



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

**RIPLEY HIGH SCHOOL
DATA & INFORMATION SHEET**

FIRST, MIDDLE AND LAST NAME _____

GRADE _____ DATE OF BIRTH _____ SSN# _____

PLACE OF BIRTH: CITY _____ STATE _____

SCHOOL LAST ATTENDED (NEW STUDENTS ONLY) _____

ARE YOU A BUS RIDER? YES _____ NO _____ DO YOU LIVE IN THE RIPLEY DISTRICT? YES _____ NO _____

STUDENT DRIVERS: CAR MODEL, COLOR & TAG NUMBER _____

GUARDIAN #1 _____ RELATION TO STUDENT _____

GUARDIAN #1 EMPLOYER _____ EMPLOYER PHONE # _____

GUARDIAN #2 _____ RELATION TO STUDENT _____

GUARDIAN #2 EMPLOYER _____ EMPLOYER PHONE # _____

PHYSICAL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

PARENT EMAIL ADDRESS _____

HOME PHONE _____ STUDENT CELL # _____

GUARDIAN 1 CELL # _____ GUARDIAN 2 CELL # _____

DOCTOR/HOSPITAL _____ PHONE # _____

SPECIAL MEDICAL INFORMATION OR ALERTS _____

OTHER EMERGENCY #S _____

WHAT IS YOUR RACE? AMERICAN INDIAN/ALASKAN NATIVE _____ ASIAN _____ WHITE _____
BLACK/AFRICAN AMERICAN _____ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER _____

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

AMERICAN INDIAN: TRIBE _____ ROLL NUMBER _____ JOM _____

DOES THIS STUDENT HAVE AN IEP? YES _____ NO _____ DOES THIS STUDENT HAVE A 504? YES _____ NO _____

RESTRICTED PICK-UP/CONTACT INFORMATION _____

****PLEASE NOTIFY THE OFFICE IF ANY OF THIS INFORMATION CHANGES DURING THE SCHOOL YEAR ****

BE SURE TO USE THE SCHOOL WEB SITE & FACE BOOK PAGE FOR SCHOOL CALENDAR, MENU, HANDBOOK AND OTHER INFORMATION.

**RIPLEY PUBLIC SCHOOLS
MEDICATION AUTHORIZATION FORM**

Student: _____

Birthdate: _____

OVER-THE-COUNTER MEDICATION

TO BE COMPLETED BY THE PARENT/GUARDIAN

Fill out and return to school with a **NEW Unopened Container** of age and dose appropriate medication.

Medication: _____ Dosage: _____

Purpose: _____ Time(s) to be administered: _____

Dates to be given: _____ Allergies: _____

Special Instructions: _____

PRESCRIPTION MEDICATION

TO BE COMPLETED BY THE PHYSICIAN

Ripley Public Schools discourages the administration of medication to students in school if possible. This form will only be valid for the current school year. A new form is required yearly.

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Medication: _____ Diagnosis: _____

Trade Name or Generic

Dosage: _____ Time(s) to be given at school: _____

Effective Dates: From ___/___/___ to ___/___/___ Possible side effects: _____

If medication is PRN (as needed), please specify: _____

Signs and Symptoms

_____ Can Medication be repeated: ___ Yes ___ No How many times? _____

Frequency of Administration

Physician's Name(Please Print)

Physician or Representatives Signature

Physician's Phone

Date

****SELF-CARRY/SELF-ADMINISTRATION EMERGENCY MEDICATION**

AUTHORIZATION/APPROVAL

Provisions under 70 O.S. 1984, Section 1-1163, allow students to self-administer prescribed asthmatic, diabetic, or allergic medication.

Approval to self-administer medications must be authorized by the prescribing physician. **The parent/guardian of the student is to provide the school an emergency supply of the student's medication.**

 I have instructed _____ in the proper use of his/her medication and it is my professional opinion that this student is capable of self-administration of the medication and should be allowed to carry and use that medication by himself/herself.

Physician's Signature

Date

TO BE COMPLETED BY THE PARENT/GUARDIAN

I have read the procedure for medication administration and I hereby request and authorize Ripley Public Schools personnel to administer this medication as directed. I agree to release, indemnify and hold harmless Ripley Public Schools and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering medication to this student. **I understand that *permission is granted* for exchange of verbal or written communication between the school staff and the prescribing physician/dentist regarding this medication.**

Signature of Legal Parent/Guardian

Date

Contact Phone



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

MEDICATION CONSENT FORM

I am the parent/guardian with legal custody of _____, a student attending this school. I hereby give my consent and authorize any member of the staff at Ripley Public Schools to:

- Administer a prescription medication provided to the school by the parent/guardian, in accordance with the directions printed on the label.
- Administer a non-prescription medication provided by the school, in accordance with the directions printed on the label.

I understand that under state law, the Board of Education, the School District, and/or employees of the District shall not be liable to the student or the student's parent/guardian for civil damages due to any personal injuries to the student which result from acts or omissions by school employees in administering the medicine(s) I have hereby authorized. This medication consent form is applicable for the entire time my child is enrolled in Ripley Public Schools; 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: _____

Parent/Guardian Signature: _____

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

Student Name: _____

Demographic/Client ID #: _____

Date of Birth: _____

(For School/Day Care receiving PHI to fill out)

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: _____
(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



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

2023-2024

Dear Parent and/or 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.

Students Name: _____

Parents Signature: _____



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

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: _____

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.

(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 \$26,973 | <input type="radio"/> Between \$55,500 and \$65,009 | <input type="radio"/> Between \$93,536 and \$103,045 |
| <input type="radio"/> Between \$26,973 and \$36,482 | <input type="radio"/> Between \$65,009 and \$74,518 | <input type="radio"/> Between \$103,045 and \$112,554 |
| <input type="radio"/> Between \$36,482 and \$45,991 | <input type="radio"/> Between \$74,518 and \$84,027 | <input type="radio"/> Between \$112,554 and \$122,063 |
| <input type="radio"/> Between \$45,991 and \$55,500 | <input type="radio"/> Between \$84,027 and \$93,536 | <input type="radio"/> Between \$122,063 and \$131,572 |

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 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

FIELD TRIPS

Your student will have the opportunity to go on field trips throughout the school year. You will receive information about the trip(s) and this form will serve as the permission slip for these trips. This form will be kept in their cumulative file in the office.

NO STUDENT WILL BE ALLOWED ON ANY FIELD TRIP WITHOUT THIS SIGNED AND COMPLETED FORM ON FILE.

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 bus on scheduled field trips during the current school year.

Parent/Guardian Signature: _____

Date: _____

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 _____

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



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

2023-2024

DEAR PARENTS,

RIPLEY PUBLIC SCHOOLS WANTS TO INFORM STUDENTS AND PARENTS OF THEIR RIGHT TO "OPT OUT" OF HAVING THEIR CONTACT INFORMATION RELEASED TO MILITARY RECRUITERS AND/OR COLLEGES.

PLEASE CHECK THE BOX BESIDE THE ONE(S) THAT YOU **DO NOT** WANT YOUR INFORMATION RELEASED TO. YOU **MUST** CHECK THE BOX FOR IT TO BE VALID.

☐

MILITARY

☐

COLLEGES

STUDENT NAME: _____ GRADE _____

PARENT SIGNATURE: _____

THANK YOU
DOUG SCOTT
JH/HS PRINCIPAL



STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name

Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
 MM/DD/YYYY

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

Select one or more of the following races:

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

- 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 so, what language? _____
- Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____
- 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, 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 on the most recently administered state approved norm-referenced test (NRT). Qualifying score must not pre-date the start of the spring semester of the previous school year.

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs, 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

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: _____

IF YOUR CHILD HAS DIABETES, PLEASE FILL OUT THIS FORM

The purpose of this form is to aid the school in gathering the information necessary to develop the student's individualized health and emergency action plan.

Effective Date: _____

Students Name: _____

Date of Birth: _____

Known Allergies: _____

Grade: _____

_____ Diabetes Type 1

_____ Diabetes Type 2

Date of Diagnosis _____

Last hospitalization/ER visit for diabetes: _____

Has glucagon ever been administered? Yes _____ No _____

Contact Information

Mother/Guardian 1: _____

Address: _____

Telephone # Home: _____ Cell: _____ Work: _____

Father/Guardian 2: _____

Address: _____

Telephone # Home: _____ Cell: _____ Work: _____

Student's Doctor/Health Care Provider:

Name: _____

Address: _____

Telephone: _____ Emergency Number: _____

Preferred Hospital: _____

Other Emergency Contacts:

Name: _____

Relationship: _____

Telephone # Home: _____ Cell: _____ Work: _____

Notify parents/guardians or emergency contact in the following situations: _____



Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is a disease caused by the bacteria *Neisseria meningitidis*, also called meningococcus. This bacteria can infect the blood, causing septicemia. It can also infect the covering of the brain and spinal cord, causing meningitis.

How is this disease spread?

Meningococcal disease spreads by direct contact with the saliva or with respiratory droplets from the nose and throat of an infected person.

Who is at risk of getting this disease?

Some groups of people have a higher risk of meningococcal disease, such as first year college students living in dormitories or new military recruits living in barracks. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, people without a spleen, and people traveling to parts of the world where meningococcal disease is more common. Exposure to tobacco smoke and having a concurrent upper respiratory infection also increase the risk of meningococcal disease. Infants are at highest risk, but rates decrease after infancy and then increase in adolescence and young adulthood.

What are the symptoms?

Ten percent or more of people are thought to be carrying *Neisseria meningitidis* in their nose and throat without being ill, which is called "asymptomatic carriage". Of these people, about 1% can develop illness, which may be meningitis or a bloodstream infection called septicemia or meningococcemia. As described above, some people can carry the bacteria in their nose and throat without ever becoming ill. Signs of illness may include fever, severe headache, nausea, vomiting, and a rash. People who develop meningitis can have fever, intense headache, nausea, vomiting, stiff neck, and extreme sensitivity to light. It is important to seek care from a healthcare provider as soon as possible if these symptoms appear. Meningococcal disease has a 15% risk of death if it is not treated promptly.

How soon do the symptoms appear?

The symptoms may appear two to ten days after infection, but usually within three to four days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin or a cephalosporin such as ceftriaxone, are used to treat meningococcal disease.

Should people who have been around a person infected with meningococcal disease receive treatment?

When meningococcal disease occurs in one person, only the people who have had recent close contact with that person's respiratory secretions are recommended to receive antibiotics. These include household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc. Such people are usually advised to obtain a prescription for a specific antibiotic (rifampin, ciprofloxacin, ceftriaxone, or azithromycin) from their physician. The health department will contact the individuals who are recommended to receive antibiotics, and advise them of options to obtain antibiotics. Casual contacts including classmates, co-workers, or those in a factory setting are not at increased risk of disease when a single person has meningococcal illness. When clusters or outbreaks occur, the health department may expand the recommendations for which groups need to receive antibiotics to prevent possible spread. Antibiotics do not protect people from future exposure to *Neisseria meningitidis*.

Is there a vaccine to prevent meningococcal disease?

Three types of meningococcal vaccines are available in the United States. They are effective against four of the five most common disease-causing types of meningococcal disease: A, C, Y, and W-135. An additional vaccine is now available that protects against serogroup B, but is currently only licensed for high-risk children over ten years of age. Consult with your healthcare provider or the local health department about receiving the vaccine.

*******URGENT! PLEASE READ!*******

Every student **MUST** have a copy of a current utility bill with this packet when they turn it in to show proof of residency.

This applies to **EVERYONE**, whether you live next to the school, or 15 miles away.

THANK YOU FOR YOUR COOPERATION 