

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 City State Zip

	Subject	Name	City	State	Zip
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

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 to the school.

Telephone (580) 549-6015
Fax (580) 549-6016



20 18 - 20 19

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



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

- 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.
 - 2. Scored unsatisfactory or limited knowledge in Reading 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(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	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	Reading Total Composite Score(s) %

From Above:
 Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

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.

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 Fletcher 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: _____

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.

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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

New Bus Rider Form

(For students eligible to ride bus to/from school)

Student Name _____ Bus # _____

Address _____

Any issue that the bus driver needs to be made aware

Turn by turn directions from the town of Fletcher

Parent/Guardian _____

Phone # _____

Emergency Contact _____

Phone# _____

FLETCHER JUNIOR - SENIOR HIGH

Student Operated Vehicles Policy

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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



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 _____

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Fletcher Indian Education Programs

(please PRINT CLEARLY)

Student Name _____ D.O.B. ____/____/____ Age _____

Grade _____

Student Mailing Address: _____

city _____, OK zip code _____

Parents/Guardians: _____

Home Phone Number: (____) _____ - _____ Cell: (____) _____ - _____

Free or Reduced School Lunches: Yes _____ No _____

Student's Tribal Affiliation _____

If student is an enrolled member please provide proof. A copy will be made and the original will be returned.

I agree and grant permission to the Fletcher Public School District to release grade report, attendance, and school lunch program information to the Fletcher Indian Education Program to assist in their efforts of meeting the specialized and unique needs of my student:

(Print Student's Name)

Parent/Guardian Signature: _____ Date: ____/____/____