

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) \_\_\_\_\_

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

**\*\*Arapaho-Butler Public Schools will no longer be supplying 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

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 this form to school 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 1<sup>st</sup> period bell will need to report to the principal's office.

A tardy will be given if a student is twenty minutes or less late for class. A student tardy **more than twenty 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 pages 32-33. 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 (gasping). 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!***

## 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.*

**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.**

YES NO

- 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)
- 2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2)
- 3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)
- 4. Are you currently failing any class? (Rule 3)
- 5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)
- 6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)
- 7. Have you completed all 12<sup>th</sup> grade requirements for high school graduation? (Rule 6)
- 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<sup>th</sup> grade and the five school years that follow consecutively after that school year- Rule 7)
- 9. Since entering 7<sup>th</sup> grade have you ever home-schooled or had an interruption in consecutive semesters of the educational tract?
- 10. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7)
- 11. Do you live with someone now other than whom you lived with last school year? (Rule 8)
- 12. Do you live with someone other than your parents? (Rule 8)
- 13. Do you live with only one parent? (Rule 8)
- 14. Do you live outside this school district? (Rule 8)
- 15. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)
- 16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?
- 17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)
- 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)
- 19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20)
- 20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X)
- 21. Were you suspended, expelled, or under discipline at the previous school attended? (Rule 4)
- 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)