

Parents, please look over the following information and make sure it is correct, we also need two signatures at the bottom of the page.

Fletcher Junior-Senior High School Enrollment

Enrollment Date _____ Grade _____ Locker Number _____

Name _____ Age _____

First Middle Last
Social Security Number _____ Home Phone _____

Mailing Address _____ Mark if new address
City Zip

Physical Address _____ City

Date of Birth _____ Gender M or F Place of Birth _____
City State

Is student eligible to ride a bus? _____ If yes, bus# _____ Is parent in the military? _____
Or National Guard or Reserves _____

Father or Guardian's Name _____ **live with?** Circle one **Yes or No**

Employer _____ Work Phone _____ Cell Phone _____

Mother or Guardian's Name _____ **live with?** Circle one **Yes or No**

Employer _____ Work Phone _____ Cell Phone _____

Father's E-Mail Address _____ Mother's E-Mail Address _____

Person to call in case of emergency (other than above): _____
Name Phone#

Is student allergic to anything? If so, what? _____

Are you of Hispanic/Latino culture or origin? (circle one) Yes or No

Race: (*circle one or more*) American Indian or Alaska Native Asian Black or African American Pacific Islander White

If Indian, please include the following: Tribe _____ Roll Number _____ Side of Family _____

Has student ever been enrolled in special education? _____ If yes, what type of class _____
Speech, Learning Disab., etc.

Last school attended (new student only) _____

	Name Subject	City	State	Zip Teacher
1 st Hour				
2 nd Hour				
3 rd Hour				
4 th Hour				
5 th Hour				
6 th Hour				
7 th Hour				

School policy allows the use of corporal punishment by teachers and administrators with parental permission. Please circle yes or no and sign below.

I will allow Fletcher Public Schools to use corporal punishment in disciplining my child. **Yes** or **No**

Signature of parent or guardian

I have received a student handbook _____

Signature of parent or guardian

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Additional questionnaire/signature required

(circle one)

YES NO

Is either parent/guardian in the military, a civilian working on government property, or employed on any federally exempt property?

If yes, who: _____ Where: _____.

(circle one)

Uniformed Services

Ft. Sill Apache Casino

Ft. Sill

Riverside Indian School

Comanche Nation

Wackenhut

Comanche Nation Games

Comanche Spur Casino

Native American owned Smoke Shops

Any Independent Contractor working on Ft. Sill

Live on Tribal Land

(circle one)

YES NO

I give permission for my child's picture/name to be used in school publications (yearbook/web sites/newspaper, etc)

(circle one)

YES NO

I give permission for my student to have his/her transcript sent electronically to schools that request it.

(circle one)

YES NO

I have read and discussed school bus policy and rules in the Handbook and agree that any student who cannot abide by these simple rules should be disciplined according to the school policy which may lead to losing school bus riding privileges.

Parent/Guardian Signature

Date

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE

TO: Principal
Fletcher High School
Fletcher, OK 73541

I am the parent with legal custody or the legal guardian of _____
(student's name)

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, high school secretary, or the student's teacher to:

Administer _____, a non-prescription medication which I am
(***list or circle*** medications, ie (Tylenol/Ibuprofen))
hereby supplying you, in accordance with the written instructions of the child's physician which is attached hereto.

Administer _____, a filled prescription medication which I am
(***list*** medications)
hereby supplying you, in accordance with the directions for the administration of the medicine listed on the label of the vial, and/or the instructions of the physician prescribing the medicine, which is attached hereto.

I understand that under state law the Board of Education, the School District, or 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 of omissions of school employees in administering the medicine I have hereby authorized.

Dated this _____ day of _____, 20 _____.

Signature of Parent with legal custody or Guardian

Address

(fill out only if child has asthma) **Self-Administration of Inhaled Asthma Medication**

I hereby give my consent and authorize my child _____, to self
(student's name)

administer inhaled asthma medication for the treatment of asthma. I understand that my child shall be permitted to possess and use a prescribed inhaler at all times and ***I must provide the school with a written statement from the physician treating the student stating that the student has asthma and is capable of, and had been instructed in proper method of, self-administration of medication.***

Fletcher Public School's complete policy on medication and self-administered inhaled asthma medication in on **pages 34 and 35** of the high school policy handbook.

I understand that under state law the Board of Education, the School District, or 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 of omissions of school employees in administering the medicine I have hereby authorized.

Dated this _____ day of _____, 20 _____.

Signature of Parent with legal custody or Guardian

Address

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FLETCHER JR./SR. HIGH SCHOOL

PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT

Student Name _____.

Date _____ Grade _____.

To Parent or Guardian: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls.

Name

Cell Phone

Work Phone

Parent/Guardian (1) _____.

Parent/Guardian (2) _____.

Emergency Contact _____.

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition, etc.

If yes, explain: _____.

In the event of a medical emergency or accident, and the parents, or other persons named in this document cannot be contacted, the Fletcher School officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian _____.

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FLETCHER PUBLIC SCHOOL INTERNET POLICY

Internet access is available to student and teachers at the Fletcher Public Schools. We are very pleased to bring access to Fletcher and believe the internet offers vast, diverse and unique resources to both students and teachers. Our goal in providing this service is to promote education excellence in Fletcher Public School by facilitating resource sharing, innovation, and communication.

The internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Students and teachers have access to:

1. Electronic mail communication with people all over the world.
2. Information and news.
3. Public domain and shareware of all types.
4. Discussion groups on a number of topics ranging from diverse cultures to environment to music to politics.
5. Access to many university catalogs.

The internet constitutes an unregulated collection of educational resources which change constantly. Students will be under teacher supervision when using the internet; however it is not possible to constantly monitor individual students and what they are accessing.

The smooth operation of the internet relies upon the proper conduct of the user who must adhere to strict guidelines. These guidelines are provided here so that users are aware of the responsibility they are about to acquire. In general, this requires efficient, ethical, and legal utilization of the internet resources. If a Fletcher Public School user violates any of these provisions, his/her access will be terminated and future access will be denied. The signature(s) at the end of this document is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

INTERNET - TERMS AND CONDITIONS

A. Acceptable Use

The purpose of the internet is to support research and education of Fletcher Public Schools' students and faculty by providing access to unique resources and opportunity for collaborative work. School use must be in support of education and research and consistent with educational objectives. Other use is prohibited. This includes, but is not limited to, material which is considered to be obscene, libelous, indecent, vulgar, profane, lewd, or satanic; advertise any product or service to minors prohibited by law; presents a clear and present danger; or will cause the commission of unlawful acts or the violation of lawful school regulations.

B. Privileges

The use of the internet is a privilege, not a right, and inappropriate use will result in cancellation of those privileges. Each student who receives access will participate in a discussion with a Fletcher Public School faculty member, librarian, or library assistant pertaining to the students purpose and proper use of the internet. The school administrators and teachers will deem what is inappropriate use and their decision is final.

C. Internet Etiquette

Users are expected to abide by the generally accepted rules of internet etiquette. These include but are not limited to the following:

1. Be polite. Messages should not be abusive to others.
2. Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
3. Do not reveal personal addresses, credit card numbers or phone numbers.
4. Illegal activities are strictly forbidden.
5. Electronic mail (E-Mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
6. Do not use the internet in such a way that others use will be disrupted.
7. All communications and information accessible via the internet should be assumed to be private property.
8. The use of any social networking site is prohibited.
9. There shall be no posting of any videos to any internet site.

D. Fletcher Public School makes no warranties of any kind, whether expressed or applied, for the services it is providing. Nor will it be responsible for damages suffered. This includes loss of data resulting from delays, nondeliveries, misdeliveries, or service interruptions caused by negligence, errors or omissions.

E. Vandalism

Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy hardware, data of another user, or the internet. This includes, but is not limited to, the uploading or creation of computer viruses.

F. Exception of Terms and Conditions

All terms and conditions as stated in this document are applicable to Fletcher Public School. These terms and conditions reflect the entire agreement of the parties and supersedes all prior oral or written agreements and understandings of the parties. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of Oklahoma and the United States.

USER APPLICATION PORTION OF DOCUMENT

Users Full Name (please print) _____

I am a:

_____ Administrator _____ Teacher _____ Librarian
_____ Teacher Assistant _____ Secretary _____ Fletcher Student

I 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 will be revoked, school disciplinary and/or appropriate legal action may be taken.

Student/User Signature: _____ Date: _____

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the terms and conditions for internet access. I understand that this access is designed for educational purposes and that my student will be under teacher supervision when using the internet. However, I also recognize it is impossible to constantly monitor individual students and what they access, and I will not hold Fletcher Public School responsible for materials acquired on the internet. I hereby give my permission to grant access for my child and certify that the information contained on this form is correct.

Parent or Guardian (please print): _____

Signature: _____ Date: _____

Fletcher Public Schools Student Enrollment 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.

<p>Section A</p> <p><input type="checkbox"/> Rent/own my own home or apartment</p> <p>STOP: <i>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.</i></p>
<p>Section B</p> <p><input type="checkbox"/> Temporarily with another family member or friend until we can locate affordable housing</p> <p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> In a vehicle, park, campground, or on the streets</p> <p><input type="checkbox"/> In a house, building, or trailer WITHOUT running water or electricity</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian</p> <p><input type="checkbox"/> Alone or in different locations, without an adult serving as a caregiver</p> <p><input type="checkbox"/> Wherever I can find a place to stay at night</p> <p><input type="checkbox"/> Other Please Explain:</p>

If you checked a box in section B, in the space below please list all children currently living with you who attend Fletcher Public Schools.

Name	Age	Grade	Sex	Race

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:** _____

FLETCHER JUNIOR - SENIOR HIGH

Student Operated Vehicles Policy

Students may drive and park motorized vehicles on campus when permission has been received from the principal. The principal will not give this permission until written permission has been received from the student's parent/guardian.

Student vehicles will be parked in the parking lot designated by the principal and will not be operated, except during lunch break, until the principal has granted permission or the operator leaves school for the day.

Students will not sit in or on vehicles during school hours or during the lunch period.

Vehicles must be driven in a safe manner and at a speed not to exceed fifteen (15) miles per hour in the vicinity of the school. **FLETCHER PUBLIC SCHOOL ASSUMES NO RESPONSIBILITY FOR VEHICLES ON CAMPUS.**

_____ has my permission to drive a motor vehicle to school.

(Student's Name)

I have read the above policy and will encourage my student to comply.

(Parent, Guardian Signature)

Must provide a copy of a valid drivers license and auto insurance to the school.

Telephone (580) 549-6015

Fax (580) 549-6016

