

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.

2022- 2023 New Student Enrollment Check Sheet

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

- IMMUNIZATION (Need Hepatitis A & B shots)
- Proof of Residency
- BIRTH CERTIFICATE
- MOST RECENT REPORT CARD
- IEP INFORMATION (If applicable)

Dewey Middle School Fax Number: (918)534-0112.

Email address: keswaim@deweyk12.org

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/YYYY): _____ City of Birth: _____ State of Birth: _____

Phone Number: _____ Type: _____ Cell _____ Home _____ Work _____ Unlisted? _____

Gender: _____ Male _____ Female

Ethnicity (mark 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:

Physical Address: (Leave blank if same as mailing)

Street Address: _____

Street Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

County: _____

County: _____

Birth Certificate Number: _____ Citizenship/Nationality: _____

***Email Address:** _____

Dewey Middle School Enrollment

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: _____

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: _____

Dewey Middle School Enrollment

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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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: _____

Check all that apply: _____ This person is a family member _____ This person is an emergency contact

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Non-English Speaking? _____ *Email Address _____

Employer Name: _____

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Dewey Middle School Enrollment

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: _____

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: _____

Dewey 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 below.

SECTION A

Rent/own my own home or apartment

STOP: *If you checked the box that you rent/own your own home or apartment skip to 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 the next section.*

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 Dewey Public Schools.

FIRST & 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

The undersigned certifies that the information provided is correct and accurate.

(Print) Parent/Guardian or Adult Caring for the Student: _____

Relationship to Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

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** ___/___/___

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
2022 - 2023

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
2022 - 2023

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
2022- 2023

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)

SCHOOL YEAR:

HOME LANGUAGE SURVEY



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:	
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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.

DATOS DEL ALUMNO

Nombre del alumno: _____ Grado: _____
 Apellido(s) Nombre Segundo Nombre

Fecha de nacimiento: _____ Escuela: _____ No. de carnet estudiantil: _____ Genero: Masculino Femenino
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? **SI** **NO**

Seleccione una o más de las siguientes razas:

- afroamericana/negra amerindia o nativa de Alaska asiática
- Hawaiana o isleña del Pacífico caucásica/blanca

Las preguntas siguientes nos ayudan a determinar si exposición del estudiante a idiomas fuera del ingles podria hacerlos eligibles para recibir recursos adicionales de English Learners (Aprendiz de inglés).

1. ¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno? _____
2. ¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno? _____
3. ¿Cuál fue el idioma que el alumno aprendió por primera vez? _____
4. ¿Requiere el padre/tutor servicios de interpretación? **SI** **NO** En su caso, ¿para qué idioma? _____
5. ¿Requiere el padre/tutor materiales traducidos? **SI** **NO** En su caso, ¿para qué idioma? _____
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? _____
MM/AAAA

_____ _____
 FECHA (MM/DD/AAAA) Firma del padre/tutor

SOLO PARA USO ESCOLAR

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.

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Assessment Name:		Year Assessed:		Score:	
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Dewey Middle School Enrollment _____

Emailed / Faxed: _____

Fax Number: _____

Email: _____

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

Email: keswaim@deweyk12.org

Phone: 918-534-0111 ext. 3000

Fax: 918-534-0112

Kelsi E. Swaim
Signature

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.