

SHIDLER ELEMENTARY AFTER SCHOOL INSTRUCTIONS

STUDENT NAME: _____ GRADE: _____

AFTER-SCHOOL INSTRUCTIONS:

(This is what your child will do after school unless the office receives a note or a phone call with other instructions.)

WALK

PARENT PICK UP

RIDE BUS *(Bus student will be riding):* _____
(Burbank, Foraker/Grainola, Kaw City or Webb City)

SPECIAL INSTRUCTIONS: *(Example: Student will walk to Grandma's, babysitter will pick up, ride bus somewhere other than home.)*

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

PEOPLE WITH PERMISSION TO PICK UP MY CHILD:

(Parent's Signature)

(Date)

Shidler Public Schools

2014/2015

Emergency Alert System Information Form

This information will be used to contact you for school closings and other information pertaining to school.

Please fill out only one form per household.

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Phone #'s to receive message:

Check the box corresponding with the number if you wish to receive a text message at this number.

1. _____

2. _____

3. _____

E-mail Address:

Shidler Public Schools
Medical Release Form
2014/2015

(This form must be filled out by parents of all students and returned the first week of school)

Student Name: _____

Phone: _____

Address: _____

It is important for each parent to read and completely fill out the information correctly.

HEALTH RELATED PROBLEMS (please check all that apply)

(Please list medications on the line beside each medical condition)

- | | | | |
|------------------------------------|---------------------------------|-------------------------------------|-------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Severe | <input type="checkbox"/> Medication | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Severe | <input type="checkbox"/> Medication | _____ |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Severe | <input type="checkbox"/> Medication | _____ |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Severe | <input type="checkbox"/> Medication | _____ |

Daily Medication not listed above: Ritalin, etc. _____

Other important information concerning medical history: _____

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE (Please check all that apply)

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

Administer the medication listed above as directed on the original prescription bottle and/or the original over the counter medication as prescribed on the label.

Administer minor first aid and/or athletic related treatments.

(Signature of Parent with Legal Custody, Guardian, or Individual Assuming Permanent Care and Custody)

EMERGENCY CARE CONSENT

If this child is injured or becomes seriously ill at school or a school function, I hereby authorize the school principal or any authorized school personnel to provide emergency medical treatment at a school, doctors office, or hospital emergency room, as deemed necessary in the event I cannot be contacted to give my consent to administer the same. Any special instructions are listed below.

(Signature of Parent with Legal Custody, Guardianship or Individual Assuming Permanent Care and Custody)

Phone: _____

Cell: _____

Work: _____

EMERGENCY MEDICAL INFORMATION (please fill out and check appropriate boxes.)

Doctor(s) _____

Phone: _____

Insurance Company: _____

Policy #: _____

The Shidler School System assumes no financial responsibility for medical cost of an accident occurring to a student while participating in a sport or any other school activity. An accident insurance program is offered for your convenience.

- I have the school supplement insurance At-School 24-Hour Football

INSURANCE WAIVER

I do not wish to carry the school supplement insurance.

(Parent/Guardian signature)

**SHIDLER PUBLIC SCHOOLS
2014/2015 SCHOOL YEAR
PERMISSION TO MONITOR MEDICINE**

I, _____, parent/legal guardian of

_____ give permission for school personnel to monitor the
(child's name)

following medicine(s)_____

with a dosage of _____.

(Signature of parent/guardian)

(Date)

This permission form is to allow School personnel to administer prescription as well as over the counter medicine such as *Tylenol, Ibuprofen, etc.* for minor needs such as headaches. **The parent must provide the student's medicine and it must be in the original labeled container.**

School personnel will not give students medicine without this completed permission slip on file.

**SHIDLER PUBLIC SCHOOLS
FIELD TRIP PERMISSION/MEDICAL RELEASE FORM
2014/2015 SCHOOL YEAR**

STUDENT'S NAME _____ GRADE _____

My child may participate in all school related events such as field trips, concerts, picnics, etc. I understand that by giving my permission for him/her to go on approved trips, I release the driver and the school from responsibility for individual accidents or injury. By signing this statement, I understand that this permission form covers all field trips for the current school year and that I will not need to sign another permission form.

(Parent/Guardian signature)

(Date)

I do give the school permission to give immediate medical attention as prescribed by a doctor. Notify me as soon as possible

I do give the school permission to give immediate medical attention as prescribed by a doctor, only if you have tried and failed to contact me.

I do not give permission for medical attention until I have been contacted.

(Parent/Guardian signature)

(Phone number)

(Date)

Shidler Public Schools 2014/2015 Screening Permission Form

My child, _____ has my
(Student's Name)
permission to participate in routine screenings, which may include
hearing screenings, developmental screenings, speech / language
screenings, and vision screenings at Shidler Public Schools.

Parent / Guardian Signature

Date

SHIDLER PUBLIC SCHOOLS

GIFTED AND TALENTED ASSESSMENT PERMISSION FORM

Dear Parents,

An important goal of the Shidler Public Schools is to identify and provide appropriate educational experiences for those students who give evidence of high performance capability in areas such as intellectual, creative, artistic, or leadership capacity, or in specific academic areas.

Identification of gifted and talented students is an ongoing process extending from first grade through twelfth grade. Kindergarten through third grade will be informally identified by teacher referral, performance, and student products. Formal identification using a standardized test of intellectual ability will take place at the fourth grade level.

____ You have my permission to test/assess my child using informal assessments or a standardized test of intellectual ability for identification to participate in the Gifted/Talented Program.

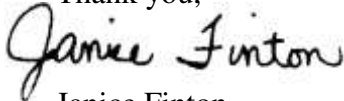
____ You do **not** have my permission to test/assess my child using informal assessments or a standardized test of intellectual ability for identification to participate in the Gifted/Talented Program.

Student's Name _____ Grade _____

Parent's Signature _____ Date _____

Parents will be provided with information throughout the year about the gifted and talented educational programming being offered. We value parental input in the educational process. If you have any questions or concerns, please feel free to contact me for further information.

Thank you,



Janice Finton

SHIDLER PUBLIC SCHOOLS

INTERNET ACCESS/PUBLISHING RELEASE FORM

Dear Parent/Guardian:

Shidler Elementary often uses the internet as a teaching tool for students. It is used to access information for research purposes as well as reinforcement of academic learning. Shidler Public Schools has an internet monitoring service in place to prohibit students from accessing inappropriate websites. Students accessing the internet are also supervised by an adult.

The Shidler School District also utilizes the school district web site and the local newspaper as a method of informing the public of what our students and staff are accomplishing and what our school district has to offer. As part of our on-going development, the school district will post announcements and activities that may include pictures of students. Teachers would like to highlight the achievements of students by placing pictures of the students who are actively involved in their various classroom projects that may occur during the school year. Before your child can access the internet or have their work, picture or opinion appear on the web site or in the local newspaper we must first have parental permission.

Please complete all sections of this form and have your child return it to the school.

Permission to access the internet

I give my child _____ permission to access the internet for educational purposes.

I **do not** give my child _____ permission to access the internet.

Permission to publish to the school website

I give permission for _____'s work, picture
(Print Your Child's Name)

and/or opinions to be posted on the Shidler School District web site.

I **do not** give permission for _____'s work, picture
(Print Your Child's Name)

and/or opinions to be posted on the Shidler School District web site.

Permission to publish to the newspaper

I give permission for _____'s work and / or picture
(Print Your Child's Name)

to be published in the local newspaper.

I **do not** give permission for _____'s work and/or picture to be published in the
(Print Your Child's Name)

local newspaper.

Parent/Guardian Signature: _____

Date: _____



2014 - 2015 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 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 OCC T: 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**

SCHOOL-PARENT-STUDENT COMPACT AND TITLE I SCHOOL PARENT INVOLVEMENT PLAN

Shidler Elementary School and the parents of students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Act (ESEA) agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement that will help children achieve the state's high standards. In addition, this compact includes the written parental involvement policy agreed on by parents that describes the requirements of the Parent Involvement Section (Section 1118) No Child Left Behind Act (NCLB).

This school-parent compact is in effect during school year 2014-2015

SCHOOL RESPONSIBILITIES TO PARENTS AND FAMILIES

Shidler Elementary School will:

1. Hold an annual meeting / Open House. All parents shall be invited and encouraged to attend. This meeting will inform parents of our participation under section 1118c and explain the requirements and the right of the parent to be involved.
2. Offer flexible number of meetings, such as meetings in the morning and evening and various days as needed and may provide for services with funds provided as such services relate to parental involvement.
3. Involve parents, in an organized, ongoing, and timely way, in the planning, review, and improvement of Title I programs under this part, including planning, review, and improvement of the school parental involvement policy. This compact will be explained during enrollment night / open house and will need to be signed by parents.
4. **Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the state's student academic achievement standards as follows:**

Teachers will follow the Oklahoma Priority Academic Student Skills (PASS) and the recently adopted Common Core Standards using materials provided by and through the State Department of Education. Oklahoma PASS (<http://www.sde.state.ok.us/Curriculum/PASS/default.html>), as well as "The Parents' Guide to PASS," (<http://www.sde.state.ok.us/Curriculum/PASS/Parents.html>) are both available online through the Oklahoma State Department of Education website (<http://www.sde.state.ok.us/>). The Common Core State Standards (CCSS), are a national set of learning expectations for college and career success that were developed by teachers, parents, school administrators, and education experts and were adopted by the Oklahoma State Board of Education June, 2010. These standards are also available on the Oklahoma State Department of Education website (<http://ok.gov/sde/oklahoma-c3-standards>). Parents will be invited to discuss the curriculum so they may have a better understanding of the curriculum. Students will be assessed by approved testing/ assessment methods and will be provided extra support to help them achieve the highest level of learning possible. Upon the determination that a child is working below grade level and needs remediation, parents will be notified. Applicable assessments, level of proficiency and extra support that is suggested to help the student achieve grade level proficiency will be discussed with parents upon request or as needed.

5. **Hold parent-teacher conferences during which this compact will be discussed as it relates to the Individual child's achievement. Specifically, those conferences are currently scheduled for:**

September 16 & 18, 2014 4-7 pm, January 20, 2015 4-7 pm and May 12, 2015 specific appointments can be scheduled between the teacher and the parent. Parents will be invited to conference during that time. Teachers will also be available before school, after school, and during planning times throughout the school year as needed for conferences.

6. **Provide parents with frequent reports on their children's progress. Specifically, the school will provide reports as follows:**

Mid-term progress reports will be done for all students midway through each 9-week term. Report cards will be issued at the end of each 9-week term. Parents can access their students' grades at anytime using the online grade book located at (<https://www.wengage.com/shidlergradebook/login.aspx>) Regular communication will be through notes, phone calls, emails or other methods as specified by teachers. If requested by parents, Shidler Elementary School will provide opportunities for regular meetings to formulate suggestions and opportunities to participate, as appropriate, in decisions relating to the education of their child and to respond to any such suggestions as soon as practically possible.

7. **Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:**

Teachers will be available during scheduled conference days on September 16 & 18, 2014 4-7 pm, January 20, 2015 4-7 pm and May 12, 2015. Teachers will also be available before school, after school, and during planning times throughout the school year. Scheduling an appointment is recommended. Teachers can be reached by phone, email or written communication.

8. **Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows:**

Parents are welcome to make appointments through the office to observe in their child's classroom as practical. If during a parent-teacher conference it is determined that a parent's participation in the classroom will improve their child's academic achievement, a schedule will be established for the parent to volunteer or participate in class as practically as possible.

9. **Provide educational resources and/or materials for parents to use or borrow to assist their child at home. Training workshops may be provided as determined by parent needs. Workshops may include, but are not limited to, Math Night, Reading / Literacy Night, Book Fairs, Computer Resources Lab Night.**

10. **All information related to school and parent programs, meetings, and activities, in the extent practicable, will be in an understandable format and will be available in other languages if requested by parents. Alternative formats will also be provided upon the request of parents with disabilities as needed.**

PARENT RESPONSIBILITIES

We, as parents, will support our children's learning in the following ways:

1. Making sure my child attends school regularly and arrives on time prepared to learn
2. Participating, as appropriate, in decisions relating to my children's education
3. Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate
4. Serving to the extent as possible, on policy advisory groups such as School Advisory Committee
5. Encouraging positive attitudes about school
6. Making sure homework is completed while encouraging good study habits by providing a quiet place to do homework, setting specific times to do, and providing support with homework when needed.

STUDENT RESPONSIBILITIES

We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards by:

1. Doing my homework everyday and ask for help when I need to
2. Reading at least 20 minutes everyday outside of school time
3. Giving to my parents or the adult who is responsible for my welfare all notices and information received by me from by school everyday
4. Respect my teacher and the personal rights and property of others
5. Arriving to school on time and prepared to learn
6. Practicing safety and respect for others by following all school and bus rules, and accepting differences in other children and teachers

School _____ Date _____

Parent(s) _____ Date _____

Student _____ Date _____

Shidler Public Schools

Request to Withhold Student Directory Information

from Military Recruiters, Institutions of Higher Education and Others.

Opt-Out Form

Student's Name

Grade

Please withhold the following directory information from **everyone**, including military recruiters and institutions of higher learning.

Please withhold the following directory information only from

Military Recruiters

Institutions of Higher Learning

All Others

Please be advised that **I DO NOT** give permission for the school to disclose the following categories of directory information.

All Categories

Only the following designated categories

Name and address

Date/Place of Birth

Major field of Study

Weight/Height

Dates of Attendance

Degrees/Awards received

Honor roll selection

Current School

Photographs

Most recent previously attended school

Participation in officially recognized activities and sports

Parent's Signature (*If student is over 18 student signature required*)

Date

SHIDLER PUBLIC SCHOOLS

**Wireless Telecommunication Devices
Agreement**

Students may possess wireless communication devices while on school premises, while in transit under the authority of the school, or while attending any school sponsored function upon completion of the Shidler Public Schools telecommunication agreement form.

Procedure:

- 1) All wireless telecommunication devices must remain off and not visible during school hours including transportation to and from school.

- 2) Students found to be using electronic communications for any illegal purpose, violation of privacy, or in any way to send or receive personal messages, data, photographs, or information that would contribute to or constitute cheating on tests (or examinations), harassment, or bullying shall be subject to Shidler disciplinary policy or the disciplinary steps per the telecommunication agreement.

Disciplinary Actions:

Students found in violation of the agreement shall be subject to disciplinary actions including but not limited to (see handbook policy):

- 1) Confiscation of the device.
- 2) Confiscation of the device, parent conference, and loss of privileges.
- 3) Cancellation of telecommunication agreement.
- 4) In school Detention and or Out of School Suspension.

*Shidler Schools will not be responsible for damaged or stolen devices. Stolen items should be reported to the local authorities and providers.

Agreement Signatures:

I have read the above wireless communication agreement (and student handbook) and understand the procedures contained in them. I understand that I must support and follow them in order to keep a wireless telecommunication device in a student's possession.

Contact # (phone #) for the wireless device: _____

Student's signature

Parent's Signature

Date

Concussion and Head Injury Acknowledgement

Shidler Public Schools

In compliance with Oklahoma State Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the **CONCUSSION FACT SHEET** provided to you by Shidler Public Schools related to potential concussions and head injuries occurring during participation in the physical education program.

I, _____ as the parent/legal guardian of
(please **print** parent/legal guardian's name)

_____, have read the information material
(please **print** student's name)

provided to me by Shidler Public Schools related to concussions and head injuries occurring during participation in physical education programs and understand the content and warnings.

Signature of parent/legal guardian

Date

CONCUSSION/HEAD INJURY FACT SHEET PARENTS/GUARDIANS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding”, “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

- Ensure they follow their coach’s rules for safety and the rules of the sport.
- Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards----IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)
- Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!