

**OOLOGAH-TALALA PUBLIC SCHOOLS
EMERGENCY INFORMATION and HEALTH HISTORY**

Student's Name _____ Birthdate _____ Grade _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone(s) _____

Directions to home: _____

List Parent/Guardian Here: To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information for emergency calls. List the order you would like these people called.

<u>Name/Phone</u>	<u>Parent/Guardian</u>	<u>Cell Phone</u>	<u>Other</u>
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List **two neighbors or nearby relatives** who will assume temporary care of your child if you cannot be reached.

<u>Name /Phone</u>	<u>Relationship</u>	<u>Cell Phone</u>	<u>Other</u>
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Primary Care Physician _____ Phone _____

Hospital Choice: _____

Authorization to Administer Medication

I hereby authorize the school nurse or persons designated, to administer medication that I send for my child during the school year. Topical and/or first aid items may be utilized by school personnel unless there is a specific objection by the parent/guardian. Please list any topical or first aid items that are not to be used:

I the undersigned, do hereby authorize officials of the Oologah-Talala School District to contact directly the persons named on this document, and so authorize the named physician to render such treatment as may be deemed necessary in an emergency for the health of said child.

In the event physicians, other persons named on this document, or parents cannot be contacted, I give consent to any hospital or emergency treatment center, doctor, or qualified employees of the same, selected by the school official in charge to administer necessary treatment and care for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for the said child, nor will I hold the school district liable for possible injuries sustained as a result of the medical treatment.

Signature of Parent or Legal Guardian

Date

Please Read: There will be NO distribution of Tylenol, Ibuprofen and/or other medications to any student from a nurse or secretary unless the age appropriate Tylenol, Ibuprofen and/or other medications are supplied by the parent. Parents must bring in the medication not the student.

Please Turn the Sheet Over and Fill Out the Back Page

STUDENT HEALTH HISTORY

Student's Name _____ Birthdate _____ Grade _____

Please (X) on any of the following conditions your child has:

Does this student take medication on a regular basis? Y N

If yes, list _____

General Health Concerns

Diagnosed ADD or ADHD -- Since when? _____

List Medication taken _____

Will medicine be needed in school? (circle) Yes / No When? _____

Allergies -- (food, insects, medications, pets) Please List: _____

What happens? _____

EpiPen needed (circle) Yes / No

Asthma Is inhaler used? (circle) Yes / No

How often? _____

List all medications taken for asthma _____

Name of asthma doctor? _____ Last seen _____

Diabetes -- When was it diagnosed? _____

Name of diabetes doctor? _____

Seizures -- What type? _____ Last seizure? _____

Medications take for seizures _____

Surgeries -- What kind? _____

Date(s) of surgeries _____

Concussion or history of fractures (circle) Yes / No

Which bone or date of head injury? _____

Emotional concerns? _____

My child is healthy and has no special health concerns.

Vision

No known problem.

Had professional check-up (circle) Yes / No

Needs glasses? _____ All the time? _____ For reading?

Had eye surgery? When? _____ Why? _____

Hearing Concern

Yes _____ No _____ Sometimes? _____ Wears Hearing Aid? _____

Frequent ear infections? _____ As a baby? _____ Still? _____

Has ear tubes? _____ Had tubes? _____ # of times had tubes? _____

Has a problem with hard wax?

Other health concerns

Upon signing this document I, the undersigned, do hereby authorize officials of the Oologah-Talala Public School District to contact directly the persons named in this document, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physicians, or other persons named in this document, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent or Legal Guardian _____

Date _____

Oologah-Talala Public Schools will provide information regarding the student's health history to school employees supervising or transporting the student.

Oologah-Talala 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 "name" Public Schools.

Child's Name	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 the Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

20 17 - 20 18

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



STUDENT INFORMATION

Name of Student: _____ 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 _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

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 so, what language? _____
5. Does the parent/guardian need translated materials? Yes _____ No _____ If so, 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 / Guardian Signature

SCHOOL USE ONLY

- Other language than English Indicated TWO OR MORE times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.
- Other language than English Indicated ONLY ONCE on questions 1 – 3 above. The student is classified as "less often" and only qualifies as bilingual on the accreditation report if he or she meets one of the following (any selection below REQUIRES appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
 - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

From Above:
 Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

RETURN TO ENROLLMENT OFFICE

TO: PARENTS OF CHILDREN RIDING SCHOOL BUSES
FROM: THE OOLOGAH-TALALA BOARD OF EDUCATION, Transportation Division

Dear Parent:

In order for you to understand and become familiar with the regulations covering the conduct of your child while riding a Oologah-Talala Public School Bus, as well as your own responsibilities, we are sending you excerpts from SCHOOL BUS TRANSPORTATION, OOLOGAH-TALALA PUBLIC SCHOOLS, POLICIES, REGULATIONS AND PROCEDURES, pertaining to you. It is requested that you and your child read these responsibilities and regulations.

Your cooperation with us will make it possible to provide a safer and more efficient transportation program.

Please print the legal name of the student:

I have reviewed the Bus Transportation Policies, Regulations and Procedures with my child:

Student Name (please print)

Parent or Guardian Name (please print)

Student Signature

Parent or Guardian Signature

Grade

School

Physical Address

Contact Phone Number

Driving direction to student's bus stop if physical address is not available. (NO PO Box or RR Numbers)

Bus No. _____

Date _____

RESPONSIBILITIES OF BUS DRIVERS, PRINCIPALS AND PARENTS

1. The bus driver shall be responsible for the conduct of students on their bus. All infractions are to be reported to the principal of the school where the student is in attendance. The bus driver is authorized to assign seats.
2. It will be the responsibility of all principals to work with the bus drivers on discipline infraction and student suspensions from school buses.
3. All revocations and reinstatements of riding privileges will be handled through the principal of the school attended.
4. It is also the responsibility of all principals to discuss the Safety and Behavior Code for Bus Riders with students and to be sure each student and their parents receive a copy of the code.
5. It is the parent's responsibility to discuss with the student the provisions of the Safety and Behavior Code for Bus Riders and to support the principal in the enforcement of the code.
6. The parent must assume responsibility for the behavior of their child while riding the bus.

**IF PERMISSION TO RIDE THE BUS IS REVOKED; THE PARENT MUST
PROVIDE TRANSPORTATION TO AND FROM SCHOOL FOR THEIR CHILD
UNTIL SUCH TIME AS REINSTATEMENT MAY BE MADE.**

**THESE REGULATIONS AND LIST OF RESPONSIBILITIES SHOULD BE KEPT BY THE PARENT OR GUARDIAN
FOR REFERENCE DURING THE ENTIRE TIME THE STUDENT IS IN SCHOOL.**

PARENT COPY

Oologah-Talala Public Schools
SAFETY AND BEHAVIOR CODE FOR BUS RIDERS

PERMISSION FOR ANY PUPIL TO RIDE IN A BUS IS CONDITIONED ON HIS/HER GOOD BEHAVIOR AND OBSERVANCE OF THE FOLLOWING RULES AND REGULATIONS. ANY PUPIL WHO VIOLATES ANY OF THESE WILL BE REPORTED TO THE SCHOOL PRINCIPAL AND CAN BE DENIED PERMISSION TO RIDE A BUS TO AND FROM SCHOOL.

1. The emergency door is not to be opened except at the direction of the bus driver. If the door is opened, it could endanger the lives of the passengers.
2. No student is permitted to be out of his/her seat while the bus is in motion.
3. All students are under the direct control and supervision of the bus driver while on the bus. Obey the driver's instructions promptly.
4. Students should not do anything to distract the bus driver while the bus is in motion.
5. Keep all parts of the body inside the bus at all times after entering and until leaving the bus. Students are not to throw objects of any kind out of the bus windows at any time.
6. Consumption of food (*including suckers and gum*) or drinks (*bottled, canned or otherwise*) will not be permitted on the bus. (*Exceptions will be made for Vo-Tech routes and extreme weather conditions*)
7. Students may not reserve or save seats for another student.
8. No one should run toward a school bus while it is in motion.
9. Pupils who must cross the road to enter or exit the bus should only pass in front of the bus at the direction of the bus driver. Pupils are not to cross behind the bus.
10. No tobacco, drugs or weapons will be allowed on any bus.
11. It is the responsibility of all students to help keep the bus clean.
12. No glass containers or balloons can be taken on the bus. (example: flowers during Valentine's Day)
13. Any complaints by the drivers, pupils, or parents should be reported promptly to the principal and/or Transportation Department.
14. Good behavior and manners are expected on the bus and at the designated bus stop.
15. Students can be denied permission to ride a bus to and from school.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [School/school district contact here; phone and email preferred].

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1. LIST ALL HOUSEHOLD MEMBERS OF ALL AGES IN THE HOUSEHOLD INCLUDING GRANDCHILDREN AND GRANDPARENTS

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

- Who should I list here? When filling out this section, please include ALL members in your household who are:
 - Children age 18 or under AND are supported with the household's income;
 - In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
 - Students attending [school/school system here], regardless of age.

A) List each child's name, birth date, child's name, sex, and line of the application for each child. When counting names, include one entry in each box. Step 1 is for non-foster care. Foster care, guardian, present, then lines of care, sponsor, or other second place of care with all required information for residential children.	B) If the child is a student, name of school/school system, and IAWB# (if applicable) No, one line only, unenrolled. Student, to list as a foster care child, attend, sponsor, or other second place of care. Yes, enter the grade level to be provided in the school system to be used.	C) Do you or any other caregiver (parent, guardian, foster parent, etc.) have any other children in the household? If so, list their names and birth dates. If you are applying for foster care, list the foster care agency and the child's name. If you are applying for foster care, list the foster care agency and the child's name.	D) Are any children in your household (runaway, migrant, homeless, or other) who are currently in the custody of the State of Michigan? If so, list their names and birth dates. If you are applying for foster care, list the foster care agency and the child's name.

STEP 2. DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN ANY OF THE ASSISTANCE PROGRAMS LISTED BELOW?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) If no one in your household participates in any of the above listed programs, leave STEP 2 blank and go to STEP 3.	B) If anyone in your household participates in any of the above listed programs, write the assistance program name in the space provided. You may check the box for the program if you are currently participating in that program. If you are not currently participating, please check the box for "not currently participating".

2017-2018 Household Application for Free and Reduced Price School Meals

Apply online:

Declaration of household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of **Household Member** or **Runaway** are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's Street Name	Child's Last Name	Grade	Student? Yes No	Check all that apply	Household Member? Yes No

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIAP?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3). Case Number: _____

STEP 3 Report Income for All Household Members (Skip this step if you answered "Yes" to STEP 2). Write only one case number in this space.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	How often?				Public Assistance/ Child Support/Alimony	How often?				Pension/Retirement/ All Other Income	How often?										
	Weekly	Bi-Weekly	2x/Week	Monthly		Weekly	Bi-Weekly	2x/Week	Monthly		Weekly	Bi-Weekly	2x/Week	Monthly							
															Yes	No	Yes	No	Yes	No	Yes
	\$																				
	\$																				
	\$																				
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	\$																				

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) or Primary Wage Earner or Other Adult Household Member:

Check if no SSN:

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

STEP 4 Contact information and adult signature. Mail Completed Form To: College Park in Schober, Attn: David Nalderberger, P.O. BOX 155, College Park, MD 20742

*I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) Apt.#

City State Zip

Printed name of adult signing the form

Signature of adult

Daytime Phone and Email (optional)

Today's date

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

- Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI Identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they apply for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.aspc.usda.gov/complaints_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 832-9892. Submit your completed form or letter to:

U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 890-7442; or
 email: program.intake@usda.gov
 This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income How often? Weekly Biweekly 2-Weeks Monthly

Determining Official's Signature Date Household Size Categorical Eligibility Date

Confirming Official's Signature Date Eligibility: Free Reduced Denied

Verifying Official's Signature Date

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

*2.75 Upper/Lower

Dear Parent/Guardian:

*3.00 MS/HS

Children need healthy meals to learn. Oologah/Talala Public Schools offers healthy meals every school day. Breakfast costs \$ 1.50 ; lunch costs \$ * . Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

I. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART for School Year: 20 8

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,249	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each additional person:	7,733	645	323	296	149

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or email Sara Craig 918-443-6212
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Beverly Kellenberger, PO BOX 189 Oologah, OK 74053
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Beverly Kellenberger 918-443-6213 immediately.
5. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the

paper application. Visit
process. Contact
questions about the online application.

Oologan.K12.ok.us
Beverly Kellenberger 918-443-6213

to begin or to learn more about the online application
if you have any

6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **Date**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC **MAY** be eligible for free or reduced-price meals. Please send in an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
9. **IF I DO NOT QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by call or writing to:
Name, Address, Phone Number, E-mail
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED (U.S.) CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you **NORMALLY** receive. For example, if you normally make \$1000 each month but you missed some work last month and made only \$900, put down that you made \$1000 per month. If you normally get overtime, include it; do not include it if you work overtime only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will **ALSO** be counted as zeros. Please be careful when leaving income fields blank, as we will assume you **MEANT** to do so.
14. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper and attach it to your application. Contact (**Name, Address, Phone Number, E-mail**) to receive a second application.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-866-411-1877.

If you have other questions or need help, call 918-443-6213

Sincerely,



(Signature)

Student Name

OHS CONSENT FORM
ACKNOWLEDGEMENT OF HANDBOOK RECEIPT

I acknowledge that I have been informed that the Oologah-Talala High School handbook for the 2017-2018 school year is online. I understand that the handbook contains information that my child and I may need during the school year. I also understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in this handbook.

Student Name Signature Date

Parent/Guardian Name Signature Date

SCHOOL-SPONSORED TRIP PERMISSION NOTICE

I give permission for my child to take all school-sponsored academic, athletic and extra-curricular trips during the 2017-2018 school year.

Student Name Parent /Guardian Signature Date

DIRECTORY INFORMATION NOTICE

Regarding student records, federal law requires that "directory information" on my child be released by the District to anyone who requests it unless I object in writing to the release of any or all of this information. This objection must be filed within ten school days of time the handbook was presented to my child. Directory information ordinarily includes the following:

- Student's name
- Date and Place of Birth
- Address and Telephone number
- Photographs
- Dates of Attendance
- Awards received in school

In exercising my right to limit release of information, I have marked through the items of directory information that I wish the District to withhold about my child.

Student Name Parent /Guardian Signature Date

**OOLOGAH HIGH SCHOOL
MOTOR VEHICLE OPERATING/PARKING REGISTRATION**

This form must be completed every school year.

Student printed name _____ Parking Permit # _____

OK Driver License No.: _____ Vehicle (make, model & year) _____

Vehicle Tag # _____ Vehicle Color _____

PARKING ON OOLOGAH HIGH SCHOOL CAMPUS IS A PRIVILEGE NOT A RIGHT

It is the expectation that students parking on campus be courteous, honest and respectful and have a positive response toward parking policies, regulations and requests.

- Students must not linger in or around vehicles before or after school
- Students are not to return to their vehicle during the day, including lunch, without permission
- Any vehicle parked on OHS campus must be registered with the Main Office.
- In order to be eligible for a parking permit a student must possess a valid driver's license.
- The parking permit must be displayed at all times in the lower driver's side corner of the windshield.
- It is the student's responsibility to immediately notify the Main Office if a vehicle other than the one registered is parked on campus
- A \$5.00 fee will be charged for parking permits

In accepting on campus parking privileges you understand and agree that your vehicle(s) may be subject to search. **All students are expected to obey all traffic rules, laws and traffic signs while on school grounds.** Failure to do so in a safe manner on school grounds or adjacent properties may result in the loss of campus parking privileges. Removing your vehicle from school property during school hours without authorization, smoking in vehicles, loud music or alarms that result in the disruption to the education process, or violations of any other parking regulations may result in your parking privileges being revoked. The Oologah-Talala School District is not responsible for theft from vehicles or damage to vehicles while parking on school grounds.

I have read and agree to abide by the policy outlined above.

Student Names (print) _____ Student Signature _____