

**ARAPAHO-BUTLER JR & SR HIGH SCHOOL
ENROLLMENT FORM**

DATE _____

(LEGAL) NAME OF CHILD _____ GRADE _____
FIRST MIDDLE LAST

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

PLACE OF BIRTH _____

ARE YOU HISPANIC / LATINO CULTURE OR ORGIN? YES or NO

RACE: _____ American Indian or Alaskan Native _____ Asian
_____ Black/African American _____ Native Hawaiian or Other Pacific Islander _____ White

NAME OF PARENTS OR GUARDIANS _____
(Include first and last names)

EMAIL ADDRESS (for school notifications) _____

MAILING ADDRESS _____

STREET ADDRESS _____
(Include address, city and zip code)

HOME PHONE _____

MOTHER'S CELL # _____ FATHER'S CELL _____

DOES STUDENT HAVE CELL PHONE YES OR NO CELL # _____

PLACE OF FATHER'S EMPLOYMENT _____ PHONE _____

PLACE OF MOTHER'S EMPLOYMENT _____ PHONE _____

IN CASE OF EMERGENCY (NAME & NUMBER) _____

LIST ANY ALLERGIES OF CHILD _____

LIST ANY SERIOUS HEALTH PROBLEMS OF CHILD _____

IS THIS CHILD TAKING ANY MEDICATION ON A REGULAR BASIS? _____

IF YES, NAME OF MEDICATION AND ITS PURPOSE _____

****ALL MEDICATION MUST BE FURNISHED BY THE PARENT OR GUARDIAN WITH THE ORIGINAL LABEL OR WITH A PHARMACY LABEL ATTACHED. THE LABEL MUST REFLECT THE NAME, STRENGTH, AND DOSAGE OF THE MEDICATION.**

ARAPAHO-BUTLER PUBLIC SCHOOLS

Health History

Student Name _____ Grade _____

Student Address _____
Street/Apt. # _____ City/State _____ Zip Code _____

Parent/Guardian _____ Home Phone _____

Work Phone _____ Mom's Cell _____

Dad's Cell _____ Emergency Contact _____

Student Social Security Number _____ Date of Birth _____

Student Doctor _____ Date last seen _____

Dentist _____ Date last seen _____

Optometrist _____ Date last seen _____

Medical History:

Allergies _____

Illnesses (include dates) _____

Hospitalizations (reason & date) _____

Any medical conditions that must be observed, (ie. Diabetes, asthma) _____

List any medications you give permission for school personnel to monitor and/or administer at school (**all medication must be labeled with student name, dose times and dated**).

Please list any other health information you feel is important for school personnel to know about your student.

Please list below any over the counter medications that may be administered to your child during school hours **without** parental notification.

(I.e. Tylenol, cough medicine, cough drops)

Arapaho-Butler Public Schools will not supply any over the counter medications, If you want your child to be given any medications, you must supply it in a **new sealed bottle** with your child's name marked clearly on it.

** I give permission for school personnel to administer the above medications to my child if needed.

Date

Parent/Guardian Signature

** I give permission for school personnel to administer the above medications to my child if needed.

Date

Parent/Guardian Signature

Dear Parents:

The attached handbook describes procedures and regulations which we believe will help your student get the most out of his or her education and which will ensure that the Arapaho Schools remain a good place to learn.

At the heart of this information are policies passed by the Board of Education to guarantee a stable learning environment and the regulations necessary to execute those policies. We strongly encourage you to read and discuss the contents of the handbook with your student.

To assure that you have received this handbook, your student will be required to return to school the bottom portion of this page, signed by you and your student.

Sincerely,

Jared Cudd
HS Principal

I have received the Student Handbook for Arapaho-Butler School students.

Student's Signature

Date

Parent's Signature

Date

Tardiness and Attendance Policies

Tardiness

A student will be considered tardy upon entering the classroom after the scheduled beginning of the class. Tardies which appear justified due to emergency conditions may be excused. However, there will be practically no excused tardies. Tardies between classes will be handled by the classroom teacher. Tardies after the 1st period bell will need to report to the principal's office.

A tardy will be given if a student is ten minutes or less late for class. A student tardy **more than ten minutes** is considered absent for that class and will receive an unexcused absence if the tardy would have been unexcused.

Excessive unexcused tardies will be subject to disciplinary actions deemed appropriate by the teachers and/or administrators

Attendance

TO RECEIVE CREDIT FOR THE SEMESTER, A STUDENT MAY NOT BE ABSENT MORE THAN TEN (10) DAYS. In Junior High and High School each period is counted separately. **This includes excused and unexcused absences.** Unavoidable emergencies may result in exceptions to this policy upon approval of the principal and superintendent.

When a student is absent for any reason from class, they must come to the office and receive a slip for admittance to class, this should be done before 8:15. Each student will be responsible for having their parent or guardian clear their absence.

Types of absences are listed in the handbook. The complete Tardiness and Attendance policy can be found in the Student Handbook, on page 30. Attendance notifications will be sent home periodically.

I have read the Tardiness and Attendance policy for Arapaho-Butler Public Schools.

Student Signature

Date

Parent/Guardian Signature

Date

Discipline Policy

In most situations there will be a 3-step procedure.

- First time: Conference with student
Second time: Conference with student and attempt to call or contact parent. Try to solve problem and work out a solution to the misbehavior.
Third time: Corporal punishment could be an option.

Careful documentation of each occasion shall be made by the administrator. Such documentation will identify the student, the person who administered the punishment, and the name of the witnesses. It will also describe the behavior necessitating the punishment.

Under no circumstances shall other students or non-certified personnel observe the administration of corporal punishment. The student shall be carefully advised of the nature of the rule infraction for which the punishment is being administered.

The following statement must be filled in and signed by the parent or legal guardian before corporal punishment will be administered.

_____ give Arapaho-Butler Public School permission to
(Yes, I do) or (No, I do not)

Use corporal punishment on my child, _____
(Student's Name)

Parent or legal guardian _____
(Signature)

Date: _____

This approval or disapproval will remain in effect until it is changed in writing by parent or legal guardian.

Parents:

Attached is a copy of the Arapaho-Butler School policy for use of the Internet. Please read the policy and fill out and sign the form below giving your child permission to use the Internet. Access to the Internet will be denied if this form is not on file. Students are asked to return the form below to school as soon as possible. The form needs to be returned to the office.

PARENT OR GUARDIAN

(IF YOU ARE UNDER THE AGE OF 18, A PARENT OR GUARDIAN MUST ALSO READ AND SIGN THIS AGREEMENT.)

As the parent or guardian of this student, I have read the Terms and Conditions for the Internet access. I understand that this access is designed for educational purposes and the Arapaho-Butler School has taken available precautions to eliminate controversial material. However, I also recognize it is impossible to restrict access to all controversial materials, and I will not hold Arapaho-Butler School responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access for my child and certify that the information contained on this form is correct.

Name of Student: _____ Grade _____

Parent or Guardian (please print) _____ Date _____

Parent or Guardian Signature: _____

STUDENT GUIDELINES FOR THE INTERNET

I will always be polite when using the Internet. I will always use appropriate language. I will not swear, use vulgarities or any other inappropriate language. I will use the Internet only for research purposes. I will know my topic before I begin. I will E-Mail for research purposes. I will not reveal personal addresses, credit card numbers or phone numbers on the Internet. I will not go to a chat room. I will not place an order over the Internet. I will not go to the Internet site that contains nudity, or vulgarity.

The use of the Internet is a privilege, not a right, and inappropriate use will result in cancellation of those privileges. I realize if the guidelines set above are not followed, it will terminate my use of the Internet.

I have read and understand the guidelines set on this paper.

Student's Signature

Date

Arapaho-Butler Public School
District Drug Testing Consent Form

Statement of Purpose and Intent 

Participation in school sponsored extracurricular activities at the Arapaho-Butler School District is a privilege. Activity students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Arapaho-Butler Public School District. Furthermore, the district wishes to make available to students who do not participate in extracurricular activities equal opportunities for testing. For the safety, health, and well-being of the students of the district, the Arapaho-Butler Public School District has adopted the attached Student Drug testing Policy and the Student Drug Testing Consent for use by all participating students in grades 7-12.

Students Participating in Extracurricular Activities

Each Activity Student shall be provided with a copy of the Student Drug Testing Policy and Student Drug Testing Consent which shall be read, signed, and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a sample: a) as part of their annual physical or for the eligibility for participation; b) as chosen by the random selection basis; c) at any time requested based upon reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent.

Student's Last Name	First Name	M.I.
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I understand after having read the "Student Drug Testing Policy" and "Student Drug Testing Consent," that, out of care for my safety and health, the Arapaho-Butler School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. I realize that the personal decision I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season, or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

Signature of Student	Date
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We have read and understood the Arapaho-Butler School District Student Drug Testing Policy and Student Drug Testing Consent. We desire that the student named above participate in the extracurricular interscholastic programs of the Arapaho-butler School District (or voluntarily submit to testing if not participating in these programs) and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

YES, WE AGREE TO THE TERMS OF THIS POLICY

NO, WE DO NOT WANT OUR SON/DAUGHTER TESTED ACCORDING TO THE TERMS OF THIS POLICY.

Signature of Parent or Custodial Gaurdian	Date
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Signature of Coach or Sponsor	Activity
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ARAPAHO-BUTLER BOARD OF EDUCATION FFAEA
CONCUSSIONS AND HEAD INJURIES

The Arapaho-Butler Board of Education recognizes that concussions and head injuries are commonly reported injuries in contact sports.

On an annual basis, a concussion and head injury information sheet shall be completed and returned to the school district by the youth athlete and the youth athlete's parent or guardian prior to the youth athlete's participation in practice or competition. The athletic director shall provide written instructions to all coaches to insure that no youth athletes are allowed to participate in practice or competition prior to the receipt of a concussion and head injury information sheet. Any coach or staff allowing a youth athlete to participate in practice or competition prior to the receipt of a signed concussion and head injury information sheet shall be disciplined and may be terminated from employment in the extra duty assignment

A youth athlete who is suspected of sustaining a concussion or head injury during a practice or game shall be removed from participation at that time. Any youth athlete removed from participation shall not be allowed to participate until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to participation from that health care provider.

**CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT AND
INFORMATION SHEET**

In compliance with Oklahoma Statute Section 24-155 of Title 70 , this acknowledgement form is to confirm that you have read and understand the Concussion Fact Sheet provided to you by Arapaho-Butler School District related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Arapaho-Butler School District's athletic programs and I, _____ as the parent/legal guardian, have read the information material provided to us by Arapaho-Butler School District related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

SUDDEN CARDIAC ARREST ACKNOWLEDGMENT SHEET

Arapaho - Butler

(NAME OF SCHOOL)

I, _____, as a student-athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)

Arapaho - Butler

(NAME OF SCHOOL)

athletics and I, _____

(PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by
Arapaho - Butler related cardiac awareness during participation in athletic
programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

OSSAA ELIGIBILITY RECORD FORM FOR STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) _____ Grade _____ Birth date _____ Age _____

Student's Current Address _____

Last School attended _____ Last School Address _____ Zip _____

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Before September 1 will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation? (Rule 1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you currently failing any class? (Rule 3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you completed all 12 th grade requirements for high school graduation? (Rule 6) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Student's are generally limited to participating in athletics during the 7 th grade and the five school years that follow consecutively after that school year- Rule 7) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Since entering 7 th grade have you ever home-schooled or had an interruption in consecutive semesters of the educational tract? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you live with someone now other than whom you lived with last school year? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you live with someone other than your parents? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you live with only one parent? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you live outside this school district? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9) |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20) |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X) |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Were you suspended, expelled, or under discipline at the previous school attended? (Rule 4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school?
(Harship Waiver Manual VI-E-2) |

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

(Student) (Date) (Coach) (Date)

(Parent/Guardian) (Date)

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:

1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination, Concussion and Head Injury Acknowledgement and an annual parent consent form.
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions

(student's name - PRINT _____

is eligible

is not eligible

to participate at (school) _____

for the school year 20__ 20__.

(School Administrator Name and Title)

(Date)

ARAPAHO-BUTLER PUBLIC SCHOOL SCHOOL / PARENT COMPACT

The staff of Arapaho-Butler Public school are aware that learning can be enhanced when there is a combined effort between the home and school. Each member is committed to helping students reach their fullest potential in learning. This agreement is a promise that parents and teachers will work together to provide a quality educational experience for each student. This endeavor is a team effort.

**AS A STUDENT,
I WILL:**

*Complete my assignments
in class.*

Attend school regularly

*Ask for help when I don't
understand*

Follow school rules

*Respect Property and the
Rights of others*

*Complete and return home-
Work assignments*

**AS A PARENT,
I WILL:**

*See that my child is punctual
And attends school regularly*

*Support the school in its
Effort to maintain proper
discipline*

*Establish a time and place
for homework and review
it regularly*

*Encourage my child's effort
And be available for questions*

*Read with my child and let my
My child see me read*

**AS A STAFF MEMBER,
I WILL:**

*Provide all students with
high quality teaching*

*Provide a safe and
challenging environment*

*Welcome the involvement
of parents*

*Work with students who learn
at different rates and in
different ways*

*Provide regular feedback to
children and parents in a
respectful manner*

*Work collaboratively with
other professionals to ensure
student success*

**ABOVE ALL, THE STAFF AT ARAPAHO-BUTLER PROMISE TO HELP EACH
OTHER CARRY OUT THIS AGREEMENT.**

Student Signature

Parent/ Guardian Signature

Staff Signature

Date: _____