

AUTHORIZATION FOR MEDICAL CARE OF A MINOR

I, (please print guardian's name) _____

the undersigned parent having legal custody or the legal guardian of (please print minor's name):

DO HEREBY AUTHORIZE _____ **ALEX SCHOOL PERSONNEL** _____

TO CONSENT TO any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above 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 above 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 knowledgeable 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 judgement 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 above named minor.

Date Signature of parent or person having legal custody or legal guardian

Telephone Address

City State Zip Code

TREATMENT INFORMATION

Minor's Birth Date _____

Minor's Doctor (Name and Telephone No.) _____

Minor's Medicaid Number _____

Minor's Allergies _____

Medicine Minor is Taking _____

Date of Minor's Last Tetanus Shot _____

Minor's Medical History _____

If you wish to give **permission for your child to take a Tylenol or Ibuprofen** or any over the counter medication for a headache, etc. at school, please sign below. This will eliminate having to call you at work/home every time they have a headache.

Signature

ALEX PUBLIC SCHOOLS
PERMISSION TO DRIVE
2017-2018

Student's Name _____

Grade (Circle one) 9th 10th 11th 12th

The above named student has my permission to drive to and from school. We have read and agree to abide by Policy No. 4-11.00 of Student Handbook.

Signature
Of Parent/Guardian _____

Signature of Student _____

Vehicle she/he will be driving _____

Tag number of vehicle _____

Attached (or copied on back of this form):
Copy of student's valid Oklahoma Driver License
Copy of current Insurance Verification

Note: All students who drive to school must have this completed form on file in the Principal's office regardless of age. Driver License and Insurance Verification copies may be made at school.

Alex Schools

Student Handbook Agreement

The student handbook serves as a guide for our students, staff and parents. It contains information about attendance requirements, student conduct, and district's discipline policy and other important information. Knowledge and compliance with the rules and policies contained in the handbook help our students. It is very important that you review the handbook with your child and help them understand the importance of following the policies written therein. A copy of the Alex Public Schools Student Handbook along with other important information is available online at the schools website at www.alex.k12.ok.us or you may request a copy from the office.

No Fighting/ No Tolerance Weapon Policy

I understand that no weapons of any kind are allowed on school property. I will not bring any weapon to school, this includes toy weapons. I will not use other items or objects as weapons. I understand that violation of this policy may result in suspension of the student for the remainder of the school year. I also understand that fighting is not permitted and may also result in suspension.

Student Insurance

The school system assumes no financial responsibility for medical cost of an accident occurring to a sport or other school activities. An accident insurance program is offered for your convenience. Neither the school nor any school official is compensated by the Insurance Company. We have selected an Insurance Company provides student accident insurance through approximately 400 schools districts in Oklahoma.

Parental Insurance Waiver

We have adequate insurance and do not wish to participate.

Student's Name

Parent's Signature

Date

Drug Testing Consent

Student's Full Name: _____

Signature of Student: _____ Date: _____

We have read and understood the Alex Public School Student Drug Testing Policy and Student Drug Testing Consent. We desire that the student named above participates in the extra-curricular interscholastic program of the Alex Public School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining samples, testing and analysis of such specimens, and all other aspects of the program.

_____ YES, we agree to the terms of this policy

_____ NO, we do not want our son/daughter tested according to the terms of this policy

Parent/Guardian Signature

Date

I have read the information above and know what is expected of me. I agree to the school's Internet terms and conditions. I know what the consequences are for fighting and for having weapons. The student handbook is the guide that will help me know what is acceptable and what is not allowed.

Student's Signature

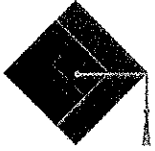
Date

Parent/Guardian: As a parent or guardian of this student, I have read the information above and know what is expected of my child. I understand the school's Internet policy along with the no fighting and no weapon policies. I know that my student is held accountable for these policies. The student handbook is the guide that will help me know what is acceptable and what isn't for my child.

Print Parent/Guardian Name

Parent/Guardian Signature

Date



OKLAHOMA STATE DEPARTMENT OF
EDUCATION
 CHAMPION EXCELLENCE

9th grade only
**College Preparatory/Work Ready
 Parental Curriculum Choice Letter**

Dear Parent or Legal Guardian:

70 O.S. § 11-103.6 requires eighth grade students entering the ninth grade to complete the college preparatory/work ready curriculum outlined in the statute, unless the student's parent or legal guardian approves the student to enroll in the core curriculum. The college preparatory/work ready curriculum and the core curriculum requirements are attached. Successful completion of either curriculum will result in a student receiving a standard diploma.

Choosing the courses a student takes in high school is an important decision for you and your child. A college preparatory curriculum is challenging and may help determine a student's future success in higher education and the world of work.

According to the law, your child will automatically be enrolled in the college preparatory/work ready curriculum, and you do not need to do anything to enroll your child in this curriculum. However, if you choose the core curriculum, you must complete the information below and return it to the school prior to enrollment. Please contact the high school principal or school counselor if you have questions or need additional information.

As the parent or legal guardian, I am selecting the following curriculum for my student:

Core Curriculum

College Preparatory/Work Ready Curriculum

STUDENT'S NAME (Please Print)

GRADE

NAME OF HIGH SCHOOL

PARENT/GUARDIAN'S NAME (Please Print)

PARENT/GUARDIAN'S SIGNATURE

DATE



Janet Barresi
 State Superintendent of Public Instruction
 Oklahoma State Department of Education

20__ - 20__ HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

Name of Student: _____
Last Name First Name Middle Name

Student ID #: _____ Gender: Male Female

School Site: _____ Grade: _____

Date of Birth: _____ Place of Birth (City/State/Country): _____

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 or Other Pacific Islander Caucasian/White

Parent's/Guardian's Name: _____

Parent's/Guardian's Address: _____
Street City Zip Code

Parent's/Guardian's Telephone Number: (____) _____ Cell Phone: _____

1. Is a language **other than English** used in your home? Yes No

If NO, go to numbers 6 and 7. If YES, what is that language? _____

2. Is that language spoken in the home MORE OFTEN than English? LESS OFTEN than English?

3. What language is spoken by adults in the home? _____

4. What was the first (1st) language your child learned to speak? _____

5. What was the date (month and year) your child first enrolled in a school in the United States? _____

6. Parent/Guardian Signature: _____

7. Date: _____

FOR SCHOOL USE ONLY

THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA FOR STATE ACCREDITATION.
 If a language other than English is spoken **MORE OFTEN** (see question #2), the student automatically qualifies as **bilingual** on application for accreditation.

OR

- If a language is spoken **LESS OFTEN**, student qualifies as **bilingual** on application for accreditation if he or she meets **ONE OF THE FOLLOWING**:
- 1. Scores 35% or below on norm-referenced test (NRT) on the composite **reading** score.
 - 2. Scores limited knowledge or unsatisfactory on **Reading** Oklahoma Core Curriculum Tests (OCCTs).
 - 3. Designated Limited English Proficient on an Oklahoma English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) Test, WIDA Placement Test (including K W-APT, W-APT, and Kindergarten MODEL), or the Oklahoma Pre-K Language Screening Tool.

Documentation of a test result for students who marked **LESS OFTEN**:

1. NRT Test Date: _____ Name of the NRT: _____ Reading Total Composite Score: _____

2. Reading OCCT Date: _____ Score on Reading OCCT: Limited Knowledge Unsatisfactory Satisfactory Advanced

3. ACCESS for ELLs Test Date: _____ Score on ACCESS for ELLs: 1 _____ 2 _____

WIDA Placement Test (K W-APT, W-APT, or Kindergarten MODEL) Date: _____ Score on K W-APT, W-APT, or MODEL: 1 _____ 2 _____

Oklahoma Pre-K Language Screening Tool Date: _____ Score on Pre-K Language Screening Tool: _____

Note: Have test score documentation available for regional accreditation officer review.

1 Composite Score 2 Literacy Score

2017-2018 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil). Apply online at _____

one per family

STEP 1 List ALL household members who are infants, children, and students, up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member—Anyone who is living with you and shares income and expenses, even if not related.	Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
Children in foster care and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read <i>How to Apply for Free and Reduced-Price School Meals</i> for more information.									

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or EDP/PR? If No, go to STEP 3. If Yes, write a case number here, then go to STEP 4. (Do not complete STEP 3.)

Case Number: _____
Write only one case number in this space.

STEP 3 Report income for ALL household members (Skip this step if you answered YES to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in STEP 1 here.

Child Income \$ _____

B. All Adult Household Members (Including Yourself)
List all household members not listed in STEP 1 (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write 0. If you enter 0 or leave any fields blank, you are certifying (promising) that there is no income to report.

Names of Adult Household Members (First and Last)	Earnings From Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income		
	Weekly	Bi-weekly	2x Monthly	Weekly	Bi-weekly	2x Monthly	Weekly	Bi-weekly	2x Monthly
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if No SSN

STEP 4: Contact information and adult signature
I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable state and federal laws.

Street Address (if available) _____ City _____ State _____ Zip Code _____ Daytime Phone and E-Mail (Optional) _____

Printed Name of Adult Signing the Form _____ Signature of Adult Completing the Form _____ Today's Date _____

INSTRUCTIONS Sources of Income

Sources of Child Income	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full- or part-time job where he/she earns a salary or wages
• Social Security — Disability payments — Survivor's benefits	• A child is blind or disabled and receives social security benefits • A parent is disabled, retired, or deceased, and his/her child receives social security benefits
• Income from persons <i>OUTSIDE</i> the household	• A friend or extended family member REGULARLY gives a child spending money
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • <i>NET</i> income from self-employment (farm or business) If you are in the U.S. Military: (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from state or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • REGULAR cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (Check One): Hispanic or Latino Not Hispanic or Latino Black or African American Native Hawaiian or Other Pacific Islander White

Race (Check One or More): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals and for administration and enforcement of the lunch and breakfast programs. We **MAY** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, audits for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form (AD-3027)* found online at: http://www.asc.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov
This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How Often?	Eligibility:
	Annually <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>
Determining Official's Signature	Household Size <input type="checkbox"/>	Verifying Official's Signature
Date	Categorical Eligibility <input type="checkbox"/>	Date
	Confirming Official's Signature	
	Date	