Student Name_____

<div align="center">

Corporal Punishment

</div>

Lindsay Elementary School includes corporal punishment as a form of disciplinary action. You have the right to either deny or provide permission to the school to administer corporal punishment to your child. If you consent to corporal punishment, it will be administered only by the principal or assistant principal when she/he determines that your child's behavior warrants such actions. No more than three swats will be administered at any given time. If corporal punishment is not effective, short or long term suspensions may be utilized. **Parents or guardians will be contacted before corporal punishment is administered**. If you deny permission, the administrator may impose a two day suspension for your child in lieu of corporal punishment.

        I **grant permission** to Lindsay School to administer corporal punishment to my child as described above.

        I **do not grant permission** to Lindsay School to administer corporal punishment to my child.

<div align="center">

School Sponsored Field Trips

</div>

Your child may be involved in several school sponsored field trips throughout the course of this school year. Classroom teachers will inform parents/guardians in advance of bus trips. *Individual trip permission slips will not be issued*. Walking trips may be incidental and permission for your child to participate is assumed by you signing this form.

        I **grant permission** for my child to attend all sponsored field trips.

        I **do not grant permission** for my child to attend any sponsored field trips.

<div align="center">

Publication of Student Photo or Video Image

</div>

*Please note that any student whose parent selected they **do not grant permission, will not** appear in the yearbook, on the school web site or be pictured in any school related publication in the newspaper. If a student is attending/participating in any school function open to the public and/or media (pep rallies, band concerts, sporting events, etc.) they will be subject to being photographed/videotaped regardless of status of parental waiver. Any student, whose parent/guardian does not want their child's picture taken, shall step out of any group picture that is being taken.

        I **grant permission** to Lindsay School District to use or publicly display my child's photograph or video image.

        I do not grant permission to Lindsay School district to use or publicly display my child's photograph or video image.

<div align="center">

Authorization for Medical Care of a Minor

</div>

I DO HEREBY AUTHORIZE LINDSAY PUBLIC SCHOOLS TO CONSENT TO any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma. **IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND** that in situations where the named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health or safety of the minor.

Parent/Guardian Signature _____ **Minor's Birth Date:** _____ **Physician**_____ **Physician's phone** _____

Allergies: _____ **Medicine Minor is taking:** _____ **Known Medical history** _____

<div align="center">

Authorization for Self-Administration of Asthma/anaphylaxis Medication

</div>

        My child **has Asthma** and uses an inhaler.

        My child **does not** have Asthma

I do hereby authorize my student to self-administer asthma and/or anaphylaxis medication. I agree to supply the school with an emergency supply of student's medication. Signing this statement hereby acknowledges I have been informed that the school district shall incur no such liability as a result of any injury arising from the self-administration of medication by the student.

<div align="center">

District Technology Plan Acceptable Use Policy

</div>

Use of the Internet provides great educational benefits to all. Unfortunately however, some material accessible via the Internet may contain items that are illegal, defamatory, or potentially offensive to some people. Access to the Internet is given as a privilege to those who agree to act in a considerate and responsible manner. We require that students and parents or guardians read, accept and sign the following rules for acceptable online behavior.

1. All users are responsible for good behavior on the Internet just as they are in the school building. General school rules for behavior and communications apply.
2. Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files would always be private.
3. The following **are not permitted**: *Sending or displaying offensive message or pictures *Using obscene language *Harassing, insulting, or attacking others *Damaging computers, computer systems or computer networks *Violating copyright laws *Using another's password *Trespassing in another's folders, work, or files *Intentionally wasting limited resources, including the use of "chain letters" and messages broadcasted to mailing lists or individuals *Employing the network for commercial purposes *Revealing the personal address or phone number of yourself or any other person without permission from your teacher
4. Violations may result in a loss of access as well as other disciplinary or legal action.

As the parent or legal guardian, I grant permission for my student to access networked computer services such as electronic mail and the Internet. I understand that some materials on the Internet may be objectionable. I also recognize it is impossible for the Lindsay Public School system to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I accept responsibility for providing guidance to my student on internet use both inside and outside of school setting and conveying standards for the student to follow when selecting, sharing or exploring information and media.

<mark>**My signature acknowledges that I have read and been informed of LPS policies. I grant/deny permission as noted on this form.**</mark>

Parent/Guardian Signature _____ **Date** _____

20 20 - 20 21   **HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS**   OKLAHOMA STATE DEPARTMENT OF **EDUCATION** CHAMPION EXCELLENCE

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

1. What is the dominant language **most often** spoken by the student?   _____

2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____

3. What language was **first** learned by the student?   _____

4. Does the parent/guardian need **interpretation** services? Yes _____ No _____ If so, what language? _____

5. Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____

6. What was the date the student first enrolled in a school in the United States? _____
MM/YYYY

_____   _____
Date (MM/DD/YYYY)   Parent / Guardian Signature

SCHOOL USE ONLY
Please have test score documentation available for the Regional Accreditation Officer to review.

☐ **Other language than English indicated TWO OR MORE times on questions 1 – 3 above**. The student is classified as "more often" and automatically qualifies as **bilingual** on the accreditation report.

☐ **Other language than English indicated ONLY ONCE on questions 1 – 3 above**. The student is classified as "less often" and only qualifies as **bilingual** on the accreditation report *if* **he or she meets one of the following** (any selection below REQUIRES appropriate documentation):

☐ 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).
☐ 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
☐ 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0,or Alternate ACCESS	Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		

Date(s) of ELA OSTP	Score(s) on ELA OSTP							Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
		Below Basic		Basic		Proficient		Advanced	
		Below Basic		Basic		Proficient		Advanced	
		Below Basic		Basic		Proficient		Advanced	%

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

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 <u>REQUIRES</u> 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 <u>spring</u> 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							Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
		Below Basic		Basic		Proficient		Advanced			
		Below Basic		Basic		Proficient		Advanced			
		Below Basic		Basic		Proficient		Advanced			%

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

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

Student Name**:**_____   OSIIS ID #:_____

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: _____.

<div align="right">(Name of Person/Organization Receiving PHI)</div>

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

Lindsay Elementary
2020-2021 Pick Up Sign Request Form

Vehicles must have a school-issued sign displayed on rearview mirror to use the pickup lane. No children will be released to anyone who does not display a school-issued sign. No photocopies or handwritten signs will be accepted. **Two signs will be issued per family.**

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

If you will pick up other students from time to time, please list them below.

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Phone _____

Lindsay Elementary
2020-2021 Initial Enrollment Prior Participation Form
Student Information

The following information should be completed by the parent or guardian of the student.
==**This information is collected on a student's initial enrollment into a school district, between the grades of Pre-Kindergarten – 1st grade.**==

(Please print legibly)
Student Legal Name: _____ _____ _____ Grade _____
                         (First)   (Middle)   (Last)

Student Date of Birth: _____ _____ _____
                   (Month)   (Day)   (Year)

Student Gender - Male   Female

Did the student participate in any of the following programs?

<u>Please indicate by checking YES or NO for each statement.</u>

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