public Schools – School/Parent Compact

It is important that families and schools work together to help students achieve high academic standards. Through a process that included teachers, families, students, and community representatives, the following are agreed upon roles and responsibilities that we as partners will carry out and to support student success in school and in life.

As a student I will:

- Believe that I can learn and will learn;
- Read for at least 30 minutes, five days a week;
- Come to class on time, ready to learn and with assignments completed;
- Set aside time every day to complete my homework;
- Know and follow the school and class rules;
- Follow the school's dress code;
- Regularly talk to my parents and my teachers about my progress in school; and
- Respect my school, classmates, staff and family.

As a parent/guardian or family member I will:

- Talk to my child regularly about the value of education;
- Monitor television viewing and make sure that my child reads every day;
- Make sure that my child attends school every day, on time, and with homework completed;
- Support the school's discipline and dress code;
- Monitor my child's progress in school;
- Make every effort to attend school events such as parent-teacher conferences, Open House and Back-to-School Night;
- Ensure that my child receives adequate sleep, regular medical attention and proper nutrition;
- Participate in shared decision making with school staff and other families for the benefit of students; and
- Respect the school, staff, students and families.

As a teacher I will:

- Communicate high expectations for every student;
- Endeavor to motivate my students to learn;
- Teach and involve students in classes that are interesting and challenging;
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community;
- Enforce rules equitably and involve students in creating a warm and caring learning environment in the class;
- Communicate regularly with families about their child's progress in school;
- Provide assistance to families on what they can do to support their child's learning;
- Participate in shared decision making with other school staff and families for the benefit of students; and
- Respect the school, staff, students and families.

Student Signature _____

Parent/guardian Signature _____

Teacher Signature _____

Principal Signature _____

**Digital Conversion Responsible Use Agreement
for Parents/Guardians in Wagoner Public Schools**

I acknowledge that I have reviewed the Wagoner Public Schools Digital Conversion Guidebook which details the Digital Conversion Objectives, Implementation Policies, and Chromebook care information. I further understand that Wagoner Public Schools will NOT issue a device to a student until his or her parent or guardian has signed this agreement.

I understand that my student is expected to:

- Take reasonable steps to ensure the Chromebook is not damaged or stolen.
- Leave all WPS labeling in place and in its original condition.
- Do not add your own stickers or markings.
- Bring the Chromebook to school fully-charged every day.
- Use the Chromebook at school and at home for educational purposes only.
- Be a responsible digital citizen, following the "Digital Citizenship Tips" in the Guidebook.
- Adhere to all technology board policies as specified

I understand that I am expected to:

- Ensure my student meets the expectations of the Wagoner Schools Digital Conversion as outlined in the Guidebook.
- Supervise and monitor my student's use of the Chromebook away from school.
- Pay the cost of repairing or replacing the Chromebook if the device becomes purposefully damaged, lost, or stolen, or if the student leaves Wagoner Public Schools without returning the Chromebook.

***** Lost or stolen devices will be un-usable outside of the WPS network*****

If a parent does not sign in person they MUST leave a phone number for verification.

Signatures:

Verification Phone Number _____

Parent Name

Signature

Date

Student Name

Signature

Date

Wagoner Public School Bulldog Wellness Pledge

Our Bulldog community is committed to applying the CDC guidelines during the COVID-19 pandemic as allowable with current space and product availability. Each person must do their part in helping slow the spread of COVID-19 and other contagious illnesses, and to be mindful of others. Wagoner Public Schools strives to provide a safe environment with low risk of exposure to COVID-19 and other contagious illnesses for all students, faculty, staff, and visitors to participate and enjoy. Our School Nurse and Social Service Workers are available to help by email aalbin@wagonerps.org or thoffman@wagonerps.org or call your child's school.

I (student, faculty, staff, or visitor) acknowledge by engaging in campus activities, including attending class, eating meals/snacks, attending activities, participation in recreation and athletics, I may be exposed to COVID-19 or other contagious illnesses. I am expected to contact my Physician or a Tele-health visit for medical advice. In order to reduce my risk, I agree to be an active participant in maintaining my own health, well-being and safety, as well as the safety of others, by following the guidelines and expectations outlined below.

As more information becomes available from the CDC and local Health Authorities, I understand Wagoner Public Schools may modify these guidelines and expectations which will be announced via Wagoner Public Schools app and via All-call phone message (sign-up is required). It is my responsibility to stay in contact with the school for any changes to protect myself and others.

It is my Bulldog pledge to protect myself, my peers, and the Wagoner Bulldog community by doing the following:

- Monitor myself for temperature above 99.5 or chills (fever 100.4 per CDC), cough, shortness of breath, headache or body aches, sudden loss of taste or smell, nausea/vomiting/diarrhea
- If I develop one or multiple symptoms I will be asked to seek medical advice from my Physician of choice or Tele-health visit.
- Timely communication of symptoms or potential exposures to COVID-19 or Flu. Communication will be key to discern between an absence, attendance, or truancy
- Keep vaccinations up-to-date and Vaccine clinics will be available throughout the year
- Wear face covering when social distancing (6 feet) cannot be maintained and are encouraged
- Practice social distancing 6 feet however 3 feet is acceptable.
- Frequently wash hands for 20 seconds with soap and water. If soap and water is not available use hand sanitizer until soap and water are available.
- Keep my personal space, shared common spaces, and my belongings clean.

COVID-19 and flu are highly contagious respiratory viruses and by following the above guidelines I am at a lower risk of transmitting or being exposed to respiratory viruses.

I have read, understand, and agree to follow the Bulldog pledge to protect myself and others.

I understand as the parent/guardian it is my responsibility to update emergency contact information (telephone number(s) and address) with the office staff and teacher throughout the current school year and understand this fluid situation can change and require picking up my child from school for a number of health related reasons.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Address _____ Phone # _____

Utilizing Medical advice is needed to provide students with an optimal learning experience.

Physician _____ Tele-health
Provider _____

*****PLEASE Print and sign this form*****

Virtual-Online Instruction at Home Application

Wagoner Public Schools,

Student Name: _____

Online Instruction at Home - A student will be enrolled in Edmentum (or other online learning management system) and will be self paced in their progression as they move through the lessons, content, and assignments. We will have a teacher(s) assigned to the student to perform weekly check-ins on their progress and provide additional instruction and/or resources as necessary. This option should be for those students with health issues or concerns and these students must be highly motivated self governed learners. ***These students will be able to be involved in extra-curriculars on campus if they so choose. If you choose this option it will be for the entire Fall 2020 semester. Students and parents must meet via phone call, email, or in-person with their student's administration prior to August 7th.

Any student who is quarantined or participating at home learning will be expected to turn in 4 Assignments per week (PK-5th) and 5 Assignments Grades 6th-12th to receive weekly attendance credit, however more assignments may be required by teachers. Therefore, students should fulfill their obligation to turn in all assigned work to receive full academic credit.

I have read and understand the procedures that are in this document.

Print Parent/Guardian's Name: _____

Signature: _____

Date: _____

I have met with my student's parents either by phone call, email, or in-person before beginning this online option.

Administrator Signature: _____

Date: _____

2020-2021 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Apply online:

STEP 1

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	DOB	School Name	Grade	Student?	Homeless, Migrant, Runaway
						Yes No	

Check all that apply

STEP 2

If NO > Go to STEP 3.

If YES > Write a case number here then go to STEP 4. (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income \$

How often? Weekly ☐ Biweekly ☐ 2x/month ☐ Monthly ☐

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?		Public Assistance/ Child Support/Alimony	How often?		Pensions/Retirement/ All Other Income	How often?	
		Weekly	Biweekly 2x/month		Monthly	Weekly		Biweekly 2x/month	Monthly
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X

X X X X

Check if no SSN ☐

STEP 4

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) Apt. #

City State Zip

Printed name of adult signing the form

Signature of adult

Daytime Phone and Email (optional)

Today's date

INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's Benefits	- A friend or extended family member regularly gives a child spending money
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
- Income from any other source	

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Cash assistance from State or local government	- Annuities
- Allowances for off-base housing, food and clothing	- Alimony payments	- Investment income
	- Child support payments	- Earned interest
	- Veteran's benefits	- Rental income
	- Strike benefits	- Regular cash payments from outside household

OPTIONAL Children's Race and Ethnicity

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
 Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian

☐ Black or African American ☐ 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 (SNAP), Temporary Assistance for Needy Families (TANF) case number or other FDIPIR 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotype, American Sign Language, etc.), 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:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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.

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442, or
 email: program.inlake@usda.gov
 This institution is an equal opportunity provider.

Donor Eligibility 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?

Weekly

Bi-Weekly

2x/Month

Monthly

Household Size

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Eligibility:

☐ ☐ ☐ ☐

WPS BUS VIOLATION POLICY

The following are examples of serious misconduct that may result in immediate bus suspension:

- Fighting / Hitting / Spitting
- Damage to bus property
- Profanity / Pornography / Vaping
- Bullying / Threatening behavior / Teasing
- Throwing any object on or out the bus
- Putting any part of the body outside the bus

Transportation Supervisor will handle all bus conduct reports. Please be aware of the violation policy. Conduct reports are cumulative from beginning of school year.

ALL SCHOOLS

1 ST REPORT	Warning / Letter and bus rules to parents
2 nd REPORT	Up to 5 days off all school transportation
3 rd REPORT	Up to 10 days off all school transportation
4 th REPORT	Off all school transportation for as much as a school semester and/or school year.

If a student loses his/her riding privilege, the suspension includes all buses, and the parent/guardian is responsible for the student's transportation.

It is sincerely hoped that parents will recognize these rules and regulations are for the safety and well-being of all students and that they will actively assist the school.

School bus transportation is the safest means of over-the-road transportation in America. Wagoner Public Schools takes pride in its safety record and in the service it provides.

Jimmy Butler

Transportation Supervisor

BUS RIDERS RULES AND REGULATIONS

SAFETY AND BEHAVIOR CODE

New Rules as of 8/2019

PARENT COPY

Bus riding is a privilege. Privileges for students to ride a bus are conditional on his/her good behavior and observance of the rules listed below. Students should abide by their STUDENT HANDBOOK rules while on the bus or at the bus stop. All buses may be videotaped at any time. Failure to follow any of the bus rules will result in disciplinary action as listed below. All students will obey directions given by the bus driver.

1. Students must be outside waiting at the designated bus stop prior to the scheduled stop time, regardless of weather conditions. Students should dress appropriately. The bus will stop only at designated stops and only if children are visible.
2. Respect people and their property while riding and waiting on the bus. Students must receive proper school official authorization to be discharged at places other than the regular bus stop.
3. Students will sit facing forward, backs against the seat back, feet on the floor and out of the aisle. Students should never be out of their seats while the bus is moving. Drivers have the authority to assign seats.
4. Keep all body parts inside the bus at all times.
5. All food, drinks, candy and gum will not be consumed on the bus. These items must be stored in student's book bags, backpack or lunchbox.
6. Courtesy transportation will not be allowed: I.E. daycare, scouts, dance, gymnastics, etc. Bus rider guests must have approval from the Principals office and is contingent upon available space on the bus.
7. All riders are responsible to assist in keeping the bus safe and clean at all times by picking up around their seat. All trash must be placed in the trashcan before entering or exiting the bus. Students should never open emergency doors or windows, unless directed to do so by the driver or if an emergency warrants.
8. Flowers, balloons, show and tell items and science projects must be transported by private vehicle. Unless prior approval by bus driver.
9. No articles are allowed aboard the buses that are injurious or objectionable in nature. Only items that can be stored in students lap or between their feet on the floor in front of them will be allowed on the bus. Items cannot be stored in the aisle or in the area around the bus driver. This includes personal athletic equipment and band instruments. Skateboards will not be transported on buses.
10. Mischief is prohibited. Remember loud talking, screaming & loud noises can divert the driver's attention and may result in a serious accident. Students should be silent at railroad crossings.
11. Any destruction of school property is a criminal act. Please treat the buses with respect. Any damage to school property will be paid for by the offenders and or their parent/guardian.
12. Help lookout for safety and comfort of younger/smaller children. Be courteous to fellow students, the bus driver and bus assistants. Students must obey all directions or suggestions from the bus driver.

Wagoner Public Schools Medication at School

All medication should be given at home if at all possible. However, it is realized that there are times when the medicine must be taken during the school day. School personnel will follow strict safety guidelines to assist students and parents regarding medicine.

Prescription Medication:

Prescription medication will be given to a student only with the written authorization of the parent/legal guardian. Prescription medication must be delivered to the office by the parent and must be in a currently dated prescription vial which correctly states the name of the patient; the name of the physician and direction for administering the medication. The written authorization must detail the dosage, frequency (time and Dates) the medicine is to be given, and reason for taking the medication. If the medication is a long term dosage, a WPS medication authorization form must be filled out; a new form must be completed for any change for medication; and the written authorization must be renewed yearly.

Over-the-counter Medicine:

Over-the-counter medicine will only be administered to the students with written authorization from parent/legal guardian. All over-the-counter medicines must be brought to school in their properly labeled containers. Only once a week, the parent must provide the school with written authorization from the child's physician.

If the student brings medication to the school without a properly completed authorization form, and request that school personnel administer the medication, school personnel will inform the parent of the district procedures and the inability to give the medication. The parent may, however, come to the school and dispense the student's medication.

All medicine will be administered through the school office. A student with asthma who uses an inhaler may carry and self-administer his/her medicine ONLY after certain guidelines are followed. These include the written approval of his/her physician and a conference with principal, school nurse, teacher, parent and student in which it is decided that the student can responsibly use the inhaler.

Wagoner Public Schools

From the school Nurse

Greetings and welcome to Wagoner Public Schools! To help ensure a safe and healthy environment for our students and staff, school regulations require, that these guidelines be followed.

Medical Conditions: If your child has a medical/health condition (asthma, diabetes, seizures, allergies, etc.), please inform the school office, school nurse, and your child's teacher. Federal Child Nutrition Guidelines require that students with food allergies must have a statement from his/her physician turned into the Cafeteria Manager.

Medication: All medication during the school day must be administered through the school office following school policies. The only exception is for older students with conditions such as Asthma, Diabetes, & severe Allergies. In these cases, parents must meet with the nurse at the start of the year to discuss their student's needs and provide the required physician statement. All of the above information must be updated each year.

Emergency Contact: Please inform the school office if your home, work, or emergency contact telephone numbers change during the year. This is critical in case of an emergency/illness.

School Attendance: We would like children to attend school each and every day but this is not always possible. Please make sure your child gets an adequate amount of sleep each night. Children should be kept home from school for the following reasons:

- Fever over 100 degrees and until fever free for 24 hours without medication
- Vomiting and Diarrhea
- Red, irritated, matted eyes
- Severe cough and/or severe sore throat
- Rash of unknown origin
- Any condition that prevents the student from performing in the classroom
- Itchy rashes, constant cough, severe headache or other painful conditions

Students will be sent home if the above signs/systems are present.

Head lice: Based on reports from the Health Dept. and Pharmacy personal head lice and other "nuisance" diseases (ringworm, Scabies, bed bugs etc.) continue to flourish. Although school, day care centers, etc. are often blamed for head lice outbreaks, it is important to remember that the family unit must adequately treat and, therefore, help prevent cases leading to outbreaks in school. Please help school personal by checking your child's hair at least once a week.

Head lice screening will be done at school periodically and as needed throughout the year. Students found with an active case of head lice and/or nits will be excluded from school until adequately treated.

Immunizations: Immunization records will be audited periodically and the Oklahoma Immunization law will be strictly enforced.

Vision Screening Law(SB 1795): "Beginning with the 2007/2008 school year, the parent or guardian of each student in Kindergarten; first and third grade at a public school must provide proof that his/her student passed a vision screening within the last 12 months...." Parents may obtain the screening from any personal listed on the OK state Department of Health registry or may take advantage of the screening done at school by organizations such as Prevent Blindness Oklahoma.

We are here to assist, please feel free to call us if you have concerns.