

HARTSHORNE PUBLIC SCHOOLS

520 South Fifth Street
Hartshorne, Oklahoma 74547
Phone: 918-297-2534
Fax: 918-297-2698

Administrators

Jason Lindley – Superintendent
Mike Reddick – High School Principal
Brian Akins – Middle School Principal
Debbie Ott – Elementary Principal

Board of Education

Todd Barrier
Ira Brinlee
Thomas Grippando
Michael O'Kelley
Randy Wilcox

Parents/Guardians

Welcome to the **2019-2020** school year! This is the enrollment packet for the upcoming session and there have been some significant changes. There are a few forms that will not be included in this packet since they have to be filled out at the time of enrollment. We have shortened our enrollment packets and reduced paperwork for parents. The forms that remain were created to streamline the process and still provide the valuable information we must collect to maximize the opportunities for your children. ALL HARTSHORNE PUBLIC SCHOOL STUDENTS WILL CONTINUE TO EAT FREE OF CHARGE THIS SCHOOL YEAR UNDER THE COMMUNITY ELIGIBILITY PROVISION.

Complete as much of the following information as possible before coming to school and we will have staff members available to help with any questions you may have. They will also be able to guide you through the remaining documents we must get completed while you're on campus. A PARENT OR LEGAL GUARDIAN MUST BE PRESENT AT ENROLLMENT. We look forward to seeing you and make sure you bring the documents listed below to speed up the enrollment process even more.

Welcome Back!

BRING THESE ITEMS TO ENROLLMENT

- Proof of Residency (Local Utility Bill, Rental/Lease Agreement with Address, Etc.)
- Birth Certificate
- Social Security Card
- Updated Immunization Record
- CDIB and Tribal Membership Card (If Applicable)
- Copy of DD4 (If Parent/Guardian is **ACTIVE** Military)

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STUDENT INFORMATION SHEET 2019-2020

Date of Enrollment: _____

We ask parent of ALL students, returning or new to the district, to complete this form EVERY year to provide us with the most accurate and up-to-date information they can. This is critical in times of emergency and the information collected helps us secure funding that allows us to provide more services to our students and their families.

Legal Name of Student: _____
(First) (Middle) (Last)

Social Security Number: _____ Are You of Hispanic/Latino Origin/Culture: Yes: _____ NO: _____

What is your race? _____ American Indian or Alaskan Native _____ Native Hawaiian/ Other Pacific Islander
(use P to designate Primary) _____ Asian _____ White/Caucasian
_____ Black /African American

Tribe: _____ CDIB: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____
(City) (State)

Grade: _____ Is student a foster child? Yes _____ No _____ If yes, are they therapeutic? Yes _____ No _____

Last School Attended: _____
(School) (City) (State)

Student Mailing Address: _____

(City) (State) (Zip) Phone: _____

Student Physical Address: _____

Is this address MORE than 1 mile from School? _____ Will your student be riding a bus? _____AM _____PM _____No

Directions to home if outside city limits: _____

Primary Parent/Guardian: _____ Phone (Primary): _____
Phone (Secondary): _____ Email: _____
Employer: _____ Phone (Work): _____

Other Parent/Guardian: _____ Phone (Primary): _____
Phone (Secondary): _____ Email: _____
Employer: _____ Phone (Work): _____

Emergency Contact Person: _____ Phone: _____
Relationship to student: _____

(MUST LIST RELATIONSHIP TO STUDENT AND GIVE A DIFFERENT NUMBER THAN HOME PHONE FOR EMERGENCIES)

ONLY APPROVED Adults or Siblings 16 & Older are Allowed to Pick up Your Student

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PARENTAL AUTHORIZATION FOR MEDICAL TREATMENT

The undersigned authorizes the employees of the Hartshorne School District to consent to X-Ray examination, anesthetic, medical surgical diagnosis or treatment, or hospital care from a licensed physician or dentist on behalf of _____ in the event such services are needed. The undersigned also consents to be the responsible party for the payment of costs associated with the treatment or care.

The undersigned understands that the school district and its employees will not be liable for any injuries that might arise as a result of the treatment furnished the student by a physician, dentist, clinic, or hospital.

The undersigned also informs the treating physician, clinic, hospital or dentist of the following allergies or medical problems: _____

Has your child had the Chicken Pox? Yes _____ No _____

Does your child:

_____ Wear corrective lenses (prescription glasses or contacts) _____ Have a prescription for an Epi-Pen

_____ Have a prescription for an asthma inhaler _____ Need to monitor glucose or inject insulin

I agree to allow school personnel to administer prescription drugs to my student that I have provided and are prescribed to be taken during school hours. YES _____ NO _____

Parent or Guardian Signature

Parent or Guardian Address

Date Signed

HARTSHORNE PUBLIC SCHOOLS
STUDENT/STAFF INTERNET ACCESS AND ONLINE GRADE ACCESS
AGREEMENT

This form is to be completed and one copy maintained at the local school site.
Every student / staff member, regardless of age, must read and sign below:

This agreement is valid for the **2019-2020** school year only.

I have read, understand and agree to abide by the district's terms and conditions 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 privileges may be revoked and school disciplinary and/or appropriate legal action may be taken against me.

User's Full Name (print clearly): _____ Home Phone: _____

User's Signature: _____ Date: _____

Home Address: _____

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

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent / Guardian: If Applicant is under the age of 18, a parent or guardian must also read and sign this agreement

As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward 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 students for educational purposes only. However, I also understand that it is impossible for the Hartshorne Public School District to restrict access to all offensive and controversial materials and understand my child's or ward'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 Data 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 child's or ward's use of his or her access to such networks or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the school setting. I hereby give my permission to grant access for my child or ward to the use the building-approved account to access the school district's computer network and the Internet. I certify that the information contained on the form is correct.

_____ I would like to receive a password to access my student(s) grades online.

_____ I DO NOT want a password to access my student(s) grades online.

To access student grades, follow the link on the Hartshorne School website and enter your password when prompted. If you have trouble viewing or your student(s) aren't available, please contact the office of the building where your student(s) are enrolled.

Parent or Guardian (please print): _____

Parent Signature: _____ Date: _____

Students' Grade: _____ Primary Phone: _____