GRAND VIEW PUBLIC SCHOOL

INTERNET USAGE

_____ **YES, I DO** want my child to have supervised access to the Internet at school. (If yes, complete info below.)

_____

(Print Name) the student, understand and will abide by the Terms and Conditions for Internet Access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken. As the parent or guardian of the student, I have read all Terms and Conditions for Internet access. I understand that this access is designed for educational purposes. However, I also recognize it is impossible for the Grand View Public School District and/or the Oklahoma State Department of Education to restrict access to all controversial materials and I will NOT hold the Grand View Public School district or the Oklahoma State Department of Education responsible for materials acquired on the network. By signing the form, I, the parent, hereby give my permission to grant Internet access for my child at school.

_____ **NO, I DO NOT** want my child to use the Internet at school.

WEBSITE

_____ **YES, I WILL ALLOW** images and/or work of my child on the school or class website.

_____ **NO, I DO NOT ALLOW** images and/or work of my child on the school or class website.

Each school's website is a growing part of the school experience and a good way to show parents some of the many great things that take place at school. In addition, it offers an opportunity to praise, reward, and spotlight students for their accomplishments, thus enhancing their self-esteem. There will be no listing of students' names or any other personal contact info, only images of students/classes and/or their accomplishments.

NEWSPAPER/PRESS

_____ **YES, I WILL ALLOW** my child's name, images and/or classwork, art or school productions to be shown in the local newspaper and/or other press related publications.

_____ **NO, I WILL NOT ALLOW** my child's name and/or images to be shown in the local newspaper and or other press related publication

PERMISSION TO TRANSPORT / ATTEND SCHOOL SPONSORED FIELD TRIPS

There may be occasions during the upcoming school year when it will be necessary to transport students during the school day (example: testing, presentations, field trips, competitions, medical reasons, discipline reasons, etc...). Transporting students will be on Grand View Public School buses driven by certified drivers or by school officials in school or private vehicles.

_____ **YES, I WILL ALLOW** my child to be transported and attend school sponsored field trips by Grand View Public School.

_____ **NO, I WILL NOT ALLOW** my child to be transported and attend school sponsored field trips by Grand View Public School.

CORPORAL PUNISHMENT

School will contact parents before administering punishment

_____ **YES,** I agree that Grand View School may use corporal punishment to discipline my child.

_____ **NO,** I do not want corporal punishment as a form of discipline for my child. I agree to pick up my child immediately from school if there is a discipline problem.

Student Signature:_____ **Date:**_____

Parent Signature:_____ **Date:**_____

GRAND VIEW PUBLIC SCHOOL

ACCEPTABLE USE POLICY

The term "District" herein refers collectively to Grand View School. This document is written to promote positive and effective digital citizenship among student and staff. Digital citizenship represents more than technology literacy. Successful, technologically-fluent digital citizens live safely and civilly in an increasingly digital world. They recognize that information posted on the Internet is public and permanent and can have a long-term impact on an individual's life and career. Expectations for student and staff behavior online are no different from face-to-face interactions.

Use of Personal Electronic Devices
In accordance with all District policies and procedures, staff may use personal electronic devices (e.g. laptops, smart phones, tablets) to further the educational and research mission of the District.

Network
The district network includes wired and wireless devices and peripheral equipment, files and storage, e-mail and Internet content (blogs, websites, collaboration software, social networking sites, wikis, etc.). The District reserves the right to prioritize the use of, and access to, the network.
All use of the network must support education and research and be consistent with the mission of the District.

Acceptable Network use by the District administrator's teachers and staff

- Creation of files, digital projects, videos, web pages and podcasts using network resources in support of education and research;
- Participation in blogs, wikis, bulletin boards, social networking sites and groups and the creation of content for podcasts, e-mail and webpages that support education and research;
- The online publication of original educational material, curriculum related materials and student work. Sources outside the classroom or school must be cited appropriately;
- Use of the network for incidental personal use in accordance with all District policies and procedures; or
- Connection or personal electronic devices (wired or wireless) including portable devices with network capabilities to the District network after checking with technology director, network administrator or information technology staff to confirm that the device is equipped with up-to-date virus software, compatible network card and is configured properly. Connection of any personal electronic device is subject to all procedures in this document.

I have received a copy and read the Acceptable Use Policy.

Parent Signature: _____ Date: _____

15481 North Jarvis Rd Tahlequah, Ok 74464

(918) 456-5131
www.grandviewchargers.org

GRAND VIEW PUBLIC SCHOOL

Student Enrollment Housing 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 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 Grand View Public School.

First and Last Name of Student	Male/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 the Student: _____ Signature: _____

Phone Number: _____ E-mail: _____

GRAND VIEW PUBLIC SCHOOL

Student Name:_____

The safety of our students is an on-going concern and our district makes every effort to comply with all state and federal regulations regarding this issue. For the protection of your child, we are requesting the following information for our records.

Oklahoma Statutes

Any information or any record relating to a minor child which is available to the custodial parent of the child, upon request, shall also be provided the noncustodial parent of the child. Provided, however, that this right may be restricted by the court, upon application, if such action is deemed necessary in the best interests of the child. For the purpose of this section, "information" and "record" shall include, but not be limited to, information and records kept by the school, physician and medical facility of the minor child.

	Parents are not divorced.
	The parents are divorced. A copy of the current court documents indicating the name of the custodial parent have been provided to the front office.
	The parents are divorced. A copy of the current court documents indicating joint custody and the name of the primary custodial parent have been provided to the front office.
	The student is living with a person other than a parent. Paperwork in the form of a court documents or DHS custody orders indicating that this is a legal arrangement have been provided to the front office.
	Legal documents are not available. I understand the school will have to release my child to either parent, on request, without such documents.
	I prefer not to provide the school with a copy of legal documents. I understand the school will have to release my child to either parent, on request, without such documents.
	Parents never married.

_____

Parent/Legal Guardian Signature Date Contact #

<u>Oklahoma Law Book</u>

Section 14 Residence of Child - Attendance in Transportation Area

A. When used in this section, the residence of any child for school purposes shall be:
The school district in which the parents, guardian, or person having legal custody holds legal residence. Custody (as used in A.1) means legal custody; physical custody alone is not sufficient to change a child's residency for purposes of admission to school district.

Medical Release Form

In the event of any situation requiring medical treatment, (emergency or non-emergency), I, the undersigned parent/ guardian hereby grant permission for any and all medical and/or dental treatment to be administered to my child named below, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to administration of first aid, use of ambulance, administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Child's Name _____ Child's Date of Birth _____

Current Medications (including over the counter) _____

Current Medical Conditions _____

Last Tetanus _____ Any Food Allergies and/or Drug Allergies _____

Parent or Legal Guardian's Name: _____

Address: _____

Phone #s: Home_____ Cell_____

Work_____ Other_____

In an emergency please contact: _____

Relationship to Child: _____

Phone #s: _____

Primary Insurance Company: _____ Phone #:_____

Policy Holder's Name:_____

ID #: _____ Group/Policy #:_____

Physician's Name: _____

Phone number: _____

Dentist's Name: _____

Phone number: _____

Parent/ Guardian Signature:_____