

Ripley School Supply List 2023-2024

First day of school- 8/17/2023

Pre-K *Do not label*

- 1-3 Ring pencil pouch with clear front standard size
- 2- Pkg. Crayola Crayons
- 1-Pkg. of 2 Black, Skinny Expo Markers
- 2-Elmer's glue stick (disappearing purple)
- Backpack-regular size
- 2- Plastic Folders with 2 pockets and 3 prong fastener
- 1-Container of Clorox wipes
- 1-kid size water bottle
- 1- gallon size Ziploc bags (boys)
- 1-sandwich Ziploc bags (girls)

Kindergarten *Do not label*

- 1- Regular sized Backpack
- 1-Pkg. of 6 Disappearing Elmer's Glue Sticks
- 1-Pkg. of Fat Crayola Markers
- 1-Container of Clorox wipes
- 1-Plastic, 2 Pocket Folder with Brads
- 1-3 Ring Pencil Pouch with clear front
- 1-Box Ziploc Sandwich Bags (girls)
- 1-Box of Gallon Ziploc Bags (boys)
- 3-pkgs. Crayola Crayons
- 2- Crayola washable paint trays
- 1-pkg. Ticonderoga #2 pencils
- 1-2pk. Of skinny black Expo markers
- 1- Kids size water bottle to be used at school

First Grade *Do not label*

- 1-**Plastic** Pocket Folder w/brads
- 1-School box
- 3-Box Crayola Crayons (24 count)
- 2-Boxes Tissues
- 1-Box Crayola markers
- 2-Pocket Folders-plain-no design (no brads)
- 1-Spiral Notebooks-70 count
- 1-Container of Clorox Wipes
- 1-Package of Glue Sticks
- 1-Package Expo Black Dry Erase Markers
- 1-Pkg. Ticonderoga Pencils
- 1-Bottle Glue
- 1-Box Gallon Ziploc Bags
- 1-Box Ziploc Sandwich Bags
- Backpack
- 1-Headphones

Second Grade

- 1-**Plastic** Pocket Folder w/brads
- 1-School box
- 2-Box Crayola crayons (24 count)
- 2-Boxes Tissues
- 1-Box Crayola markers
- 2-pocket folders-plain-no design (w/brads)
- 2-Spiral Notebooks-70 count
- 1-Container of Clorox wipes
- 1-Package of Glue sticks
- Water Color Paints
- 1-Package Black Dry Erase markers
- 1-Pkg. Ticonderoga Pencils
- 1-Bottle Glue
- 1-Container of Antibacterial Wipes
- 1-Box Gallon Ziploc Bags
- 1-Box Ziploc Sandwich Bags
- Backpack
- 1-Earbuds/Headphones

Third Grade

- 1-1 Inch Binder with clear pocket front
- 3- Pocket Folders **no brads** (blue, green, & yellow)
- 1- Zipper Pencil Bags with holes for Moose Book
- 1- Pencil Box for supplies (with zipper preferred)

- 1-Box 12 count Crayola Colored Pencils
- 1-Box 24 Crayola Crayons (no larger)
- 1-Box 10ct Crayola Washable Markers
- 2-24 pack pencils (Ticonderoga preferred)
- 5-Gluesticks (plain-unscented)
- 2-Clorox Wipes
- 2-Boxes of Tissues
- 1-Box of Gallon Ziploc Bags (girls)
- 1- Box Quart Ziploc Bags (boys)

Fourth Grade

- 3-Folders no Brads (for binder)
- 2-Boxes of Tissues
- 1-1 inch Binder
- 1 Pkg. Colored Pencils
- 2-Pkg. Mechanical Pencils w/lead refills (.09)
- 1-Box to hold Supplies
- 1-Headphones
- 2-Pkg. notebook paper
- 2- Spiral Notebooks
- 1-Box Crayons (no larger than 24 count)
- 1-Pkg. Clorox Wipes
- Backpack
- 2-Composition Notebooks
- 1-Bottle of Elmer's Glue
- 1-zipper pencil bag with holes for Moose Book

Fifth Grade

- 1-Pkg. of Dry Erase Markers (math & science)
- 1-Pkg. of Crayola Markers
- 1-Pkg. of Crayola Colored Pencils
- 1-Pkg. of Crayola Crayons
- 1-Pkg. of Erasers (big pink or pencil cap)
- 1-Water Bottle (their name on it)
- 1- 1 Inch Binder (social studies)
- 3-2 Inch Binders (math, science and reading)
- 2-Pkg. of dividers
- 4-Plain Pocket Folders with holes
- 4-Pkg. of Loose Leaf Wide Ruled Paper
- 1-Composition Notebooks for Science
- 1-Zipper Pouches with Holes for binders
- 3-Pkg. of Ticonderoga/Mechanical Pencils
- 3-Glue Sticks
- 1-Pkg. Colored Pens for Grading
- 1- Set of Earphones or Headphones (can be Bluetooth)
- 2-Boxes of Tissues
- 2-Containers of Antibacterial Wipes
- 1-Crayon box (Hoffman)
- \$5.00 science fee**

Sixth Grade

- 1-Pkg. of EXPO dry erase marker (2 count)
- 1-Pkg. of Crayola Colored Pencils
- 1-Pkg. of Pencil Top Erasers
- 1-Pkg. of glue sticks
- 2-3 inch Binders
- 2- Pkg. of 8 Count Dividers
- 4- Plain Pocket Folders with Binder Holes
- 2- Pkg. Loose Leaf Wide Rule Paper
- 2-Zipper Pouches with Binder Holes
- 3-Pkg. of Ticonderoga/Mechanical Pencils
- 1-Pkg. Colored Grading Pens
- 1-set of Earphones or Headphones
- 2-Boxes of Tissues
- 2-Containers of Antibacterial Wipes
- Refillable Water Bottles w/name for the year
- \$10.00 science lab fee**

Elementary Music

- 2-Boxes of Tissues
- 1-Clorox Wipes
- 1-Box of Small Ziploc Bags (sandwich or snack)
- 1-Box of Quart size Ziploc Bags

See back for 7th – 12th grade information



RIPLEY PUBLIC SCHOOLS

Home of the Warriors

P.O. Box 97 - 403 East Cook
Ripley, Oklahoma 74062-0097
PHONE: 918-372-4242 FAX: 918-372-4608

Kaleb Hoffman, Superintendent; Doug Scott, HS/JH Principal;
Kerri Brewer, Elementary Dean of Students;
Jimmie Sue Blose, Elementary Counselor; Lisa Danker, HS Counselor

PARENT PORTAL

☐ **My email has changed. Please make the following changes.**

Please list the name and email address you want to use to access the parent portal with.

Student(s) Name(s)

Parent Name

Parent Email

Thank you

We require the following to enroll your student,

- 1.** Proof of residency e.g. utility bill with name and address, bank statement or lease agreement
- 2.** Shot record, (if coming from another school we can request it from them)
- 3.** Birth certificate (if coming from another school we will request it from them)

Please fill out all paper work. If your student does not ride a bus we still need you to fill out the form as sometimes they go on field trips. If they cannot sign their name please print it in. If they are not Native American please put N/A on the form.

Thank you

Ripley Public Schools Academic Calendar 2023-2024

AUGUST '23						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

14th-16th Professional Days
15th Open House(6pm-8pm)
17th First day for students

11 Instructional Days
3 Professional Days

JANUARY '24						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

1st New Year's Day

3rd Second Semester Starts

15th No School: Dr. Martin Luther King Jr Day

20 Instructional Days

SEPTEMBER '23						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

4th Labor Day

20 Instructional Days

FEBRUARY '24						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

19th No School-Presidents' Day

26th and 27th Parent/Teacher Conferences

20 Instructional Days

OCTOBER '23						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2nd & 3rd Parent/Teacher Conferences 4-7pm

9th-13th No School-Fall Break

17 Instructional Days

MARCH '24						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

15th No School/Snow Day

18th-22nd No School-Spring Break

29th No School/Snow Day

14 Instructional Days

NOVEMBER '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

11th Veterans Day
23rd Thanksgiving Day

17 Instructional Days

APRIL '24						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

19th No School/Snow Day

26th No School/Snow Day

20 Instructional Days

DECEMBER '23						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

25th Christmas Day

13 Instructional Days

78 Days in 1st Semester

MAY '24						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

9th-10th Professional Days

11th HS Graduation 7pm

6 Instructional Days

2 Professional Days

80 Days in 2nd Semester

158 Instructional Days: 5 Professional Days: 2 Pt Conf. Days = 165 Total Days

(Template)

School Year 2023 - 2024

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 \$25,142 | <input type="radio"/> Between \$51,338 and \$60,070 | <input type="radio"/> Between \$86,266 and \$94,998 |
| <input type="radio"/> Between \$25,142 and \$33,874 | <input type="radio"/> Between \$60,070 and \$68,802 | <input type="radio"/> Between \$94,998 and \$103,730 |
| <input type="radio"/> Between \$33,874 and \$42,606 | <input type="radio"/> Between \$68,802 and \$77,534 | <input type="radio"/> Between \$103,730 and \$112,462 |
| <input type="radio"/> Between \$42,606 and \$51,338 | <input type="radio"/> Between \$77,534 and \$86,266 | <input type="radio"/> Between \$112,462 and \$121,194 |

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

RIPLEY SCHOOL DISTRICT
DISTRICT I-03, RIPLEY OK 74062
STUDENT ENROLLMENT FORM

Date of Entry _____ Grade _____ Date of Birth _____ Social Security Number _____

Full Legal Name _____ (First) _____ (Middle) _____ (Last) _____

Alternate Name _____ Last School Attended _____ Place of Birth _____

Gender _____ Race _____ Tribe _____ Tribal Number _____ Have Internet Available **Yes** **No** (please circle)

My child will (please circle) 1. Ride a Bus 2. Be Picked Up 3. Walk E-Mail Address _____

Physical Address _____ Zip Code _____

Directions to Home _____ Home Phone # _____

Father/Guardian _____ cell# _____ Employer _____ Phone _____

Mother/Guardian _____ cell# _____ Employer _____ Phone _____

Emergency Contact Name _____ Relationship _____ Phone # _____

(not a Parent) Name _____ Relationship _____ Phone # _____

Doctor _____ Phone # _____ Hospital of Choice _____

I, the undersigned, do hereby authorize officials of Ripley Public School District to contact the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever actions are 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.

Signature of Parent/Guardian _____

FOR SCHOOL INFORMATION GO TO : <http://www.ripley.k12.ok.us>

Student Handbook is online at this site



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Kaleb Hoffman, Superintendent; Doug Scott, HS/JH Principal;

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2023-2024

Dear Parent/ Guardian:

Ripley Public Schools assumes no financial responsibility for medical Costs of an accident occurring to a student while participating in a sport or other school activity. An accident insurance program is offered by the school for your convenience. Neither the school nor any school official is compensated by the insurance company. We have selected a company that provides student accident insurance throughout approximately 400 school districts in Oklahoma.

Student's Name _____

Parent's Signature _____

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: _____ Home Phone: _____

User's Signature: _____ Date: _____

User's Address: _____

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

Parent/Guardian: (If applicant is under 18, a parent or guardian must also read and sign this agreement.) As the parent/guardian of the above named student, I have read, understand and agree that my student 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 student for educational purposes only. However, I also understand that it is impossible for the school to restrict access to offensive and controversial materials and understand my student's responsibility for abiding by the policy. I am therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the 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 student'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 student'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 student to use the building-approved account to access the school district's computer network and the Internet.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

This agreement is valid for the 2023-2024 school year only.

STUDENT INFORMATION

Name of Student: _____ Grade: _____

Last Name First Name Middle Name

Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:

_____ African American/Black
Native Hawaiian/Pacific Islander

_____ American Indian/Alaskan Native
Caucasian/White

_____ Asian

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 (PKST).
 - ☐ 2. Scored Basic or Below Basic in ELA 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 of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		

Date(s) of ELA OSTP	Score(s) on ELA OSTP							
		Below Basic		Basic		Proficient		Advanced
		Below Basic		Basic		Proficient		Advanced
		Below Basic		Basic		Proficient		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	Composite / Percentile Score(s)

Question 1: Reference WAVE code 1036
Question 2: Reference WAVE code 1037
Question 3: Reference WAVE code 1038

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 Ripley Public School School District Ripley

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 _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

EVERY STUDENT MUST HAVE THIS BUS FORM FILLED OUT EVEN THOUGH THEY DO NOT RIDE A BUS TO OR FROM SCHOOL DUE TO OTHER SCHOOL ACTIVITIES

SCHOOL BUS SAFETY REGULATIONS:

Before boarding the bus, riders should:

1. Be on time at the designated bus stop in order to keep the bus on schedule
2. Stay off the road at all times while waiting for the bus. Bus riders are expected to conduct themselves in a safe, orderly manner while waiting.
3. Wait until the bus comes to a complete stop before attempting to enter.
4. Be careful when approaching or climbing bus steps
5. Bus riders are not permitted to move toward the bus at school loading zone until the bus has been brought to a complete stop.

While on the bus, riders should:

1. Keep hands and head inside the bus at all times after entering and until leaving the bus.
2. Assist in keeping the bus safe and sanitary at all times.
3. Remember that loud talking and laughing or unnecessary confusion diverts the driver's attention and could result in a serious accident.
4. Treat bus equipment as if it is valuable furniture in your home. Damage to seats, etc., must be paid for by the offender.
5. Never tamper with the bus or any of its equipment.
6. Keep books, packages, coats, and all other items out of the aisle.
7. Take books, lunches, and any other items with you when you exit the bus.
8. Help look after the safety and comfort of the smaller children.
9. Do not throw anything out of the bus windows.
10. Do not leave your seat while bus is in motion.
11. Do not participate in "horseplay" in or around the bus.
12. Be courteous to fellow students, the bus driver or the bus driver's assistant.
13. Keep absolutely quiet when approaching a railroad crossing.
14. In case of emergency, remain in the bus until notified to exit.

Upon leaving the bus, riders should:

1. Go at least 10 feet in front of the bus, stop, check traffic, wait for bus driver's signal, and then cross the road if necessary.
2. Immediately leave bus and stay clear of traffic.
3. Help look after the safety and comfort of smaller children on the way home.
4. Go straight to your house. The driver will not deposit riders at any other place than the regular bus stop without proper authorization from both a parent and a school official.

Extra -Curricular Trips:

The above rules and regulations will apply to any trip under school sponsorship.

- 1. Students shall follow the directions of the chaperone appointed by the school.
- 2. State law and insurance prohibit adults riding school buses unless they are designated as sponsors for the activity.

Bus Route Dismissal:

Any school bus rider endangering the lives or health of other riders shall, after a second offense, be dismissed from riding a School District I-3 bus for the rest of the current school year.

HOW TO GET OFF AT A NEW LOCATION/HOW TO CHANGE THE BUS YOU RIDE

This amendment is in compliance with the present school bus policy. In order to insure the safety of our students at Ripley Public Schools, we are requiring parental permission in the form of a note to the principal, and also a phone call to let us know if your student is to be let off at a different bus stop or ride a different bus. In case of emergencies or plans that can't be made in advance, your phone call will suffice. We appreciate your cooperation in this matter.

SIGN THIS FORM AND RETURN TO THE SCHOOL OFFICE

I have read and understand the regulations and responsibilities of students that ride a Ripley Public School bus, and I agree to abide by the said rules.

STUDENT SIGNATURE _____ DATE _____

I have read and understand the regulations and responsibilities of students that ride a Ripley Public School bus, and I agree to assume full responsibility for my child's conduct on said bus.

PARENT SIGNATURE _____ DATE _____

Bus Driver's Name _____ Bus # _____

Please give precise directions to your home: _____

FIELD TRIPS

Your student will have the opportunity to go on field trips throughout their school years. You will receive information about the trip(s) and a permission slip will be sent in most cases, **but** in the event that they fail to return the signed slip this form will be kept in their cumulative file in the office so they may attend. **NO STUDENT WILL BE ALLOWED ON ANY FIELD TRIP WITHOUT THIS SIGNED AND COMPLETED FORM ON FILE TO COVER TRIPS.**

****This form will remain in effect for the remainder of the time your student is enrolled at Ripley Elementary School. It will allow them to attend without any further permission form. ****

Field trips are an important part of your student's education and we hope that you will return this permission form so they might join their classmates on their field trips.

Student Name: _____ has permission to ride the school bus on scheduled field trips during the time they are enrolled at Ripley Elementary School.

Parent/Guardian Signature: _____

Date: _____



RIPLEY PUBLIC SCHOOLS

Home of the Warriors

P.O. Box 97 - 403 East Cook

Ripley, Oklahoma 74062-0097

PHONE: 918-372-4242 FAX: 918-372-4608

Kaleb Hoffman, Superintendent; Doug Scott, HS/JH Principal;

Kerri Brewer, Elementary Dean of Students;

Jimmie Sue Blose, Elementary Counselor; Lisa Danker HS Counselor

ELEMENTARY PARENT-SCHOOL COMPACT AGREEMENT

As a STAFF MEMBER, I will provide your child with every opportunity to learn and grow by:

- . Maintaining a quiet and organized workplace;
- . Having a high expectation of myself and my students;
- . Giving instruction and assignments appropriate for the skill and development required by state and district standards.
- . Monitoring student work on a daily basis to ensure success and progress; and
- . Reporting regularly to parents with returned work, written notices, and conferences.

As a STUDENT, I will keep my focus on what is important in meeting my goal of learning by:

- . Being in class on time, every day, with my homework in hand and prepared to work;
- . Allowing the teacher to teach and everyone in class to learn;
- . Completing my work on time and accurately;
- . Keeping my hands, feet objects, and comments to myself; and
- . Respecting others and their property.

As a PARENT/GUARDIAN, I will support Ripley's programs and activities that give my child the optimum opportunity for learning by;

- . Expecting my child to complete daily homework assignments independently and discuss his/her Results for improved learning, and check for a timely return to school;
- . Accentuating the positive events at school and help my child resolve issues of concern and conflict;
- . Supporting the discipline policy and reinforcing the highest expectations of the school staff;
- . Reading to and listening to my child read daily as a way of building a lifelong interest and joy of reading;
- . Seeing that my child gets adequate rest and is in school on time with a positive outlook;
- . Attending conferences to discuss my child's work progress and attending events which showcase my child's work and learning experiences; and
- . Providing and maintaining accurate information on my child's records for contact.

PARENT/GUARDIAN SIGNATURE: _____

STUDENT SIGNATURE: _____

Mrs. Brewer and the Elementary Staff are committed to doing their part in the Ripley School Compact. Thank you for your support of our educational system!



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PHOTO/VIDEO RELEASE

This is for permission to include students' pictures and/or videos in the Yearbook, Newspaper releases and other Ripley School-related projects.

I, _____, do hereby grant permission for Ripley Public Schools to use my child's picture(s) and/or video and sound recording(s) for use in the classroom, educational projects and/or the annual Yearbook publication.

I understand that there will be no compensation for any appearance in the above mentioned items, and that my permission is applicable for the entire time my child is enrolled in Ripley Public Schools, from this date forward until he/she graduates or withdraws from this school.

Date: _____

Student's Name: _____

Parent/Guardian Signature: _____



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MEDICATION CONSENT FORM

I am a parent with legal custody or the guardian of _____
a student attending this school. I hereby give my consent and authorize
any member of Ripley School Staff to:

- Administer a non-prescription medication, in accordance with the directions of the medication listed on the label for a child of his/her age.
- Administer a filled prescription medication which the parent/guardian supplies to the school, in accordance with the directions listed on the label of the vial.

I understand that under state law the Board of Education, the School District, or employees' of the District shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees' in administering the medicine I have authorized. The medication consent form is applicable for the entire time my child is enrolled in Ripley Public School from this date forward until his /her graduation, until he/she withdraws from this school, or unless otherwise notified by the parent/guardian in writing.

Date _____

Signature: _____

Parent with Legal Custody or Guardian

OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: _____

Demographic/Client ID #: 4902
(For School/Day Care receiving PHI to fill out)

Date of Birth: _____

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: RIPLEY PUBLIC SCHOOLS
(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):

☒ to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

☐ Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event [e.g., child no longer enrolled in school/day care center] _____

Signature of Student or Legal Representative

Date

Description of Legal Representative's Authority

Guide to Immunization Requirements in Oklahoma: 2023-24 School Year



All children two months of age and older must present an immunization record or file for an exemption before they are allowed to attend child care or school in Oklahoma. Please read the bullets below for essential information.

Age/Grade	Required Immunizations with Cumulative Doses required	Recommended Immunizations
Child Care <i>Up to date for age</i>	4 DTaP (diphtheria, tetanus, pertussis) 1-4 PCV (pneumococcal) <input type="checkbox"/> 1-4 Hib (<i>Haemophilus influenza</i> type B) <input type="checkbox"/> 1 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	3 IPV (polio) 2 Hep A (hepatitis A) 3 Hep B (hepatitis B)
Preschool/Pre-K	4 DTaP (diphtheria, tetanus, pertussis) 1 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	3 IPV (polio) 2 Hep A (hepatitis A) 3 Hep B (hepatitis B)
Kindergarten-6th	5 DTaP (diphtheria, tetanus, pertussis) <input type="checkbox"/> 2 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	4 IPV (polio) <input type="checkbox"/> 2 Hep A (hepatitis A) 3 Hep B (hepatitis B)
7th-12th	1 Tdap (tetanus, diphtheria, pertussis) • 5 DTaP (diphtheria, tetanus, pertussis) <input type="checkbox"/> 2 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	4 IPV (polio) <input type="checkbox"/> 2 Hep A (hepatitis A) 3 Hep B (hepatitis B) <input type="checkbox"/> Seasonal influenza (flu) 2-3 HPV (human papillomavirus) 1-2 MCV4 (meningococcal ACWY) 2-3 Men B (meningococcal serotype B)

The current childhood immunization schedule may be found at <https://www.cdc.gov/vaccines/schedules/index.html>.

- Doses administered 4 days or less before the minimum intervals or ages are counted as valid doses. This does not apply to the 28-day minimum interval between doses of live vaccines not administered on the same day.
- If a parent reports their child had varicella disease (chickenpox), the child is not required to receive varicella vaccine. Record the child's history of varicella.
- The first doses of measles, mumps, and rubella (MMR), varicella, and hepatitis A vaccines must be administered on or after the child's first birthday (or within 4 days before the birthday), or they will not count toward the immunization requirement and must be repeated.
- It is not necessary to restart the series of any vaccine if a dose was given late or if a dose is past due. Additional doses of a vaccine series that are administered after the due date do not affect final immunity.
- Children may be allowed to attend child care and school if they have received at least one dose of all required vaccines due for their age or grade, and the next doses are not yet due. They must complete the remaining doses of vaccine on schedule. These children are in the process of receiving immunizations.
- Hib and PCV vaccines are not required for students in preschool, pre-kindergarten, or kindergarten programs operated by schools, unless the facility is a licensed child care facility. Hib and PCV vaccines are required for children attending licensed child care facilities.
- 1. If the 4th dose of DTaP is administered on or after the child's 4th birthday, then the 5th dose of DTaP is not required.
- 2. The number of doses of PCV and/or Hib may range from 1 to 4 depending on the age of the child, when the first dose was given, and type of vaccine used.
- 3. If the 3rd dose of IPV is administered on or after the child's 4th birthday, and at least six months from the previous dose, then the 4th dose of IPV is not required.
- 4. Students 11 through 15 years of age who have not received Hep B vaccine may receive a 2-dose series of Merck® Adult Hepatitis B vaccine to comply with this requirement. All other children (younger or older) must receive 3 doses of pediatric hepatitis B vaccine.
- 5. The Centers for Disease Control and Prevention (CDC) recommends a dose of Tdap on or after the 10th birthday even if previously received. An inadvertent dose of DTaP on or after the 10th birthday may be accepted for the 7th grade Tdap requirement.

For more information call the Immunization Service at (405) 426-8580 or visit our website at: <https://oklahoma.gov/health/immunizations>.

OKLAHOMA CUMULATIVE HEALTH RECORD

(Please Print)

1. Name of Pupil _____ Sex _____ Birth Date _____
(Last) (First) (Middle) Home Telephone _____

2. Address _____ Business Telephone (Mother) _____ (Father) _____

3. Parent or Guardian _____ Telephone _____

4. Physician _____ Address _____ Telephone _____

5. Person to call if parent not available 1) _____ Telephone _____
(Local Residents Please) 2) _____ Telephone _____

IMMUNIZATION RECORD					
Vaccine Type	Date of Each Dose (Enter date when each immunization was given)				
	1	2	3	4	5
DTP/DTaP/Td					
Polio					
Hepatitis B					
MMR					
Varicella					
Hepatitis A					
Tdap					

Immunization History should be transcribed from personal record ONLY by school personnel not by parents. The student's personal record needs to be returned to parents or guardian and not kept by the school.

Date and signature of person transcribing immunization history

TRANSFER RECORD			
Date	Grade	From:	To:

It is recommended that a copy of this record be given to parents or guardian at time of transfer. This record is to be forwarded immediately to the new school. It is not to be withheld for any reason. The Oklahoma School Immunization Law requires this information be presented when enrolling at each new school.

GENERAL HEALTH RECORD

This section may be used to record pertinent health information which may be useful to the school nurse or other school officials (i.e. allergies, medical conditions, behavioral, and developmental problems).



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PARENT CONSENT FOR VISION, HEARING AND SPEECH /LANGUAGE SCREENINGS

Dear Parents: In an effort to provide our students with optimal learning experiences and to comply with Oklahoma Department of Education requirements for Early Childhood Education Programs, we will be conducting vision, hearing, and speech/language screenings for all students in Pre-K and Kindergarten. Please check the appropriate boxes below, sign and date.

If you have any questions, please call the school @ 918-372-4570 ext 214

Thank you for your cooperation,

Donna Wirt, Speech/Language Pathologist

I give my permission for the following school screenings:(If there are any screenings you do not consent to, please make a note beside that screening. Otherwise all students will receive screenings according to state requirements.)

☐

Vision Screening

☐

Hearing Screening

☐

Speech/Language screening

Student Name: _____ Date of Birth: _____

Teacher: _____ Grade: (circle one) Pre-K Kg

Parent Signature: _____ Date: _____

INITIAL ENROLLMENT PRIOR PARTICIPATION FORM

Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student Legal Name: First _____ Last _____

Student Date of Birth: _____

Student Gender (circle) M or F

Did the student participate in any of the following programs? Please indicate by checking YES or NO

PROGRAM	YES	NO
A childcare program that is licensed pursuant to the tiered licensing System established by the Dept. of Human Services (a DHS licensed childcare program)		
The Sooner Start program operated by the State Department of Health		
The Oklahoma Parents as Teachers(OPAT) program operated by the State Department of Education		
The Children First program operated by the State Department of Health		
Any child abuse prevention program operated by the State Department of Health		
Any federally funded Head Start program		