

RACE AND ETHNICITY DATA

NAME

GRADE

The Oklahoma State Department of Education will implement the new United States Department of Education race and ethnicity data reporting standards for public school students and staff. Please fill out and return to the school.

Are you of Hispanic/Lation culture or origin?

Yes

No

What is your race? (Choose one or more)

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

Berryhill 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 in SECTION A or B below.

SECTION A

- Rent/own my own home or apartment **STOP: If you checked the box in Section A skip to SECTION C at 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 SECTION B.

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 Berryhill 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

SECTION C

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:** _____

BERRYHILL PUBLIC SCHOOLS

Insurance Release

Student Name: _____ Date: _____
Birth Year: _____ Age: _____ Sex: _____
Address: _____ Phone# _____

Check appropriate blank and complete information in item 1, if applicable.

____ 1. This is to certify that my child is covered by the following accident insurance:

(Name of Company and Type of Policy)

and has my permission to participate in all school sponsored activities. It is agreed that the school will be relieved of all responsibility in the event of injury.

____ 2. This is to certify that my child will be covered by a student accident insurance policy.

____ 3. This is to certify that we have NO INSURANCE policy which will cover my child. However, he/she has my permission to participate in all school sponsored activities. It is further agreed that the school will be relieved of all responsibility I the event of injury.

(Signature of Parent / Guardian)

AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby authorize Dr. _____ or any physician, surgeon or dentist to administer any emergency treatment, procedure or medicine necessary or advisable when school officials accompany:

STUDENT'S NAME: _____

I also authorize officials to secure the use of an ambulance, if necessary, for transporting my child to the hospital. I further agree to pay the hospital, doctors and ambulance service for all services rendered to the above named patient. I request that this authorization remain in force for as long as my child is a student in this school district, unless the district is notified of a change by me.

DATE: _____ (Signature of Parent / Guardian): _____

EMERGENCY PHONE#: _____ RELATIONSHIP: _____

EMERGENCY PHONE#: _____ RELATIONSHIP: _____

If the above arrangement is unsatisfactory, what would you like for us to do with your child in case he/she is injured or becomes seriously ill while in school and we are unable to contact you? Please be specific:

DATE: _____ (Signature of Parent / Guardian): _____

Berryhill Public School

Health History

STUDENT NAME _____ GRADE _____ TEACHER _____

PARENT/GUARDIAN NAME _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

Birth History: (Please explain any problems with pregnancy, delivery, or any defects.)

Previous History: (Please list all health conditions requiring treatment by physician.)

Allergies: _____

Asthma: _____

Convulsive disorder: _____

Diabetes: _____

Heart problems: _____

Kidney/Bladder: _____

Accidents: (fractures, head injuries, internal injuries) _____

Surgeries and dates: _____

ADD/ADHD: _____

Communicable diseases and dates: (chicken pox, mumps, measles, scarlet fever)

List any other health conditions or medications: _____

Parent/ Guardian Signature: _____ **Date:** _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY DESIGNATED SCHOOL PERSONNEL

Oklahoma law states that the school nurse, administrator or other designated school employee shall not be liable to the students, parent or guardian of the student for civil damages for any personal injuries to the student which result from omission of the school nurse, administrator or other designated school employee in administering any medicine pursuant to the provisions of the law except for acts or omissions constituting gross, willful or wanton negligence.

Medication will be given to a student only with the written permission of a parent, the legal guardian or person responsible for student's care. Designated employees may not administer medications requiring invasive routes. Over the counter medications must be in original packaging with printed dosages appropriate for age or weight. Prescription medication must be in a currently dated prescription vial or properly labeled container which correctly states the student's name, the name of the physician or dentist and directions for administering the medication. Aspirin (acetylsalicylic acid) may only be administered with written permission of the physician or dentist.

A new authorization form must be filled out for each change of medication and renewed each school year.

Medication that is not reclaimed by the last official day of school closing will be destroyed, according to policy.

Student Name _____ Birth Date _____ Grade _____ Teacher _____

Home Address _____ Telephone _____ Emergency Telephone _____

PHYSICIAN OR DENTIST ORDER

Diagnosis Requiring Medication _____ Medication Name _____

Time and amount to be given _____ Date: From _____ to _____

Date of Prescription: _____ Intended Effect of Medication _____

Side effects to expect _____ to report _____

If there are side effects, plan of management _____

Physician's/Dentist's Name _____ Office Phone _____

Address _____

Physician/Dentist Signature _____

AUTHORIZATION BY PARENT/GUARDIAN for the administration of the above medication by school personnel:

I hereby authorize Berryhill Public Schools and its designated employees to administer to my child lawfully prescribed medication in the manner described above. **I acknowledge that it may be performed by an individual other than a school nurse, and specifically consent to such practices.** I acknowledge and agree that I waive any claims that I might have against the School District, its employees and agents arising out of the administration and said medicine. I agree to hold harmless its designated employees from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration, attempts at administration or omissions of said medicine pursuant to the provision of Oklahoma law. I authorize the school nurse and/or school sponsored activities.

Furthermore, I authorize school personnel to use their best judgment in providing as needed medications and first aid treatments. My child may receive over the counter medication, such as acetaminophen, ibuprofen, Benadryl as needed, at the school personnel/nurse's discretion. (If you have extra instruction/information regarding this, please advise on the back of this page.)

Signature of Parent/Legal Guardian _____ Date _____

Relationship to Student _____ Address _____

Home Phone _____ Emergency Contact _____

Work Phone _____ Emergency Phone _____

ANY INFORMATION ON THE REVERSE OF THIS PAGE? CIRCLE ONE: YES NO

BERRYHILL INTERNET: TERMS AND CONDITIONS

Check with the school to view the detailed Berryhill Public Schools Internet Policy.

1. **Acceptable Use:** The Purpose of the Internet is to support research and education in and among academic institutions in the US by providing access to unique resources, and education in, and opportunity for collaborative work. School use must be in support of education and research and consistent with educational objectives. Use of other organization's network and computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any US or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. Use for product advertisement or political lobbying is also prohibited. Use for commercial activities is generally not acceptable.
2. **Privileges:** The use of Internet is a privilege, not a right and inappropriate use will result in a cancellation of those privileges. Each student who receives access will participate in a discussion with a Berryhill Public Schools faculty member regarding the proper use of the network. The system administrations and teachers will deem what is inappropriate use and their decision is final. The district may deny, revoke, or suspend specific user access.
3. **Netiquette:** You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:
 - a. Be polite. Your messages should not be abusive to others.
 - b. Use appropriate language. Do not swear, use vulgarities, or any other language generally deemed inappropriate.
 - c. Do not reveal your personal address or phone number. Do not reveal the personal addresses and/or phone numbers of fellow students or colleagues.
 - d. Illegal activities are strictly forbidden.
 - e. Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
 - f. Do not use the network in any way that would disrupt network services for other users.
 - g. All communications and information accessible via the network should be assumed to be private property.
4. **Non-Liability:** Berryhill Public Schools and the Oklahoma State Department of Education make no warranties of any kind, whether expressed or implied for the service it is providing. Berryhill Public Schools and the Oklahoma State Department of Education will not be responsible for any damages suffered. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by negligence, errors or omissions. Use of any information obtained via Berryhill Public Schools or the Oklahoma State Department of Education is at the user's own risk. Berryhill Public Schools is not responsible for the accuracy or quality of information obtained.
5. **Security:** Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on Internet, you must notify a teacher who will in turn notify a system administrator. Do not demonstrate any problems to other users. Do not use another individual's account without written permission from that individual. Attempts to log in to Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history or problems with other computer systems may be denied access to Internet.
6. **Vandalism:** Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy hardware, data of another user, Internet, or any agencies or other networks that are connected to the LDS/IAmerica Internet backbone. This includes, but is not limited to, the uploading or creation of computer viruses.
7. **Exception of Terms and Conditions:** All terms and conditions as stated in this document are applicable to Berryhill Public Schools and the Oklahoma State Department of Education. These terms and conditions reflect the entire agreement of 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 of America.

**BERRYHILL PUBLIC SCHOOLS
ANTI-BULLYING CONTRACT
STUDENT AND PARENT/GUARDIAN AGREEMENT**

At Berryhill Schools, we believe that it is every person's right to feel physically and emotionally safe while they are at our school. Because of this belief, we will do everything possible, both as individuals and as a campus, to create and preserve that environment through proactive anti-bullying education, zero tolerance for bullying behaviors along with well-defined and effective consequences for violations.

Bullying, by definition, is any single incident or pattern of behavior directed at another person that results in that person feeling intimidated or harassed, or results in physical or in physical or emotional injury of the person.

Some examples of bullying are:

- Pushing, hitting, kicking or throwing things at someone.
- Stealing or damaging another person's property.
- Name calling or teasing.
- Threatening to hurt someone.
- Isolating another student or encouraging others to isolate another student from peers or activates.
- Spreading rumors about someone.
- Negative messages on cell phones, e-mail or social network sites.

Student's Responsibility:

I commit that I will not bully my peers. When I witness bullying, I will report to an adult and/or the Bully Box.

Student Signature

Grade

Date

Parent/Guardian's Responsibility:

I commit to encouraging my child to always respect others. I have instructed my child not to bully. I have advised my child to report any bullying to the authorities.

Parent/Guardian Signature

Date

STAFF/STUDENT COMMUNICATIONS

Parent/Guardian Notification and Permission Form

Dear Parent/Guardian:

At the beginning of this school year we are sending notice that our staff has been directed not to communicate with students via telephone, email, instant message, or internet website without specific written permission from a parent or guardian.

I, _____, authorize Berryhill Public Schools to communicate with my child
Parent/Guardian Name

_____, outside school or issues related to _____
Student Name Class, Sport, Activity, etc.

_____ Home Telephone _____

_____ Cell Phone _____

_____ E-Mail _____

_____ Social Networking Site _____

_____ I do not authorize Berryhill Public Schools or its staff to communicate with my child outside school. Please contact me to relay information to my child. Contact number _____

Dated this _____ day of _____, 20_____.

We also need permission for Berryhill Public Schools, to use photographs, video, and other technology on the school website and other school publications. Any use of his/her image will relate to Berryhill Public Schools and its activities.

I, _____, give permission to Berryhill Public Schools, to use, _____
Parent/Guardian Name Student Name
and picture or pictures of him/her in connection with the school.

Parent/Guardian (please print) _____

Signature _____ Date _____

I do not give my permission _____ (place check mark)

Signature _____ Date _____

**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 _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

INTERNET ACCESS CONDUCT AGREEMENT

This agreement is valid for the 2020 to 2021 school year only.

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me. I understand I have no expectation of privacy with regard to my use of the school district's technology.

User's Name (print clearly): _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: Student _____ Staff _____ Patron _____ I am 18 or older _____ I am under 18 _____

Parent of Guardian: (If a applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.) As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the student's access to the school district's computer network and Internet. I understand that access is being provided to the students for educational purposes only. However I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses, and costs, of whatever kind that may result from my child's or ward's use of her or her access to such networks and/or his or her violation on the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian (please print): _____ Home Phone: _____

Signature: _____ Date: _____

Address: _____