

2022-2023
PIONEER PLEASANT VALE SCHOOL DISTRICT I-56
STUDENT CODE OF CONDUCT CONTRACT

Parent/Guardian and Student:

The Pioneer Pleasant Vale Public School District continues to set the highest of expectations for student behavior and school safety. We expect every student to come to school prepared to learn and ready to treat themselves, and others, with respect. A caring and responsible attitude is also an expectation we have for children in our district. Because we care about the physical and emotional safety of our students, the inappropriate behaviors listed in the Student/Parent Handbook will not be tolerated and will result in disciplinary action from district staff members.

After thoroughly reviewing the Code of Conduct listed in the Student/Parent Handbook, please sign the Student Code of Conduct below and return it to your child's school no later than August 19, 2022.

My child, _____, and I have thoroughly reviewed the Pioneer Pleasant Vale School Code of Conduct as listed in the Student/Parent Handbook. We understand the rules and consequences established by the school district. We will cooperate with the student in fulfilling recommendations made with the understanding that there is a due process procedure.

SIGNED: Student _____

Parent/Guardian _____ Date _____

ACCEPTABLE INTERNET USE AGREEMENT

Please read the following carefully before signing this document. You will be expected to abide by the policies described herein.

PARENT AGREEMENT: As the parent or guardian of this student, I have read the terms and conditions for the District's Internet Use Agreement. I understand that access to the District's educational network resources is designed for educational purposes and the District has taken precautions to eliminate access to all controversial materials. I understand that if my child does not follow the agreement, privileges to access the District computer network resources may be revoked.

Please check one: I give ____ do not give ____ permission for my child to access, produce, video conference and communicate information on the District computer network resources for the current school year. Students who do not have parent/guardian permission to the District's computer network resources will be given alternative educational activities.

Please check one: I give ____ do not give ____ permission for my child's photograph to be published on the District computer network resources. Student photographs will be identified by first name and grade only.

Parent or Guardian Name (please print) _____

Parent or Guardian Signature (please sign) _____ Date _____

STUDENT AGREEMENT: I understand and will abide by the Acceptable Internet Agreement of the Pioneer Pleasant Vale School District. I understand that violating the agreement may result in loss of network privileges and/or other District disciplinary measures.

Student Signature (please sign) _____ Date: _____

2022-2023 STUDENT/PARENT HANDBOOK

Our current student/parent handbook is available online at our website:

ppv.k12.ok.us

Student's Name _____

Student's Grade _____ Date _____

Parent's Signature _____

PHOTO RELEASE PERMISSION SLIP/WAIVER

During the year, students may be photographed or videotaped by the media and/or district personnel while they are in the classroom or participating in school activities, under the supervision of the school principal. Please sign the form below to indicate your wishes as to if the media and/or district has your permission to publish your child's photo.

I, _____, the Parent or Legal Guardian
of _____, do hereby give permission to
use photographs or videotapes of the aforementioned student, without any
prior review, for any lawful purpose. This remains in effect for the 2022-2023
school year until permission is withdrawn in writing by the parent or legal
guardian.

_____ YES

_____ NO

Parent/Guardian Signature _____ Date _____

School Year 2022-2023
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

Race & Ethnicity Survey

Pleasant Vale Elementary School

Student Name: _____

Grade: _____

Date of Birth: _____

1. **Are you Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- ☐ No, not Hispanic or Latino
☐ Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following, if applicable, by marking one or more boxes to indicate what you consider your race to be.

2. **How would you describe yourself?** (Choose one or more from the following racial groups)

- ☐ American Indian or Alaska Native
(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)
- ☐ Asian
(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ☐ Black or African American
(A person having origins in any of the Black racial groups of Africa – includes Caribbean Islanders and other of African origin.)
- ☐ Native Hawaiian or Other Pacific Islander
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

PIONEER PLEASANT VALE SCHOOL DISTRICT

Child's Name: _____ **Grade:** _____

Dear Parents:

Pioneer Pleasant Vale School District and the Garfield County Health Department routinely conduct educational and physical screenings throughout the school year. These screenings are part of an ongoing assessment process assuring that each child reaches maximum learning potential. Please check the screenings below that your child may participate in at school.

Hearing Screening _____ **YES** _____ **NO**

Speech-Language _____ **YES** _____ **NO**

Gesell (PK, Kdg, T-1) _____ **YES** _____ **NO**

Vision Screening _____ **YES** _____ **NO**

If yes, please complete the Release of Confidential Information below which enables the health dept. to release the results of the screening to the school.

RELEASE OF CONFIDENTIAL INFORMATION

I, the undersigned, do hereby authorize the Garfield County Health Dept. to release my child's screening results to Pioneer Pleasant Vale School.

Parent Signature _____ **Date** _____



Pioneer Pleasant Vale School, Dist. 1-56

High School -- 6520 E. Wood Rd.
Waukomis, Oklahoma 73773

(580) 758-3282

Elementary -- 6020 E. Willow
Enid, Oklahoma 73701

(580) 234-9628

BRENT KOONTZ
Superintendent

TOM BETCHAN
High School Principal

LARRY COONROD
Elementary Principal

MEDICATION GUIDELINES

Dear Parent,

Every day we have students come to the office for various physical complaints such as coughing, stomach ache, headache, as well as small cuts or scrapes. We want to encourage the child to get through the day if possible. Sometimes we are able to solve the problem with a Tums, cough drop, or pain medication such as Tylenol or Ibuprofen. Of course, if the child has a fever or is obviously ill, we would contact you for further instructions.

We would like to have a permission slip on file in order to continue helping your child with minor complaints. **PLEASE FILL OUT THE FORM BELOW AND RETURN TO SCHOOL AS SOON AS POSSIBLE.**

We appreciate your help with this matter. Needless to say, it is very important that we have up-to-date contact numbers in case of serious illness or injury.

My child _____, may be given the following medications:

Cough drops	_____yes	_____no
Tums	_____yes	_____no
Tylenol	_____yes	_____no
Ibuprofen	_____yes	_____no

Parent signature