

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

YEAR 20 - 20

(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)

MAILING ADDRESS _____

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

CONTACT 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) _____

ADDITIONAL PERSONS THAT MAY CHECK OUT STUDENT:

NAME: _____ PHONE _____

NAME: _____ PHONE _____

NAME: _____ PHONE _____

NAME OF SIBLINGS ALSO ENROLLED: (Elementary and JH/ and H/S) _____

ARAPAHO-BUTLER PUBLIC SCHOOLS

Medical History:

Student Doctor _____ Date last seen _____
Dentist _____ Date last seen _____
Optometrist _____ Date last seen _____

Allergies _____

Illnesses (include dates) _____

Hospitalizations (reason & date) _____

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

****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.**

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.

**** 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.

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

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

Signature of Coach or Sponsor

Activity

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 Information Sheet for Student Athletes and Parents/Guardians

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system:** Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **Noninherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life:** Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic:** Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

- **RECOGNIZE Sudden Cardiac Arrest**
 - Collapsed and unresponsive
 - Abnormal breathing
 - Seizure-like activity
- **CALL 9-1-1**
 - Call for help and for an AED
- **CPR**
 - Begin chest compressions
 - Push hard/fast (100/min)
- **AED**
 - Use an AED as soon as possible
- **CONTINUE CARE**
 - Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,
begin CPR, and use an AED as soon as possible!***



Oklahoma State Department of Health
Creating a State of Health



OKLAHOMA STATE DEPARTMENT OF
EDUCATION
CHAMPION EXCELLENCE

Sudden Cardiac Arrest Acknowledgement Statement

(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

Signature of Student-Athlete

Print Student Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is required to be completed annually prior to the student 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.