



# Choctaw Nation of Oklahoma

*Jones Academy*

HCR 74 Box 102-5 • Hartshorne, OK 74547  
(888) 767-2518 • Fax (918) 297-2364

**Gary Batton**  
*Chief*

**Jack Austin, Jr.**  
*Assistant Chief*

Dear Parent/Guardian,

Enclosed you will find an application for enrollment at Jones Academy. Please complete and sign each page and return it to us as soon as possible.

<input checked="" type="checkbox"/>	Page #	RETURNING STUDENT APPLICATION
	1	Letter and check off list
	2, 3,	Enrollment Application
	4	Health History Assessment
	5	Consent Form
	6	Privacy Act Information
	7	Authorization to Initiate Detention Order
	8	Consent for Search/Parental Involvement
	9	Parent/Student/School Compact
	10	Special Education Policy Information
	11-12	Standard Rules
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	15	Home Language Survey
	16-18	Immunization permissions and information

**You will also need to submit the following documents as part of our admission process.**

- ✓ **COPY OF IMMUNIZATION RECORD (up to date)**
- ✓ **CURRENT INSURANCE OR MEDICAID CARD (Application)**
- ✓ **CURRENT LIST OF PRESCRIPTION MEDICATIONS AND EXPLANATION OF (doctor statement)**
- ✓ **CURRENT LIST OF OVER THE COUNTER MEDICATIONS (used regularly)**
- ✓ **DOCUMENT(S) SHOWING GUARDIANSHIP AND/OR LEGAL CUSTODY (if applicable)**
- ✓ **SCHOOL LUNCH AND E-RATE FORMS (To be mailed separately later)**

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED**

MAIL TO:

Jones Academy  
909 Jones Academy Rd.  
HCR 74 Box 102-5  
Hartshorne, OK 74547

Brad Spears, Superintendent

Rev. 4/15

JONES ACADEMY  
Student Enrollment Application  
Peripheral Dormitory Grant School

School Year 20

**STUDENT INFORMATION**

Full Name \_\_\_\_\_ Grade Applying For: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Student's Cell Phone: \_\_\_\_\_ Age of Student: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Tribal Affiliation: \_\_\_\_\_ Degree of Indian Blood: \_\_\_\_\_  
Home Agency: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_  
Do you live with: Mother \_\_\_ Father \_\_\_ Legal Guardian \_\_\_ Other (Specify) \_\_\_\_\_  
Dominant Language  
Spoken in Home \_\_\_\_\_ Religious Affiliation (Optional) \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN (WITH WHOM YOU LIVE) INFORMATION**

Father's Name: _____	Mother's Name: _____
Tribal Affiliation: _____	Tribal Affiliation: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Father's Cell Phone: _____	Mother's Cell Phone: _____
Home Phone: _____	Home Phone: _____
E-mail address: _____	E-mail address: _____
Father's Work Phone: _____	Mother's Work Phone: _____
Work Place: _____	Work Place: _____
Legal Guardian(s) if not Parent: _____	
Address: _____	City: _____ State: _____ Zip: _____
Tribal Affiliation: _____	Home Agency _____
Cell Phone: _____	Home Phone _____
E-mail address: _____	
Work Phone: _____	Work Place: _____

If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person(s) responsible for the applicant who will be the primary contact person. A student may not list himself/herself as a guardian even if he/she is 18 years of age or older.

**EMERGENCY CONTACT INFORMATION – Other than Legal Guardian**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Place \_\_\_\_\_  
Work Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**NAME OF BROTHERS AND SISTERS**

Please name:

1. \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ DOB \_\_\_\_\_
2. \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ DOB \_\_\_\_\_
3. \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ DOB \_\_\_\_\_
4. \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ DOB \_\_\_\_\_

**STUDENT CHECKOUT INFORMATION (MUST BE 21 OR OLDER)**

Student is to leave campus only with listed Authorized Persons (must be 21 years of age) or **person(s) who enrolled** student unless under sponsorship of Jones Academy and/or the Hartshorne Public School:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Jones Academy is responsible for the custody of this student during August \_\_\_\_\_ to August \_\_\_\_\_. These custodial responsibilities pertain to all matters the parents might otherwise have and to all events while enrolled at Jones Academy including school outings, field trips, and other special activities.

I am legally responsible for this student and hereby apply for his/her admissions to this school. I understand that the school may request additional information before the student is admitted. **Failure to provide inclusive and accurate information could result in immediate dismissal.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

# Health History Assessment

Jones Academy Student: \_\_\_\_\_

Office use only:  
 McAlester Chart No. \_\_\_\_\_  
 Talihina Chart No. \_\_\_\_\_  
 Other \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle

\_\_\_\_\_  
 Birth date Sex Parent Home Phone

**PLEASE ANSWER THE FOLLOWING QUESTIONS CAREFULLY AND ACCURATELY. ASK ABOUT ANY QUESTION THAT YOU DO NOT UNDERSTAND. IF MORE SPACE IS NEEDED, SHOW NUMBER AND EXPLAIN ON BACK OF SHEET.**

- Does student wear glasses, contacts or protective eyewear? List what student will be wearing while at Jones: \_\_\_\_\_
- Is student being treated by a doctor now? \_\_\_\_\_ Explain \_\_\_\_\_
- Name of clinic(s) or private practices student has previously been seen, please include phone number: \_\_\_\_\_
- Has the student ever had any serious illness or been hospitalized? \_\_\_\_\_ Have you had any medical treatments, tests, or surgeries? \_\_\_\_\_
- Is the student taking any medications (including over-the-counter, herbal, birth control, etc.)? List ALL medications, dosage, and instructions: \_\_\_\_\_

6. Has the student ever had any of the following conditions? **Explain below and give date or age.**

	Yes	No		Yes	No		Yes	No
1. Respiratory disease			10. Anemia			19. Arthritis		
2. Heart problems or disease			11. Asthma			20. Epilepsy (seizures)		
3. Heart murmur			12. Allergies/sinus			21. STD's (sexually transmitted diseases)		
4. High blood pressure			13. Tuberculosis			22. Kidney disorders		
5. Stroke			14. Hepatitis			23. Circulation problems		
6. Rheumatic fever			15. Jaundice			24. Skin disorders		
7. Diabetes (type 1 or 2)			16. Liver disease			25. Stomach disorders		
8. High cholesterol			17. Anxiety			26. Acid Reflux (heartburn)		
9. Bladder problems			18. Depression			27. Thyroid Problems		

- List any other problems NOT listed above: \_\_\_\_\_
- Any family member(s) or relative die of heart related problems or sudden death before age 50? Who/Why? \_\_\_\_\_
- Is student allergic to any drug or medicine of any kind, like penicillin, codeine, Novocain, lidocaine, etc.? \_\_\_\_\_  
Explain \_\_\_\_\_
- Is student allergic to anything (including food, insect stings, pollen, etc.) resulting in swelling, hives, asthma, etc.? \_\_\_\_\_  
Explain \_\_\_\_\_
- Has student ever had excessive bleeding that required treatment? Explain \_\_\_\_\_
- Has student ever had a blood transfusion or blood products? Explain \_\_\_\_\_
- Does the student have any wounds or injuries that heal slowly or have other complications? Explain \_\_\_\_\_
- Any joint replacements? \_\_\_\_\_ Do you have any artificial limbs or lens implants? \_\_\_\_\_
- Has the student ever fainted or been knocked unconscious? Explain \_\_\_\_\_
- Is student on any special diet at this time? Explain \_\_\_\_\_
- Does the student have any disease, condition, or problem that you think the doctor or dentist should know about? Explain \_\_\_\_\_
- Is student pregnant at this time? \_\_\_\_\_
- Student have any trouble associated with dental treatment? Explain \_\_\_\_\_
- Is the student up to date on immunizations? Explain \_\_\_\_\_
- Does the student worry excessively? \_\_\_\_\_ Has the student received any psychiatric treatment? \_\_\_\_\_  
Explain \_\_\_\_\_
- Has the student had thoughts of hurting himself/herself, suicide or made an attempt to commit suicide? \_\_\_\_\_  
Explain \_\_\_\_\_
- Does the parent suspect that the child is using drugs or alcohol? \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



JONES ACADEMY  
(Choctaw Nation of Oklahoma)

HCR 74 BOX 102-5  
Hartshorne, OK 74547

CONTRACT

ACKNOWLEDGMENT OF CUSTODY

AUTHORIZATION FOR TREATMENT

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

As the parent or guardian of \_\_\_\_\_, I hereby acknowledge that my child or ward is in the custody of Jones Academy. It is further acknowledged that, as custodian, Jones Academy may act in the best interest of my child or ward.

Further, I hereby authorize Jones Academy to provide necessary educational services and medical, dental, behavioral health, and drug/alcohol treatment while my child or ward is in the custody of Jones Academy. Preventive treatments, including inoculations, are also authorized.

Additionally, I hereby authorize the disclosure and exchange of pertinent information deemed essential for medical, dental, behavioral health, and drug/alcohol treatment. This information may be interchanged between health organizations, health professionals, and Jones Academy.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

PHOTOGRAPH RELEASE

I hereby grant permission to Jones Academy and the Choctaw Nation of Oklahoma for use of the above student's photograph and name for public educational information, internet or exhibit purposes as deemed appropriate by representatives of the Choctaw Nation of Oklahoma and Jones Academy. It is clearly understood that no royalty, fee or other compensation of any character will become payable to me by reason of such use or release.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

## **PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT**

This information is provided pursuant to Public Law 93-597 (Privacy Act of 1974), December 31, 1974 and the Paper work Reduction Act (44 U.S.C. 3501, et seq)

The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 114, Public Law 67-86, 42 Stat. 208 (25 U.S.C. 13) and Public Law 95-561

In accordance with the accountability required for the administration of funds appropriated for educational programs, certain types of information are required. All records are maintained in strictest confidence and all information contained therein is considered privileged. Information solicited and the routine use of the information collected will be used solely in the planning, managing, providing placement of individuals.

This information is being collected to obtain information on students, such as schools previously attended, tribal affiliation, degree of Indian blood, and language spoken in the home. This information will be used to determine a student's eligibility to enroll in bureau operated or bureau funded schools. Response to this request is mandatory in order to obtain a benefit.

### Use of Social Security Number

The request for a social security number is voluntary. If supplied, it will be used as one identifier in the Bureau's management information system's student enrollment system.

### Estimated Burden Statement

Public reporting burden for this form is estimated to average one-half hour per response, which includes time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. The public may make additional comments on the accuracy of our burden estimates (which are explained in detail in the preamble to the proposed rule published on February 25, 2004, at 69 FR 8752) and any suggestions for reducing this burden to the OMB Interior Desk Officer, Docket Number 1076-AE49, Office of Information and Regulatory Affairs, 202-395-6566 (facsimile); email: *OIRA\_DOCKET@omb.eop.gov*.

AUTHORIZATION TO INITIATE DETENTION ORDER  
(To be completed by parent or guardian)

Date: \_\_\_\_\_

I \_\_\_\_\_ being the real parent/guardian of

\_\_\_\_\_, hereby give Jones Academy staff authorization/responsibility to initiate proceeding for Detention Order, Missing Persons Report, Runaway Juvenile Report and/or any document/procedure needed in the event my child leaves Jones Academy or Hartshorne Public Schools, or; any Jones Academy or Hartshorne Public School activity without express permission from Jones Academy Staff.

The permission is given so that my child may be located and returned to a safe environment as soon as possible.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

DESCRIPTION OF CHILD  
(To be completed by Parent or Guardian.)

PLEASE PRINT

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Nickname: \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Hair length \_\_\_\_\_

Eye color: \_\_\_\_\_ Tattoos: \_\_\_\_\_ Scars: \_\_\_\_\_

Remarks/Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONSENT FOR SEARCH

I, \_\_\_\_\_ give consent to Jones Academy staff to search  
Parent/Guardian's Name

\_\_\_\_\_, his/her room, and/or personal belongings if there is  
Student's Name  
reasonable belief that the student has an illegal substance, weapon, or an item that is considered a danger to him/her or someone else. I understand that periodically on a random basis a drug dog may be used to search the campus area (including students' rooms) for illegal drugs.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

PARENTAL INVOLVEMENT

Jones Academy believes that the student's parent(s) are the most significant people in a child's life. We encourage communication with the student via telephone and mail. We also encourage home visits.

Jones Academy wants your child to be a success and we will appreciate your support of our policies and rules. Communication between Jones Academy staff and parent(s)/guardian is very important and we encourage you to advise us; and, to contact us if you have any questions or concerns regarding your child.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



JONES ACADEMY PARENT/STUDENT/SCHOOL COMPACT  
COMMITMENT TO EDUCATION

**As a Parent/Guardian**

I promise to...

- have high expectations for my child as an individual.
- help my child in school attendance.
- help my child learn to resolve conflicts in positive ways.
- communicate and work with teachers and dorm staff to support and challenge my child.
- abide by the student/parent handbook.
- respect the cultural and individual differences of others.
- encourage my child in reaching his or her full potential.
- be a positive role model.

Parent/Guardian \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**As a Student**

I promise to...

- attend school regularly.
- work hard to do my best in school and in my homework.
- ask for help when I need it.
- respect and cooperate with other students, teachers, and staff.
- respect the cultural and individual differences of others.
- respect myself and my culture.
- respect my body and maintain a drug free/violence free school.
- abide by the student/parent handbook.

Student \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

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**As a Care Taker of Your Child**

Jones Academy will provide...

- teachers and staff who respect the role of the parent/guardian.
- a safe structured environment.
- a challenging curriculum designed to help achieve state and national standards.
- communication with the classroom teacher and school staff for the well-being of the student.
- opportunities for family and community to participate in school activities.
- respect for the culture and individuality of the child.
- tutoring for the student.
- communication with the parent/guardian.
- staff who fulfill the role of teacher and caring adult.
- exposure to new experiences and opportunity for the student to grow.

Brad Spears, Superintendent  
Jones Academy

## **PLACEMENT OF AND STUDENTS CONTINUING IN SPECIAL EDUCATION AT THE HARTSHORNE PUBLIC SCHOOL GRADES 7-12**

Students will be placed in Special Education classes under the guidelines of Public Law 94-142. Hartshorne Public School Special Education Department will contact the parent/guardian and Jones Academy to discuss placement and assessment of the student. Hartshorne Public School Special Education staff will obtain signatures of the parents for placement and assessment. Jones Academy will assign a staff member to attend placement meetings for each student. Jones Academy will not sign as parent/guardian for placement purposes. Prior to placing students in remedial or bilingual classes, the Jones Academy Superintendent or counselors will be consulted with regard to placement of the child. The Jones Academy Superintendent or counselor will meet with the student's teacher, counselor, or proposed teacher. A meeting will be held and a decision will be reached as to whether a child will be placed or remain in regular class.

Meetings for students already placed in Special Education at Hartshorne Public School will be scheduled by Hartshorne Special Education teachers. Notifications for these meetings will be sent to the parent/ guardian and Jones Academy. If the parent is unable to attend the meeting, the special education teacher will hold a conference call during the time of the meeting. If the parent/guardian is unable to participate during the phone conference, the special education teacher will then make two more attempts to contact the parent/guardian. The special education teacher will document each attempt. If there is no response from the parent/guardian after the third attempt, it will be noted on the IEP as Unable to Contact and the IEP will become effective. Jones Academy will assign a staff member to attend all IEP meetings. One copy of the IEP will be mailed to the parent/guardian and a second copy will be given to Jones Academy.

## **PLACEMENT OF STUDENTS IN SPECIAL EDUCATION AT JONES ACADEMY ELEMENTARY SCHOOL GRADES 1-6**

Students will be placed in Special Education classes under the guidelines of Public Law 94-142. Jones Academy Elementary School Special Education Department will contact the parent/guardian to discuss placement and assessment of the student. Jones Academy Special Education staff will obtain signatures of the parents for placement and assessment. Jones Academy staff will not sign as parent/guardian for placement purposes. Prior to placing students in remedial or bilingual classes, the Jones Academy Superintendent or counselors will be consulted with regard to placement of the child. The Jones Academy Superintendent or counselor will meet with the student's teacher, or proposed teacher. A meeting will be held and a decision will be reached as to whether a child will be placed or remain in regular class.

Meetings for students already placed in special education at Jones Academy Elementary School will be scheduled by Jones Academy Special Education teacher. Notifications for these meetings will be sent to the parent/guardian. If the parent is unable to attend the meeting, the special education teacher will hold a conference call during the time of the meeting. If the parent/guardian is unable to participate during the phone conference, the special education teacher will then make two more attempts to contact the parent/guardian. The special education teacher will document each attempt. If there is no response from the parent/guardian after the third attempt, it will be noted on the IEP as Unable to Contact and the IEP will become effective. One copy of the IEP will be mailed to the parent/guardian.

## STANDARD RULES

1. Enabling students to get an education is the primary reason for the existence of Jones Academy, therefore, all students are expected to attend their full schedule of classes every day and make reasonable effort at gaining knowledge and skills.
2. Students must follow the regimen established for time to get up, meal time, time for the school bus, returning from school on the bus, attending study periods, out after dark for approved and sponsored activities, lights out, etc. **Breakfast is mandatory on school days for all students and for elementary students on Saturday and Sunday. Brunch is also mandatory.**
3. Before leaving campus with parents or others, students are to be signed out at the dormitory office and checked in upon their return to campus. **Luggage, medication, and personal belongings are to be checked in at the respective dormitory office.**
4. Students are not to leave campus or to leave their dormitory after curfew without permission (AWOL). There is an hourly bed check during the night and it may occasionally be necessary to have roll call at night. Student will be considered on unauthorized leave if check out time extends beyond non-school days without parental communication.
5. Use or possession of intoxicants, alcoholic drinks, marijuana, spray paints, etc., or possession of paraphernalia for the use of drugs is prohibited. **Aerosol spray products or mouthwashes containing alcohol are not permitted.** Student wellness being a concern, energy drinks (e.g. Red Bull, Monster, Rock Star) are also prohibited
6. Smoking, dipping, or chewing tobacco and/or the possession of tobacco products is prohibited.
7. Students are not to play with fire extinguishers or fire alarms in any building. Fire regulations prohibit the burning of any type of material in the dormitories and control the placement of furniture in a room.
8. Jones Academy is not responsible for charges made on an owner's cell phone by other individuals. The student is strongly encouraged to leave expensive belongings at home and to check money in at the dormitory office. **Jones Academy is not responsible for the loss or damage of a student's property or loss of cash.**
9. It is unlawful to assault or strike another person, staff, or student, to commit intentional or malicious damage to public property or the property of another, to shoplift, steal, or take without permission property or possessions of another or of the government, or to have firearms or dangerous and/or illegal weapons in one's possession. These actions can lead to prosecution.
10. Students are not to threaten, coerce, intimidate, bully or mistreat other students and should not use uncomplimentary nicknames, or say hurtful things that can cause another person to be angry or upset. Students shall refrain from repeating gossip or carrying messages from one to another that can cause an altercation or confrontation.
11. Students shall refrain from cursing or using obscene or vulgar words or gestures at all times.
12. Defiance of established rules, insubordination to the authority of an employee, being disorderly, or disrespectful to staff or instructors is not permitted.
13. Students are not allowed to be in the opposite sexes' dormitory rooms.
14. Each student is responsible for making his own bed, taking care of his own clothing and personal items, and assisting in keeping his room neat and orderly.

15. Each student is assigned a work detail and is expected to have pride in a clean dormitory and neat campus. All students are asked to refrain from littering and from damaging property with graffiti.
16. Personal pets are not allowed.
17. Students are not allowed to drive on campus or have any type of motorized vehicle on campus.
18. Students are not allowed to possess video cameras, walky-talkies, DVD players or have TVs or refrigerators in their rooms.
19. Students are **not** permitted to give each other tattoos or piercings. Only with permission from their guardians and dormitory staff, can they get ears pierced during a shopping trip. Staff and parental/guardian permission is also required before student can cut another's hair.
20. **Students must have a permission slip or pass from their own dormitory staff** before visiting the administration office, other dormitories, counseling building, computer lab etc. Dormitory staff is responsible for knowing where their students are.
21. All students are to address staff respectfully using the titles of Mr., Mrs., or Ms.
22. Student will be expected to make restitution for deliberate or reckless property damage or theft of others' property.

"I fully understand the foregoing "Standard Rules" and if accepted as a student at Jones Academy, I agree to abide by the rules.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Student's Signature

"I, the parent/guardian, have read the foregoing rules and will encourage my child to abide by the "Standard Rules." I also agree to cooperate in resolving any disciplinary problems that may involve my child.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian's Signature

PLEASE READ OUR "PARENT-STUDENT" HANDBOOK CAREFULLY AND QUESTION US IF NEEDED.

**\*The student/parent handbook may be accessed at [www.jonesacademy.org](http://www.jonesacademy.org).**

## INTERNET ACCEPTABLE USE POLICY

Jones Academy's information technology resources , including email and Internet access, are provided for educational purposes. Adherence to the following policy is necessary for continued access to the school's technological resources. Access requires the student to act responsibly.

Students must:

1. Respect and protect privacy.
  - Not distribute private information about others or themselves(such as credit card or social security numbers).
  - Not view, use, or copy passwords, data, or networks to which they are not authorized.
  - Use only assigned accounts.
2. Respect and protect the integrity, availability, and security of all electronic resources.
  - Observe all network security practices, as posted.
  - Report security risks or violations to a teacher or network administrator.
  - Not try accessing any network, information system, or computer they are not authorized to use (hacking).
  - Not vandalize, damage, or disable the property of another individual or of Jones Academy.
  - Conserve, protect, and share these resources with other students and Internet users.
3. Respect and protect the intellectual property of others.
  - Not infringe copyrights (no making illegal copies of music, games, or movies).
  - Not plagiarize.
4. Respect and practice the principles of cooperation.
  - Communicate only in ways that are kind and respectful.
  - Report threatening or discomfoting materials to the staff person in charge.
  - Not intentionally access, transmit, copy or create material that violates the school's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass).
  - Not intentionally access, copy, transmit, or create material that violates copyright laws.
  - Not access, upload, download, or distribute pornographic, obscene, or sexually explicit material.
  - Not send spam, chain letters, or other mass unsolicited mailings.
  - Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.
5. Attend on-going educational training
  - Appropriate on-line behaviors
  - Cyberbullying awareness and response
  - Interacting with others on social networking websites and in chat rooms

### **Failure to follow policy**

Violations of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's information technology. If state or federal statutes are violated, law enforcement agencies may become involved.

### **Privacy**

Network and Internet access is provided as a tool for the user's education. Jones Academy reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer, network, and Internet access and any and all information transmitted or received in connection with such usage. All information files shall be and remain the property of the school and no user shall have any expectation of privacy regarding such material.

**JONES ACADEMY  
INTERNET ACCESS CONDUCT AGREEMENT**

*This form is to be completed and one copy maintained at the local school site. Every student, regardless of age, must read and sign below. Parent or guardian, please discuss these rules with your student to ensure that they are understood.*

I have read, understand and agree to abide by the district's terms and conditions of the foregoing Acceptable Use 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 privileges may be revoked and school disciplinary and/or appropriate legal action may be taken against me.

User's Full Name (please print): \_\_\_\_\_

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR GUARDIAN:** 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 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 Jones Academy to restrict access to all offensive and controversial materials and understand my child'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 use of his or her access to such networks or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's use of his or her access if and when such access is not in the school setting. I hereby give my permission to grant access for my child to use the building-approved access to Jones Academy's computer network and the Internet. I certify that the information contained on the form is correct.

Jones Academy is using the Choctaw Nation of Oklahoma for our technology protection measure (Internet filtering software). Smoothwall is the filtering system that is being used to protect adults and minors from accessing sites that may be harmful.

Parent or Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This agreement is valid for the current \_\_\_\_\_ school year only.**



**20\_\_ - 20\_\_ HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS**

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Name

Student ID #: \_\_\_\_\_ Gender:  Male  Female

School Site: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/State/Country): \_\_\_\_\_

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 or Other Pacific Islander  Caucasian/White

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Address: \_\_\_\_\_  
Street City Zip Code

Parent's/Guardian's Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Is a language **other than English** used in your home?  Yes  No  
**If NO, go to numbers 6 and 7.** If **YES**, what is that language? \_\_\_\_\_

2. Is that language spoken in the home  **MORE OFTEN** than **English**?  **LESS OFTEN** than **English**?

3. What language is spoken by adults in the home? \_\_\_\_\_

4. What was the first (1<sup>st</sup>) language your child learned to speak? \_\_\_\_\_

5. What was the date (**month and year**) your child first enrolled in a school in the United States? \_\_\_\_\_

6. Parent/Guardian Signature: \_\_\_\_\_

7. Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

**THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA FOR STATE ACCREDITATION.**

- If a language other than English is spoken **MORE OFTEN** (see question #2), the student automatically qualifies as **bilingual** on application for accreditation.
- OR**
- If a language is spoken **LESS OFTEN**, student qualifies as **bilingual** on application for accreditation if he or she meets **ONE OF THE FOLLOWING**:
1. Scores 35% or below on norm-referenced test (NRT) on the composite **reading** score.
  2. Scores limited knowledge or unsatisfactory on **Reading** Oklahoma Core Curriculum Tests (OCCTs).
  3. Designated Limited English Proficient on an Oklahoma English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) Test, WIDA Placement Test (including K W-APT, W-APT, and Kindergarten MODEL), or the Oklahoma Pre-K Language Screening Tool.

**Documentation of a test result for students who marked LESS OFTEN:**

1. NRT Test Date: \_\_\_\_\_ Name of the NRT: \_\_\_\_\_ Reading Total Composite Score: \_\_\_\_\_

2. Reading OCCT Date: \_\_\_\_\_ Score on Reading OCCT:  Limited Knowledge  Unsatisfactory  Satisfactory  Advanced

3. ACCESS for ELLs Test Date: \_\_\_\_\_ Score on ACCESS for ELLs: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
 WIDA Placement Test (K W-APT, W-APT, or Kindergarten MODEL) Date: \_\_\_\_\_ Score on K W-APT, W-APT, or MODEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
 Oklahoma Pre-K Language Screening Tool Date: \_\_\_\_\_ Score on Pre-K Language Screening Tool: \_\_\_\_\_

Note: Have test score documentation available for regional accreditation officer review. 1  2



# Choctaw Nation of Oklahoma

Jones Academy

HCR 74 Box 102-5 • Hartshorne, OK 74547

(888) 767-2518 • Fax (918) 297-2364

Gary Batton  
Chief

Jack Austin, Jr.  
Assistant Chief

Dear Parent or Guardian:

The following immunizations are required by Oklahoma State Law for enrollment in school:

**Tdap (booster)  
Hep B**

**IPV/OPV  
Hep A**

**MMR  
HIB**

**Varicella  
DTap**

Please sign and date if you agree and authorize Choctaw Nation Health Services/Jones Academy to give the required immunization(s).

Name of Student	Parent/Guardian	Date
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Additionally, the following vaccinations are not required but recommended. If you would like your child to receive any of the following vaccinations, please sign, date, and check your choice:

<b>Influenza (Flu) Injection:</b>			I Do		I Do Not	
	Parent/Guardian	Date				

<b>Influenza (Flu) Mist**:</b>			I Do		I Do Not	
	Parent/Guardian	Date				

*\*\*if you want your child to receive the Flu Mist you must also sign the Flu Injection authorization in case your child is NOT eligible for the mist\*\**

<b>Meningococcal:</b>			I Do		I Do Not	
Meningitis	Parent/Guardian	Date				

<b>HPV (Gardasil):</b>			I Do		I Do Not	
(3 Shot Series)	Parent/Guardian	Date				

<b>Varicella #2:</b>			I Do		I Do Not	
	Parent/Guardian	Date				

If you have recently updated your child's immunizations, please supply Jones Academy with an updated record of the immunizations. If there is any reason why you do not wish your child to receive a specific immunization, please supply Jones Academy with a written statement as to why. Please be aware that students who are not adequately immunized will not be permitted to attend school. I have enclosed a copy of the required immunizations for the State of Oklahoma for your information and review.

If you have any questions please call 888-767-2518 extension 1014.

Thank You,  
Jones Academy Nurse



Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm) (dd) (yyyy)

## Screening Questionnaire for Child and Teen Immunization

**For parents/guardians:** The following questions will help us determine which vaccines your child may be given. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please either call the Jones Academy Nurse or your healthcare provider to explain it.

1. Has the child had an allergic reaction to medications, food, a shot, or latex? Yes  No  Don't know   
If you answered yes, what are they allergic to? Please list: \_\_\_\_\_
2. Is the child allergic to eggs? Yes  No  Don't Know
3. Has the child had a serious reaction to a shot in the past? Yes  No  Don't Know
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Yes  No  Don't Know
5. Has the child ever had the disease Chickenpox? Yes  No  Don't Know   
If YES please list the year they had the disease: \_\_\_\_\_
6. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems? Yes  No  Don't Know
7. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?  
Yes  No  Don't Know
8. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? Yes  No  Don't Know
9. Is he or she on long term aspirin therapy? Yes  No  Don't Know
10. Does the child have a weakened immune system (ex: HIV/AIDS, leukemia, cancer) or another disease that affects the immune system? Yes  No  Don't Know  Long term treatment with drugs such as high-dose steroids or cancer treatment with radiation or drugs?  
Yes  No  Don't Know
11. Is the child on antiviral medications? Yes  No  Don't Know
12. If child has ever been eligible for the FLU MIST and has taken the FLU MIST, have they ever had a serious reaction to FLU MIST? Yes  No  Don't Know

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Did you send your child's immunization record with application? Yes  No**

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and take it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

JONES USE ONLY:

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



## For Parents - Vaccines Required to Attend School in Oklahoma 2015-16 School Year

This table shows the total number of doses a child must receive and have on their record to attend school for the grade indicated. The doses do not have to be repeated every year. These are the requirements for school. Requirements for child care attendance are different. Refer to this web page for requirements for child care: [http://www.ok.gov/health/Disease\\_Prevention\\_Preparedness/Immunizations/Vaccines\\_for\\_Childcare/index.html](http://www.ok.gov/health/Disease_Prevention_Preparedness/Immunizations/Vaccines_for_Childcare/index.html).

	PRE-SCHOOL/ PRE-K	KG	1 <sup>st</sup> – 6 <sup>th</sup>	7 <sup>th</sup> – 11 <sup>th</sup>	12 <sup>th</sup>
<b>VACCINES</b>	<b>Total doses</b>				
DTaP/ (diphtheria, tetanus, pertussis)	4 DTaP	5 DTaP/DTP*	No additional doses are required	1 Tdap <sup>♦</sup>	No additional doses are required
IPV/OPV (inactivated polio/oral polio)	3 IPV/OPV	4 IPV/OPV <sup>◄</sup>			
MMR (measles, mumps, rubella)	1 MMR	2 MMR			
Hep B (hepatitis B)		3 Hep B <sup>■</sup>			
Hep A (hepatitis A)		2 Hep A			
Varicella (chickenpox)		1 Varicella			

★	If the 4th dose of DTaP is given on or after the child's 4th birthday, then the 5th dose of DTP/DTaP is not required.
◆	Tdap (tetanus, diphtheria, and pertussis) booster (Only 1 dose of Tdap is required.)
◄	If the 3rd dose of IPV/OPV is given on or after the child's 4th birthday, then the 4th dose of IPV/OPV is not required.
■	If a child reaches age 11 and has not yet started the HepB vaccine series, he or she may receive a 2-dose series of Merck® Adult Hepatitis B vaccine instead of the 3-dose series of Pediatric HepB vaccine. The 2-dose series must be completed before the 16th birthday or the child must receive a total of 3 doses of HepB vaccine. If you have any questions about the 2-dose series of HepB vaccine, talk to your healthcare provider. All other children (younger or older) must have 3 doses of hepatitis B vaccine.

### Vaccines Recommended for All Children but Not Required by Oklahoma School Law

A 2nd dose of varicella (chickenpox) vaccine is recommended at 4-6 years of age and at any age after that if it is missed at 4-6 years. One dose of MCV4 (meningococcal vaccine) is recommended at age 11-12 years and a booster dose at 16 years of age.

- If an adolescent misses MCV4 at 11-12 years, they should still receive it. This vaccine is routinely recommended up to 18 years and through age 21 years for first year college students living in dormitories or on-campus student housing because of their risk of catching the disease.
- If an adolescent receives the first dose of MCV4 late at 13 through 15 years, they still need a booster dose at age 16 through 18 years.

Oklahoma law requires a dose of MCV4 for all students who are first-time enrollees in any public or private postsecondary educational institution in this state and who reside in on-campus student housing. It is recommended they receive a dose on or after the 16<sup>th</sup> birthday. Three doses of HPV (human papillomavirus) vaccine are recommended starting at 11-12 years of age.

- If an adolescent misses HPV at 11-12 years catch-up vaccination is recommended for all girls 13-26 years and for all boys 13-21 years. Keep a copy of your child's vaccination record, you may need it later.