

### Notice to Parent/Guardian

Dewey Schools will carry all school records (including but not limited to: transcripts, grade cards, test records, class lists, honor rolls, publicity releases, etc.) in the **legal name** of the student, as established and verified by the given name listed on the student's birth certificate. Any assumed "goes by" last name will **not replace the legally given name** in any publication of school records. A change in the legal name will need to be verified by presenting the school office **a record of the name change by court order**.

**Non-custodial parents** will have right to any information or record relating to a minor child which is available to the custodial parent, including teacher/parent conferences, **unless restricted by court order**. In such case, it is the responsibility of the custodial parent to provide a copy of the legal restrictions to the school office.

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### New Student Enrollment Check Sheet

Please bring these items with you when you come to enroll your child.

- IMMUNIZATION (Need Hepatitis A & B shots)
- SOCIAL SECURITY #
- BIRTH CERTIFICATE
- MOST RECENT REPORT CARD
- IEP INFORMATION (If applicable)

Dewey Middle School Enrollment

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Please fill out and return to the school office.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Suffix (Jr, III, etc.) \_\_\_\_\_

Nickname (If student goes by any name other than full first name) \_\_\_\_\_

Date of Birth MM/DD/YY \_\_\_\_/\_\_\_\_/\_\_\_\_ City and State of Birth \_\_\_\_\_, \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type (Cell, Home, Work) \_\_\_\_\_ Unlisted? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender (Male, Female)

Ethnicity (circle all that apply):

White	Percentage _____
American Indian	Percentage _____
Black	Percentage _____
Hispanic	Percentage _____
Asian	Percentage _____
Pacific Islander	Percentage _____

Listing race percentages is optional. However, if no percentages are listed, please check all that apply, and circle the primary race.

Grade (next school year): \_\_\_\_\_ Previous School \_\_\_\_\_ State: \_\_\_\_\_

Please list any special needs or requirements for this student.

\_\_\_\_\_  
\_\_\_\_\_

Please list any people who are **RESTRICTED** from having contact with or picking up this student. (If non-custodial parent is listed we must have a copy of legal documentation stating restrictions.)

\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

**Physical Address** (Leave blank if same as mailing)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_

Citizenship/Nationality \_\_\_\_\_

Student Email Address \_\_\_\_\_

Dewey Middle School Enrollment

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Student Name: \_\_\_\_\_

Please list all parents, guardians, and contacts for this child. **Please list each person separately**, even if married.

**Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male / Female

Phone (list preferred number first): Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_  
Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_  
Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Check all that apply: \_\_\_\_\_ This person is a family member \_\_\_\_\_ This person is an emergency contact  
\_\_\_\_\_ This person can pick up the student from school \_\_\_\_\_ This person can receive mailings  
\_\_\_\_\_ This person is allowed online access to student grades

Non-English Speaking? \_\_\_\_\_ Email Address \_\_\_\_\_

Employer Name: \_\_\_\_\_

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**Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male / Female

Phone (list preferred number first): Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_  
Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_  
Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male / Female

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Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_  
Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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Dewey Middle School Enrollment

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Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_  
Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Check all that apply: \_\_\_\_\_ This person is a family member \_\_\_\_\_ This person is an emergency contact  
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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male / Female

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Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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Employer Name: \_\_\_\_\_



**Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male / Female

Phone (list preferred number first): Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_  
Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_  
Number \_\_\_\_\_ Type (Cell, Home, Work) Unlisted? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Check all that apply: \_\_\_\_\_ This person is a family member \_\_\_\_\_ This person is an emergency contact  
\_\_\_\_\_ This person can pick up the student from school \_\_\_\_\_ This person can receive mailings  
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Employer Name: \_\_\_\_\_

## Dewey Public Schools Enrollment Questionnaire

*This form is intended to address the McKinney-Vento Act. Your answers will help determine residency necessary for enrollment and ensure that certain needs will be met for this student.*

**Presently, where is the student living?** *Mark one line as it applies to your student.*

### Section A

- In a shelter \_\_\_\_\_
- Temporarily with more than one family due to loss of job, loss of housing, etc.
- In a motel, car, or campsite
- In temporary foster care awaiting placement
- Alone without parental support (independent living student)

**Continue:** If you marked a line in Section A, please complete the remainder of this form.

### Section B

Choices in Section A do **NOT** apply.

**Stop:** If you marked this section, you do not need to complete the remainder of this form.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male - Female (circle one)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Last School attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Verification of Residence**

Student's Name \_\_\_\_\_

Please check those that apply.

The student and his or her guardian(s) rent / own a residence in the Dewey School District.

Our family residence is located at

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Must have street address or Rural Route and box including directions to that location – Not just P.O. Box)

and we are now living in said residence.

The student and guardian(s) rent / own a residence outside the Dewey School District

If the student resides outside the district, has he or she been approved for transfer to Dewey Middle School?    Yes    No

The student is living with someone other than his or her guardian.

Please describe relationship of the individual to the student. \_\_\_\_\_

My signature verifies that the information above is true and accurate. The penalty for giving false enrollment information can be expulsion from the school system. Signature must be that of the legal parent or guardian for the child enrolling.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**Dewey Public Schools  
Statement of Policy for Drug Free Schools**

- A. All students will participate in a developmentally based drug and alcohol education and prevention program.
- B. Students are hereby notified that the use, possession, or distribution of illicit drugs, and alcohol is wrong and harmful to themselves as well as to others.
- C. **Standard of Conduct:** The use, possession, distribution, sale, or being under the influence of alcohol, illicit drugs, and or inhalants will not be tolerated on school property or within one thousand feet of school property. Compliance is mandatory.
- D. **Disciplinary Sanctions:** Students who violate paragraph "C" shall be subject to discipline deemed appropriate in view of all the facts and circumstances. Discipline will be consistent with local, state and federal law. Disciplinary sanctions may include the possibilities of:
  - 1. In school suspension
  - 2. Suspension from school (short or long term)
  - 3. Alternative education placement (as appropriate)
  - 4. Referral to law enforcement officials
  - 5. Completion of an appropriate and rehabilitation program.
- E. Information about drug and alcohol counseling and rehabilitation and re-entry program are available in the principal's and/or the counselor's office.
- F. Students and Parent will receive a copy of this Statement of Policy for a Drug Free School. (See Parent/Student Handbook)
- G. A biennial review of the policies will be conducted. Disciplinary Sanctions paragraph "D" will be consistently enforced.
- H. This record of notification and compliance of the Drug Free School policy will be kept in the student's cumulative record folder.

**Parent Statement of Acknowledgement**

I have read the statement of Policy, Drug Free School, and understand my child, while in attendance in this school district will be governed by such policy. (Sign and return to building office)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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**Dewey Public Schools  
Photo/Video Release**

I give Dewey Public Schools the right to use all still and moving images that I appear in for any use. This use includes, but is not limited: video, multimedia, web-based, and print curriculum, training materials, other instructional medial advertising, commercials, other promotional materials, videoconferencing/distance learning, web page images, and all other forms of media. I give this right of the use of my likeness for the usable life of the media.

I further understand and agree that my compensation for this use of my likeness of \$0 dollars and that I will not request further compensation at a later date.

I further agree that I will not hold Dewey Public Schools liable for any reason if the image is used in accordance with the acceptable uses as stated above. This institution then promises and agrees to use all images in an appropriate educational manner.

Please sign below signifying your acceptance to the agreement.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## CODE OF CONDUCT FOR COMPUTER USE AND INTERNET ACCESS

The purpose of providing computer applications and Internet access is to develop communication skills and promote the exchange of information and ideas within the global community. The following represents a guide to the acceptable use of the technology provided by this district. All network use must be consistent with policies and goals of the school district.

**Inappropriate use of district technology will result in the loss of technology use, disciplinary action, and/or referral to legal authorities.**

Each system user is expected to comply with all district policies governing Internet access and to abide by generally accepted rules of network etiquette. The general rules include, but are not limited to, the following:

(a) **Appropriate language** – Do not use abusive language in messages to others. Be polite. Do not use obscene, indecent, lewd or profane language, vulgarities, rude or disrespectful language. Do not engage in personal attacks or activities intended to distress, harass or annoy another user.

(b) **Safety** – Do not reveal personal contact information about yourself or any other person. This information includes telephone numbers and addresses. Do not use the Internet access to arrange meetings with persons you have met on line. Users will promptly disclose to the teacher, District system administrator or to some other member of the faculty or staff any message they consider to be inappropriate or which makes them feel uncomfortable.

(c) **Electronic mail** – Users should be aware that electronic mail (Email) may not be assumed to be a private communication. The District and system administrators do have access to Email. Messages relating to or in support of illegal activities will be reported to the authorities. System users should not post any message which is intended to be private.

(d) **Network resources** – System users should not use the network in a way that will disrupt the use of the network by other users. **The network should be used for educational, professional and career development activities only.** System users should refrain from downloading large files unless absolutely necessary, and then only when the system is not being heavily used. Such files should be removed from the system computer to the user's personal computer as soon as possible.

(e) **Intellectual property** – Do not plagiarize work obtained from the Internet. Users must respect the rights of copyright owners and comply with all limitations imposed upon use of copyrighted material.

With access to such vast storehouses of information and instant communication with millions of people from all over the world, material will be available that may not be considered to be of educational value by the District or which is inappropriate for distribution to children. The District has taken available precautions, including but not limited to enforcing the use of filters that block access to obscenity, child pornography and other materials harmful to minors. However, on a global network, it is impossible to control all material and an industrious user may obtain access to inappropriate information or material. The District firmly believes that the value of the information and interaction available on the Internet far outweighs the possibility that students and employees may procure material that is not consistent with our educational goals.

Any user of District Internet capabilities implies an understanding of and agreement with the above terms and conditions of this Internet Acceptable Use Policy, and agrees to abide by all terms and conditions described. If a parent wishes to limit their students access to the Internet while at school they may request such in writing at a building office.



**Student Internet Access Agreement**  
2015-2016

**Student Section:**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Middle)

I have received a copy of the Internet Acceptable Use Policy as contained in the Student Handbook. I have read and agree to abide by their provisions. I understand that any violation of the use provisions may result in disciplinary action including, but not limited to, suspension and/or revocation of network privileges and suspension from school.

Student's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Parent or Guardian Section (Required):**

I have read the Internet Acceptable Use Policy as contained in the Student Handbook for Dewey Public Schools. I understand that the School District has taken reasonable precautions to ensure that access to controversial material is limited to the extent possible. I realize, however, that it is not possible to completely prevent access to inappropriate material. I will monitor my child's use of the network and his/her access to the Internet, and will accept full responsibility for supervision in that regard if and when my child's use is not in a school setting. I hereby release the School District from liability in the event that my child acquires inappropriate material through use of the District's computing resources or the Internet. I hereby request that the District issue an account for my child and certify that the information contained on this form is correct.

Parent's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

**Corporal Punishment Waiver Form**  
2015-2016

As of March, 1992, the Dewey Board of Education voted to reinstate its policy on corporal punishment. The policy is included in the PARENT & STUDENT HANDBOOK that will be given to your child at the beginning of this school year. Any parent who does not want corporal punishment used as a form of discipline for their child, should inform the building principal in writing and the school will choose other methods should discipline measures be required. This form will be kept on file and will remain in effect for the current year only. Should you wish to change it at anytime, please contact our office.

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ I DO NOT WANT CORPORAL PUNISHMENT USED ON MY CHILD.

\_\_\_\_\_ I WISH TO BE NOTIFIED BEFORE CORPORAL PUNISHMENT IS USED ON MY CHILD.

\_\_\_\_\_  
(Parent's Signature) (Date)

**Field Trip Permission Form**  
2015-2016

Students may take field trips throughout the school year. These trips will be taken during regular school time unless you are otherwise informed. The children will be under close supervision and every safety precaution will be observed.

Each child must have written permission from his/her parent to make these trips. Please sign the following statement and return it.

My child \_\_\_\_\_ may go on field trips.

\_\_\_\_\_  
(Parent or Guardian Signature) (Date)

Dewey Middle School Enrollment \_\_\_\_\_

Mailed / Faxed: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Record Receipt: \_\_\_\_\_

**Authority to Transfer Education Records**

To: \_\_\_\_\_  
School District/Agency (where student is coming from)

\_\_\_\_\_  
Street Address/P.O. Box City State

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31, transfer of education records is requested for:

\_\_\_\_\_  
Name of Child Birth Date

Request for education records includes, but is not limited to: health, grades, cumulative, and special education records.

Please include any confidential information and Accelerated Reading reports if available.

The student intends to enroll or is enrolled in our school district/agency.  
Therefore, please send records to:

Dewey Public Schools, Dewey Middle School  
#1 Bulldogger Road  
Dewey, OK 74029

Phone: 918-534-3800 Fax: 918-534-0149

\_\_\_\_\_  
Date

Education records are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR 99.31.