



Students Name \_\_\_\_\_ Date \_\_\_\_\_

**Please Initial**

\_\_\_\_ I give permission for my child to have his/her picture published in the yearbook, newspaper, webpage, Facebook or on anything else that may become public. Only students with this initialed will be able to appear.

\_\_\_\_ In the event of an emergency, I authorize the school principal, secretary, or superintendent designee to take my child to the nearest medical facility. My child's physician is \_\_\_\_\_ and their phone number is \_\_\_\_\_.

\_\_\_\_ If my child becomes ill at school, I authorize the school principal, secretary, or superintendent designee to administer non-prescription medication to my child in the event that I cannot be contacted to give consent to administer the same. Regular medications should be checked into the office. It should be in a container, appropriately labeled by the pharmacy or physician with the name of the student, medication name, dosage, and the time for it to be administered.

\_\_\_\_ In accordance with the Senate Bill #371. Bowring School must have written consent before any students name can be listed in the school directory. I give permission for my child to be listed.

\_\_\_\_ I DO NOT WANT MY CHILD LISTED IN THE DIRECTORY

\_\_\_\_ I give consent for Bowring Public School to administer corporal punishment (paddle) to my child as outlined in the school board policy. This is valid for the school year 2021-2022.

\_\_\_\_ I DO NOT CONSENT TO THE ADMINISTRATION OF CORPORAL PUNISHMENT TO MY CHILD. THIS IS VALID FOR THE 2021-2022 SCHOOL YEAR.

\_\_\_\_ I have read and received the Bowring School Policies and Ruled and agree with them as written.

\_\_\_\_ I have read and received the AR Policy for Bowring Public School and agree with it as written.

I have initialed all the above items I agree with as written.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2021

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

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

Bowring School  
Parent Authorization Form  
2021-2022 School Year

This notice is to inform parents of possible student screenings, periodically, through the school year.

The screening activities may include vision, hearing, speech and language. The results of any screening are made available to parents or legal guardians, teachers, and school administrators. No child shall be screened without a parent authorization for on file.

Please sign one of the blanks below:

I authorize the Bowring Schools to screen my child: \_\_\_\_\_  
Students Name

I do not wish my child \_\_\_\_\_ to be screened.  
Students Name

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Date

SCHOOL YEAR:

# HOME LANGUAGE SURVEY



## STUDENT INFORMATION

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

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Gender: Male  Female   
MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? YES  NO

Please select one or more of the following races:

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

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

1. What is the dominant language most often spoken by the student? \_\_\_\_\_
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
3. What language was first learned by the student? \_\_\_\_\_
4. Does the parent/guardian need interpretation services? YES  NO  If YES, in what language? \_\_\_\_\_
5. Does the parent/guardian need translated materials? YES  NO  If YES, in what language? \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
MM/YYYY

\_\_\_\_\_  
Date (MM/DD/YYYY) Parent or Guardian Signature

## SCHOOL USE ONLY

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

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

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

<b>Assessment Name:</b> _____	<b>Year Assessed:</b> _____	<b>Score:</b> _____
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A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "less often" and has demonstrated English language proficiency on the PKST\* or WIDA assessment. The student's PKST\* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

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

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A. Subpart 1

**Parents:** Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your child's school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.*

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

\_\_\_\_\_ Federally Recognized, \_\_\_\_\_ State \_\_\_\_\_ Organized Indian Group  
\_\_\_\_\_ Including Alaska Native \_\_\_\_\_ Recognized \_\_\_\_\_ Terminated \_\_\_\_\_ Meeting #5 of the  
\_\_\_\_\_ Definition Above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one): \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's  
\_\_\_\_\_ Grandparent

Proof of membership, as defined by tribe, band, or group is:

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

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:  
\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side

**A R Policy for Bowring School**  
**A R points = 25% of total Reading grade**

1. All AR tests must be taken on books read this school year.
2. Prior authorization by teacher is required in order to read any book that are:
  - **Grades 3 & 4:** one level below a student's current grade level. Students are expected to read at their current grade level. (3<sup>rd</sup> grade students read level three, 4<sup>th</sup> grade students read level four)
  - **Grades 5 & 6:** two levels below a student's current grade level. Students are encouraged to at or no more than one grade level below their grade level.
  - **Grades 7 & 8:** 5<sup>th</sup> grade or above. Because of the lack of availability in the 7<sup>th</sup> and 8<sup>th</sup> grade books, students are permitted to read any book that is two levels below their current grade level.
3. No ½ point books are permitted unless student is within ½ point away from reaching AR goal for the 9-week period. (1/2-point books = an average of 1000 words; whereas, 1 point books = an average of 6000 words.
4. Prior authorization by teacher is required in order to take a test on any book within one week of another student taking the test on the same book. Exemption would books read orally in group or class setting. On books read orally, no student is ever permitted to take an AR test sitting next to someone taking the same test or at the same time without direct adult supervision in AR testing area.
5. Prior authorization by teacher is required in order to read any book that is not checked out in a student's name. (i.e.: you can not take a test on a book you have not checked out in your name unless teacher has written proof and/or observes you reading the book) Books from home and electronic books need to be pre-approved.
6. Any student caught sharing or receiving answers to AR test questions will not only lose the AR points from that particular book, but also receive penalty points deducted for their AR grade. No paper or pens/pencils are permitted in the AR testing area. Teacher has the option of requiring the AR test to be taken again if suspected cheating is involved.
7. It is the student's responsibility to obtain all necessary authorizations from the teacher.
8. AR tests may not be taken over books that the teacher reads to the class for points that count toward the AR goal for the grading period.

I \_\_\_\_\_ have read this policy. \_\_\_\_\_  
Students Name Date

I \_\_\_\_\_ understand my child's AR reading responsibility. \_\_\_\_\_  
Parents Name Date

Rhonda Kohnle  
Vice President  
Board of Education

JOHN STROM  
President  
Board of Education

Nicole Hinkle  
Superintendent

Ginger Chinn  
Clerk  
Board of Education

## BOWRING SCHOOL DISTRICT C007

Sheri Muniz  
Secretary

MAILING  
87 CR 3304  
Pawhuska, Oklahoma  
Physical  
1001 Lottie Street  
BOWRING, OKLAHOMA 74009  
(918) 336-6892 FAX (918) 336-1348  
Bowringps.k12.ok.us

PARENTS: Please complete this form as accurately as you can. We request this information at enrollment to assist us in planning for special services that your child may require.

Students Name: \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

1) Does your child have a diagnosis that might affect his/her educational performance? (for example: ADHD, Autism, Arthritis, or anything else) YES \_\_\_ NO \_\_\_

2) Does your child have an Individualized Education Program (IEP)? YES \_\_\_ NO \_\_\_

What services/support does your child receive?

Resource room (circle area) Yes \_\_\_ No \_\_\_

Math, Reading, Other: \_\_\_\_\_

Speech/Language Yes \_\_\_ No \_\_\_

Occupational Therapy Yes \_\_\_ No \_\_\_

Physical Therapy Yes \_\_\_ No \_\_\_

Behavioral Interventions Yes \_\_\_ No \_\_\_

Gifted Yes \_\_\_ No \_\_\_

3) Has your child ever been tested for special education services, even if he/she did not qualify?  
Yes \_\_\_ No \_\_\_

4) Does your child have a 504 Plan? Yes \_\_\_ No \_\_\_

5) Does your child receive Title I services? Yes \_\_\_ No \_\_\_

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

\_\_\_\_\_  
Date

Rhonda Kohnle  
Vice President  
Board of Education

JOHN STROM  
President  
Board of Education

Nicole Hinkle  
Superintendent

Ginger Chinn  
Clerk  
Board of Education

## BOWRING SCHOOL DISTRICT C007

Sheri Muniz  
Secretary

MAILING  
87 CR 3304  
Pawhuska, Oklahoma  
Physical  
1001 Lottie Street  
BOWRING, OKLAHOMA 74009  
(918) 336-6892 FAX (918) 336-1348  
Bowringps.k12.ok.us

The following people are approved to pick up my child, \_\_\_\_\_  
without me calling in to notify.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Bowring School  
87 County Road 3304 1001 Lottie Street  
Pawhuska OK 74056  
Phone: 918-336-6892 Fax: 918-336-1348

Appendix A

The Bowring school district and the parents participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and the parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during your child's enrollment in this school.

SCHOOL RESPONSIBILITIES

The BOWRING SCHOOL DISTRICT WILL:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards.
- Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement.
- Provide parents with frequent reports on their children's progress.
- Provide parent with reasonable access to staff.
- Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities.

PARENTS RESPONSIBILITIES

We as parents will support our children's learning in the following ways:

- Monitoring attendance.
- Ensuring that homework is complete.
- Monitoring the amount of television children watch.
- Volunteering in child's classroom.
- Participating, as appropriate, in decisions relating to my child's education.
- Prompting positive use of my child's extracurricular time.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
- Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement team, the Title I Policy Advisory Committee, the District-wide Policy Advisory council, the State's Committee of Practitioners, the School Support Team or other school advisory of policy groups.

STUDENT RESPONSIBILITIES

We, as the students, will share the responsibility to improve our academic achievement and achieve the state's high standards. Specifically, I will:

- Do my homework every day and ask for help when I need it.
- Read at least 30 minutes every day outside of school time.
- Give my parents or the adult who is responsible for my welfare all notices and information received from my school every day.

\_\_\_\_\_  
Bowring Public School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date