

LIBERTY PUBLIC SCHOOLS

2727 E. 201ST ST S * MOUNDS, OK 74047 * (918) 366-8496
FAX (918) 366-8497

2017-2018

ENROLLMENT FORM

*****PLEASE PRINT*****

FOR OFFICE USE ONLY

Enrollment Date: _____

Student ID#: _____ Grade: _____

Teacher/Homeroom: _____

Bus #/Driver: _____/_____

Locker#: _____

Student's Legal Name: _____ Date of Birth: _____
(Legal Last, First, Middle)

Social Security #: _____ - _____ - _____ SoonerCare/Medicaid #: _____

CDIB Card #: _____ CDIB Card on file Place of Birth (City/State/Country): _____

Age: _____ Grade _____ Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaska Native Asian Black/African American

Native Hawaiian/Pacific Islander White

Do you reside in the Liberty School District? Yes No County you live in: Creek Okmulgee Tulsa

Guardianship/Restraining Order Papers Filed in Office Yes No

Student lives with: (check one) Both Parents Father Mother Grandparent Guardian

Parent/Guardian Contact: _____ Relation to Student _____

Cell Phone: _____ Home Phone _____ Work Phone: _____

Address: _____ City _____ State _____ Zip _____

Employer: _____ Email Address: _____

Parent/Guardian Contact: _____ Relation to Student _____

Cell Phone: _____ Home Phone _____ Work Phone: _____

Address: _____ City _____ State _____ Zip _____

Employer: _____ Email Address: _____

Emergency Contact: _____ Cell Phone: _____

Relation to Student: _____ Work Phone: _____

CONNECT 5 NUMBERS: # _____ # _____ # _____

*Connect 5 is our all call system that alerts families when school is closed due to inclement weather, changes in bus schedule, sporting events, meetings, etc.

Has the student ever attended Liberty Public Schools? Yes No

If yes, School Year: _____ Grade: _____

Last school attended: _____
(Previous school name, address & phone number)

Is your child presently under expulsion or suspension from any other school district? Yes No

Has your child ever repeated a grade? Yes No what grade? _____

Is your child currently on an IEP (Individual Educational Plan) for Special Services? Yes No

Has your child received any previous testing, evaluations or services in any of the following areas?

- Learning Disabilities Gifted & Talented Speech/Language
 Hearing/Visual Impaired Other _____

Does student reside on federal property? Yes No

Are parents/guardians employed on federal property? Yes No

- Check appropriate boxes:
- 1) Live in Creek Nation Tribal Housing or Indian Allotted Land
 - 2) Work at Creek Nation Tribal Complex or Creek Nation Bingo
 - 3) Work at McDonnell Douglas
 - 4) Work at the Federal Building in Tulsa or any other Federal Property
 - 5) Work at the VA Hospital in Muskogee

I do not wish for the school to exercise corporal punishment in disciplining my child.

RELEASE STATEMENT

I, on my own behalf and on the behalf of my child, do hereby consent and authorize Liberty Public Schools to take photographs, electronic images, and/or recordings (audio, video, film, digital, print) of my child and to cause the same copyrighted, published, reproduced, exhibited, or circulated, with or without advertising sponsorship, for any and all purposes and do hereby assign to said parties all right, title, and interest to all such material.

I, on my own behalf and on the behalf of my child, further release Liberty Public Schools from and all claims for damages for libel, slander, invasion of the right of privacy or any other claim based on the use of said material.

STUDENT NAME _____ STUDENT SIGNATURE _____

(Signature of Parent/Guardian)

(Date)

MEDICAL INFORMATION

Student's Name: _____

Authorization for Emergency Care (This MUST be completed):

I/We the parent/guardian(s) of _____ agree to authorize Liberty Schools as temporary custodian of above named student to seek whatever treatment considered necessary by a physician licensed by the state of Oklahoma in case of a medical emergency. I/We understand this treatment may result in hospitalization. This consent shall remain in effect until 4:00pm on the last day of the school year unless otherwise revoked in writing.

Date: _____ Doctor: _____ Phone: _____

Hospital Preferred: _____ Parent/Guardian Signature: _____

Is the student taking any medications at home or at school? Yes No

****If a student needs to take medication at school, including the use of an EPI Pen, there is an additional packet that MUST be filled out entirely and signed by the parent/guardian.**

List all medications and reasons for taking them: _____

Does the student have any known allergies? Yes No Seasonal – Reaction: _____ Food – Reaction: _____ Insect Sting – Reaction: _____ Latex – Reaction: _____ Other – Reaction: _____ Other – Reaction: _____

Does/Is student: (please check all that apply)

 Have Asthma/Respiratory Ailments Have Diabetes Have Heart Problems Have Convulsions/Seizures Head Injury Wear Glasses/Contacts Hearing Impaired other: _____

Please explain any conditions checked: _____

Acetaminophen (Tylenol or Generic) Release

I, the parent/guardian of _____ hereby give my consent and authorize Liberty Public School to administer a non-prescription medication (i.e.: Tylenol, Ibuprofen, Acetaminophen, Tums, Maalox) in accordance with the manufacturer's instructions. I acknowledge that the provision of this medication by school personnel is an accommodation performed solely upon my request. In consideration of this request, I release and waive any and all claims to which I now or may hereafter have against Liberty Public School and its employees arising out of the provision or failure to provide the medication to the student or any adverse reaction by the student to the medication. Yes No

If your child takes Non-prescription Tylenol, Ibuprofen, Tums, Benadryl, etc., on a regular basis, you will need to provide these in the original container. The school has a limited supply of medications that we keep on hand for emergencies.

(Parent/Guardian Signature)_____
(Date)

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

DATOS DEL ALUMNO

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

Fecha de nacimiento: _____ Escuela: _____ No. de carnet estudiantil: _____ Género: M _____ F _____
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? Sí _____ No _____

Seleccione una o más de las siguientes razas:

_____ afroamericana/negra _____ amerindia o nativa de Alaska _____ asiática
 _____ hawaiana o isleña del Pacífico _____ caucásica/blanca

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

Fecha (MM/DD/AAAA)

Firma del padre/tutor

SOLO PARA USO INTERNO

Favor de facilitar al Oficial Regional de Acreditación documentación que avale las calificaciones en el examen para su revisión.

- 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

**LIBERTY PUBLIC SCHOOLS
STUDENT RESIDENCY QUESTIONNAIRE**

Student's Name: _____ Today's Date: _____

Date of Birth: _____ Grade: _____

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 and submit to school personnel. If you do not rent/own your own home or apartment, please continue to next section.*

Temporarily live 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 Liberty Public Schools.

First and Last Name of Student	Male/Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? ___ Yes ___ No

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

(Print) Parent/Guardian or Adult Care for Student Name: _____

Relationship to the Student: _____ Signature: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ Email: _____

Income Survey: E-Rate Year 2017-2018

Please complete the survey and sign at the bottom. All information will be kept confidential, no names will be released.

1. List all of the student in your family that attend the district (attach additional pages if necessary):

Name	Address	Grade	School

2. Total number of household members: _____

3. Is your annual household income less than or equal to the amount shown below for your family size? (Check One)

Yes _____ No _____

Household Size (Adults & Children)	Annual Income		Monthly Income
1	\$21,257		\$1,772
2	\$28,694		\$2,392
3	\$36,131		\$3,011
4	\$43,568		\$3,631
5	\$51,005		\$4,251
6	\$58,442		\$4,871
7	\$65,879		\$5,490
8	\$73,316		\$6,110
Each Additional Family Member	Add \$7,437 for each member		Add \$620 monthly for each additional member

4. Does your family participate in any of the following programs? YES _____ NO _____ (Check One)

Medicaid - Food Stamps - Federal Housing or Section 8 - Supplementary Security Income - Low Income Home Energy Assistance Program

The above information is true and accurate to the best of my knowledge:

Signature: _____ Date: _____



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

Please have test score documentation available for the Regional Accreditation Officer to review.

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

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 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

**LIBERTY ELEMENTARY
SCHOOL/PARENT COMPACT**

School Responsibilities

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the state's student academic achievement standards as follows:
 - a. The school will provide high-quality curriculum and instruction in a supportive and effective learning environment.
 - b. Summer school tutoring will be available for students to receive a more individualized education experience.
2. Hold parent-teacher conferences 2 times a year during which this compact will be discussed as it relates to the individual child's achievement. The conferences will be held in the fall and spring.
3. The school will provide the parents with frequent reports on their children's progress and will provide parent's reasonable access to staff including:
 - a. Report cards are handed out at the end of every nine-week period for PK-1st grade students and online grading is available for grades 2-8.
 - b. Staff members are provided a conference period each day in which the parents can make appointments to meet with the teachers.
4. Provide parent's opportunities to volunteer and participate in their child's class and to observe classroom activities as follows:
 - a. The elementary provides a local Parent Teacher Association.
 - b. Parents can contact classroom teachers to set up times to observe or volunteer.

Parent Responsibilities

We, as parents, want our children to have the best possible education and realize that strong school systems are essential. We, therefore, join with the school district in providing an optimum learning environment for our children.

1. I will insist that all homework assignments are done each night.
2. I will discuss at dinnertime what my child has learned at school each day.
3. I will remind my child of the necessity of discipline in the classroom - especially self-discipline.
4. I will provide for my child a minimum of one hour (3 times a week) of uninterrupted time (without television), which will be devoted to an instructional activity.

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

TEACHER SIGNATURE _____

Date: _____ Principal: _____

STUDENT NAME:

GRADE: _____

SCHOOL YEAR: 2017-2018

I have received and read the ATTENDANCE REGULATION POLICY (FDC-R2 REV. 3/12/12), ADOPTED BY THE LIBERTY PUBLIC SCHOOL BOARD. I understand that a student absent from class more than 5 times during a 9 week period shall be required, along with his/her parents, to work out an improvement plan with the principal. Furthermore, absenteeism will be tracked by the 1/2 day. Students arriving tardy to school in excess of 1 hour shall be considered absent for 1/2 day. Students leaving school early in excess of 1 hour shall also be considered absent 1/2 day. The maximum number of absences during any semester period shall not exceed 10% of the total number of days for the semester.

PARENT PRINTED NAME: _____

PARENT SIGNATURE: _____

DATE: _____

PERMISSION TO PUBLISH

Liberty Public Schools has permission to publish my child's picture and/or work on the school website, bulletin boards, newsletters or other form(s) or school media.

Child's Name

Grade

Parent's Signature

Date

INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me. I understand I have no expectation of privacy with regard to my use of the school district's technology.

User's Name (print clearly) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: Student _____ Staff _____ Patron _____ I am 18 or older _____ I am under 18 _____

If I am signing this policy when I am under 18, I understand that when I turn 18, I will have to sign another policy.

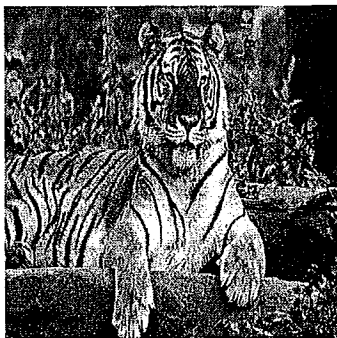
Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.) As the parent or legal guardian of the above student, I have read, understand, and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the student's access to the school district's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses, and costs, of whatever kind that may result from my child's or ward's use of his or her access to such networks and/or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian (please print): _____ Home Phone: _____

Signature: _____ Date: _____

Address: _____

This agreement is valid for the _____ school year only.



LIBERTY ELEMENTARY

2727 E. 201ST Street South

Mounds, OK 74047

(918) 366-8311

PRINCIPAL: Kim Stewart

FIELD TRIP PERMIT

(Name) _____ has my permission to go on any field trip with the teacher in charge that has been deemed permissible, educational and approved by the administration of Liberty Public Schools. It is my understanding that such trip(s) will be carefully chaperoned and transportation will be provided by the school.

Phone

Signature of Parent

The signature of the parent specifically authorizes and consents to the furnishing of emergency medical/hospital treatment for the above named student of the Liberty Public Schools while said student is engaged in a school sponsored activity.

Date