North Rock Creek Elementary
New Student Enrollment Requirements
2021-2022

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 2021-2022

**Today’s Date:** ______________

### Student Name:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

### Date of Birth: ______________  
**Student’s Gender:**  
- [ ] Male  
- [ ] Female

### Student’s Social Security Number:

_____________________________________________________

### Home Phone with Area Code:

________________________________________________________

### Grade Level:

- Pre-K
- Ktg
- 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:  

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
</tr>
</thead>
</table>

### Father/Guardian’s Day Phone:

___________________________________________

### Father/Guardian’s Employer:

____________________________________________________________

### Father/Guardian’s Home/Cell Phone:

_____________________________________________________

### Parent/Guardian Email:

________________________________________________

### Mother/Guardian’s Name:  

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
</tr>
</thead>
</table>

### 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:

Name of Child  
Date of Birth  
Grade

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  
5th-6th Grade Phone # (405) 878-1819

7th-8th Grade Fax # (405) 878-6796  
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>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>D.O.B.</td>
</tr>
<tr>
<td>Parent/Guardian:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>Emergency Phone:</td>
</tr>
<tr>
<td>Insurance Company</td>
<td>Policy/Group #</td>
</tr>
<tr>
<td>Physician’s Name &amp; Phone:</td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Dept. Preference:</td>
<td></td>
</tr>
<tr>
<td>Dentist’s Name &amp; Phone:</td>
<td></td>
</tr>
</tbody>
</table>

**Daily Medications (names & dosage)**
Include those taken at home. *If taken at school, School Medication Authorization form must be completed and be on file at school.*

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior/Mental Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear/Hearing Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney/Urinary Problems</td>
<td></td>
<td></td>
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<tr>
<td>Neurological Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Defect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye/Vision Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear Glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witness/Victim of Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle or Bone Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Restrictions</td>
<td></td>
<td></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

I ____________________________________________ the undersigned parent or person having
(Please print parent/guardian name) legal custody or the legal guardian of __________________________ do hereby
(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

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

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

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
___________________________________________  ________________________________
School Year 2020-2021

Parent’s/Guardian’s Signature
HEALTH RELEASE FORM
(PK-3rd GRADE ONLY)

Student’s Name – please print

Last __________________________ First ___________________________ MI ______

Gender __________________________ Grade __________________________

Permission is hereby given for my child to receive health screening by a designee of North Rock Creek School.

Vision  Yes ____  No ____
Hearing  Yes ____  No ____
Speech/Language  Yes ____  No ____
Other Health Screening  Yes ____  No ____

________________________________________________________________________

Legal Parent’s or Legal Guardian’s Signature  Date

________________________________________________________________________

For Official Use Only:

Hearing Results= Date __________________________

<table>
<thead>
<tr>
<th>Left Ear</th>
<th>Right Ear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass/Fail</td>
<td>Pass/Fail</td>
</tr>
</tbody>
</table>

Comments________________________________________________________________________

Signature _______________________________________________________________________

Vision Results= Date __________________________
(Screening provided by Prevention of Blindness)

Near = Left Eye Right Eye

<table>
<thead>
<tr>
<th>Left Eye</th>
<th>Right Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass/Fail</td>
<td>Pass/Fail</td>
</tr>
</tbody>
</table>

Comments________________________________________________________________________

Signature _______________________________________________________________________

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

______________________________

Oklahoma State Department of Health
Oklahoma Immunization Service

Retain document for a minimum of 6 years

OSIIS – Authorization
Feb. 2019
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 received 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.
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 descendant 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 ___________________________
HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

STUDENT INFORMATION

Name of Student: ___________________________________________ Grade: ____________

Last Name
First Name
Middle Name

Date of Birth: ____________ School: ____________ Student ID #: ____________ Gender: Male ____ Female ____

MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes ____ No ____

Select one or more of the following races:

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

1. What is the dominant language most often spoken by the student?

2. What is the language routinely spoken in the home, regardless of the language spoken by the student?

3. What language was first learned by the student?

4. Does the parent/guardian need interpretation services? Yes ____ No ____ If so, what language?

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

6. What was the date the student first enrolled in a school in the United States? ____________

MM/YYYY

Date (MM/DD/YYYY) Parent / Guardian Signature

SCHOOL USE ONLY

☐ Other language than English indicated TWO OR MORE times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.

☐ Other language than English indicated ONLY ONCE on questions 1 – 3 above. The student is classified as "less often" and only qualifies as bilingual on the accreditation report if he or she meets one of the following (any selection below requires appropriate documentation):

☐ 1. Designated English Learner on one of the Oklahoma language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (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</th>
<th>Composite / Overall Score</th>
<th>Date of WIDA Screener or K-WAPT/MAPT or WIDA MODEL</th>
<th>Score(s) on WIDA Screener or K-WAPT/MAPT or WIDA MODEL</th>
<th>Composite / Overall Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<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) Norm Reference Test (NRT)</th>
<th>Name of the NRT</th>
<th>Composite / Percentile Score(s)</th>
</tr>
</thead>
</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.nreps.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 if 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: ____________________