STUDENT INFORMATION

Mulhall-Orlando Schools

20__-20__

Student's Full Name_____ Grade _____

Mailing Address_____ City_____ Zip_____

Home Phone_____ Student's Cell_____

Father's Name_____ Employer_____

Work Phone_____ Cell Phone_____

Mother's Name_____ Employer_____

Work Phone_____ Cell Phone_____

Parent Email(s)_____

Name & Phone Numbers of Emergency Contact Person(s) Other Than the Parents:

_____

_____

_____

Medical and/or Important Information (asthma, food allergies, who can or cannot pickup the student etc…)

_____

_____

_____

Parent/Guardian Authorization to Administer Medicine

_____I give Mulhall-Orlando staff permission to administer a non-prescription medication to my child. (cough drops, Tylenol, Ibuprofen, etc…)

_____I give Mulhall-Orlando staff permission to administer a prescription medication, which I am supplying, in the original bottle/container, with label directions, when needed, to my child.

Child's Name_____ Parent Signature_____Date_____

MULHALL-ORLANDO PUBLIC SCHOOL

AUTHORIZTION

TO CONSENT TO MEDICAL AND DENTAL TREATMENT FOR MINOR CHILD TO ADULT NONPARENT

We, _____, of _____
Parent/Guardian Address

County of _____, State of Oklahoma, the parent(s) or guardian(s) having legal custody of _____, who resides with us at the address set forth above, do hereby authorize Mulhall-Orlando Public Schools in whose care the minor(s) has/have been entrusted, to consent such minor(s) to be taken to the doctor or hospital if the parent/guardian cannot be contacted.

This authorization cover the following time period: August 20__ through May 20__

Physician of choice:_____,_____,_____
Name Address Phone

WHO TO CONTACT IF PARENT/GUARDIAN ARE NOT AVALIALBE

_____,_____,_____
Name Relationship Phone Number(s)

_____,_____,_____
Name Relationship Phone Number(s)

We also give Mulhall-Orlando Public Schools permission for the child/children to be released in the custody of the above named person if the parent/guardians are not available.

_____
Parent Signature Date

STATE OF OKLAHOMA

_____
Parent Signature Date

COUNTY OF LOGAN

Before me, the undersigned, a Notary Public in and for said County and State on the _____ day of _____, 20__, personally appeared _____ to me known to be the identical person(s) who executed the foregoing instrument and acknowledged to me that _____ executed the same as _____ free and voluntary act and deed for the uses and purposes therein set forth.

My commission expires_____ _____

Notary Public Commission Number

Parental Authorization to Administer Medicine

To: Ms. Oldenburg, Principal, Mulhall-Orlando High School

I am the parent with legal custody or the legal guardian of _____, a student attending this school. This student requires medication at intervals during the day.

I hereby give my consent and authorize the school principal, my child's teacher, or an employee of Mulhall-Orlando Public School to administer:

Name of Medication_____

Dosage_____ Dosage Time(s) _____

Doctor's Name_____ Phone_____

Name of Medication_____

Dosage_____ Dosage Time(s) _____

Doctor's Name_____ Phone_____

Name of Medication_____

Dosage_____ Dosage Time(s) _____

Doctor's Name_____ Phone_____

I understand that under state law, the Board of Education, the School District, or employees of the District shall not be liable to the student or the student's parent(s) or guardian(s) for civil damages for any personal injuries to the student which results from acts or omissions of school employees in administering the medicine I have hereby authorized.

Date_____

Parent/Guardian_____ Signature_____

Witness_____Signature_____

Mulhall-Orlando Public Schools

POLICY, TERMS AND CONDITIONS FOR USE OF INTERNET
USER AGREEMENT

The following is a legal binding document. Please read carefully before signing.

Acceptable Use

The use of your Internet access must be in support of education and research and consistent with the educational objectives of the Mulhall-Orlando Public School System.

It is not acceptable to use the Internet for any reason other than educational objectives.
It is not acceptable to use the Internet to transit or receive threatening, obscene, or harassing materials.
It is not acceptable to use vulgarities or any other inappropriate language. Illegal activities are strictly prohibited.
It is not acceptable to use the network in such a way that you disrupt the use of the network for other users.
It is not acceptable to use another user's account without written permission from that individual.
It is not acceptable to harm or destroy data of another user, internet, or any other networks that are connected to the connections.
It is not acceptable to change the settings of a computer or disable the filter.

Privileges

The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will deem what is appropriate use and their decision is final. The administration, faculty, and staff of Mulhall-Orlando Public School may request the system administrator to deny, revoke, or suspend specific user accounts.

Warranties

The Mulhall-Orlando Public School system makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Mulhall-Orlando Public School System will not be responsible for any damages you suffer. This includes loss of data resulting from delays, nondeliveries, misdeliveries, or service interruptions caused by its on negligence or your errors or omissions. Use of any information obtained via Mulhall-Orlando Public School is at your own risk. The Mulhall-Orlando Public School System specifically denies any responsibility for the accuracy or quality of information obtained through this service.

Exception of Terms and Conditions

All terms and conditions as stated in this document are applicable to the Mulhall-Orlando Public School System. These terms and conditions reflect the entire agreement of the parties and supersede all prior oral or written agreements and understandings of the parties. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of Oklahoma and the United States of America.

STUDENT

I further understand that any violations of the regulations above is unethical and may constitute a criminal offense. Should I commit any violations, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

Signature_____ Date_____

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the Terms and Conditions for Internet access. I understand that this access is designed for educational purposes and the Mulhall-Orlando Public School System has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for the Mulhall-Orlando Public School System to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use of the network is not in a school setting. I hereby give permission to issue access for my child and certify that the information contained on this form is correct.

Signature_____ Date_____

Mulhall-Orlando Public Schools

"Home of the Panthers"
P.O. Box 8
Orlando, OK 73073
(580) 455-2211

Student Information and Media Release

I GRANT MULHALL-ORLANDO SCHOOL AND IT'S EMPLOYEES PERMISSION TO PRINT INFORMATION AND PICTURES CONCERNING MY SON/DAUGHTER FOR USE IN SCHOOL PROGRAMS (MUSIC PROGRAMS, ATHLETIC PROGRAMS, AWARD PROGRAMS, ETC.); A STUDENT DIRECTORY (FOR STUDENT USE); AND ANNOUNCEMENTS FOR HONORS AND AWARDS (NEWSPAPER, WEBSITE, SOCIAL MEDIA, ETC.)

NAME OF STUDENT_____

DATE_____

PARENT/GUARDIAN SIGNATURE_____

Mulhall-Orlando Public Schools Cell Phone Contract

As stated in our student handbook, cell phones are to be turned off and placed in their vehicle or phone locker. Any phone seen or heard during the school day will be confiscated and will be returned to the student by a school official at the end of the day. Cell phone offenses will be handled according to the policies outlined in the Mulhall-Orlando JH/HS Student Handbook.

If a student wishes to have the privilege of bringing a cell phone to school he/she must do the following:

1) Sign this contract along with his/her guardian/parent.
2) Submit his/her cell phone number to the school.
3) Must have read the cell phone contract policy and abide by its rules.

By not agreeing to this contract the student is forfeiting their privilege to bring a cell phone to school. Any student who did not sign a cell phone contract and is caught with a cell phone will be immediately suspended from school for 1 day.

Student (print)_____

Cell Phone Number_____

By signing this contract I agree to abide by the cell phone policy for Mulhall-Orlando Public Schools.

Student_____

Parent/Guardian_____

Mulhall – Orlando High School
"Home of the Panthers"
P.O. Box 8
Orlando, OK, 73073
(405) 649-2000 Ext 2

PERMISSION TO DRIVE OR RIDE TO MULHALL FOR ATHLETICS

Due to the use of the new gym in Mulhall, students enrolled in competitive sports will be transporting to Mulhall on some days to practice.
The school wishes to insure that we are informed of the types of transportation the student permission to utilize.

(Check all choices that apply and sign)

Name of Student_____

_____ A. Permission to drive their own vehicle.

Passengers Allowed _____ Yes _____ No

_____B. Permission to ride with the other students.

_____C. Permission to ride with only the following students (please notify office of any changes)

_____
List students with which your child may ride.

_____D. Must ride school bus only.

_____ _____
PARENT SIGNATURE DATE

Mulhall – Orlando High School
"Home of the Panthers"
P.O. Box 8
Orlando, OK, 73073
(405) 649-2000 Ext 2

DRIVING RELEASE FOR STUDENTS TO DRIVE TO CAREER-TECH

I GIVE PERMISSION FOR MY CHILD _____
Student's Full Name

(CHECK ALL CHOICES THAT APPLY)

_____ A. DRIVE TO CAREER-TECH IN THEIR OWN VEHICLE

PASSENGERS ALLOWED _____ YES _____ NO

_____B. RIDE WITH THE FOLLOWING STUDENT

_____
List students with which your child may ride.

_____C. DRIVE ONLY ON DAYS THAT SPECIAL PERMISSION IS GIVEN BY ME THE PARENT

_____D.MUST RIDE SCHOOL BUS ONLY

AS THE PARENT/GUARDIAN OF _____I TAKE FULL RESPONSIBILITY AND GIVE MULHALL-ORLANDO PUBLIC SCHOOL PERMISSION TO ALLOW MY CHILD TO DRIVE OR RIDE TO CAREER-TECH AS INDICATED ABOVE. I UNDERSTAND THAT THIS PROVILEGE CAN BE REVOKED BY THE SCHOOL IF MY CHILD IS SEEN DRIVING IN A RECKLESS MANNER, SPEEDING, ALLOWING UNAUTHORIZED PASSENGERS, NOT RETURNING TO SCHOOL ON TIME OR BREAKING THE LAW IN SOME OTHER MANNER. I FUTHTHER UNDERSTAND THAT THERE IS A BUS AVAILABLE FOR MY CHILD TO RIDE TO AND FROM CARER-TECH, BUT I AM GIVING HIM/HER PERMISSION TO DRIVE.

_____ NOTARIZED BY_____

PARENT SIGNATURE

DATE_____

_____
DATE

MULHALL-ORLANDO HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone _____

Age _____ Grade _____ D.O.B. _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (Circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):
_____ House or apartment with parent or guardian
_____ Motel, car, or campsite
_____ Shelter or other temporary housing
_____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:
_____ Loss of housing
_____ Economic situation
_____ Temporarily waiting for house or apartment
_____ Provide care for a family member
_____ Living with boyfriend/girlfriend
_____ Loss of employment
_____ Parent/Guardian is deployed
_____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at (405) 649-2000.

By signing below, I acknowledge that I have received and understand the above rights.

_____

Signature of Parent/Guardian/Unattached Youth *Date*

_____

Signature of McKinney-Vento Liaison *Date*

SCHOOL YEAR: ☐ **HOME LANGUAGE SURVEY**

OKLAHOMA Education

STUDENT INFORMATION

Student Name: _____ _____ _____ 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** ☐

Please select one or more of the following races:

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

The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

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 YES, in what language? _____
5. Does the parent/guardian need translated materials? **YES** ☐ **NO** ☐ If YES, in 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 or Guardian Signature

SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

☐ A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered "**more often**" and has previously demonstrated English language proficiency on the PKST* or WIDA assessment :

Assessment Name:		**Year Assessed:**		**Score:**	

☐ A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "**less often**" and has demonstrated English language proficiency on the PKST* or WIDA assessment. The student's PKST* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

remind

Sign up for important updates from M-O Admin.

Get information for **Mulhall-Orlando Public Schools** right on your phone—not on

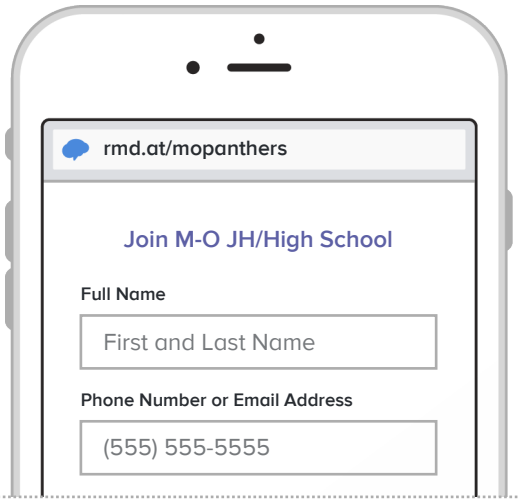
Pick a way to receive messages for **M-O JH/High School**:

A **If you have a smartphone, get push notifications.**

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/mopanthers

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B **If you don't have a smartphone, get text notifications.**

Text the message @mopanthers to the number 81010.

If you're having trouble with 81010, try texting @mopanthers to (405) 896-6110.

Don't have a mobile phone? Go to rmd.at/mopanthers on a desktop computer to sign up for email notifications.

NEW

POLICY ON

LUNCH BILLS

LUNCH BILLS ARE NOT TO EXCEED $50.00 PER FAMILY.

IF YOUR LUNCH BILL GOES OVER THAT LIMIT YOUR STUDENT(S) WILL BE SERVED AN ALTERNATIVE BREAKFAST AND LUNCH UNTIL THE BILL IS PAID IN FULL.

THEY CAN BRING THEIR LUNCH DURING THAT TIME OR PAY FOR THEIR MEAL EVERY DAY.