

HARTSHORNE PUBLIC SCHOOLS

520 South Fifth Street
Hartshorne, Oklahoma 74547
Phone: 918-297-2534
Fax: 918-297-2698

Administrators

Jason Lindley – Superintendent
Mike Reddick – High School Principal
Brian Akins – Middle School Principal
Steven Snead – Elementary Principal

Board of Education

Todd Barrier
Thomas Grippando
Casey McCoy
Michael O'Kelley
Randy Wilcox

Parents/Guardians

Welcome to the **2018-2019** school year! There are a few forms that will not be included in this packet since they have to be filled out at the time of enrollment. ALL HARTSHORNE PUBLIC SCHOOL STUDENTS WILL EAT FREE OF CHARGE, AGAIN THIS SCHOOL YEAR. This allows us to shorten our enrollment packets and reduce paperwork for parents.

Complete as much of the information as possible before coming to school and we will have staff members available to help with any questions you may have. We look forward to seeing you and make sure you bring the documents listed below to speed up the enrollment process even more.

Welcome Back!

BRING THESE ITEMS TO ENROLLMENT

- Proof of Residency (Local Utility Bill, Rental/Lease Agreement with Address, Etc.)
- Birth Certificate
- Social Security Card
- Updated Immunization Record
- CDIB and Tribal Membership Card (If Applicable)
- Copy of DD4 (If Parent/Guardian is **ACTIVE** Military)

ELEMENTARY SCHOOL PACKET

HARTSHORNE PUBLIC SCHOOLS
STUDENT INFORMATION SHEET 2018-2019

Date of Enrollment: _____

Legal Name of Student: _____
(First) (Middle) (Last)

Social Security Number: _____ Are You of Hispanic/Latino Origin/Culture: Yes: _____ NO: _____

What is your race? _____ American Indian or Alaskan Native _____ Native Hawaiian/ Other Pacific Islander
(use P to designate Primary) _____ Asian _____ White/Caucasian
_____ Black /African American

Tribe: _____ CDIB: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____
(City) (State)

Grade: _____ Is student a foster child? Yes _____ No _____ If yes, are they therapeutic? Yes _____ No _____

Last School Attended: _____
(School) (City) (State)

Mailing Address: _____

(City) (State) (Zip) Phone: _____

Physical Address: _____ Is this address MORE than 1 mile from School? _____

Directions to home if outside city limits: _____

Primary Parent/Guardian: _____ Phone (Landline): _____

Phone (Mobile): _____ Email: _____

Employer: _____ Phone (Work): _____

Other Parent/Guardian: _____ Phone (Landline): _____

Phone (Mobile): _____ Email: _____

Employer: _____ Phone (Work): _____

Emergency Contact Person: _____ Phone: _____

(LIST RELATIONSHIP TO STUDENT AND GIVE A DIFFERENT NUMBER THAN HOME PHONE FOR EMERGENCIES!)

Adults/Siblings 16 & Older Allowed to Pick up Your Student: _____

----- PLEASE COMPLETE THE SECTION BELW TO ASSIST WITH IMPACT AID FUNDING -----

DO YOU..... (Check all that apply)
Live in an Indian Home? Yes _____ No _____
Work for Choctaw Nation? Yes _____ No _____ If so, where? _____
Work at McAAP? Yes _____ No _____ If so, list supervisor or dept: _____
Currently serving ACTIVE DUTY Military? Yes _____ No _____ If so, please attach a copy of DD4

School Year 2018 - 2019 Economically Disadvantaged Application

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: _____ Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total gross income:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$22,459 | <input type="radio"/> Between \$46,435 and \$54,427 | <input type="radio"/> Between \$78,403 and \$86,395 |
| <input type="radio"/> Between \$22,459 and \$30,451 | <input type="radio"/> Between \$54,427 and \$62,419 | <input type="radio"/> Between \$86,395 and \$94,387 |
| <input type="radio"/> Between \$30,451 and \$38,443 | <input type="radio"/> Between \$62,419 and \$70,411 | <input type="radio"/> Between \$94,387 and \$102,379 |
| <input type="radio"/> Between \$38,443 and \$46,435 | <input type="radio"/> Between \$70,411 and \$78,403 | <input type="radio"/> Between \$102,379 and \$110,371 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1) | <input type="radio"/> Five (5) | <input type="radio"/> Nine (9) |
| <input type="radio"/> Two (2) | <input type="radio"/> Six (6) | <input type="radio"/> Ten (10) |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4) | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: _____ Date: _____

Print Name: _____

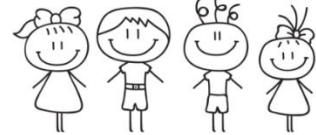
For Office use only:

- Qualified Not Qualified

Survey Number: _____
 [For School Use Only]

E-Rate Household Survey Spring/Fall 2018¹

Please complete and return to the school office within two weeks.



Your Address: _____ City _____ ST _____ Zip _____

Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each add'l family member add:	7,992	666	333	308	154

Is your income equal to or less than any of the amounts listed next to the number you circled? Yes _____ No _____

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes _____ No _____

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? Yes _____ No _____

Does your family qualify for medical assistance under Medicaid? Yes _____ No _____

Is your family receiving Supplementary Security Income (SSI)? Yes _____ No _____

Does your family receive housing assistance (section 8)? Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)? Yes _____ No _____

2. Please list all students in your household that attend school. (Enter the grade they will be entering in this fall. Write on back to list more than 5 students)

Name	Grade	School Attending in Fall 2018

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

¹Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2018 to June 30, 2019 (Federal Register/ Vol.83, No. 89/ Tuesday, May 8, 2018/ Notices, pg. 20788-20789)

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Bus Rules and Behavior Contract

Parents/Guardians & Students

Due to situations experienced over the last few years, Hartshorne Schools is addressing areas of concern with regard to bus conduct. Parents and students should understand that riding the bus to and from school is a privilege that must be respected by each and every student on the bus. *“Any school district maintaining a school may provide transportation with the approval of the State Board of Education.”*

OKLAHOMA PUBLIC SCHOOLS ARE NOT REQUIRED TO TRANSPORT STUDENTS

DISTRACTIONS TO THE DRIVER CAN HAVE SEVERE CONSEQUENCES FOR EVERY PASSENGER

Minor Infractions

- 1) Loud talking and/or yelling
- 2) Littering
- 3) Eating, drinking, chewing gum
- 4) Using profanity and/or making offensive remarks
- 5) Pushing/Shoving or hitting
- 6) Not following instructions
- 7) Putting arm, hand, or head out of window
- 8) Not facing forward and/or remaining seated
- 9) Using electronic equipment (cell phones, music, etc.)

Major Infractions

- 1) Use or possession of tobacco, drugs, alcohol, firearms, dangerous objects
- 2) Extreme misbehavior which threatens safety of the driver or passengers
- 3) Vandalism
- 4) Fighting
- 5) Changing bus numbers or bus stop without written permission from the office
- 6) Tampering with radio/vehicle controls or sitting in the driver’s seat
- 7) Throwing objects
- 8) Defiance

Minor infractions may result in corporal punishment or detention as well as suspension from riding the bus for a time frame determined by the bus driver and/or principal. Major infractions may result in suspension from riding the bus for the remainder of the semester/school year and may also result in suspension from school.

CONTRACT

I have read the rules above and agree to abide by them with the understanding that riding the bus is a privilege that I must take seriously. I understand that I may be suspended from riding the bus if I fail to maintain the conduct expected by drivers and school administration. I understand that safety of all passengers is the top priority, therefore, I will conduct myself in an appropriate manner while on the bus.

Student Name: _____ **Student Signature:** _____

Parent Name: _____ **Parent Signature:** _____

Date: _____

HARTSHORNE PUBLIC SCHOOLS
STUDENT / STAFF INTERNET ACCESS CONDUCT AGREEMENT

This form is to be completed and one copy maintained at the local school site.
Every student / staff member, regardless of age, must read and sign below:

This agreement is valid for the 2018-2019 school year only.

I have read, understand and agree to abide by the district's terms and conditions 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 privileges may be revoked and school disciplinary and/or appropriate legal action may be taken against me.

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

User's Signature: _____ Date: _____

Home Address: _____

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

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent / Guardian: If Applicant is under the age of 18, 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 the 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 Hartshorne Public School District 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 his or her access to such networks or his or her violation of 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 my permission to grant access for my child or ward to the use the building-approved account to access the school district's computer network and the Internet. I certify that the information contained on the form is correct.

Parent or Guardian (please print): _____

Parent Signature: _____ Date: _____

Students' Grade: _____ Home Phone: _____

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PARENTAL REQUEST FOR ONLINE GRADE ACCESS

Parents/Guardians

Hartshorne Public Schools has the ability to provide parents/guardians online access to their student’s grades and attendance. To receive your username and password, please provide the following information.

Parent/Guardian Name: _____ Daytime Phone: _____

Parent/Guardian Email: _____

Child/Children Names and Grades:

_____	_____
_____	_____
_____	_____

**HARTSHORNE PUBLIC SCHOOL DISTRICT
SCHOOL-PARENT COMPACT**

School Responsibilities

1. 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:
 - a. The school will provide high-quality curriculum and instruction in a supportive and effective learning environment.
 - b. After school tutoring will be available for students to receive a more individualized education experience.
2. Hold parent-teacher conferences 3 times a year during which this compact will be discussed as it relates to the individual child's achievement. The conferences will be in the fall, spring, and at the end of the school year.
3. The school will provide the parents with frequent reports on their children's progress and will provide parents reasonable access to staff including:
 - a. Progress reports are handed out the fifth week of classes every nine-week period and report cards are handed out at the end of every nine-weeks and at the end of each semester.
 - b. Staff members are provided a conference period each day in which the parents can make appointments to meet with the teachers.
4. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities as follows:
 - a. The elementary provides a local Parent Teacher Association.
 - b. Parents can contact classroom teachers to set up times to observe or volunteer.

Parent Responsibilities

We, as parents, want our children to have the best possible education and realize that strong school systems are essential. We, therefore, join with the school district in providing an optimum learning environment for our children.

1. I will insist that all homework assignments are done each night.
2. I will discuss at dinnertime what my child has learned at school each day.
3. I will remind my child of the necessity of discipline in the classroom – especially self-discipline.
4. I will provide for my child a minimum of one hour, 3 times per week of uninterrupted time (without television, cell phone or games) which will be devoted to an instructional activity.

PARENT (Signed with love and responsibility) _____

CHILD (Signed with love and appreciation) _____

TEACHER (Signed with love and great expectation) _____

Date: _____ Principal: _____

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PARENTAL AUTHORIZATION FOR MEDICAL TREATMENT

The undersigned authorizes the employees of the Hartshorne School District to consent to X-Ray examination, anesthetic, medical surgical diagnosis or treatment, or hospital care from a licensed physician or dentist on behalf of _____ in the event such services are needed. The undersigned also consents to be the responsible party for the payment of costs associated with the treatment or care.

The undersigned understands that the school district and its employees will not be liable for any injuries that might arise as a result of the treatment furnished the student by a physician, dentist, clinic, or hospital.

The undersigned also informs the treating physician, clinic, hospital or dentist of the following allergies or medical problems: _____

Parent or Guardian Signature

Parent or Guardian Address

Date Signed

**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 _____

