KG - 4th

FRIEND SCHOOL ENROLLMENT FORM

Student's Legal Name_____ Grade_____ Gender M or F

Residental Address_____

Mailing Address (if different) _____

Please check one: ☐ rents or owns a home/ rents an apartment ☐ other *(If other, please take a questionnaire.)*

Home/Cell Phone_____ Student Cell #(if applicable) _____

Birth Date_____ Age on Aug. 1st _____ Birth Place_____

Does your child reside in the Friend School District? _____ If no, what district? _____

Will student ride the bus? Yes- No Bus #____ Travel by car? Yes- No Has permission to walk home? Yes- No

Directions to home (new students only)_____

*NEW STUDENTS-Name/phone of school attended last year_____

ETHNICITY(culture/origin):	RACE (Check all that apply):	
☐ Hispanic/Latino	☐ American Indian or Alaskan Native	☐ White or Caucasian
☐ Not of Hispanic Origin	☐ Black or African American	☐ Asian
	☐ Native Hawaiian or Pacific Islander	

PARENTS/GUARDIANS:

Name	Relationship	Place Employed	Work Phone	Cell Phone

PLEASE LIST ALL PARTIES AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN PARENT/GUARDIANS:

_____

_____

Yes - No	Does your child have food allergies, if yes, list food(s) _____
Yes - No	Does your child use a name other than his/her legal name? If so, what is it_____
Yes - No	Are there any legal documents concerning child custody of which the school should be aware? (ie. divorce decree, custody documents, foster parent documents, name change, guardianship, etc.) Please attach copies.
Yes - No	If you answered yes to the question above, who has primary custody?_____ Relationship to the child_____
Yes - No	Do you use a language other than English in your home? If so, what is it?_____
Yes - No	Permission is given for my child to participate in and travel to class field trips.
Yes - No	Permission is given for my child to participate in and travel to athletics/extracurricular events.
Yes - No	Permission is given for my child to take medication that I provide to the school.
Yes- No	I have received a copy of the Friend School Handbook

_____ _____

Parent/Guardian Signature Date

FRIEND SCHOOL
EMERGENCY AUTHORIZATION
2021-2022

Minor's Information

Name:_____ Grade:_____
Last First Middle

Address:_____
City State Zip

Birthdate:_____ Age:_____ Home Phone:_____

Allergies:_____ Date of last Tetanus Shot _____

Prescribed Medications:_____

Medical History:_____

_____

Parent/Guardian Information (Name of Person to whom Minor is entrusted)

Father/Guardian:_____ Cell Phone:_____

Mother/Guardian:_____ Cell Phone:_____

In case of emergency, illness, or accident to the above-named minor, the school is authorized to proceed as indicated below. Please check all approved actions.

☐ Take Minor to the nearest Emergency Hospital or Urgent Care Facility.

☐ And contact other persons listed below in case of emergency. (besides parents/guardian)

Name:_____ Phone:_____

Name:_____ Phone:_____

Statement of Consent

I, the undersigned parent or guardian of the minor listed above, having legal custody and/or guardianship, DO HEREBY AUTHORIZE FRIEND PUBLIC SCHOOL 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 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/her professional judgment and assess the risks incident to and choose the necessary alternative and to render such care and perform such treatment as he/she determines to be necessary for the health and safety of the above minor.

_____

Parent or Legal Guardian Signature Date

Friend Public School

Parent Authorization to Administer Medication

I am the parent or legal guardian of _____, a student attending Friend School. This student may require medication at the intervals during the school day. I am supplying either the over-the-counter or prescription medication, in the original container, with the student's name and instructions clearly marked.

Over-the-Counter Medication

I authorize and give my consent to the school office or other designated school employees to administer over-the-counter medicines that I have provided in the original container with the student's name and instructions clearly marked.

- ☐ Yes
- ☐ No

Prescription Medication

I authorize and give my consent to the school office or other designated school employees to administer a filled prescription medication, which may include asthma inhalers and/or anaphylaxis medications, which I am supplying in accordance with the directions, to be administered as listed on the prescription label on the container.

- ☐ Yes
- ☐ No

Self-Administered Medication

I authorize and give my consent to the school to allow my child/student to self-administer an inhaled asthma medication and/or an anaphylaxis medication. **I must provide written direction from a physician which includes a diagnosis and permission for self-administration.**

- ☐ Yes
- ☐ No

I understand that under state law, the Friend Board of Education, the Friend School District, or the employees of Friend School District shall not be liable to the student or the student's parents/guardians for civil damages for any personal injuries to the student which result from the acts or omissions of school employees in administering the medication I have authorized.

_____

Parent or Legal Guardian Date

Medication must be brought to the school by a parent or legal guardian and in the original container with the student's name and instructions clearly marked.

Friend School
Communication & Publication
Permission Form

Student's Name _____ Grade _____

Pictures and video recordings are frequently taken of your child to use with the classroom as well as for public education/awareness. Please circle if we have your permission to use your child's photograph or videotape within the classroom or for public purposes.

Yes No I give permission for photographs/video to be used only for classroom purposes.

Yes No I give permission for my child's name/photographs/video for community publications

Yes No I give permission for my address/phone number to be given to parents for invitation purposes.

In the event that your child will be included in a yearbook, class/school picture, school website, or a school Facebook page, please circle if we have your permission to use your child's name/photograph.

Yes No I give permission for my child's name/photograph to be in the class/school picture.

Yes No I give permission for my child's name/photographs/videos to be posted on Facebook/Social Media.

Yes No I give permission for my child's name/photographs to be posted on the website.

Yes No I give permission for my child's name/photograph to be in the yearbook.

Communication with families is key to create a successful learning environment. Friend School uses TeacherEase for our student information system and grading. The use of TeacherEase is a great way for parents to stay involved in their child's academic progress. Please answer the questions below.

Please print neatly:

#1 Parent/Guardian Name_____

Parent/Guardian Email:_____

#2 Parent/Guardian Name_____

Parent/Guardian Email:_____

Parent Signature_____ Date_____

FRIEND PUBLIC SCHOOL
CELL PHONE RELEASE FORM

I, as a parent/guardian of_____

give my permission for my child to bring a cell phone to school. I also understand the cell phone must be turned off and kept in the student's locker or in the student's bag during the school day. During extra-curricular activities, the school sponsor will determine where the phone will be kept. Anyone caught using a cell phone during school hours without permission from school staff or due to an emergency, will have their cell phones taken away. The cell phone will be returned, if the superintendent and/or designated school personnel approves this decision. Failure to comply by these rules could result in the loss of all cell phone privileges.

_____

Parent signature

_____

Date

Friend School Internet and Agreement Form

The Friend School District is pleased to make available to students and staff access to interconnected computer systems with the district and to the Internet for educational purposes. In order for the school to ensure the continued accessibility of its computer network and the Internet, all students and staff must take responsibility for the appropriate and lawful use of this access. Students and staff must understand that one person's misuse of the network and Internet access may jeopardize the ability of all students and staff to enjoy the access. While the school's teachers and other staff make reasonable efforts to supervise student use of the network and Internet access, they must have student cooperation in exercising and promoting responsible use of this access. Each student must agree to follow the District Acceptable Use and Internet Safety Policy and be given the opportunity to enjoy Internet access at school. Parents of students under 18 years of age must read and sign the policy before access is given. The district reserves the right to monitor, inspect, copy, review, and store at any time and without prior notice, any and all usage of the computer network and internet access and any and all information transmitted or received. No student shall have any expectation of privacy regarding such materials.

To use the internet resources, all students must sign and return this form and must obtain parental permission. The activities below are not permitted:

- Sending or displaying inappropriate or offensive messages, videos, or pictures
- Using inappropriate or offensive language
- Giving personal information, such as name, phone number, address, or photos without permission from a teacher, parent, or guardian
- Cyberbullying, Harassing, insulting, or attacking others
- Damaging, or modifying computers, computer systems, or computer networks
- Violating copyright laws
- Using others' passwords in any computer program or completing assignments for others
- Trespassing into others' folders, work, or files
- Printing documents without the permission of a teacher or support staff member

To see the policy in its entirety please contact the school office.

Student: I understand and will abide by the above terms for internet access. I further understand any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school and disciplinary and or appropriate legal action may be taken.

Student Signature_____ Date_____

Parent/Guardian: As the parent or legal 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 Friend School District and the Oklahoma State Department of Education have taken available precautions to eliminate controversial materials. However, I also recognize it is impossible for Friend School District and the Oklahoma State Department of Education to restrict access to all controversial materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access to my child and certify the information contained on this form is correct.

Parent/Guardian (Please print) _____

Signature_____ Date_____

SCHOOL YEAR: [ ]

HOME LANGUAGE SURVEY

OKLAHOMA Education

STUDENT INFORMATION

Student Name: _____ _____ _____ 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** ☐

Please select one or more of the following races:

☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ Caucasian/White

The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

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 YES, in what language? _____
5. Does the parent/guardian need translated materials? **YES** ☐ **NO** ☐ If YES, in 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 or Guardian Signature

SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

☐ A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered "**more often**" and has previously demonstrated English language proficiency on the PKST* or WIDA assessment :

Assessment Name:		**Year Assessed:**		**Score:**	

☐ A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "**less often**" and has demonstrated English language proficiency on the PKST* or WIDA assessment. The student's PKST* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

Friend School Title I Parent Compact 2020-2021

As a school, we will:

- → Provide a high-quality effective learning environment that is safe and that enables the student to meet the State's student academic achievement standards be it in school or through distance learning
- → Provide ongoing two-way communication between teachers and parents through parent-teacher-student conferences and frequent reports to parents
- → Provide reasonable access to staff through an "open door" policy
- → Provide opportunities for parents to volunteer and participate in their child's class and observe classroom activities
- → Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers)

Superintendent's Signature Cindy Schmidt Date 7-1-21

Teacher's Signature _____ Date _____

As a parent, I will:

- → Support my child's learning by ensuring that he/she has proper rest and nutrition and attends school on time and on a regular basis or has a place to work at home if the option for distance learning has been chosen
- → Support my child's learning by reading with him/her
- → Help set a positive tone for learning with my child
- → Strive to make positive use of my time with my child ("quality" one on one time)
- → Participate in decisions relating to the education of my child through a mutually respectful relationship with school staff
- → Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers)
- → Provide a time for homework completion ("perfect practice") or completion of work for distance learning
- → Support my child's class/school (i.e. helping in class/school, volunteering in my child's classroom/school, communicating with my child's teachers, attending school events when possible, etc.)
- → <u>Ensure my child is in school and on time.</u>

Parent's Signature _____ Date _____

As a student, I will:

- → Proudly follow the behavioral expectations
- → Ask questions when I am not sure about a lesson or an assignment
- → Make good choices like paying attention in class/getting work complete in distance learning assignments, staying on task, doing my best, and working hard at my schoolwork
- → <u>Be in class on time each day.</u>
- → **Be the very best "Friend Falcon" that I can be each and every day!**

Student's Signature _____ Date _____