

Student Name _____ Date _____

Is Student on Medicare, Medicaid or Soonercare? Yes No If Yes, list number _____

Medical History

Please check if history of and list date if known:

- Asthma _____
- Chicken Pox _____
- Diabetes _____
- Emotional Prob. _____
- Freq. Headaches _____
- TB/TB Contact _____
- Hepatitis _____
- Hyperactivity _____
- Infectious Disease _____
- Pneumonia _____
- Rheumatic Fever _____
- Bleeding Disorder _____
- Scoliosis _____
- Seizures _____
- Skin Disease _____

Please list if there is a history of:

- Fractures _____
- Surgery _____
- Heart Condition _____

Indicate if your child wears Orthopedic Devices, prosthesis, Etc. _____

Is your child able to participate in scheduled class activities?

Yes No

Physical Education?

Yes No

If no, please provide written explanation and instructions from child's physician.

Vision

Does your child have vision problems?

Yes No

Has your child been seen by an eye doctor?

Yes No

Were corrective lens prescribed?

Yes No

Name of Eye Doctor? _____

Hearing

Does your child have hearing problems?

Yes No

Tubes in Ears? Yes No

Hearing Aid? Yes No

Name of Ear Doctor? _____

Allergies

Does your child have severe reaction to wasp/bee/insect stings?

Yes No

If Yes, please list necessary treatment _____

Do you grant permission to administer Benadryl?

Yes No

Does your child have food allergies?

Yes No

If Yes, please list foods and type of reaction _____

Does your child have allergies to pollens or other environmental irritants?

Yes No

If Yes, please list _____

Does your child have medication allergies?

Yes No

If Yes, please list _____

Emergency Treatment

Yes, I authorize emergency treatment.

No, I do not authorize emergency treatment.

I understand that it is my responsibility as a parent/guardian to provide transportation for my sick child, unless my child is seriously ill or seriously injured.

I, the undersigned, do hereby authorize officials of Turkey Ford School to contact the persons named on this form and do authorize the named physician(s) to render treatment deemed necessary in an emergency for the health of my child. School officials are authorized to take whatever action deemed necessary for the benefit of the child if unable to contact the above. **I, the undersigned, will not hold the school district financially responsible for the emergency care and/or treatment for my child.**

Current Medications

Is your child currently taking medications? Yes No

If Yes, please list:

Name of Med Dose Frequency

Name of Med	Dose	Frequency
_____	_____	_____
_____	_____	_____

Child's Physician _____
Phone Number _____

Child's Dentist _____
Phone Number _____

Hospital Choice _____
Phone Number _____

Any medication information regarding this child, not revealed above please list here: _____

Special Services

I am aware that Turkey Ford School offers Special Education Services. My child has difficulties in the following areas and may require special education services (check all that apply): learning physical speech emotional occupational

Permission

I give my permission for school office personnel to give my child:

Acetaminophen (Tylenol-Generic: according to drug information, the meds are aspirin free)

Yes No

Tums (Generic)

Yes No

Corporal Punishment

Turkey Ford administers corporal punishment as a form of discipline. It is with a wooden paddle and will not exceed three(3) swats(per incident)

Yes, I give my permission to administer corporal punishment to my child.

No, I do not give my permission to administer corporal punishment to my child.

I certify that all of the information stated on this enrollment form is true. Any false information given could be grounds for removal from Turkey Ford Public School. Student handbook is on the Turkey Ford web-site.

Parent/Guardian Signature _____

Date _____

Julie Holloway, Superintendent
23900 S 670 Rd, Wyandotte, OK 74370
(918) 786-4902 Fax (918) 787-5015

Turkey Ford School Student Computer and Internet Rules Updated August 2023

Please read the terms and conditions of this contract carefully before signing this document. This document is binding upon those signing it.

Parents:

Turkey Ford School District provides computers and Internet access for the use of administrators and staff, teachers, parents, and students. The use of these computers and access to the Internet is a privilege – not a right. Inappropriate use of this technology will result in loss of technology use, disciplinary action, and/or referral to legal authorities.

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the public-school setting. Turkey Ford School District has taken precautions to prevent access to controversial material; however, on a global network it is impossible to control all material.

Students:

These are the rules for using computers while at school:

SCHOOL WORK ONLY: Turkey Ford provides computers and Internet connections for you to work on schoolwork only. Don't use the school computers to email or check your home email. Don't go to websites unless you ask your teacher for permission.

BE POLITE. Do not use school computers or any technology device to write or send abusive (mean) messages to others. This is called cyber bullying. Bullying is not allowed at school. Tell your teacher or an adult if someone is mean to you online while using the computer.

USE APPROPRIATE LANGUAGE. Do not type words that are not allowed at school. Your teacher has the right to see anything you type on a school computer.

DO NOT GIVE OUT YOUR NAME OR ADDRESS ON THE INTERNET.

HONOR COPYRIGHTS. Anything printed on the Internet is assumed to be private property and therefore should be deemed copyrighted material.

PLAGIARISM IS THE SAME AS STEALING. The writing of another person is assumed to be private property. Using another's writing and claiming it as your own is plagiarism.

DON'T TELL OTHERS YOUR PASSWORDS. If your teacher gives you a password, like for Accelerated Math or Study Island, don't give your password to your friends.

NO MULTI-PLAYER INTERNET GAMES OR CHAT ROOMS.

DO NOT DOWNLOAD ANY GAME OR MUSIC FROM HOME ON SCHOOL COMPUTERS.

DO NOT DAMAGE SCHOOL COMPUTERS.

REPORT ANY PROBLEMS ON SCHOOL COMPUTERS TO YOUR TEACHER.

At Turkey Ford, we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Turkey Ford, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, use apps on iPads, and learn 21st century digital citizenship skills.

Further, we allow students to access additional third-party services with their Google Workspace for Education accounts. Our school administrator enables access to these third-party services with your student's Google Workspace for Education account, and authorizes the disclosure of data, as requested by the third-party services.

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from Google Workspace for Education accounts in its Google Workspace for Education Privacy Notice. You can read that notice online at https://workspace.google.com/terms/education_privacy.html

Turkey Ford uses Securly as the online safety management watchdog to monitor all online usage. Protocols are in place that block inappropriate websites. It also watches for cyberbullying and keywords that alert our administrators.

As Parent or legal guardian of this student, I have read the Terms and Conditions. I understand that Turkey Ford School has taken all available precautions to eliminate controversial material; however, I also recognize it is impossible to monitor and restrict access to 100% of every type of controversial material available on the Internet. I will not hold Turkey Ford School District responsible for materials acquired on the Internet or through the Internet. If a user is under the age of 18, a parent or legal guardian must read and sign this agreement.

By signing, I certify I have received the Computer and Internet Contract and will discuss it with my child. I understand that it is mandatory to sign and return this to the school to be kept on file prior to my child receiving access to computers at school.

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____ Date ____/____/____

By signing, I agree to abide by Turkey Ford's Computer and Internet Rules.

User's Full Name (Please Print): _____

Student Signature: _____ Date ____/____/____

Julie Holloway, Superintendent
23900 S 670 Rd, Wyandotte, OK 74370
(918) 786-4902 Fax (918) 787-5015

Parental Authorization to Administer Medicine

Student Name _____

Age _____

I am the parent with legal custody, legal guardian or individual assuming permanent care and custody of the student listed above. This student requires medication at intervals during the school day as prescribed by a physician. I understand that I must label medications with the student's name and that it will be kept in the office until needed. It is my responsibility to attain refills and provide the school with medications needed by my child. All medications not picked up prior to the last day of school will be discarded.

I hereby give consent and authorize the superintendent and/or employee of the school designated by the superintendent to:

administer ___ Office Staff _____, a **non-prescription** medication which I am hereby supplying, in accordance with the written instructions of child's physician which are attached.

administer ___ Office Staff _____, a **filled prescription** medication which I am hereby supplying, in accordance with the written instructions of child's physician which are attached.

I understand that under state law, the board of education, the school district, or employees of the district shall not be liable to the student or student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medication I have authorized for from the self-administration of medication by the student.

Signature Parent/Guardian

Date

Signature Witness

Date

Julie Holloway, Superintendent
23900 S 670 Rd, Wyandotte, OK 74370
Phone (918)786-4902
Fax (918) 787-5015

Transportation Agreement

Parent/Guardian:

Students who ride the school buses to and from home and on school trips should be careful about loading and unloading. Always wait for the bus to STOP. Safety is stressed at all times. Classroom rules as far as conduct apply while on the school bus. The bus driver has absolute authority and is expected to maintain order and discipline in order to prevent serious accidents. Please go over the following bus rules with your child(ren) in order to help us provide safe, pleasant transportation. Remember, riding the bus is a privilege that can be taken away if the rules are not followed.

Bus Rules

- No loud talking, yelling or screaming
- No food or drink
- No changing seats or getting out of your seat until your stop
- No standing – remain seated at all times
- No sitting or laying in the floor
- No talking back to the driver
- Keep all toys, pens, pencils, and markers in backpacks
- No inappropriate gestures
- Keep hands and feet to yourselves at all times
- Do NOT throw anything at each other or out windows
- No crawling over seats
- Disrespect of ANY kind will result in immediate suspension of bus riding privileges

Student's Name _____
Parent's Name _____

I have read and understand the above Bus Rules and will go over these expectations with my child(ren).

Parent/Guardian Signature

Date

TURKEY FORD ELEMENTARY	STUDENT RESIDENCY QUESTIONNAIRE	24-25
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PLEASE READ CAREFULLY AND COMPLETE FULLY

No student or family will be discriminated against based upon any of the information provided in this form. The information you provide is confidential. The answers you give will help us determine the services your student may be eligible to receive under the McKinney-Vento Act.

Student Name:		Date of Birth:
School:		Grade:
Person Completing This Form:	Relation to Student:	Phone:
Current Address:		How Long?

	Yes	No
1. Is this current address a temporary living arrangement?		
2. Is this temporary living arrangement due to loss of housing, economic hardship, or domestic violence?		
3. Is the student being enrolled by someone other than parent or legal guardian?		
4. Is the student an unaccompanied youth (not living with a parent or legal guardian)?		
5. Is the student a Foster Child or waiting for Foster Placement?		

If you answered **NO** to **ALL** questions, please sign and date below. Submit form to school personnel.

➡ Parent/Guardian Signature: _____ Date: _____

If you answered **YES** to **ANY** question above, please complete the remainder of this form.

Please select the option that best describes your current living situation:

- With more than one family in a house or apartment. # Bedrooms: _____ # People: _____
- In a motel/hotel due to lack of alternative, adequate accommodations. Name of motel: _____
- In a shelter/transitional housing. Name of agency: _____
- In a house, building, or trailer **WITHOUT** running water, electricity, or gas.
- Living with family or friends because you are an unaccompanied youth (not living with parent or legal guardian).
- In a car, campground, abandoned building, or other public place not intended for regular habitation.
- Wherever I can find a place to stay at night.

Please list **all children** (under 21 y/o) currently living with you, including those not yet old enough for school enrollment.

First and Last Name of Child	Relationship to Student	Date of Birth	Grade	School Name

I certify that the information provided above is correct and accurate.

➡ Signature of Person Completing this form: _____ Date: _____

**Turkey Ford Elementary School
School Year 2024 - 2025
Economically Disadvantaged Form**

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 annual gross income:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$27,861 | <input type="radio"/> Between \$57,720 and \$67,673 | <input type="radio"/> Between \$97,532 and \$107,485 |
| <input type="radio"/> Between \$27,861 and \$37,814 | <input type="radio"/> Between \$67,673 and \$77,626 | <input type="radio"/> Between \$107,485 and \$117,438 |
| <input type="radio"/> Between \$37,814 and \$47,767 | <input type="radio"/> Between \$77,626 and \$87,579 | <input type="radio"/> Between \$117,438 and \$127,391 |
| <input type="radio"/> Between \$47,767 and \$57,720 | <input type="radio"/> Between \$87,579 and \$97,532 | <input type="radio"/> Between \$127,391 and \$137,344 |

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

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

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, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. 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. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number 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.

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 3W238, Washington, D.C. 20202-6335