

**WYNNEWOOD PUBLIC SCHOOLS
ENROLLMENT FORM FOR ALL STUDENTS
2020-2021**

PROOF OF RESIDENCY MUST BE PROVIDED FOR ALL STUDENTS
EXAMPLES—rental agreement w/address, utility bill—water, electricity, etc

Student's Full Legal Name: _____

Student Cell Phone Number: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Gender: MALE FEMALE

Ethnic Group: _____ Hispanic: Yes No

CDIB Card: Yes No (Please provide a copy of that)

Primary Language Spoken in the Home: _____

Former School (Only if new to district): _____
NAME OF SCHOOL

CITY

STATE

Date of Enrollment: _____ **Grade Level:** _____

_____ Special Education

_____ 504 Plan

Health Concerns: _____

Known Allergies: _____

Inhaler: Yes No EpiPen: Yes No

Medication Given at School on a Regular Basis Yes No

Please indicate if you have internet access at home

_____ Yes If so, how is that accessed ___ a hotspot ___ WIFI ___ cable
 ___ dish ___ other _____

_____ No, we do not have internet access.

STUDENT'S PRIMARY PARENT/GUARDIAN:

Name _____ RELATIONSHIP _____

Physical Address _____

Mailing Address (if different from above) _____

Home Phone _____ Cell Phone _____

E-Mail _____

Employer _____ Work Phone _____

☐ LIVES W/STUDENT ☐ LEGAL GUARDIAN ☐ CUSTODY ☐ ACCESS TO RECORDS☐ PICKUP RIGHTS ☐ SEND TEXT/EMAIL ALERTS**STUDENT'S SECONDARY PARENT/GUARDIAN:**

Name _____ RELATIONSHIP _____

Physical Address _____

Mailing Address (if different from above) _____

Home Phone _____ Cell Phone _____

E-Mail _____

Employer _____ Work Phone _____

☐ LIVES W/STUDENT ☐ LEGAL GUARDIAN ☐ CUSTODY ☐ ACCESS TO RECORDS☐ PICKUP RIGHTS ☐ SEND TEXT/EMAIL ALERTS**ADDITIONAL EMERGENCY CONTACTS**Name _____ Phone _____
RELATIONSHIP _____Name _____ Phone _____
RELATIONSHIP _____Name _____ Phone _____
RELATIONSHIP _____

**ADDITIONAL PEOPLE WITH PERMISSION TO
PICK UP YOUR CHILD**

Name _____ Phone _____
RELATIONSHIP _____

Name _____ Phone _____
RELATIONSHIP _____

Name _____ Phone _____
RELATIONSHIP _____

Name _____ Phone _____
RELATIONSHIP _____

**OTHER SIBLINGS ATTENDING
WYNNEWOOD SCHOOLS**

Name _____ Grade Level _____

Name _____ Grade Level _____

Name _____ Grade Level _____

Name _____ Grade Level _____

Name _____ Grade Level _____

INDIVIDUALS PROHIBITED FROM PICKING UP STUDENTS

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

In an attempt to simplify the enrollment process, we are asking that you provide the emergency contact information only once if it is the same for each of your children. Please check below if you want the same information used for all the children in your household.

_____ Please use the information provided for _____ for all siblings listed above.

If the information changes for ANY of your children, put only the name of same contact and complete the information for the different individuals.

SIGNATURE _____ DATE _____

WYNNEWOOD PUBLIC SCHOOLS

STUDENT NAME _____

GRADE _____

General School Publications (circle one)

YES

NO

- ✓ My child's photograph (individual or group) may be published in the yearbook and school publications.
- ✓ My child's photograph (individual or group) may be published in state and local newspapers.
- ✓ My child's full name may be used to identify him/her in publications.
- ✓ My child's class (teacher/grade/level/school) may be used to identify him/her in publications.
- ✓ My child's work (writing, drawings, etc.) may be published in school publications and state and local newspapers.
- ✓ My child's full name may be used to identify his/her work.
- ✓ My child's class (teacher/grade level/school) may be used to identify his/her work.

Internet Publications (circle one)

YES

NO

- ✓ My child's photograph (individual or group) may be published on the Internet/Wynnewood school website.
- ✓ My child's first name and last initial may be used to identify his/her photograph on the Internet/Wynnewood school website.
- ✓ My child's class (teacher/grade level/school) may be used to identify his/her photograph on the Internet/Wynnewood school website.
- ✓ My child's work (writing, drawings, etc.) may be published on the Internet/Wynnewood school website.
- ✓ My child's first name and last initial may be used to identify his work on the Internet/Wynnewood school website.
- ✓ My child's class (teacher/grade level/school) may be used to identify his/her work on the Internet/Wynnewood school website.
- ✓ My child may work to construct and publish an Internet website.

THIS DOCUMENT SHALL REMAIN VALID UNTIL REVOKED IN WRITING BY PARENT/GUARDIAN

I give permission for my child to have their picture and name published for educational purposes only. This release allows Wynnewood Schools to create photographs, video, and audio recordings of my child, as well as written or recorded oral descriptions of my child and their school projects. These materials will be used for educational purposes only. I agree to participate without financial remuneration, and I understand that this releases Wynnewood Public School from any future claims as well as from any liability arising from the use of said media.

Parent/Guardian Name (Print)

Student Name (print)

Parent/Guardian Signature

Student Signature

Date: _____

Date: _____

WYNNEWOOD PUBLIC SCHOOLS

BUS RIDING RULES

This form must be completed if your student will ride the bus to and from home, AND if your student rides the bus for any reason, including field trips and extra-curricular events such as athletics and academic competitions.

Student's name _____ Grade: _____

Students must follow the rules set by the school and driver. Failure to follow the rules will result in disciplinary action. Bus drivers will fill out a discipline report for the principal, and at that time, it will be determined what action will be taken. Bus riding is a privilege.

The bus driver and principal will work with the student to maintain their bus riding privilege. If the behavior is severe enough or the student does not modify their behavior, they are subject to suspension from the bus.

1. Walk at least 10 feet in front of the bus while loading and unloading.
2. Never try to reach for anything under the bus. Ask the driver to get it.
3. Find a seat; sit down with feet facing forward. Feet should not be in the aisle.
4. Stay seated at all times while the bus is moving.
5. Profanity, bullying, and tobacco products will not be tolerated.
6. No kicking, hitting, shoving, or inappropriate touching.
7. Obey the bus driver at all times.
8. If the driver assigns a seat for behavior reasons, the student must sit there.
9. Keep the bus clean. Use the trash can.
10. Show respect to the driver and other students.
11. Throwing of objects of any kind is prohibited.
12. Destruction of school property by vandalizing the bus is not tolerated.
13. Students will not be allowed to hold their arms or objects out the windows.
14. Talking and noise should be kept to a tolerable level. No yelling.

The bus driver has a great deal of responsibility to see that each student receives a safe ride to and from school. You are encouraged to support the action taken by the driver and to cooperate with the corrective action initiated by the school district.

I have been instructed as to the rules and expected behavior of a bus passenger. I will do my part in making sure that the bus reaches its destination in a safe manner by following the rules set by the school district.

Parent's signature _____ Date: _____

WYNNEWOOD PUBLIC SCHOOLS

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 (print clearly) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: Student _____ Staff _____ Patron _____ 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, I will have to sign another policy.

Parent or Guardian: (If applicant is less than 18 years of age, a parent or guardian must also read 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 school to restrict access to all offensive and controversial materials and understand my child 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 and/or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child or ward'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 child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian (please print): _____ Home Phone: _____

Signature: _____ Date: _____

Address: _____

This agreement is valid for the **2020-2021** school year only.

WYNNEWOOD PUBLIC SCHOOLS

Student Enrollment Questionnaire

Student Name:		Today's Date:
Date of Birth:	Grade:	School: Wynnewood Public Schools

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 own 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 "name" Public Schools.

First and Last Name of Student	Male or 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: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

DATOS DEL ALUMNO

Nombre del alumno: _____ Grado: _____
 Apellido(s) Nombre Segundo nombre

Fecha de nacimiento: _____ Escuela: _____ No. de carnet estudiantil: _____ Género: M _____ F _____
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? Sí _____ No _____

Seleccione una o más de las siguientes razas:

_____ afroamericana/negra _____ amerindia o nativa de Alaska _____ asiática
 _____ hawaiana o isleña del Pacífico _____ caucásica/blanca

1. ¿Cuál es el idioma predominante que **con mayor frecuencia** habla el alumno? _____
2. ¿Cuál es el idioma que **normalmente** se habla en el hogar, independientemente del idioma que habla el alumno? _____
3. ¿Cuál fue el idioma que el alumno aprendió **por primera vez**? _____
4. ¿Requiere el padre/tutor servicios de **interpretación**? Sí _____ No _____ En su caso, ¿para qué idioma? _____
5. ¿Requiere el padre/tutor materiales **traducidos**? Sí _____ No _____ En su caso, ¿a qué idioma? _____
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? _____
 MM/AAAA

Fecha (MM/DD/YYYY)

Firma del padre/tutor

SOLO PARA USO INTERNO

Favor de facilitar al Oficial Regional de Acreditación documentación que avale las calificaciones en el examen para su revisión.

- ☐ 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

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: 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 and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address 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.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____



JOM Information

Student Info

Student Name _____

Tribe Name _____

Member ID _____

Grade _____

CDIB _____

Parent Info

First Name _____

Last Name _____

Cell Phone _____

Work Phone _____

Email _____

Sibling Info

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

WYNNEWOOD PUBLIC SCHOOLS

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE

*****Mandatory document for all students... must be completed*****

STUDENT NAME _____

GRADE _____

I am the parent with legal custody, the legal guardian, or individual assuming permanent care and custody of _____, a student attending this school. This student requires medication at intervals during the school day.

I hereby give my consent and authorize the school principal or an administrative assistant (an employee of the school district designated by the principal, and me) to:

- € Administer _____, a non-prescription medication that I am hereby supplying you, in accordance with the written instructions of the child's physician that is attached hereto.
- € Administer _____, a filled prescription medication that I am hereby supplying you, in accordance with the directions for administration of the medicine listed on the label of the vial.
- € Administer _____, a filled prescription medication that I am hereby supplying you, in accordance with the written instructions of the physician prescribing the medicine, which is attached hereto.
- € Permit the student to retain the medication on the student's person since the medication must be administered at unpredictable intervals throughout the day. A physician's statement that the student is capable of, and has been instructed in the proper method of, self-administration of medication is attached.

I understand that under state law, the board of education, the school district, or the 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 hereby authorized or from the self-administration of medication by the student.

Dated this _____ day of _____, _____.

SIGNATURE HERE (Parent with Legal Custody, Guardian, or Individual Assuming Permanent Care and Custody)

(Address)

WITNESS

High School Level School-Parent Compact

Schools, families, and students benefit when they all take collective responsibility for quality education. When a partnership exists and each partner fulfills his/her responsibilities, student learning improves. The term school community refers to teachers, students, families, other school staff and community members. The signatures below indicate our support of and commitment to the following responsibilities:

Administrative Responsibilities	Teacher Responsibilities	Family Responsibilities	Student Responsibilities
Through collaborative decision making, create with the involvement of staff, families, students and the community, a compelling school vision and quality educational program with high standards that are widely understood and embraced by the school community.	Through collaborative decision making with colleagues, families and students, create a school vision and quality educational program with high standards that are widely understood and embraced by the school community.	Through collaborative decision making, participate with school staff and students in creating a compelling school vision and quality educational program with high standards that are widely understood and embraced by the school community.	Through collaborative decision making, participate with parents and school staff in creating a compelling school vision and quality educational program with high standards that are widely understood and embraced by the school community.
Provide instructional leadership to ensure appropriate instructional practices, high academic standards, student support, and the delivery of a quality core curriculum to all students.	Endeavor to motivate my students to learn. Provide appropriate and varied classroom instruction that actively involves students, and maintain high standards within each subject.	Communicate the value of education, provide home support and monitoring of student academic work and progress in school.	Produce quality work that meets the high standards of each class.
Provide a safe, orderly and positive teaching/learning environment.	Provide a safe, orderly and caring classroom environment conducive to learning.	Establish a schedule with my child for study time, television viewing, peer activities and out-of-school time.	Attend school regularly, on time, and with completed homework. Follow agreed schedule and home/school rules.
Provide appropriate professional development for staff, families and students to improve teaching and learning and to support collaborative partnerships with families and the community.	Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.	Participate in training opportunities with staff that help to improve teaching and learning both at home and at school.	Participate in school activities with my parents and teachers that help to improve teaching and learning both at home and at school.
Maintain open two-way communication between the home and school.	Establish two-way communication with families about student progress in school.	Communicate regularly with the school.	Tell parents honestly what is happening at school and help to maintain two-way communication.
Respect the school, students, staff and families.	Respect the school, students, staff and families.	Respect the school, staff, students, and families.	Respect the school, staff, students, and families.

Signatures

Principal: _____ Teacher: _____

Parent/Guardian: _____ Student: _____

Returned and filed at school this _____ day of _____, 20__.

WYNNEWOOD PUBLIC SCHOOLS

Middle Level School-Parent Compact

Our school philosophy as a school is that families, students and school staff should work in partnership to help each student reach his/her potential. As partners we agree to the following:

As a student I will:

- Believe that I can learn and will learn;
- Read for at least 30 minutes, five days a week;
- Come to class on time, ready to learn and with assignments completed;
- Set aside time every day to complete my homework;
- Know and follow the school and class rules;
- Follow the school's uniform dress code;
- Regularly talk to my parents and my teachers about my progress in school; and
- Respect my school, classmates, staff and family.

Student Signature: _____

As a parent/guardian or family member I will:

- Talk to my child regularly about the value of education;
- Monitor television viewing and make sure that my child reads every day;
- Make sure that my child attends school every day, on time, and with homework completed;
- Support the school's discipline and uniform dress code;
- Monitor my child's progress in school;
- Make every effort to attend school events such as parent-teacher conferences, open house and back-to-school night;
- Ensure that my child receives adequate sleep, regular medical attention and proper nutrition;
- Participate in shared decision making with school staff and other families for the benefit of students; and
- Respect the school, staff, students and families.

Parent/Guardian Signature: _____

As a teacher I will:

- Communicate high expectations for every student;
- Endeavor to motivate my students to learn;
- Teach and involve students in classes that are interesting and challenging;
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community;
- Enforce rules equitably and involve students in creating a warm and caring learning environment in the class;
- Communicate regularly with families about their child's progress in school;
- Provide assistance to families on what they can do to support their child's learning;
- Participate in shared decision making with other school staff and families for the benefit of students' and
- Respect the school, staff, students and families.

Teacher Signature: _____

Principal Signature: _____

Elementary Level School-Parent Compact

It is important that families and schools work together to help students achieve high academic standards. Through a process that included teachers, families, students, and community representatives, the following are agreed upon roles and responsibilities that we as partners will carry out and to support student success in school and in life.

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

- Maintaining a quiet and organized workplace;
- 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 Wynnewood Public Schools' 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 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:		Date:	
Student:		Date:	
Teacher:		Date:	
Principal:		Date:	

Important Information for Parents about the ACT® Test – For 2020-21 Juniors Only

The Oklahoma State Department of Education and ACT want to make sure your child is ready for the next steps after high school. Your local district has selected the ACT as their nationally recognized high school assessment for English Language Arts and math. The administration will be at school, during the state school day testing window in April 2020. There is **no cost to you** for this administration. Below is information for parents to be aware of when your child participates in ACT school day testing, as well as a consent form to complete and return to the school.

Use of Non-Test Information

Before test day, your child will be asked to provide basic identifying information and information about their college and career interests. (Note: Social Security number is not requested).

Information Type Description Specific Field/Section

The following fields are **required** for ACT to generate and deliver your child's score report: Name (first, last, middle initial), date of birth, and mailing address.

The optional, non-test section collects additional information about your child's college and career interests, including high school course/grade information, student profile, and interest inventory. These sections are helpful for college and career planning. We encourage students to complete these optional sections so that they can receive college and career planning information in addition to the test scores on their score reports. If parental consent is given to participate in the free Educational Opportunity Service (EOS) from ACT, you authorize ACT and third-party organizations to contact your child. The organizations receive this information:

- Name and mailing address
- Gender, date of birth, racial/ethnicity background
- High school and year of high school graduation
- Email address
- Intended college major and occupational choice
- Information provided in the Student Profile Section, the ACT test score range

ACT follows industry standards for high levels of security to protect private and personally identifiable information. ACT only shares EOS data with accredited postsecondary educational institutions, financial aid and scholarship agencies, and other educational programs. All organizations that participate in EOS agree to contact your child only to share information about their educational, scholarship, and/or financial aid programs.

Parent/Guardian Consent

Schools may only permit students who have parental consent to answer optional non-test questions and to answer "Yes" to participate in EOS. If you choose not to give consent, these sections of your child's score report will be blank. This includes reports sent to their high school, and any colleges or universities.

☐

YES, I give consent for my child to answer optional non-test questions and to participate in the Educational Opportunity Service.

☐

NO, I do not give consent for my child to answer optional non-test questions or to participate in the Educational Opportunity Service.

Student Name: _____
(Please print)

Parent/Guardian Signature: _____ Date: _____

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

Student Name: _____ Demographic/Client ID #: _____
(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: WYNNEWOOD 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

WYNNEWOOD PUBLIC SCHOOLS

SCHOOL IMMUNIZATION EXEMPTION STATEMENT FOR THE VARICELLA VACCINE

Parent's Statement of Health History

Student: _____

GRADE _____

Please check the choice below that applies to your student:

☐

My student has had chicken pox or been exposed to chicken pox and does not require the Varicella immunization.

☐

My student has been vaccinated for Varicella.

Parent's signature

Date

Impact Aid Program Survey Form

The survey date is 2020-2021 School Year

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION: (All students must reside in the same household with same parent/ guardian).

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address			City		State Zip Code
If the above property is a federal property, enter the name of the property.			Name of federal property		

IF THE ADDRESS FOR THE SUBSEQUENT CHILD IS THE SAME AS ABOVE, YOU ENTER "SAME" FOR THE ADDRESS BELOW.

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address			City		State Zip Code
If the above property is a federal property, enter the name of the property.			Name of federal property		

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *and* 2) either parent/guardian with whom the student resided was employed on federal property, *or* 3) either the parent/guardian reported to work on federal property *on the survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer			
Address of Parent/Guardian's Employer		City		State	Zip Code
Name of federal property					
Address of federal property		City		State	Zip Code

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

*** By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.**

→ Signature of Parent/Guardian _____ → Date _____