North Rock Creek Middle School
New Student Enrollment Requirements
2020-2021

Please provide the following required documents:

- Current Utility Bill
- Birth Certificate
- Immunization Records
- Social Security Card or Number
- CDIB Card (if applicable)
- New Student Enrollment Packet
North Rock Creek Schools
Enrollment Form 2020-2021
Today’s Date: ______________

Student Name: ____________________________

Last  First  Middle

Date of Birth: ____________  Student’s Gender: ________ Male  ________ Female

Student’s Social Security Number: ____________________________________________

Home Phone with Area Code: ______________________________________________

Grade Level:  Pre-K  Kig  1  2  3  4  5  6  7  8  9  10

Address: __________________________________________________________________

City: ____________________________  State: ____________________________  Zip: __________

Ethnicity: Is the student Hispanic or Latino?  Yes / No

What is the student’s race?

_____ White  ________ American Indian or Alaskan Native

_____ Black or African American  ________ Native Hawaiian/Other Pacific Islander

_____ Asian

Who has custody/guardianship of this student (if different from Father and Mother)?

________________________________________________

Father/Guardian’s Name: ____________________________

Last  First

Father/Guardian’s Day Phone: ______________________________________

Father/Guardian’s Employer: ______________________________________

Father/Guardian’s Home/Cell Phone: ____________________________

Parent/Guardian Email: ______________________________________

Mother/Guardian’s Name: ____________________________

Last  First

Mother/Guardian’s Day Phone: ______________________________________

Mother/Guardian’s Employer: ______________________________________

Mother/Guardian’s Home/Cell Phone: ____________________________

Transportation: _____ Car  _____ Bus

IEP Student: _____ Yes  _____ No

If yes, what areas did the student receive services?

________________________________________________

Siblings: _____ Yes  _____ No  Name(s)/Grade(s): ________________________________

Parent/Guardian Signature: ____________________________  Date: ______________

Media Release Disclaimer: Please contact your site principal if your child’s name and/or photograph CANNOT be publicized in school newsletters, newspapers, web-site, and/or other social media outlets.
Emergency Contact/Medical Information

***PLEASE DO NOT LIST FATHER OR MOTHER***

Contact #1: ___________________________ Last Name ___________________________ First Name ___________________________

Relationship to Student: ___________________________

Phone Number: ___________________________ Phone Type (circle one): Daytime  Home  Mobile  Work

Please check ALL that apply:

☐ Has Custody
☐ Lives With
☐ School Pickup

______________________________

Contact #2: ___________________________ Last Name ___________________________ First Name ___________________________

Relationship to Student: ___________________________

Phone Number: ___________________________ Phone Type (circle one): Daytime  Home  Mobile  Work

Please check ALL that apply:

☐ Has Custody
☐ Lives With
☐ School Pickup

______________________________

Contact #3: ___________________________ Last Name ___________________________ First Name ___________________________

Relationship to Student: ___________________________

Phone Number: ___________________________ Phone Type (circle one): Daytime  Home  Mobile  Work

Please check ALL that apply:

☐ Has Custody
☐ Lives With
☐ School Pickup

______________________________

Special Medical Considerations:

______________________________

______________________________

______________________________

Allergies:
North Rock Creek Public Schools
Authorization to Transfer Education Records

TO: ____________________________________________
    School District/Agency

Street Address/P. O. Box    City    State    Zip Code

Phone #

In accordance with the Family Education Rights and Privacy Act (FERPA), 34,CFR 9931, Transfer of education records is requested for:

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
</table>

Request for education records include, but not limited to: health, grades, cumulative, discipline records, and special education records. Transfer of student records including disciplinary records, must be made in a timely manner, within three business days of receipt of request, under state law (70 O.S. 24-101.4). I also grant permission to transfer records to institutions of higher learning through XAP transfer exchange.

__________________________________________
Parent/Guardian Signature

Date

The student intends to enroll or is enrolled in our district. Therefore, please send records to:

North Rock Creek School
Attention: Registrar
42400 Garrett's Lake Road
Shawnee, OK 74804

From: ______________________________________
    Signature of School District Official

Pre-K -11th Grade Phone # (405) 275-3473
PK-4th Grade Fax # (405) 273-7368  7th-8th Grade Fax # (405) 878-6796
5th-6th Grade Fax # (405) 878-1819  9th-11th Grade Fax # (405) 878-1370

Education records are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR.
**Student Health History**

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Date:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Grade:</th>
<th>D.O.B.</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Parent/Guardian:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
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</table>

<table>
<thead>
<tr>
<th>Cell Phone:</th>
<th>Emergency Phone:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Policy/Group #</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Physician’s Name &amp; Phone:</th>
<th>Hospital Emergency Dept. Preference:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dentist’s Name &amp; Phone:</th>
<th>Daily Medications (names &amp; dosage)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Include those taken at home. <strong>If taken</strong></td>
</tr>
<tr>
<td></td>
<td><strong>at school, School Medication Authorization form must be completed and be on file at school.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please circle if your child has any of the following problems Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skin Problems</strong></td>
</tr>
<tr>
<td><strong>Behavior/Mental Problems</strong></td>
</tr>
<tr>
<td><strong>Bowel Problems</strong></td>
</tr>
<tr>
<td><strong>Ear/Hearing Problems</strong></td>
</tr>
<tr>
<td><strong>Headaches</strong></td>
</tr>
<tr>
<td><strong>Heart Problems</strong></td>
</tr>
<tr>
<td><strong>Kidney/Urinary Problems</strong></td>
</tr>
<tr>
<td><strong>Neurological Problems</strong></td>
</tr>
</tbody>
</table>

**Please circle Yes/No to the following questions.**

1. **Does your child have a LIFE THREATENING ALLERGY?**
   - Yes
   - No

   Please list type of allergy: ____________________________

   **Does your child have an Epicene?**
   - Yes
   - No

2. **Does your child have a non-life threatening food allergy?**
   - Yes
   - No

   Please list type of food allergy: ____________________________

   **Note: To change or substitute foods served in the cafeteria a Doctor’s note is needed.**

3. **Does your child have asthma? (Includes seasonal asthma)**
   - Yes
   - No

   **Note: Please provide a rescue inhaler (box with prescription label) and spacer chamber (if required) for your child to keep at school.
4. Does your child have diabetes?  
   Yes  No

5. Does your child have seizures?  
   Yes  No
   
   Please explain:______________________________

   __________________________________________________________________________

   __________________________________________________________________________

   Is there any further health information that might affect your child’s education?

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   This information will be shared with staff members who have contact with your child.

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   ____________________________   ____________________________   ____________________________
   Authorization for Medical Care of a Minor

   ____________________________   ____________________________
   (Please print parent/guardian name)  
   legal custody or the legal guardian of ________________
   (Please print minor’s name.)  

   ____________________________
   authorize North Rock Creek School

   To consent to any x-ray examination, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma.

   IN GIVING CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon, or dentist, to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

   ____________________________   ____________________________   ____________________________   ____________________________
   (Date)  (Parent/Guardian Signature)  (Phone)

   ____________________________   ____________________________   ____________________________
   (Address)  (City)  (State)  (Zip)
North Rock Creek Public Schools
RELEASE & INSURANCE NOTIFICATION FORM

This form shall be signed before a student may participate in a school sponsored activity.

I, ____________________________, legal parent or guardian, of
______________________________, a student at North Rock Creek School,

do hereby give consent for the coach or sponsored for the coach or sponsor of any North Rock Creek School event in which my child might be participating, to summon and sign for (in lieu of my person), emergency medical treatment in the event the child is injured or becomes ill. I will not hold this person liable when acting in good faith in the best interest of my child.

____________________________________  ___________________________
Signature of Parent or Guardian                     Date

____________________________________  ___________________________
Day Phone                                      Cell Phone

____________________________________  ___________________________
Evening Phone

Dear Parent/Guardian:

North Rock Creek School assumes no financial responsibility for medical cost of an accident occurring to a student while participating in a school-sponsored sport or athletic event.

(An accident insurance program is offered for your convenience. The Insurance Company compensates neither the school nor any school official.)

I understand this form is to acknowledge that I have information regarding NRCS policy pertaining to accidental injury and student accident insurance.

____________________________________  ___________________________
Student’s Name                     Student’s Grade

____________________________________  ___________________________
Parent’s/Guardian’s Signature               School Year 2020-2021
OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: ___________________________  Demographic/Client ID #: ___________________________
(For School/Day Care receiving PHI to fill out)
Date of Birth: ___________________________

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System (“OSIIS”) to: ___________________________.
(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):
☐ to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code (“OAC”) 310:535-1-2 and OAC 310: 535-1-3
☐ Other: ___________________________

I understand that by voluntarily signing this authorization:
- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization’s automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event [e.g., child no longer enrolled in school/day care center] ___________________________.

________________________________________
Signature of Student or Legal Representative

_____________________
Date

________________________________________
Description of Legal Representative’s Authority
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: 02/29/2020.
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 __________________________
**Student Information**

Name of Student: ____________________________
Last Name: ____________________________ First Name: ____________________________ Middle Name: ____________________________ Grade: ____________

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-WAP, RAPT, or Oklahoma Pre-K Language Screening Tool (PKST).
2. Scored Basic or Below Basic in ELA 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**

<table>
<thead>
<tr>
<th>Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test</th>
<th>Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test</th>
<th>Date of WIDA Screener or K-WAP/RAF/RAF or WIDA MODEL</th>
<th>Score(s) on WIDA Screener or K-WAP/RAF/RAF or WIDA MODEL</th>
<th>Date of the Oklahoma Pre-K Language Screening Tool</th>
<th>Score on Pre-K Language Screening Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite / Overall Score</td>
<td>1.</td>
<td>Composite / Overall Score</td>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>1.</td>
<td>1.</td>
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</tbody>
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<thead>
<tr>
<th>Date(s) of ELA OSTP</th>
<th>Score(s) on ELA OSTP</th>
<th>Date of the Oklahoma Pre-K Language Screening Tool</th>
<th>Score on Pre-K Language Screening Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date(s) More Reference Test (NRT)</th>
<th>Name of the NRT</th>
<th>Composite / Percentile Score(s)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Question 1: Reference WAVE code 1036
Question 2: Reference WAVE code 1037
Question 3: Reference WAVE code 1038
NORTH ROCK CREEK PUBLIC SCHOOLS ACCESS POLICY

TERMS AND CONDITIONS FOR USE OF INTERNET

Please read the following carefully before signing this document. This is a legally binding document.

Internet access is now available to students and teachers in the North Rock Creek Public Schools District. We are very pleased to bring this access to North Rock Creek Public Schools and believe the Internet offers vast, diverse, and unique resources to both students and teachers. Our goal in providing this service to teachers and students is to promote educational excellence in the North Rock Creek Public Schools district by facilitating resource sharing, innovation, and communication.

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Students and teachers have access to:

1. electronic mail communication with people all over the world.
2. information and news.
3. public domain and shareware of all types.
4. discussion groups on a plethora of topics ranging from diverse cultures to the environment to music to politics.
5. access to many university catalogs.

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. North Rock Creek and the Oklahoma Department of Education have taken available precautions to restrict access to inappropriate materials. However, on a global network it is impossible to control all materials, and an industrious user may discover inappropriate information.

Internet access is coordinated through a complex association of government agencies, and regional and state networks. The smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided here so that you are efficient, ethical, and legal utilization of the network resources. If a North Rock Creek Public Schools user violates any of these provisions, their access will be terminated and future access could be denied. The signature(s) at the end of this document is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

Internet – Terms and Conditions

(1) Acceptable Use – The purpose of NSFNET, which is the backbone network to the Internet, is to support research and education in and among academic institutions in the U.S. by providing access to unique resources and the opportunity for a collaborative work. School use must be in support of education and research and consistent with educational objectives. Use of other organization’s network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secret. Use for product advertisement or political lobbying is also prohibited. Use for commercial activities is generally not acceptable.

(2) Privileges – The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Each student who receives access will participate in a discussion with a North Rock Creek Public Schools faculty member pertaining to the proper use of the
network. The system administrators and teachers will deem what is inappropriate use and their decision is final. The district may deny, revoke, or suspend specific user access.

(3) Netiquette – You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:

(a) Be polite. Your messages should not be abusive to others.
(b) Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
(c) Do not reveal your personal address, phones numbers, or the addresses and/or phone numbers of students or colleagues.
(d) Illegal activities are strictly forbidden.
(e) Note that electronic mail (E-Mail) is not guaranteed to be private. People who operate the system to have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
(f) Do not use the network in such a way that you would disrupt the use of the network by other users.
(g) All communications and information accessible via the network should be assumed to be private property.

(4) North Rock Creek Public Schools and the Oklahoma State Department of Education make no warranties of any kind, whether expressed or implied, for the service it is providing. North Rock Creek Public Schools and the Oklahoma State Department of Education will not be responsible for any damages suffered. This includes loss of data resulting from delays, nondeliveries, misdeliveries, or service interruptions caused by negligence, errors, or omissions. Use of any information obtained via the North Rock Creek Public Schools network or the Oklahoma State Department of Education is at the user’s own risk. The North Rock Creek Public Schools District is not responsible for the accuracy or quality of information obtained.

(5) Security – Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a teacher who will in turn notify a system administrator. Do not use another individual’s account without written permission from that individual. Attempts to access the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.

(6) Vandalism – Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy hardware data of another user, Internet, or any agencies or other networks that are connected to the NSFNET Internet backbone. This includes, but is not limited to, the uploading or creation of computer viruses.

(7) Exception of Terms and Conditions – All terms and conditions as stated in this document are applicable to North Rock Creek Public Schools and the Oklahoma Stated Department of Education, in addition to NSFNET. These terms and conditions reflect the entire agreement of the parties and supersedes 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 Oklahoma and the United States of America.
INTERNET ACCESS AGREEMENT

Student/User Full Name: (Please Print) ____________________________

Grade: ________________________________________________________

I understand and will abide by the Terms and Conditions for Internet access, which can be found at www.ncps.org. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

Student/User Signature: ____________________________ Date: _________

PARENT OR GUARDIAN (If you are under the age of 18, a parent or guardian must also read and sign this agreement): As the parent or guardian of this student, I have read the Terms and Conditions for Internet access. I understand that this access is designed for educational purposes and that North Rock Creek Public Schools and the Oklahoma State Department of Education have taken available precautions to eliminate controversial material. However, I also recognize it is impossible for North Rock Creek Public Schools and the Oklahoma State Department of Education to restrict access to all controversial materials and I will not hold North Rock Creek Public Schools or the Oklahoma State Department of Education responsible for materials acquired on the network. Further, I accept full responsibility for the supervision of and when my child’s use is not in a school setting. I hereby give my permission to grant access for my child and verify that the information contained on this form is correct.

Parent or Guardian (Please Print): _____________________________________

Signature: ____________________________ Date: ________________
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. North Rock Creek School offers healthy meals every school day. Breakfast costs $1.00; lunch costs $2.25. Your children may qualify for free meals or for reduced-price meals. Reduced-price is $0.30 for breakfast and $0.40 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.

1. 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.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,606</td>
<td>1,968</td>
<td>984</td>
<td>908</td>
<td>454</td>
</tr>
<tr>
<td>2</td>
<td>31,894</td>
<td>2,658</td>
<td>1,529</td>
<td>1,227</td>
<td>614</td>
</tr>
<tr>
<td>3</td>
<td>40,182</td>
<td>3,349</td>
<td>1,675</td>
<td>1,546</td>
<td>773</td>
</tr>
<tr>
<td>4</td>
<td>48,470</td>
<td>4,040</td>
<td>2,020</td>
<td>1,865</td>
<td>933</td>
</tr>
<tr>
<td>5</td>
<td>56,758</td>
<td>4,730</td>
<td>2,365</td>
<td>2,183</td>
<td>1,092</td>
</tr>
<tr>
<td>6</td>
<td>65,046</td>
<td>5,421</td>
<td>2,711</td>
<td>2,502</td>
<td>1,251</td>
</tr>
<tr>
<td>7</td>
<td>73,334</td>
<td>6,112</td>
<td>3,056</td>
<td>2,821</td>
<td>1,411</td>
</tr>
<tr>
<td>8</td>
<td>81,622</td>
<td>6,802</td>
<td>3,401</td>
<td>3,140</td>
<td>1,570</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>8,288</td>
<td>691</td>
<td>346</td>
<td>319</td>
<td>160</td>
</tr>
</tbody>
</table>

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 e-mail Amber Rosser, arosser@ureps.org, 405-275-3473.

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: Traci Jaggars, tjaggars@ureps.org, 405-275-3473.

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 Traci Jaggars, 405-275-3473, tjaggars@ureps.org 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 [Website] to begin or to learn more about the online application process. Contact Name, Address, Phone Number, E-mail if you have any questions about the online application.

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 September 24, 2020. 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 calling or writing to: Traci Jaggars, 405-275-3473, tjaggars@nr cps.org

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED STATES (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 zeroes. 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 Traci Jaggars, 405-275-3473, tjaggars@nrcps.org 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 405-275-3473

Sincerely,

North Rock Creek Schools, Child Nutrition
**2020-2021 Application for Free and Reduced-Price School Meals**

Complete one application per household. Please use a pen (not a pencil).

Apply online at [Application Link]

**STEP 1:** List all household members who are infants, children, and students, up to and including Grade 12 (If more spaces are required for additional names, attach another sheet of paper.)

| Definition of Household Member—Anyone who is living with you and shares income and expenses, even if not related. | Child’s First Name | M 1 | Child’s Last Name | School Name | Grade | Birth Date | Student? | Foster Child | Homeless, Migrant, Runaway |
|---|---|---|---|---|---|---|---|---|---|---|
| Children in foster care and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. | | | | | | | | | | |
| Read How to Apply for Free and Reduced-Price School Meals for more information. | | | | | | | | | | |

**STEP 2:** Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDYIR?

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: 

Write only one case number in this space.

**STEP 3:** Report income for **ALL** household members (Skip this step if you answered Yes to **STEP 2**)

A. **Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in **STEP 1** here.

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>2x Monthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 he/she does receive income, report 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.

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>2x Monthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STEP 4:** Contact information and adult signature

Mail Completed Form to: Insert Your School District Mailing Address Here

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 much needed benefits and I may be prosecuted under applicable state and federal laws.

Street Address (if available): 

City: State: Zip Code: 

Daytime Phone and E-Mail (Optional): 

Date: 

Printed Name of Adult: Sign name here.
INSTRUCTIONS Sources of Income

Sources of Child Income

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from work</td>
<td>A child has a regular full- or part-time job where he/she earns a salary or wages</td>
</tr>
<tr>
<td>Social Security</td>
<td>A child is blind or disabled and receives social security benefits</td>
</tr>
<tr>
<td>Disability payments</td>
<td>A parent is disabled, retired, or deceased, and his/her child receives social security benefits</td>
</tr>
<tr>
<td>Survivor’s benefits</td>
<td>A child is eligible for benefits through the survivor’s benefits program</td>
</tr>
<tr>
<td>Income from persons OUTSIDE the household</td>
<td>A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>Income from any other source</td>
<td>A child receives income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

Earnings From Work

- 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
  - 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

Sources of Income for Adults

OPTONAL: 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 for benefits 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 (FDPIR) case number or other FDPIR 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, housing, 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 laws 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. Persons with disabilities who require alternative means of communication 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: How to File a Complaint, 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) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; 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

How Often?
- Annually
- Bi-Weekly
- Bi-Monthly
- Monthly

Categorical Eligibility

Determining Official’s Signature Date

Confirming Official’s Signature Date

Verifying Official’s Signature Date

Eligibility:
- Free
- Reduced
- Denied
OSSAA ELIGIBILITY RECORD FORM FOR STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) ___________________________ Grade _______ Birth date ____________ Age _______

Student’s Current Address ____________________________________________________________

Last School attended ________________________________________________________________

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL “YES” ANSWERS FROM BELOW ON BACK OF FORM.

YES  NO
☐ ☐ 1. Will you be 14 years of age and in 7th grade before September 1; will you be 15 years of age and in eighth grade before September 1; will you be 16 years of age and in 9th grade before September 1; will you be 19 years of age before September 1 while you are in high school? (Rule 1)

☐ ☐ 2. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)

☐ ☐ 3. Are you currently failing any class? (Rule 3)

☐ ☐ 4. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)

☐ ☐ 5. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)

☐ ☐ 6. Have you completed all 12th grade requirements for high school graduation? (Rule 6)

☐ ☐ 7. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Rule 7)

☐ ☐ 8. Since entering 7th grade have you ever home-schooled or had an interruption in consecutive semesters of the educational tract?

☐ ☐ 9. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7)

☐ ☐ 10. Do you live with someone now other than whom you lived with last school year? (Rule 8)

☐ ☐ 11. Do you live with someone other than your parents? (Rule 8)

☐ ☐ 12. Do you live with only one parent? (Rule 8)

☐ ☐ 13. Do you live outside this school district? (Rule 8)

☐ ☐ 14. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)

☐ ☐ 15. Have you ever attended school outside the district where your parents reside? (Rule 8)

☐ ☐ 16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?

☐ ☐ 17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)

☐ ☐ 18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9)

☐ ☐ 19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20)

☐ ☐ 20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X)

☐ ☐ 21. Have you participated in a foreign exchange program for more than 365 days? (Hardship Waiver Manual-X)

☐ ☐ 22. Were you suspended, expelled, or under discipline at the previous school attended, or were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school? (Rule 4 and 8)

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

_________________________  _________________________  _________________________
(Student)  (Date)  (Coach)  (Date)

_________________________
(Parent/Guardian)  (Date)
PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:
1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination and an annual parent consent form. (Rule 1)
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions
(students name - PRINT ______________________________) [Box] is eligible [Box] is not eligible

to participate at (school) ________________________________ for the school year 20__ 20__

(School Administrator Name and Title) ________________________________ (Date)
STUDENT EXTRACURRICULAR ACTIVITIES CONTRACT

Statement of Purpose and Intent

Participation in school-sponsored extracurricular activities at the North Rock Creek school district is a privilege and not a right. Such privilege is governed by the district policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities (policy FNCFD). Alcohol and illegal drug use of any kind is incompatible with participation in extracurricular activities on behalf of the North Rock Creek Public Schools. Students who participate in these activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship, and training. Accordingly, student participants in extracurricular activities carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of alcohol or illegal drugs.

Participation in Extracurricular Activities

For the safety, health, and well-being of the students of the North Rock Creek Public Schools district, the district has adopted the attached policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities (policy FNCFD) and this Student Extracurricular Activities Contract, which shall be read, signed, and dated by the student participant and parent or custodial guardian, such participant shall be eligible to practice or participate in any extracurricular activity. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed Student Extracurricular Activities Contract.

Student’s Last Name: ________________________________ First Name: ________________________________ Middle Initial: ________________________________

I understand, after having read the policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities and this Student Extracurricular Activity Contract, that, out of care for my safety and health, the North Rock Creek school district enforces the rules applying to the consumption or possession of alcohol and/or illegal drugs. As a member of a North Rock Creek Public Schools organization, I realize that the personal decisions that I make daily in regard to the consumption or possession of alcohol and/or illegal drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of alcohol and/or illegal drugs any time during the school year, I understand, upon determination of that violation, I will be subject to the restriction of my participation as outlined in the policy.

Signature of Student: ___________________________________________ Date: ________________________________

We have read and understand the policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities and this Student Extracurricular Activities Contract. We desire that the student named above participate in the extracurricular activity programs of the North Rock Creek Public Schools and we hereby agree to abide by all provisions of the policy.

Signature of Parent or Custodial Guardian: ___________________________ Date: ________________________________

North Rock Creek School - Student Extra-Curricular Activities Contract & Drug Testing Policy

Adopted May 13, 2019
Procedures
Each activity student/student driver shall be provided with a copy of the “Student Drug Testing Consent Form” which shall be read, signed, and dated by the student, and parental or custodial guardian before such student shall be eligible to practice or participate in any extracurricular activities/drive a motor vehicle on any North Rock Creek School campus. The consent requires the activity student/student driver to provide a urine sample: (a) as part of the student’s annual physical or for eligibility for participation; (b) when the activity student/student driver is selected by the random selection basis to provide a urine sample; and (c) at any time when there is reasonable suspicion to test for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any extra-curricular activities involving competition or to drive a motor vehicle on any North Rock Creek School campus unless the student has returned the properly signed “Student Drug Testing Consent Form.” Each Activity Student shall receive a copy of the Activity Student Drug Testing Policy within the handbook.

Drug use testing for Activity Students/Student Drivers will also be chosen on a random selection basis monthly from a list of all Activity Students who are involved in off-season or in-season activities and from a list of all student drivers. The North Rock Creek Public School District will determine a monthly number of student names to be drawn at random to provide a sample for drug testing for illegal drugs or performance-enhancing drugs.

In addition to the drug tests required above, any Activity Student/Student Driver may be required at any time to submit a test for illegal or performance-enhancing drugs, or the metabolites thereof when an administrator, coach, or sponsor has reasonable suspicion of illegal or performance-enhancing drug use by a particular student.

Any drug use test will be administered by or at the direction of a professional laboratory chosen by the North Rock Creek Public School District. The professional laboratory shall be required to use scientifically validated toxicological testing methods, have detailed written specifications to assure chain of custody of the samples, and proper laboratory control and scientific testing.

All aspects of the drug use-testing program, including the taking of specimens, will be conducted so as to safeguard the personal, and privacy rights of the student to the maximum degree possible. The test specimen shall be obtained in a manner designed to minimize the intrusiveness of the procedure. In particular, the specimen must be collected in a restroom or other private facility behind a closed stall. The school administrative representative shall accompany the drug testing company throughout the process. If at any time during the testing procedure the administrative representative or drug testing company has reason to believe or suspect that a student is tampering with the specimen, the administrative representative may stop the procedure. The administrative representative shall give each student a form on which the student may list any medications legally prescribed for the student he or she has taken in the preceding thirty (30) days. The parent or legal guardian shall be able to confirm the medication list submitted by their child during the twenty-four (24) hours following any drug test. The medication list shall be submitted to the lab in a sealed and confidential envelope and shall not be viewed by district employees.

An initial positive test result will be subject to confirmation by a second and different test of the same specimen. The second test will use the gas chromatography/mass spectrometry technique. A specimen shall not be reported positive unless the second test utilizing the gas chromatography/mass spectrometry procedure is positive for the presence of an illegal drug or the metabolites thereof. The unused portion of a specimen that tested positive shall be preserved by the laboratory for a period of six (6) months or the end of the school year, whichever is shorter. Student records will be retained until the end of the school year.

Students unable to provide a sample in a reasonable amount of time (2 hours) shall be ineligible to participate in activities or driving until a negative test can be provided. It will be the responsibility of the student or parent to provide transportation to the testing company used by North Rock Creek Public Schools.

Confidentiality
The laboratory will notify the principal/athletic director or designee of any positive test. To keep the positive test results confidential, the principal/athletic director or designee will schedule a conference with the student and parent or guardian and explain the student’s opportunity to submit additional information to the principal/athletic director or designee or to the lab. The North Rock Creek Public School District will rely on the opinion of the laboratory which performed the test in determining whether the positive test result was produced by something other than consumption of an illegal or performance-enhancing drug.

Test results will be kept in files separate from the student’s other educational records, shall be disclosed only to those school personnel who have a need to know and will not be turned over to any law enforcement authorities.

Appeal
An Activity Student/Student Driver who has been determined by the administrative representative to be in violation of this policy shall have the right to appeal the decision to the Superintendent or his/her designee(s). Such request for a review must be submitted to the Superintendent in writing within five (5) calendar days notice of the positive test. The Superintendent or his/her designee(s) shall then determine whether the original finding was justified. No further review of the Superintendent’s decision will be provided and his/her decision shall be conclusive in all respects. Any necessary interpretation or application of this policy shall be in the sole and exclusive judgment and discretion of the Superintendent which shall be final and non-appealable.

Consequences
Any Activity Student/Student Driver who tests positive in a drug test under this policy shall be subject to the following restrictions:

The student shall miss all activities until the next school drug test and return a negative drug use test before reinstatement to the program. Before resuming the activity, the student must show proof that the student has received drug counseling from a qualified drug treatment program or counseling entity. This will be done at the student’s expense. Such period of ineligibility will extend into a succeeding school year if necessary to fulfill the period of ineligibility.

Refusal to Submit to Drug Use Test
A participating student, who refuses to submit to a drug test authorized under this policy, shall not be eligible to participate in any activities covered under this policy including all meetings, practices, performance, and competitions for the remainder of the school year.

North Rock Creek Public Schools is committed to cooperating with parents/guardians in an effort to help students avoid illegal drug use. The North Rock Creek Public School District believes accountability is a powerful tool to help some students avoid using drugs and that early detection and intervention can save lives.